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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**SURVEY OF INCOME
AND PROGRAM
PARTICIPATION
1993 PANEL
WAVE 7 QUESTIONNAIRE**

G M 6	Book _____	2. (cc 1) R.O. code	3a. (cc 2)				Check digit	b. (cc 3) Add. ID
	of _____		PSU	Segment	Serial	Sample		

4. (cc 17)	c. Name (cc 19a)
a. Entry Add. ID	First
b. PERSON Number (cc 18)	Middle initial

5. PERSON CHARACTERISTICS - Fill a, b, c, and d using the control card			
a. Relationship code (cc 19b)	b. Date of birth (cc 24)	c. Sex code (cc 28)	d. Marital status code (cc 26a)
	Month Day Year		

6. Field representative identification	
Code	Name

7. PERSON INTERVIEW STATUS

a. Interview

1 Self

2 Proxy (Enter person number) → [] [] [] } SKIP to 8

b. Noninterview

1 Type Z refusal 2 Type Z other

CHECK ITEM N1 Does ...'s person number begin with a "7"?

PGM 7

0900 1 Yes
2 No - SKIP to section 1, item 1, page 2

8. Date of interview for this person

[] [] Month [] [] Day } Fill start time in item 9a, then go to Introduction

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

0901 1 Yes - SKIP to section 1, item 1, page 2
2 No

9a. Interview time for this person

	Initial visit	Callback visit
Start time →	a.m. p.m.	a.m. p.m.
Finish time →	a.m. p.m.	a.m. p.m.

b. Total interview time for this person [] [] [] Minutes

13a. On March 31, 1994, was ... living in an Armed Forces barracks, outside the United States, or in a nonhousehold setting?

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

10a. Field representative edit time

Start time → [] [] [] a.m. p.m.

Finish time → [] [] [] a.m. p.m.

b. Total edit time [] [] [] Minutes

ASK OR VERIFY -

b. Which kind of place?

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

11a. Pre-interview transcription time

Start time → [] [] [] a.m. p.m.

Finish time → [] [] [] a.m. p.m.

b. Total pre-interview time for transcription [] [] [] Minutes

12. 1 Phone interview 2 Personal interview

INTRODUCTION

FIELD REPRESENTATIVE INSTRUCTIONS - Read introduction once to each respondent.

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

Do you have the flashcard pamphlet that we included with the letter? (Allow time for respondent to locate pamphlet.) Please look at Card J. Card J is a calendar that shows the 4 months we will be talking about. This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.

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

NOTES

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

1018

 7

1030

 13

1008

 2

1020

 8

1032

 14

1010

 3

1022

 9

1034

 15

1012

 4

1024

 10

1036

 16

1014

 5

1026

 11

1038

 17

1016

 6

1028

 12

1040

 18

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

1074

 7

1086

 13

1064

 2

1076

 8

1088

 14

1066

 3

1078

 9

1090

 15

1068

 4

1080

 10

1092

 16

1070

 5

1082

 11

1094

 17

1072

 6

1084

 12

1096

 18

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)

LABOR FORCE AND RECIPIENCY

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 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 1234 <input type="text"/> Weeks last month 1235 <input type="text"/> Weeks 2 months ago 1236 <input type="text"/> Weeks 3 months ago 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
 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" ↘ – 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" ↘ – 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, page 8 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – SKIP to Check Item R18, page 8</p>
<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	<p>1416 1 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R18, page 8 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R18, page 8 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, page 8 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – SKIP to Check Item R21, page 8</p>

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R18	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	1420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R19
21.	Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422	1 <input type="checkbox"/> Yes – Mark "28" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R19	Refer to item 20, page 7. Is "Both widowed and divorced" (box 3) marked?	1424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21
22a.	(Please look at Card K in the flashcard pamphlet.) During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 1430 1432 1434 1436 1438 1440 1442 1444 1446 1448 1450 1452	1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 2 <input type="checkbox"/> Veterans' compensation or pension – Mark "8" on ISS 3 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS 4 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS 5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS 6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS 7 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS 8 <input type="checkbox"/> State government pension – Mark "34" on ISS 9 <input type="checkbox"/> Local government pension – Mark "35" on ISS 10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS 11 <input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS 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 <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, page 10
CHECK ITEM R25	Interview status of . . .'s spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to Check Item R27
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	1 <input type="checkbox"/> Yes – SKIP to 25a 2 <input type="checkbox"/> No
24.	Was . . . (or . . .'s spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 <input type="checkbox"/> Yes – Mark "27" on ISS 2 <input type="checkbox"/> No
25a.	(Other than what we have already mentioned,) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . .'s children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R27
b.	What kind of welfare did . . . receive? Anything else? <i>Mark (X) all that apply.</i>	1486 1488 1490 1492 1494 1496 1498	1 <input type="checkbox"/> AFDC – Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief – Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance – Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care – Mark "23" on ISS 5 <input type="checkbox"/> WIC – Mark "25" on ISS 6 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "24" ↗ – Mark ISS <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.	<i>(Refer to FLASHCARD M for Medicaid name.)</i> During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes – Mark "173" on ISS and SKIP to 26c 2 <input type="checkbox"/> No – SKIP to Check Item R28
b.	<i>(Refer to FLASHCARD M for Medicaid name.)</i> According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1503	1 <input type="checkbox"/> Yes – Mark "173" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R28
c.	Could you please read me the claim number indicated on . . .'s (Use local name for Medicaid) card?	1504 1506	<input type="text"/> <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 1512 1514 1516 1518 1520	x5 <input type="checkbox"/> All children OR Person No. Name <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <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, page 10
26f.	Was (. . ./(and) . . .'s children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes – SKIP to 27a, page 10 2 <input type="checkbox"/> No
g.	In which months was (. . ./(and) . . .'s children) covered? <i>Mark (X) all that apply.</i>	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<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><i>ASK OR VERIFY</i></p>	1536	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R30</i></p>
<p>b. Was . . . covered by a health insurance plan during the entire 4-month period?</p>	1538	<p>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>	1540 1542 1544 1546	<p>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</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>	1547	<p>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>	1548	<p>Household member</p> <p>Person No. Name</p> <p><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>	1549	<p>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>	1550	<p>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>	1552	<p>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>	1554 1556 1558 1560 1562 1564 1566	<p>x5 <input type="checkbox"/> All persons</p> <p>Person No. Name</p> <p><input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>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>If "Yes," "Who did the plan cover?"</i> <i>Mark (X) all that apply.</i></p>	1567 1568 1569 1570	<p>1 <input type="checkbox"/> Yes, spouse 2 <input type="checkbox"/> Yes, child(ren) 3 <input type="checkbox"/> Yes, someone else 4 <input type="checkbox"/> No</p>

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R30**

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

- 1572** 1 Yes
2 No – *SKIP to Check Item R31, page 12*

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

- 1574** 1 Yes – *SKIP to 27m*
2 No

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

Person No. Name

1575	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1576	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1577	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1578	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1579	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR

- 1580** x3 None – *SKIP to Check Item R31, page 12*

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

- 1581** 1 Yes – **Which children?**

Person No. Name

1582	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1583	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1584	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1585	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1586	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 1587** 2 No

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R31**

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

- 1588** 1 Yes
2 No - SKIP to 29a

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

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

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

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

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

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

(Read all of Flashcard N if necessary.)

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

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

- 1626** 1 Regular or passbook savings accounts - Mark "100" on ISS
1628 2 Money market deposit accounts - Mark "101" on ISS
1630 3 Certificates of deposit or other savings certificates - Mark "102" on ISS
1632 4 Interest-earning checking accounts (such as NOW or Super NOW accounts) - Mark "103" on ISS
1636 5 Money market funds - Mark "104" on ISS
1638 6 U.S. Government securities - Mark "105" on ISS
1640 7 Municipal or corporate bonds - Mark "106" on ISS
1642 8 Mortgages - Mark "130" on ISS
1644 9 U.S. Saving Bonds (E, EE) - Mark "174" on ISS
1646 10 Other interest-earning assets - Mark "107" on ISS and specify
1648 11 Stocks or mutual fund shares - Mark "110" on ISS
1650 12 Rental property - Mark "120" on ISS
1652 13 Royalties - Mark "140" on ISS
1654 14 Other financial investments - Mark "150" on ISS and specify

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

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

b. During which months was . . . enrolled?
Mark (X) all that apply.

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

c. At what level or grade was . . . enrolled?
(If enrolled at more than one level during this period, check most recent level.)

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

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

1670 1 Yes
 2 No – SKIP to Check Item R32

b. What kind of educational assistance did . . . receive? Anything else?
Mark (X) all that apply.

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

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

1694 1 Yes
 2 No – SKIP to Check Item R33

ASK OR VERIFY –

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

1696 1 Yes
 2 No

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

1698 1 Yes
 2 No – SKIP to 34a

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

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

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

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

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

1704 1 Yes
 2 No – SKIP to Topical Module Statement C, page 58

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 Topical Module Statement C, page 58

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 _____</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 – <i>SKIP to 2c</i></p>
<p>2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes</p> <p>2004 2 <input type="checkbox"/> No – <i>SKIP to 3a</i></p>
<p>c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 _____</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 – <i>SKIP to 4</i></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 – <i>SKIP to 4</i></p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one.</i></p>	<p>2024 1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended</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 – <i>SKIP to 7a</i></p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	<p>2028 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to 9a</i></p>
<p>7a. During the 4-month period, how often was . . . paid on this job?</p>	<p>2029 1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way –</p> <p>2 <input type="checkbox"/> Once each 2 weeks <i>Specify</i> <input type="text"/></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 – <i>SKIP to Check Item E5</i></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 – <i>SKIP to 9a</i> x4 <input type="checkbox"/> Not paid during this reference period – <i>SKIP to 9a</i></p>

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A1 - EMPLOYER IDENTIFICATION NUMBER 1 (Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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



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

CHECK ITEM E4

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

2040 1 Yes
2 No - SKIP to 9a

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

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

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

2044 1 Yes - SKIP to Check Item E5
2 No

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

2046 1 Yes
2 No

CHECK ITEM E5

Number of employers in item 1b, page 15?

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

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A2 - EMPLOYER IDENTIFICATION NUMBER 2

<p>10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 Employer name 2100 _____</p>
<p>CHECK ITEM E6 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →</p>	<p>PGM 8 Employer I.D. No. 2102 _____</p>
<p>CHECK ITEM E6.1 Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes 2103 2 <input type="checkbox"/> No - SKIP to 10c</p>
<p>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes 2104 2 <input type="checkbox"/> No - SKIP to 11a</p>
<p>c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 _____ 2105 _____</p>
<p>ASK OR VERIFY - d. Is it mainly -</p>	<p>PGM 8 1 <input type="checkbox"/> Manufacturing? 2106 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	<p>PGM 8 _____ 2108 _____</p>
<p>f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 _____ 2110 _____</p>
<p>ASK OR VERIFY - g. Was . . . an employee of -</p>	<p>PGM 8 1 <input type="checkbox"/> A private for-profit company or individual? 2112 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?</p>
<p>ASK OR VERIFY - 11a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 1 <input type="checkbox"/> Yes - SKIP to 12 2114 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2116 FROM [] [] Month 2118 [] [] Day 2120 TO [] [] Month 2122 [] [] Day</p>
<p>CHECK ITEM E6.2 Did . . . stop working for this employer during the reference period?</p>	<p>2123 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12</p>
<p>11c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one.</i></p>	<p>2124 1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended 2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job 3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason</p>
<p>ASK OR VERIFY - 12. How many hours per week did . . . usually work at this job?</p>	<p>2125 [] [] Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>13. Was . . . paid by the hour on this job?</p>	<p>2126 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 15a</p>
<p>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</p>	<p>2128 \$ [] [] . [] [] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to 17a</p>
<p>15a. During the 4-month period, how often was . . . paid on this job?</p>	<p>2129 1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way - 2 <input type="checkbox"/> Once each 2 weeks Specify \neq 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm - SKIP to Check Item E8</p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	<p>2130 [] [] Month 2131 [] [] Day x1 <input type="checkbox"/> DK x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period - SKIP to 17a x4 <input type="checkbox"/> Not paid during this reference period - SKIP to 17a</p>

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A2 - EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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



LAST MONTH

2132

\$. 00

- x3 None
- x1 DK
- x2 Ref.

FIELD REPRESENTATIVE USE ONLY

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

2 MONTHS AGO

2134

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

3 MONTHS AGO

2136

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

4 MONTHS AGO

2138

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

CHECK ITEM E7

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

2140

- 1 Yes
- 2 No - SKIP to 17a

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

2142

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

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

2144

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

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

2146

- 1 Yes
- 2 No

CHECK ITEM E8

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

2148

- 1 Yes - Read Statement B, page 20
- 2 No - SKIP to first ISS Code or Topical Module Statement C, page 58

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

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

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

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE - Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2238 \$. 00

- X3 None
 X1 DK
 X2 Ref.

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

2 MONTHS AGO

2240 \$. 00

- X3 None
 X1 DK
 X2 Ref.

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

3 MONTHS AGO

2242 \$. 00

- X3 None
 X1 DK
 X2 Ref.

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

4 MONTHS AGO

2244 \$. 00

- X3 None
 X1 DK
 X2 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 10b
 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 10b
 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 10b

b. What was the net profit or loss?

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

2256 \$. 00 } SKIP to 10b
 2258 X4 Loss in amount box

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

2260 \$. 00

- X3 None
 X1 DK
 X2 Ref.

b. Was . . . self-employed in this business as of (Read last day of the reference period)?

- 8000 1 Yes
 2 No - SKIP to 11f, page 22

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

**CHECK
ITEM S6.1**

Refer to item 4b, page 20.
Is sole proprietorship marked in 4b?

8002

- 1 Yes – SKIP to Check Item S6.2
2 No

11a. As of (Read last day of reference period), what percent of this business did . . . own?

8004

Percent

- x1 DK
x2 Ref. – SKIP to 11f

**CHECK
ITEM S6.2**

Has information below about the total value and total debt for this business already been obtained from another household member?

8006

- 1 Yes – SKIP to 11f
2 No

11b. As of (Read last day of the reference period), what was the total value of this business before figuring in any debts that might be owed against it?

8008

\$. 00 – SKIP to 11d

- x3 None – SKIP to 11d
x1 DK
x2 Ref. – SKIP to 11f

8009

- 1 Office Use Only

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

8010

- 1 Yes – Mark Reminder Card and Callback Summary, Item 5a
2 No

d. As of (Read last day of the reference period), what was the total debt owed against this business?

8012

\$. 00 – SKIP to 11f

- x3 None – SKIP to 11f
x1 DK
x2 Ref. – SKIP to 11f

8013

- 1 Office Use Only

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

8014

- 1 Yes – Mark Reminder Card and Callback Summary, Item 5b
2 No

f. 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 Statement C, page 58

NOTES

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

12a. What was the name of . . . 's other business/ professional practice/farm?

(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)

PGM 8 Business name

2300

CHECK ITEM S7

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

PGM 8 Business I.D. No.

2301

CHECK ITEM S7.1

Is the previous wave box marked for this business in cc item 43?

PGM 8

2302

- 1 Yes
2 No – SKIP to 12c

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

PGM 8

2303

- 1 Yes
2 No – SKIP to 12g

c. What kind of business was this?

PGM 8

2304

ASK OR VERIFY –

d. Is it mainly –

PGM 8

2306

- 1 **Manufacturing?**
2 **Wholesale Trade?**
3 **Retail Trade?**
4 **Some other kind of business?**

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

PGM 8

2308

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

PGM 8

2310

ASK OR VERIFY –

g. How many hours per week did . . . usually work at this business?

PGM 7

2312

- Hours
x3 None
x1 DK

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

Gross earnings include sales and receipts before expenses.

2314

- 1 Yes
2 No – SKIP to 21
x1 DK

CHECK ITEM S8

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

2316

- 1 Yes – SKIP to 17a
2 No

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

Enter 999 if 1,000 or more employees.

2318

- Employees
x1 DK

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

2320

- 1 Yes – SKIP to 16a
2 No

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

2322

- 1 Sole proprietorship – SKIP to 17a
2 Partnership

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

2324

- 1 Yes
2 No – SKIP to 17a

b. Which members?

Person No. Name

2326

2328

2330

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

2332

- 1 Yes
2 No

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

2334

- 1 Yes
2 No

CHECK ITEM S9

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

2336

- 1 Yes
2 No – SKIP to Check Item S11

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE - Include total gross earnings before any deductions.



		FIELD REPRESENTATIVE USE ONLY	
LAST MONTH		\$	.00
2338	\$ <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.		Total \$	.00

2 MONTHS AGO		\$	.00
2340	\$ <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.		Total \$	.00

3 MONTHS AGO		\$	.00
2342	\$ <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.		Total \$	.00

4 MONTHS AGO		\$	.00
2344	\$ <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.		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 23.
Is this business incorporated?

2350 1 Yes - SKIP to first ISS Code or Statement C, page 58
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 Statement C, page 58
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 Statement C, page 58

b. What was the net profit or loss?

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

2356 \$. 00 } SKIP to first ISS Code or Statement C, page 58
2358 x4 Loss in amount box

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

2360 \$. 00 } SKIP to first ISS Code or Statement C, page 58
x3 None
x1 DK
x2 Ref.

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

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

21b. Was . . . self-employed in this business as of
(Read last day of the reference period)?

8016

- 1 Yes
2 No - SKIP to first ISS Code or Statement C, page 58

CHECK ITEM S13

Refer to item 15b, page 23.

Is sole proprietorship marked in 15b?

8018

- 1 Yes - SKIP to Check Item S14
2 No

22a. As of (Read last day of the reference period),
what percent of this business did . . . own?

8020

Percent

- x1 DK
x2 Ref. - SKIP to first ISS Code or Statement C, page 58

CHECK ITEM S14

Has information below about the total value and total debt for this business already been obtained from another household member?

8022

- 1 Yes - SKIP first ISS Code or Statement C, page 58
2 No

22b. As of (Read last day of the reference period),
what is the total value of this business before
figuring in any debts that might be owed
against it?

8024

\$. 00 - SKIP to 22d

- x3 None - SKIP to 22d
x1 DK
x2 Ref. - SKIP to first ISS Code or Statement C, page 58



8025

- 1 Office Use Only

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

8026

- 1 Yes - Mark Callback Summary and Reminder Card, Item 5a
2 No

d. As of (Read last day of the reference period),
what was the total debt owed against this
business?

8028

\$. 00 } SKIP to first ISS Code or Statement C, page 58

- x3 None

x1 DK
x2 Ref. - SKIP to first ISS Code or Statement C, page 58



8029

- 1 Office Use Only

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

8030

1 Yes - Mark Callback Summary and Reminder Card, Item 5b } SKIP to first ISS Code or Statement C, page 58

- 2 No

NOTES

Section 3 - AMOUNTS

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

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

Income code Name of income type

3000

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

CHECK ITEM A1

Mark (X) income type code.

- 3002** 1 ISS Code 1 or 2 (SS or RR)
 2 ISS Code 25 (WIC) - SKIP to 13a, page 29
 3 ISS Code 27 (Food Stamps) - SKIP to 11a, page 28
 4 ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4
 5 Other ISS Codes - SKIP to Check Item A4.1

CHECK ITEM A2

Refer to cc item 27.

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

- 3004** 1 Yes
 2 No - SKIP to Check Item A3

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

- 3006** 1 Yes
 2 No - SKIP to Check Item A3

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

- 3008** 1 Yes
 2 No - SKIP to 9a, page 28

CHECK ITEM A3

Refer to cc item 26a.

Is . . . married?

- 3010** 1 Yes
 2 No - SKIP to Check Item A4.1

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

- 3012** 1 Yes
 2 No - SKIP to Check Item A4.1

CHECK ITEM A4

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

- 3014** 1 Yes - SKIP to next ISS Code or Statement C, page 58
 2 No

CHECK ITEM A4.1

Refer to item 11b, page 5.

Is this income source listed on the income roster?

- 3015** 1 Yes - ASK 5b
 2 No - ASK 5a

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

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

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

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

5c. Some persons receive more than one payment per month for certain income types.

► For ISS codes 1 or 2 (SS or RR) read -

How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.

► For all other ISS codes read -

How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.

(Last month)

- 3016** 1 Yes
 2 No
 x1 DK

3018 \$.
 x1 DK
 x2 Ref.

(2 months ago)

- 3020** 1 Yes
 2 No
 x1 DK

3022 \$.
 x1 DK
 x2 Ref.

(3 months ago)

- 3024** 1 Yes
 2 No
 x1 DK

3026 \$.
 x1 DK
 x2 Ref.

(4 months ago)

- 3028** 1 Yes
 2 No
 x1 DK

3030 \$.
 x1 DK
 x2 Ref.

AMOUNTS - PART A

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

3032

- 1 ISS Code 1 or 2 - SKIP to Check Item A6.1
- 2 ISS Code 8 or 20 through 24
- 3 All other income codes - SKIP to next ISS Code or Statement C, page 58

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 Statement C, page 58

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 Statement C, page 58

**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 26.

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

3068

- 1 Yes
- 2 No - SKIP to next ISS Code or Statement C, page 58

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.

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

(Last month)	3070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3072 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3076 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3080 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3084 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> 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 Statement C, page 58
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 Statement C, page 58

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 Statement C, page 58

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

Mark (X) all that apply.

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

b. Which persons were covered?

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

SKIP to next ISS Code or Statement C, page 58

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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Income code</td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 55%;">Name of income type</td> </tr> <tr> <td style="text-align: center;">3200</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td> </td> </tr> </table>	Income code			Name of income type	3200			
Income code			Name of income type						
3200									
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3202 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 33</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 32</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to Check Item A4.1</i></p>								
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	<p>3204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>								
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>3206 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>								
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 32</i></p>								
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>								
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>								
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3214 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Statement C, page 58</i> 2 <input type="checkbox"/> No</p>								
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p>3215 1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>								
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>▶ For ISS codes 1 or 2 (SS or RR) read –</p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>▶ For all other ISS codes read –</p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>								
<p>(Last month)</p>	<p>3216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3218 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>							
<p>(2 months ago)</p>	<p>3220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3222 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>							
<p>(3 months ago)</p>	<p>3224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3226 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>							
<p>(4 months ago)</p>	<p>3228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3230 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>							

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

3232

- 1 ISS Code 1 or 2 – SKIP to Check Item A6.1
- 2 ISS Code 8 or 20 through 24
- 3 All other income codes – SKIP to next ISS Code or Statement C, page 58

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 Statement C, page 58

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 Statement C, page 58

**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 30.

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

3268

- 1 Yes
- 2 No – SKIP to next ISS Code or Statement C, page 58

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

(Last month)

3270 1 Yes
2 No
x1 DK

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

3272 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3274 1 Yes
2 No
x1 DK

3276 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3278 1 Yes
2 No
x1 DK

3280 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3282 1 Yes
2 No
x1 DK

3284 \$. 00
x1 DK
x2 Ref.

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

3286 1 Yes - SKIP to next ISS Code or Statement C, page 58
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 Statement C, page 58

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 Statement C, page 58

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 Statement C, page 58

NOTES

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

3432

- 1 ISS Code 1 or 2 - SKIP to Check Item A6.1
- 2 ISS Code 8 or 20 through 24
- 3 All other income codes - SKIP to next ISS Code or Statement C, page 58

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

3434

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

b. Which persons were covered?

Person No. Name

3436

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3438

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3440

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3442

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3444

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3446

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3448

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3454

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**CHECK
ITEM A6**

Is this ISS Code "8"?

3456

- 1 Yes
- 2 No - SKIP to next ISS Code or Statement C, page 58

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

3458

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

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

3460

- 1 Yes
 - 2 No
 - x1 DK
- } SKIP to next ISS Code or Statement C, page 58

**CHECK
ITEM A6.1**

Refer to cc item 45.

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

3462

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

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

3464

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

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

3466

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

**CHECK
ITEM A7**

Refer to item 2, page 34.

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

3468

- 1 Yes
- 2 No - SKIP to next ISS Code or Statement C, page 58

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

(Last month)

3470 1 Yes
2 No
x1 DK

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

3472 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3474 1 Yes
2 No
x1 DK

3476 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3478 1 Yes
2 No
x1 DK

3480 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3482 1 Yes
2 No
x1 DK

3484 \$. 00
x1 DK
x2 Ref.

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

3486 1 Yes - SKIP to next ISS Code or Statement C, page 58
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 Statement C, page 58

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 Statement C, page 58

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

Mark (X) all that apply.

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

b. Which persons were covered?

	Person No.	Name
3546	<input type="text"/>	<input type="text"/>
3548	<input type="text"/>	<input type="text"/>
3550	<input type="text"/>	<input type="text"/>
3552	<input type="text"/>	<input type="text"/>
3554	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Statement C, page 58

NOTES

Section 3 - AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3600 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3602 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - <i>SKIP to 13a, page 41</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - <i>SKIP to 11a, page 40</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes - <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p>3604 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3606 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a, page 40</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p>3610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3614 1 <input type="checkbox"/> Yes - <i>SKIP to next ISS Code or Statement C, page 58</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i></p> <p>Is this income source listed on the income roster?</p>	<p>3615 1 <input type="checkbox"/> Yes - <i>ASK 5b</i> 2 <input type="checkbox"/> No - <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? <i>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</i></p>	<p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>▶ <i>For ISS codes 1 or 2 (SS or RR) read -</i></p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>▶ <i>For all other ISS codes read -</i></p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>
<p>(Last month)</p>	<p>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
	<p>3618 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3622 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3626 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3630 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3632	1 <input type="checkbox"/> ISS Code 1 or 2 - SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Statement C, page 58
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6a.	Were all the people living here covered by . . . 's payments?	3634	1 <input type="checkbox"/> Yes - SKIP to Check Item A6 2 <input type="checkbox"/> No
b.	Which persons were covered?		
		Person No.	Name
		3636	<input type="text"/>
		3638	<input type="text"/>
		3640	<input type="text"/>
		3642	<input type="text"/>
		3644	<input type="text"/>
		3646	<input type="text"/>
		3648	<input type="text"/>
		3650	<input type="text"/>
		3652	<input type="text"/>
		3654	<input type="text"/>

CHECK ITEM A6	Is this ISS Code "8"?	3656	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Statement C, page 58
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7a.	What type of Veterans' payments did . . . receive?	3658	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
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b.	Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3660	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement C, page 58
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CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3662	1 <input type="checkbox"/> Yes - SKIP to Check Item A7 2 <input type="checkbox"/> No
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8a.	(Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does . . . 's check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)	3664	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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b.	Do . . . 's payments usually come on the first of the month or the third?	3666	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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CHECK ITEM A7	Refer to item 2, page 38. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3668	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Statement C, page 58
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NOTES	
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Section 3 – AMOUNTS (Continued)

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

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

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

(Last month)

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 Statement C, page 58*
 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 Statement C, page 58

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 Statement C, page 58

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

Mark (X) all that apply.

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

b. Which persons were covered?

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

SKIP to next ISS Code or Statement C, page 58

NOTES

Section 3 - AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3800 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3802 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 45 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 44 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	<p>3804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>3806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 44</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - 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>3814 1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Statement C, page 58 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p>3815 1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a</p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>5c. Some persons receive more than one payment per month for certain income types.</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> </div>
<p>(Last month)</p>	<p>3816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
	<div style="border: 1px solid black; padding: 5px;"> <p>3818 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div>
	<div style="border: 1px solid black; padding: 5px;"> <p>3822 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div>
	<div style="border: 1px solid black; padding: 5px;"> <p>3826 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div>
	<div style="border: 1px solid black; padding: 5px;"> <p>3830 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div>

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 Statement C, page 58

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 Statement C, page 58

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 Statement C, page 58

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 42.

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

3868

- 1 Yes
- 2 No - SKIP to next ISS Code or Statement C, page 58

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

(Last month)

3870 1 Yes
 2 No
 X1 DK

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

3872 \$. 00
 X1 DK
 X2 Ref.

(2 months ago)

3874 1 Yes
 2 No
 X1 DK

3876 \$. 00
 X1 DK
 X2 Ref.

(3 months ago)

3878 1 Yes
 2 No
 X1 DK

3880 \$. 00
 X1 DK
 X2 Ref.

(4 months ago)

3882 1 Yes
 2 No
 X1 DK

3884 \$. 00
 X1 DK
 X2 Ref.

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

3886 1 Yes - SKIP to next ISS Code or Statement C, page 58
 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 Statement C, page 58

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

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

b. Which persons were covered?

	Person No.	Name
3902	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>

NOTES

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

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

- 3921** 1 Yes - ASK 12b
2 No - ASK 12a

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

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

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

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

(Last month)

- 3922** 1 Yes
2 No
x1 DK

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

3924 \$. 00
x1 DK
x2 Ref.

(2 months ago)

- 3926** 1 Yes
2 No
x1 DK

3928 \$. 00
x1 DK
x2 Ref.

(3 months ago)

- 3930** 1 Yes
2 No
x1 DK

3932 \$. 00
x1 DK
x2 Ref.

(4 months ago)

- 3934** 1 Yes
2 No
x1 DK

3936 \$. 00
x1 DK
x2 Ref.

SKIP to next ISS Code or Statement C, page 58

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

Mark (X) all that apply.

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

b. Which persons were covered?

	Person No.	Name
3946	<input type="text"/>	<input type="text"/>
3948	<input type="text"/>	<input type="text"/>
3950	<input type="text"/>	<input type="text"/>
3952	<input type="text"/>	<input type="text"/>
3954	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Statement C, page 58

NOTES

Section 3 - AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	Income code	Name of income type	
	4000	[] []	
CHECK ITEM A1	Mark (X) income type code.		
	4002	1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 49 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 48 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.		
	4004	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?		
	4006	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?		
	4008	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 48	
	3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		
CHECK ITEM A3	Refer to cc item 26a.		
	4010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1	
	Is . . . married?		
	4012	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?		
	4014	1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Statement C, page 58 2 <input type="checkbox"/> No	
CHECK ITEM A4.1	Refer to item 11b, page 5.		
	4015	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)	4016	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4018 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	4020	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4022 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	4024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4026 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	4028	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4030 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A5

Mark (X) income type code.

4032

- 1 ISS Code 1 or 2 - SKIP to Check Item A6.1
- 2 ISS Code 8 or 20 through 24
- 3 All other income codes - SKIP to next ISS Code or Statement C, page 58

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

--	--	--	--

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 Statement C, page 58

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 Statement C, page 58

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 46.

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

4068

- 1 Yes
- 2 No - SKIP to next ISS Code or Statement C, page 58

NOTES

Section 3 – AMOUNTS (Continued)

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

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

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

(Last month)

4070 1 Yes
 2 No
 x1 DK

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

4072 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

4074 1 Yes
 2 No
 x1 DK

4076 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

4078 1 Yes
 2 No
 x1 DK

4080 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

4082 1 Yes
 2 No
 x1 DK

4084 \$. 00
 x1 DK
 x2 Ref.

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

4086 1 Yes – *SKIP to next ISS Code or Statement C, page 58*
 2 No

b. Which children were covered?

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

SKIP to next ISS Code or Statement C, page 58

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

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

b. Which persons were covered?

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

NOTES

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

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

- 4121** 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

(Last month)

- 4122** 1 Yes
2 No
X1 DK

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

4124 \$. 00
X1 DK
X2 Ref.

(2 months ago)

- 4126** 1 Yes
2 No
X1 DK

4128 \$. 00
X1 DK
X2 Ref.

(3 months ago)

- 4130** 1 Yes
2 No
X1 DK

4132 \$. 00
X1 DK
X2 Ref.

(4 months ago)

- 4134** 1 Yes
2 No
X1 DK

4136 \$. 00
X1 DK
X2 Ref.

SKIP to next ISS Code or Statement C, page 58

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

Mark (X) all that apply.

- 4138** 1 Last month
4140 2 2 months ago
4142 3 3 months ago
4144 4 4 months ago

b. Which persons were covered?

	Person No.	Name
4146	<input type="text"/>	<input type="text"/>
4148	<input type="text"/>	<input type="text"/>
4150	<input type="text"/>	<input type="text"/>
4152	<input type="text"/>	<input type="text"/>
4154	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Statement C, page 58

NOTES

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A8

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

4300

1 ISS Code 100 - Regular/Passbook savings accounts

4302

2 ISS Code 101 - Money market deposit accounts

4304

3 ISS Code 102 - Certificates of deposit or other savings certificates

4306

4 ISS Code 103 - Interest-earning checking accounts (such as NOW or Super-NOW accounts)

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

CHECK ITEM A9

Interview status of . . .'s spouse.

4308

1 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)?

4310

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))?

4312

\$. 00

X3 None

X1 DK

X2 Ref. - SKIP to next ISS Code or Statement C, page 58

c. As of (Read last day of reference period), what was the total amount that . . . and . . .'s (husband/wife) had in these jointly held (Read asset types)? ★

4314

\$. 00 - SKIP to 3a

X3 None - SKIP to 3a

X1 DK

X2 Ref. - SKIP to next ISS Code or Statement C, page 58

4315

1 Office Use Only

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

4316

1 Yes - Mark Callback Summary and Reminder Card, Item 6

2 No

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

4318

1 Yes

2 No - SKIP to next ISS Code or Statement C, page 58

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

4320

\$. 00

X3 None

X1 DK

X2 Ref. - SKIP to next ISS Code or Statement C, page 58

c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)? ★

4322

\$. 00

X3 None

X1 DK

X2 Ref. - SKIP to next ISS Code or Statement C, page 58

4323

1 Office Use Only

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

4324

1 Yes - Mark Callback Summary and Reminder Card, Item 7

2 No

SKIP to next ISS Code or Statement C, page 58

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

- x3 None
- x1 DK
- x2 Ref. - SKIP to next ISS Code or Statement C, page 58

c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?

4414

\$. 00 - SKIP to 3a

- x3 None - SKIP to 3a
- x1 DK
- x2 Ref. - SKIP to next ISS Code or Statement C, page 58

4415

- 1 Office Use Only

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

4416

- 1 Yes - Mark Callback Summary and Reminder Card, Item 8
- 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 Statement C, page 58

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

- x3 None
- x1 DK
- x2 Ref. - SKIP to next ISS Code or Statement C, page 58

c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?

4422

\$. 00

- x3 None } SKIP to next ISS Code or Statement C, page 58
- x1 DK
- x2 Ref. - SKIP to next ISS Code or Statement C, page 58

4423

- 1 Office Use Only

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

4424

- 1 Yes - Mark Callback Summary and Reminder Card, Item 9 } SKIP to next ISS Code or Statement C, page 58
- 2 No

NOTES

Section 3 – AMOUNTS (Continued)

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

<p>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.)</p>	4500	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i></p>
<p>CHECK ITEM A12 Interview status of . . .'s spouse.</p>	4502	<p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i></p>
<p>1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)? ★</p>	4504	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 – <i>SKIP to 2a</i> x3 <input type="checkbox"/> None – <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement C, page 58</i></p>
<p>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.)</p>	4506	<p>1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 10</i> 2 <input type="checkbox"/> No</p>
<p>2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)? ★</p>	4508	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement C, page 58</i></p>
<p>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.)</p>	4510	<p>1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 11</i> 2 <input type="checkbox"/> No</p>
<p>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?</p>	4512	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item A14</i></p>
<p>CHECK ITEM A13 Interview status of . . .'s spouse.</p>	4514	<p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i></p>
<p>3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?</p>	4516	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement C, page 58</i></p>
<p>C. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?</p>	4518	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement C, page 58</i></p>

NOTES

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A14**

Interview status of . . . 's spouse.

8032

- 1 No spouse in household - *SKIP to 5b*
- 2 Interview for spouse not yet conducted
- 3 Interview for spouse already conducted - *SKIP to 5a*

4a. As of (Read last day of reference period), what was the market value of the stocks or mutual funds held jointly by . . . and . . . 's (husband/wife)?

(Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.)



8034

\$. 00 - *SKIP to 4c*

- x3 None - *SKIP to 5a*
- x1 DK
- x2 Ref. - *SKIP to next ISS Code or Statement C, page 58*

8035

- 1 Office Use Only

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

8036

- 1 Yes - *Mark Callback Summary and Reminder Card, Item 12*
- 2 No

c. Was any debt or margin account held against these jointly held stocks or mutual funds as of (Read last day of reference period)?

8038

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

d. As of (Read last day of reference period), what was the amount of the debt or margin account?

8040

\$. 00

- x1 DK - *Probe*
- x2 Ref. - *SKIP to next ISS Code or Statement C, page 58*

5a. Besides the stocks or mutual fund shares held jointly with . . . 's (husband/wife), did . . . hold any other stocks or mutual fund shares?

8042

- 1 Yes
- 2 No - *SKIP to next ISS Code or Statement C, page 58.*

b. As of (Read last day of reference period), what was the market value of the stocks or mutual funds . . . held in (his/her) OWN name?

(Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.)



8044

\$. 00 } *SKIP to 5d*

- x2 Ref.
- x1 DK

8045

- 1 Office Use Only

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

8046

- 1 Yes - *Mark Callback Summary and Reminder Card, Item 13*
- 2 No

d. Was any debt or margin account held against these . . . 's stocks or mutual funds as of (Read last day of reference period)?

8048

- 1 Yes
- 2 No - *SKIP to next ISS Code or Statement C, page 58*

e. As of (Read last day of reference period), what was the amount of the debt or margin account?

8050

\$. 00 } *SKIP to next ISS Code or Statement C, page 58*

- x1 DK - *Probe*
- x2 Ref.

NOTES

AMOUNTS - PARTS D & E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A15 Interview status of . . . 's spouse.	4600 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3a</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 . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months? <i>Include only property owned entirely by couple.</i>	4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2d</i>
b. About how much was received in gross rent from this property during the 4-month period?	4604 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement C, page 58</i>
c. What is your best estimate of the amount that was cleared after expenses?	4606 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 } <i>SKIP to 2e</i> x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement C, page 58</i> 4608 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box – SKIP to 2e</i>
d. As of (Read last day of reference period), did . . . own any rental property jointly with . . . 's (husband/wife)? (Include only property owned entirely by . . . and . . . 's (husband/wife).)	8052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK
e. How many properties did . . . own jointly with . . . 's (husband/wife) as of (Read last day of reference period)?	8054 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Number of properties 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 Statement C, page 58</i>
f. What type of property(ies) (was it/were they)? <i>Mark (X) all that apply.</i>	8056 1 <input type="checkbox"/> Vacation home 8058 2 <input type="checkbox"/> Other residential property 8060 3 <input type="checkbox"/> Farm property 8062 4 <input type="checkbox"/> Commercial property 8064 5 <input type="checkbox"/> Equipment 8066 6 <input type="checkbox"/> Other – <i>Specify</i> _____
g. Were any of these properties attached to or located on the same land as . . . 's own residence?	8067 1 <input type="checkbox"/> Yes – All rental properties on residence – <i>SKIP to 3a</i> 2 <input type="checkbox"/> Yes – Some rental properties on residence 3 <input type="checkbox"/> No
h. (Excluding properties attached to or located on . . . 's own residence), as of (Read last day of reference period), what was the total market value of the property(ies)?	8068 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 } <i>SKIP to 2j</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement C, page 58</i> 8069 1 <input type="checkbox"/> Office Use Only
i. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8070 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 14</i> 2 <input type="checkbox"/> No
j. (Excluding properties attached to or located on . . . 's own residence), was there a mortgage, deed of trust, or other debt on the property(ies)?	8072 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK
k. As of (Read last day of reference period), how much principal was owed on the property(ies)?	8074 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref. 8075 1 <input type="checkbox"/> Office Use Only

Section 3 - AMOUNTS (Continued)

Part E - RENTAL INCOME (ISS Code 120) (Continued)

<p>3a. Did . . . receive rental income from property owned entirely in . . .'s own name during the last 4 four months?</p>	<p>4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3d</p>
<p>b. About how much was received in gross rent from this property during the 4-month period?</p>	<p>4612 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement C, page 58</p>
<p>c. What is your best estimate of the amount that was cleared after expenses?</p>	<p>4614 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 3e</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p> <p>4616 x4 <input type="checkbox"/> Lost money - Enter amount of loss in box - SKIP to 3e</p>
<p>d. As of (Read last day of reference period), did . . . own any rental property in . . .'s OWN name?</p>	<p>8076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4a, page 56 x1 <input type="checkbox"/> DK</p>
<p>e. How many properties did . . . own in . . .'s OWN name as of (Read last day of reference period)?</p>	<p>8078 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of properties</p> <p>x3 <input type="checkbox"/> None - SKIP to 4a, page 56 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement C, page 58</p>
<p>f. What type of property(ies) (was it/were they)? <i>Mark (X) all that apply.</i></p>	<p>8080 1 <input type="checkbox"/> Vacation home 8082 2 <input type="checkbox"/> Other residential property 8084 3 <input type="checkbox"/> Farm property 8086 4 <input type="checkbox"/> Commercial property 8088 5 <input type="checkbox"/> Equipment 8090 6 <input type="checkbox"/> Other - Specify _____</p>
<p>g. Were any of these properties attached to or located on the same land as . . .'s own residence?</p>	<p>8091 1 <input type="checkbox"/> Yes - All rental properties on residence - SKIP to 4a, page 56 2 <input type="checkbox"/> Yes - Some rental properties on residence 3 <input type="checkbox"/> No</p>
<p>h. (Excluding properties attached to or located on . . .'s own residence), as of (Read last day of reference period), what was the total market value of the property(ies)?</p> <p align="center" style="font-size: 2em;">★</p>	<p>8092 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 3j</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement C, page 58</p> <p>8093 1 <input type="checkbox"/> Office Use Only</p>
<p>i. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8094 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, Item 15 2 <input type="checkbox"/> No</p>
<p>j. (Excluding properties attached to or located on . . .'s own residence), was there a mortgage, deed of trust, or other debt on the property(ies)?</p>	<p>8096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4a, page 56 x1 <input type="checkbox"/> DK</p>
<p>k. As of (Read last day of reference period), how much principal was owed on the property(ies)?</p>	<p>8098 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK - Probe x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Statement C, page 58</p> <p>8099 1 <input type="checkbox"/> Office Use Only</p>

NOTES

Section 3 - AMOUNTS (Continued)

Part E - RENTAL INCOME (ISS Code 120) (Continued)

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

- 4618** 1 Yes
2 No - SKIP to 4c

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

- 4620** \$. 00 } SKIP to 4d
 x3 None
 x1 DK
 x2 Ref. - SKIP to next ISS Code or Statement C, page 58
4622 x4 Lost money - Enter amount of loss in box - SKIP to 4d

c. Did . . . own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by . . . and . . .'s spouse.)

- 8100** 1 Yes
2 No } SKIP to next ISS Code or Statement C, page 58
 x1 DK

d. How many properties did . . . own jointly with others as of (Read last day of reference period)?

- 8102** Number of properties
 x3 None - SKIP to next ISS Code or Statement C, page 58
 x1 DK
 x2 Ref. - SKIP to next ISS Code or Statement C, page 58

e. What type of property(ies) (was it/were they)?
 Mark (X) all that apply.

- 8104** 1 Vacation home
8106 2 Other residential property
8108 3 Farm property
8110 4 Commercial property
8112 5 Equipment
8114 6 Other - Specify _____

f. As of (Read last day of reference period), what was the total market value of the property(ies)?

- 8116** \$. 00
 x1 DK
 x2 Ref. - SKIP to next ISS Code or Statement C, page 58
8117 1 Office Use Only

g. Was there a mortgage, deed of trust, or other debt on the property(ies)?

- 8118** 1 Yes
2 No } SKIP to 4i
 x1 DK

h. As of (Read last day of reference period), how much principal was owed on the property(ies)?

- 8120** \$. 00
 x3 None
 x1 DK
 x2 Ref. - SKIP to next ISS Code or Statement C, page 58
8121 1 Office Use Only

i. As of (Read last day of reference period), what was the total value of . . .'s SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.)

- 8122** \$. 00 - SKIP to next ISS Code for Statement C, page 58
 x1 DK
 x2 Ref. - SKIP to next ISS Code or Statement C, page 58
8123 1 Office Use Only

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

- 8124** 1 Yes - Mark Callback Summary and Reminder Card, Item 16 } SKIP to next ISS Code or Statement C, page 58
 2 No



Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A16	Asset types owned. <i>Mark (X) all that apply.</i>	4700	<input type="checkbox"/> ISS Code 130 – Mortgages	
		4702	<input type="checkbox"/> ISS Code 140 – Royalties	
		4704	<input type="checkbox"/> ISS Code 150 – Other financial investments	
CHECK ITEM A17	Refer to Check Item A16. Is ISS Code 130 marked in Check Item A16?	4706	<input type="checkbox"/> Yes	<input type="checkbox"/> No – SKIP to 3
CHECK ITEM A18	Interview status of . . . 's spouse.	4708	<input type="checkbox"/> No spouse in household – SKIP to 2b	<input type="checkbox"/> Interview for spouse not yet conducted
			<input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a	
1a.	Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse?	4710	<input type="checkbox"/> Yes	<input type="checkbox"/> No – SKIP to 2b
b.	During the past 4 months, how much interest was paid to . . . and . . . 's spouse by the borrower?	4712	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref.
c.	As of (Read last day of reference period), how much principal was owed to . . . and . . . 's (husband/wife) on this (these) mortgage(s)?	8126	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – SKIP to Check Item A19
		8127	<input type="checkbox"/> Office Use Only	
2a.	(Besides any jointly held mortgages) did . . . hold any mortgages in . . . 's own name?	4714	<input type="checkbox"/> Yes	<input type="checkbox"/> No – SKIP to Check Item A19
b.	(Earlier you said that . . . held a mortgage.) During the past 4 months, how much interest was paid to . . . by the borrower?	4716	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – SKIP to Check Item A19
c.	As of (Read last day of reference period), how much principal was owed to . . . on this (these) mortgage(s)?	8128	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref.
		8129	<input type="checkbox"/> Office Use Only	
CHECK ITEM A19	Refer to Check Item A16. Is ISS Code 140 or 150 marked?	4718	<input type="checkbox"/> Yes	<input type="checkbox"/> No – SKIP to Statement C, page 58
3.	Earlier you said . . . had (Read asset types). During the past 4 months, how much income did . . . receive from these (Read asset types)? <i>If income was shared, count only . . . 's share.</i>	4720	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – SKIP to Statement C, page 58
		4722	<input type="checkbox"/> Lost money – Enter amount of loss in box	
CHECK ITEM A20	Is ISS Code 150 marked in Check Item A16?	8130	<input type="checkbox"/> Yes	<input type="checkbox"/> No – SKIP to Statement C, page 58
4.	As of (Read last day of reference period), what was . . . 's equity in other financial investments? (By equity we mean the total market value less any debts held against it.) <i>If investment is jointly owned, count only . . . 's share of equity.</i>	8132	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00	} SKIP to Statement C, page 58
		8133	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. <input type="checkbox"/> Office Use Only	

NOTES

Section 4 – TOPICAL MODULES

Part A – ASSETS AND LIABILITIES

STATEMENT C

Read to respondent: **These next questions concern various assets and liabilities.**

1a. As of (Read last day of reference period), did anyone outside of this household owe money to . . . as the result of the sale of a business or property? (Exclude mortgages owed to . . . which have already been reported.)

8200 1 Yes
 2 No
 X1 DK
 X2 Ref. } *SKIP to 2a*

b. How much was owed to . . . ?
(If shared, count only . . . 's share.)

8202 \$. 00
 X1 DK
 X2 Ref.
8203 1 Office Use Only

ASK OR VERIFY –

2a. Did . . . own any U.S. Savings Bonds (Series E, or EE) as of (Read last day of reference period)?

8204 1 Yes
 2 No – *SKIP to Check Item T1*

b. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned?
(If ownership was shared, count only . . . 's share.)

8206 \$. 00
 X1 DK
 X2 Ref.

CHECK ITEM T1

Interview status of . . . 's spouse.

8208 1 No spouse in household – *SKIP to 4a*
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted – *SKIP to 4a*

2c. As of (Read last day of reference period), did . . . own jointly with . . . 's (husband/wife) any checking accounts which do NOT earn interest?

8209 1 Yes
 2 No
 X1 DK
 X2 Ref. } *SKIP to 3a*

d. What is your best estimate of the amount of money . . . and . . . 's (husband/wife) had in those checking accounts as of (Read last day of reference period)?

8210 \$. 00
 X3 None
 X1 DK
 X2 Ref.

3a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for –

If "Yes" to 3a ask –
3b. How much was owed as of (Read last day of reference period)?

(1) Store bills or credit card bills?

8212 1 Yes
 2 No
 X1 DK
 X2 Ref.

8214 \$. 00
 X1 DK – *Probe*
 X2 Ref.

(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?

8216 1 Yes
 2 No
 X1 DK
 X2 Ref.

8218 \$. 00
 X1 DK – *Probe*
 X2 Ref.

(3) Any other debt we have not yet mentioned (include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered; exclude mortgages, home equity loans, and car loans)?

8220 1 Yes
 2 No
 X1 DK
 X2 Ref.

8222 \$. 00
 X1 DK – *Probe*
 X2 Ref.

NOTES

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

4a. (Besides any checking accounts owned jointly with . . . 's spouse,) as of (Read last day of reference period), did . . . own any (other) checking accounts which did NOT earn interest?

8232 1 Yes
 2 No
 x1 DK
 x2 Ref. } SKIP to 4c

b. What is your best estimate of the amount of money . . . had in those checking accounts as of (Read last day of reference period)?

(If account was shared, count only . . . 's share.)

8233 \$. 00
 x3 None
 x1 DK
 x2 Ref.

c. Did . . . have any debts, such as credit card bills, loans from a financial institution, or educational loans, in . . . 's OWN name?

8234 1 Yes
 2 No
 x1 DK
 x2 Ref. } SKIP to Check Item T2

d. As of (Read last day of reference period), did . . . owe any money (in . . . 's OWN name) for –

If "Yes" to 4d ask –
4e. How much was owed as of (Read last day of reference period)?

(1) Store bills or credit card bills?

8236 1 Yes
 2 No
 x1 DK
 x2 Ref.

8238 \$. 00
 x1 DK – Probe
 x2 Ref.

(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?

8240 1 Yes
 2 No
 x1 DK
 x2 Ref.

8242 \$. 00
 x1 DK – Probe
 x2 Ref.

(3) Any other debt we have not yet mentioned (include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered; exclude mortgages, home equity loans, and car loans)?

8244 1 Yes
 2 No
 x1 DK
 x2 Ref.

8246 \$. 00
 x1 DK – Probe
 x2 Ref.

CHECK ITEM T2

Refer to cc item 24.

Is . . . 21 years of age or older?

8258 1 Yes
 2 No – SKIP to 7a, page 60

5a. Does . . . have any Individual Retirement Accounts – any IRAs – in . . . 's OWN name?

(Do not mark "Yes" if . . . is only included in spouse's IRA account.)

8260 1 Yes
 2 No
 x1 DK
 x2 Ref. } SKIP to 6a

b. For how many years has . . . contributed to . . . 's IRA accounts?

8262 Years
 x1 DK
 x2 Ref. – SKIP to 6a

c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of . . . 's IRA accounts? ★

8264 \$. 00 – SKIP to 5e
 x1 DK
 x2 Ref. – SKIP to 6a

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

8266 1 Yes – Mark Callback Summary and Reminder Card, Item 17
 2 No
 x1 DK
 x2 Ref. } SKIP to 6a

e. (Please look at Card AA.) As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's IRA accounts?

Mark (X) all that apply.

Anything else?

8268 1 Certificates of deposit or other saving certificates
 8270 2 Money market funds
 8272 3 U.S. Government securities
 8274 4 Municipal or corporate bonds
 8276 5 U.S. Savings Bonds
 8278 6 Stocks or mutual fund shares
 8280 7 Other assets – Specify

8282 x1 DK

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

<p>6a. Does . . . have a KEOGH account in . . .'s OWN name?</p>	<p>8284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 7a</i></p>
<p>b. For how many years has . . . contributed to . . .'s KEOGH account?</p>	<p>8286 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Years X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to 7a</i></p>
<p>c. As of (Read last day of reference period), what was the total balance or market value of assets in . . .'s KEOGH account(s)?</p> <p align="center">★</p>	<p>8288 \$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 – <i>SKIP to 6e</i> X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to 7a</i></p>
<p>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8290 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 18</i> 2 <input type="checkbox"/> No – <i>SKIP to 7a</i></p>
<p>e. (Please look at Card AA.) As of (Read last day of reference period), which kinds of assets did . . . hold in . . .'s KEOGH account(s)?</p> <p><i>Mark (X) all that apply.</i></p> <p>Anything else?</p>	<p>8292 1 <input type="checkbox"/> Certificates of deposit or other savings certificates 8294 2 <input type="checkbox"/> Money market funds 8296 3 <input type="checkbox"/> U.S. Government securities 8298 4 <input type="checkbox"/> Municipal or corporate bonds 8300 5 <input type="checkbox"/> U.S. Savings Bonds 8302 6 <input type="checkbox"/> Stocks or mutual fund shares 8304 7 <input type="checkbox"/> Other assets – <i>Specify</i> <input style="width: 50px;" type="text"/></p> <p>8306 X1 <input type="checkbox"/> DK</p>
<p>7a. Does . . . have any life insurance? (Include group policies provided by employers.)</p>	<p>8308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to Statement D, page 61</i></p>
<p>b. What is the current FACE VALUE of ALL life insurance policies that . . . has?</p>	<p>8309 \$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <p>8310 1 <input type="checkbox"/> Office Use Only</p>
<p>c. What types of life insurance does . . . have – is it "term insurance", "whole life", or does . . . have both of these types?</p>	<p>8312 1 <input type="checkbox"/> Term only 2 <input type="checkbox"/> Whole life only 3 <input type="checkbox"/> Both types X1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T3 Is "Worked" (code 170) marked on the ISS?</p>	<p>8314 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 61</i></p>
<p>7c. Are any of . . .'s life insurance policies provided through . . .'s current employer(s)?</p>	<p>8316 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 61</i></p>
<p>d. What is the FACE VALUE of the life insurance policies provided through . . .'s employer(s)?</p>	<p>8318 \$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – MEDICAL EXPENSES AND WORK DISABILITY

STATEMENT D →

These next questions concern payments that . . . may have made last month for medical bills for himself/herself or his/her family.

1. During (Read last month), did . . . pay any of the following:

- | | | | | |
|---|-------------|--------------------------------|-------------------------------|--------------------------------|
| a. Doctor bills? | 8400 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| b. Dentist bills? | 8402 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| c. Hospital bills? | 8404 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| d. Expenses for prescription medicine? | 8406 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |

CHECK ITEM T4

Is one or more "Yes" boxes marked in item 1?

- 8408** 1 Yes
2 No – *SKIP to Check Item T5*

2. Not counting amounts already reported by another family member or amounts that will be reimbursed by insurance, how much did . . . pay for medical expenses in the month of (Read last month)?

- 8410** \$. 00
x1 DK
x2 Ref.

CHECK ITEM T5

Refer to cc item 24.
What is . . . 's age?

- 8412** 1 15 years old – *SKIP to Check Item T9*
2 16 to 67 years old
3 68 years old or older – *SKIP to Check Item T9*

CHECK ITEM T6

Refer to item 18a on page 7.
What is marked in item 18a?

- 8413** 1 Item 18a is blank
2 "Yes" in item 18a – *SKIP to 3a*
3 "No" in item 18a – *Skip to Check Item T9*

STATEMENT E →

Now I want to ask about any health or physical condition . . . may have that affected . . . 's ability to work.

CHECK ITEM T7

Refer to cc item 47.
Is "Disabled" (code 171) marked on the control card for . . . ?

- 8416** 1 Yes
2 No – *SKIP to 3b*

3a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?

- 8418** 1 Yes – *SKIP to Check Item T8*
2 No – *SKIP to Check Item T9*

b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?

- 8420** 1 Yes – *Mark "171" on ISS*
2 No – *SKIP to Check Item T9*

CHECK ITEM T8

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

- 8422** 1 Yes – *SKIP to Check Item T9*
2 No

4a. Does . . . 's health or condition prevent . . . from working at a job or business?

- 8424** 1 Yes
2 No – *SKIP to Check Item T9*

b. Has . . . been prevented from working for the past 12 months or longer?

- 8426** 1 Yes – *SKIP to Check Item T9*
2 No

c. Is it likely that . . . will be able to work at some time in the next 12 months?

- 8428** 1 Yes
2 No
x1 DK

Go to Check Item T9

NOTES

Section 4 - TOPICAL MODULES (Continued)

Part C - REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

	Vehicle 1	Vehicle 2	Vehicle 3
12e. Is this vehicle owned free and clear, or is there still money owed on it?	8754 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 12g</i> x1 <input type="checkbox"/> DK	8756 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 12g</i> x1 <input type="checkbox"/> DK	8758 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 12g</i> x1 <input type="checkbox"/> DK
f. How much is currently owed for this vehicle?	8760 \$ <input style="width:50px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK - Probe x2 <input type="checkbox"/> Ref.	8761 \$ <input style="width:50px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK - Probe x2 <input type="checkbox"/> Ref.	8762 \$ <input style="width:50px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK - Probe x2 <input type="checkbox"/> Ref.
g. Is this vehicle used primarily for either business purposes or for the transportation of a disabled person?	8763 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8764 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8765 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T18 Is there another vehicle which has not been asked about?	8766 1 <input type="checkbox"/> Yes - Ask 12c for next vehicle 2 <input type="checkbox"/> No - Go to 13a	8768 1 <input type="checkbox"/> Yes - Ask 12c for next vehicle 2 <input type="checkbox"/> No - Go to 13a	Go to 13a
13a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle? <i>Mark (X) all that apply.</i>	8770 1 <input type="checkbox"/> Motorcycle 8772 2 <input type="checkbox"/> Boat 8774 3 <input type="checkbox"/> Recreational vehicle (RV) 8776 4 <input type="checkbox"/> Other - Specify _____ 8778 5 <input type="checkbox"/> No - SKIP to Check Item P1, page 67		
<i>Ask items 13b-13e for each category of vehicle.</i>	Category 1	Category 2	
b. Who is (are) the owner(s) of the (Read first/second category marked in 13a)?	8780 Person No. Name <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> _____ 8784 Person No. Name <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> _____	8782 Person No. Name <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> _____ 8786 Person No. Name <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> _____	
c. If this vehicle were sold, what would it sell for in its present condition?	8788 \$ <input style="width:50px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK - Probe x2 <input type="checkbox"/> Ref. - SKIP to Check Item T19	8790 \$ <input style="width:50px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK - Probe x2 <input type="checkbox"/> Ref. - SKIP to Check Item P1, page 67	
d. Is (are) this (these) vehicle(s) owned free and clear, or is there still money owed on it (them)?	8792 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item T19</i> x1 <input type="checkbox"/> DK	8794 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item P1, page 67</i> x1 <input type="checkbox"/> DK	
e. How much is currently owed for this (these) vehicle(s)?	8796 \$ <input style="width:50px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK - Probe x2 <input type="checkbox"/> Ref.	8798 \$ <input style="width:50px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK - Probe x2 <input type="checkbox"/> Ref.	
CHECK ITEM T19 Is there another vehicle which has not been asked about?	8800 1 <input type="checkbox"/> Yes - Ask 13b for next vehicle 2 <input type="checkbox"/> No - Go to Check Item P1, page 67	Go to Check Item P1, page 67	

PROGRAM QUESTIONS

NOTES

Section 5 – PROGRAM QUESTIONS

CHECK ITEM P1

Refer to cc item 19b.

Is this the reference person's questionnaire?

4800

- 1 Yes
2 No – SKIP to Check Item C1, page 68

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 Yes
2 No – SKIP to 2a

1a. What is your monthly rent?

Include only the amount the respondent pays for rent.

Exclude any amount paid by the government.

4804

\$. 00

- x3 None
x1 DK
x2 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 Yes
2 No
x1 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 Yes
2 No
x1 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 Checks sent to household
2 Coupons or vouchers sent to household
3 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

\$. 00

- x1 DK

CHECK ITEM P3

Are there any children 5 to 18 years old who live in this household?

4826

- 1 Yes
2 No – SKIP to Check Item C1, page 68

3a. Do any of the children in this household usually eat a complete hot lunch offered at school?

4828

- 1 Yes
2 No – SKIP to Check Item C1, page 68

b. How many children?

4830

Children

c. How many complete school lunches do all of the children eat per week?

4832

Number of lunches

- x1 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 Yes
2 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 Free lunch – SKIP to 3g
2 Reduced-price lunch
3 Full-price lunch

f. What was the average price paid by all of the children for a complete school lunch?

4838

\$.

- x1 DK

g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?

4840

- 1 Yes
2 No – SKIP to Check Item C1, page 68

h. How many children?

4842

Children

i. How many complete school breakfasts do all of the children eat per week?

4844

Number of breakfasts

- x1 DK

j. In the past 4 months, were the breakfasts free, reduced price, or were they full price?

Mark (X) only one.

4846

- 1 Free breakfast
2 Reduced-price breakfast
3 Full-price breakfast

NOTES

NOTES

Code

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

Code

- 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
Asset Roster, 28b, columns (2) and (3).....	12
Check Item R31.....	12
11a, Finish time (Cover Page).....	1

LABOR FORCE AND RECIPIENCY

EARNINGS AND EMPLOYMENT

AMOUNTS - PART A

AMOUNTS - PARTS B & C

AMOUNTS - PARTS D & E

TOPICAL MODULES

PROGRAM QUESTIONS

CALLBACK SUMMARY