



## Section 1 – LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

**1. During the 4-month period outlined on this 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**  
**1008**  
**1010**  
**1012**  
**1014**  
**1016**

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**1018**  
**1020**  
**1022**  
**1024**  
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**1032**  
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**1036**  
**1038**  
**1040**

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

**1042**

- 1  Yes – SKIP to 3a  
 2  No

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

Mark (X) only one.

**1044**

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

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

**1046**

- 1  Yes – Mark "55" on ISS  
 2  No – SKIP to 9a, page 4

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

Mark (X) all that apply.

**1048**  
**1050**  
**1052**  
**1054**

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

} SKIP to 9a, 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**  
**1064**  
**1066**  
**1068**  
**1070**  
**1072**

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**1074**  
**1076**  
**1078**  
**1080**  
**1082**  
**1084**

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**1086**  
**1088**  
**1090**  
**1092**  
**1094**  
**1096**

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 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)**

(SHOW FLASHCARD J)

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

Mark (X) all that apply.

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

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

1136 1  Yes  
2  No – SKIP to 7a

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

Mark (X) all that apply.

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

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

Mark (X) only one.

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

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

1176 1  Yes  
2  No – SKIP to 7e

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

Mark (X) all that apply.

1178 x5  All weeks without a job

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

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

1216 1  Yes – SKIP to 7e  
2  No

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

Mark (X) only one.

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

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

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

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

Mark (X) all that apply.

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

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**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</b></p>	1230	<input type="text"/> <input type="text"/>	Hours per week	
				x3 <input type="checkbox"/> None } <i>SKIP to 9a</i> x1 <input type="checkbox"/> DK
<b>CHECK ITEM R3</b>	Refer to item 8a. Did . . . usually work 35 or more hours per week?			
	1231			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8c</i>
<p><b>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.</b></p>	1232			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i>
<p><b>c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</b></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><b>d. What was the main reason . . . worked fewer than 35 hours in those weeks?</b> <i>Mark (X) only one.</i></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> <input type="text"/>
<p><b>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</b></p>	1240			1 <input type="checkbox"/> Yes – <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R4</i>
<p><b>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</b></p>	1242			1 <input type="checkbox"/> Yes – <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM R4</b>	Is "Worked" (code 170) marked on the ISS?			
	1244			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i>
<p><b>10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?</b></p>	1246			1 <input type="checkbox"/> Yes – <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM R5</b>	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 – <i>SKIP to Check Item R6</i>
<p><b>11a. How long did . . . serve on active duty in the Armed Forces?</b></p>	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
<p><b>b. Does . . . have a service-connected disability; that is, a health condition or impairment caused or made worse by military service?</b></p>	1334			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 11d</i> x1 <input type="checkbox"/> DK
<p><b>c. What is . . .'s VA percent disability rating?</b> <i>Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)</i></p>	1336	<input type="text"/>	<input type="text"/>	Percent } <i>Mark "200" on ISS if rating is 100%; otherwise, mark "201"</i> x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
<p><b>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.)</b></p>	1338			1 <input type="checkbox"/> Yes – <i>Mark "8" on ISS</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM R6</b>	Refer to cc item 24. Is . . . 18 years of age or older?			
	1340			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15a</i>

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>12a. During this 4-month period, did . . . receive any Social Security payments?</b></p>	1342	<p>1 <input type="checkbox"/> Yes – Mark "1" on ISS                  2 <input type="checkbox"/> No – SKIP to Check Item R8</p>
<p><b>b. What is the reason . . . is getting Social Security; is it because . . . is</b> (Read categories) – Mark (X) only one.</p>	1344	<p>1 <input type="checkbox"/> <b>Retired?</b>                  2 <input type="checkbox"/> <b>Disabled?</b>                  3 <input type="checkbox"/> <b>Widowed or surviving child?</b>                  4 <input type="checkbox"/> <b>Spouse or dependent child?</b>                  5 <input type="checkbox"/> Some other reason } SKIP to 13a                  x1 <input type="checkbox"/> DK</p>
<p><b>c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?</b></p>	1346	<p>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</p>
<p><b>CHECK ITEM R7</b> Is "Disabled" marked in item 12b or 12c above?</p>	1348	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 13a</p>
<p><b>12d. At what age did . . . begin receiving Social Security because of (his/her) disability?</b></p>	1349	<p><input type="text"/> <input type="text"/> Age in years } SKIP to 13a                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM R8</b> Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	1350	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 13a</p>
<p><b>12e. During the 4-month period did . . . receive any Social Security payments especially for . . .'s children (under 18)?</b></p>	1352	<p>1 <input type="checkbox"/> Yes – Mark "1" on ISS                  2 <input type="checkbox"/> No</p>
<p><b>13a. 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?</b></p>	1354	<p>1 <input type="checkbox"/> Yes – Mark "3" on ISS                  2 <input type="checkbox"/> No – SKIP to Check Item R9</p>
<p><b>b. Who received the SSI (Supplemental Security Income) payments?</b> Mark (X) only one.</p>	1355	<p>1 <input type="checkbox"/> Adult(s)                  2 <input type="checkbox"/> Child(ren)                  3 <input type="checkbox"/> Both adult(s) and child(ren)</p>
<p><b>c. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?</b></p>	1356	<p>1 <input type="checkbox"/> Yes – Mark "4" on ISS                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R9</b> Refer to cc item 24. Is . . . 40 years of age or older?</p>	1358	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 15a</p>
<p><b>14a. Has . . . ever retired from a job or business? (Include retirement from the military.)</b></p>	1360	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item R10</p>
<p><b>b. During the 4-month period did . . . receive any retirement income other than Social Security?</b></p>	1362	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 14d</p>
<p><b>c. What kind of retirement income? Anything else?</b> Mark (X) all that apply.</p>	1364	<p>1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS</p>
	1366	<p>2 <input type="checkbox"/> Pension from company or union – Mark "30" on ISS (including income from profit-sharing plans)</p>
	1368	<p>3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS</p>
	1370	<p>4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS</p>
	1372	<p>5 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS</p>
	1374	<p>6 <input type="checkbox"/> State government pension – Mark "34" on ISS</p>
	1376	<p>7 <input type="checkbox"/> Local government pension – Mark "35" on ISS</p>
	1378	<p>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</p>
	1380	<p><input type="text"/> <input type="text"/></p>
<p><b>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</b></p>	1382	<p>1 <input type="checkbox"/> Yes – Mark "36" on ISS                  2 <input type="checkbox"/> No</p>

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R10</b>	Refer to cc item 24. Is . . . 70 years of age or older?	<b>1384</b>	1 <input type="checkbox"/> Yes – SKIP to Check Item R11 2 <input type="checkbox"/> No
<b>15a.</b>	Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	<b>1386</b>	1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R11
<b>b.</b>	During this 4-month period, did . . . receive any income because of . . .'s health condition or disability? (Other than Social Security, SSI, or VA?)	<b>1388</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R11
<b>c.</b>	What kind of income? Anything else? Mark (X) all that apply.	<b>1390</b>	1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS
		<b>1392</b>	2 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS
		<b>1394</b>	3 <input type="checkbox"/> Workers' Compensation – Mark "10" on ISS
		<b>1396</b>	4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – Mark "13" on ISS
		<b>1398</b>	5 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS
		<b>1400</b>	6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
		<b>1402</b>	7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS
		<b>1406</b>	8 <input type="checkbox"/> State government pension – Mark "34" on ISS
		<b>1408</b>	9 <input type="checkbox"/> Local government pension – Mark "35" on ISS
		<b>1410</b>	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
		<b>1412</b>	<input type="text"/> <input type="text"/>
<b>CHECK ITEM R11</b>	Refer to cc item 26a. What is . . .'s marital status?	<b>1414</b>	1 <input type="checkbox"/> Married – SKIP to 17 2 <input type="checkbox"/> Widowed – SKIP to 19a 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – SKIP to Check Item R12
<b>16.</b>	Did . . . receive any alimony (or support payments other than child support) during the 4-month period?	<b>1416</b>	1 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R12 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R12 x2 <input type="checkbox"/> Ref. }
<b>17.</b>	(People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? If "Yes," mark previous marital status.	<b>1418</b>	1 <input type="checkbox"/> Widowed – SKIP to 19a 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – SKIP to Check Item R15
<b>CHECK ITEM R12</b>	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	<b>1420</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R13
<b>18.</b>	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.)	<b>1422</b>	1 <input type="checkbox"/> Yes – Mark "28" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM R13</b>	Is "Both widowed and divorced" (box 3) marked in item 17?	<b>1424</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R15

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**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>19a. During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?</b></p>	<p><b>1426</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R15</i></p>
<p><b>b. What kind of income was this? Was there anything else? (SHOW FLASHCARD K)</b>                  Mark (X) all that apply.</p>	<p><b>1428</b> 1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS  <b>1430</b> 2 <input type="checkbox"/> Veterans' compensation or pension – Mark "8" on ISS  <b>1432</b> 3 <input type="checkbox"/> Black Lung benefits – Mark "9" on ISS  <b>1434</b> 4 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS  <b>1436</b> 5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS  <b>1438</b> 6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS  <b>1440</b> 7 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS  <b>1442</b> 8 <input type="checkbox"/> State government pension – Mark "34" on ISS  <b>1444</b> 9 <input type="checkbox"/> Local government pension – Mark "35" on ISS  <b>1446</b> 10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS  <b>1448</b> 11 <input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS  <b>1450</b> 12 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" <math>\overline{\text{z}}</math> – Mark ISS  <b>1452</b> <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/></p>
<p><b>CHECK ITEM R14</b> Is "Veterans' compensation or pension" (box 2) marked in item 19b?</p>	<p><b>1454</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item R15</i></p>
<p><b>19c. Did . . . 's late spouse die while in the service or from a service-related injury?</b></p>	<p><b>1456</b> 1 <input type="checkbox"/> Yes, in the service                  2 <input type="checkbox"/> Yes, from service-related injury                  3 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R15</b> Refer to cc item 24. Is . . . 65 years of age or older?</p>	<p><b>1458</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 20a</i>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R16</b> Refer to item 15a, page 6. Does . . . have a work disability?</p>	<p><b>1460</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item R17</i></p>
<p><b>20a. Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L).</b>                  Was . . . covered by Medicare?</p>	<p><b>1462</b> 1 <input type="checkbox"/> Yes – Mark "172" on ISS                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R17</i></p>
<p><b>b. May I see . . . 's Medicare card to record the claim number and type of coverage?</b> ★</p>	<p><b>1464</b> <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/> - <input style="width:20px; height:15px;" type="text"/> - <b>1466</b> <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/> - <b>1467</b> <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/></p> <p>TYPE OF COVERAGE</p> <p><b>1468</b> 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 20c</p> <p>} <i>SKIP to Check Item R17</i></p>
<p><b>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.)</b></p>	<p><b>1470</b> 1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 2</i>                  2 <input type="checkbox"/> No</p>
<p><b>d. Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?</b></p>	<p><b>1472</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM R17</b> Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?</p>	<p><b>1474</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item R19</i>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R18</b> Refer to cc item 24. Is . . . 18 years of age or older?</p>	<p><b>1476</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 24a</i></p>
<p><b>CHECK ITEM R19</b> Interview status of . . . 's spouse.</p>	<p><b>1480</b> 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 – <i>SKIP to 23a</i></p>
<p><b>21. 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.)</b></p>	<p><b>1482</b> 1 <input type="checkbox"/> Yes – Mark "27" on ISS                  2 <input type="checkbox"/> No</p>

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>22a. During the 4-month period, did . . . receive any welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . .'s children)? (Exclude energy assistance.)</b></p>	1484	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 23a</p>
<p><b>b. What kind of welfare did . . . receive?</b> <b>Anything else?</b> <i>Mark (X) all that apply.</i></p>	1486 1488 1490 1492 1494 1496 1498	<p>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</p>
<p><i>(Refer to FLASHCARD M for Medicaid name.)</i> <b>23a. During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?</b></p>	1502	<p>1 <input type="checkbox"/> Yes – Mark "173" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R20</p>
<p><b>b. May I see . . .'s (Use local name for Medicaid) card to record the claim number?</b></p>	1504 1506	<p>_____ - _____ - 1505 _____ _____ x3 <input type="checkbox"/> Card not available    x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM R20</b>    <i>Refer to cc item 27.</i> Is . . . the designated parent or guardian of children under 18 years old who live in this household?</p>	1507	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21</p>
<p><b>23c. Were any of . . .'s children (under 18) covered by (Use local name for Medicaid)?</b></p>	1508	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21</p>
<p><b>d. Which children were covered?</b></p>	1510 1512 1514 1516 1518 1520	<p>x5 <input type="checkbox"/> All children OR Person No.    Name _____ _____ _____ _____ _____</p>
<p><b>CHECK ITEM R21</b>    <i>Refer to items 23a and 23c.</i> Is "Yes" marked in either of these items?</p>	1524	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 24a</p>
<p><b>23e. Was (. . ./and) . . .'s children) covered during the entire 4-month period?</b></p>	1526	<p>1 <input type="checkbox"/> Yes – SKIP to 24a 2 <input type="checkbox"/> No</p>
<p><b>f. In which months was (. . ./and) . . .'s children) covered?</b> <i>Mark (X) all that apply.</i></p>	1528 1530 1532 1534	<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><b>24a. 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.)</b></p>	1536	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R22</p>
<p><i>ASK OR VERIFY –</i> <b>b. Was . . . covered by a health insurance plan during the entire 4-month period?</b></p>	1538	<p>1 <input type="checkbox"/> Yes – SKIP to 24d 2 <input type="checkbox"/> No</p>
<p><b>c. In which months was . . . covered?</b> <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><b>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?</b></p>	1547	<p>1 <input type="checkbox"/> Plan in own name – SKIP to 24f 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both – SKIP to 24f</p>



**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>24e. Whose plan covered . . . ?</b></p>	<p align="center">Household member</p> <p>Person No.      Name</p> <p><b>1548</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p align="right">} <i>SKIP to Check Item R22</i></p> <p>x4 <input type="checkbox"/> Not a Household member</p>
<p><b>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?</b></p>	<p><b>1549</b>    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 align="right">} <i>SKIP to 24h</i></p>
<p><b>g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?</b></p>	<p><b>1550</b>    1 <input type="checkbox"/> All                  2 <input type="checkbox"/> Part                  3 <input type="checkbox"/> None</p>
<p><b>h. Was . . . 's plan an individual plan or a family plan?</b></p>	<p><b>1552</b>    1 <input type="checkbox"/> Individual – <i>SKIP to Check Item R22</i>                  2 <input type="checkbox"/> Family</p>
<p><b>i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)</b></p>	<p><b>1554</b>    x5 <input type="checkbox"/> Yes – All persons</p> <p>Person No.      Name</p> <p><b>1556</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1558</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1560</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1562</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1564</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1566</b>    x3 <input type="checkbox"/> None</p>
<p><b>j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months?</b>  <i>Mark (X) all that apply.</i>  <i>If "Yes," "Who did the plan cover?"</i></p>	<p><b>1567</b>    1 <input type="checkbox"/> Yes, spouse  <b>1568</b>    2 <input type="checkbox"/> Yes, child(ren)  <b>1569</b>    3 <input type="checkbox"/> Yes, someone else  <b>1570</b>    4 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R22</b>    <i>Refer to cc item 27.</i>                  Is . . . the designated parent or guardian of children under 15 years old who live in this household?</p>	<p><b>1572</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 25</i></p>
<p><i>ASK OR VERIFY –</i>  <b>24k. 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.)</b></p>	<p><b>1574</b>    1 <input type="checkbox"/> Yes – <i>SKIP to 24m</i>                  2 <input type="checkbox"/> No</p>
<p><b>l. Which children were covered by a health insurance plan?</b></p>	<p>Person No.      Name</p> <p><b>1575</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1576</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1577</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1578</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1579</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p align="center">OR</p> <p><b>1580</b>    x3 <input type="checkbox"/> None – <i>SKIP to 25</i></p>

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

**24m. 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
<b>1582</b>	
<b>1583</b>	
<b>1584</b>	
<b>1585</b>	
<b>1586</b>	

**1587** 2  No

**25. Excluding IRA, Keogh, and 401K accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?**

**1624** 1  Yes  
2  No – *SKIP to 27a*

*(SHOW FLASHCARD N)*

**26. Did . . . have any –**

**a. Regular or passbook savings accounts?**

**1626** 1  Yes – *Mark "100" on ISS*  
2  No  
X1  DK  
X2  Ref.

**b. Money market deposit accounts?**

**1628** 1  Yes – *Mark "101" on ISS*  
2  No  
X1  DK  
X2  Ref.

**c. Certificates of deposit or other savings certificates?**

**1630** 1  Yes – *Mark "102" on ISS*  
2  No  
X1  DK  
X2  Ref.

**d. Interest-earning checking accounts (such as NOW or Super NOW accounts)?**

**1632** 1  Yes – *Mark "103" on ISS*  
2  No  
X1  DK  
X2  Ref.

**27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages, or bonds at any time during the 4-month period? (Exclude IRA, Keogh, and 401K accounts.)**

**1634** 1  Yes  
2  No  
X1  DK  
X2  Ref. } *SKIP to 28*

*(SHOW FLASHCARD N)*

**b. Which kinds of these assets did . . . own? Any others?**

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

*Mark (X) all that apply.*

**1636** 1  Money market funds – *Mark "104" on ISS*  
**1638** 2  U.S. Government securities – *Mark "105" on ISS*  
**1640** 3  Municipal or corporate bonds – *Mark "106" on ISS*  
**1642** 4  Mortgages – *Mark "130" on ISS*  
**1644** 5  U.S. Savings Bonds (E, EE) – *Mark "174" on ISS*  
**1646** 6  Other – *Specify and mark "107" on ISS*

**28. During the 4-month period did . . . have any – (Exclude IRA, Keogh, and 401K accounts.)**

**a. Stocks or mutual fund shares?**

**1648** 1  Yes – *Mark "110" on ISS*  
2  No  
X1  DK  
X2  Ref.

**b. Rental property?**

**1650** 1  Yes – *Mark "120" on ISS*  
2  No  
X1  DK  
X2  Ref.

**c. Royalties?**

**1652** 1  Yes – *Mark "140" on ISS*  
2  No  
X1  DK  
X2  Ref.

**d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?**

**1654** 1  Yes – *Specify and mark "150" on ISS*   
2  No  
X1  DK  
X2  Ref.

**29a. 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 R23*

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>29b. During which months was . . . enrolled?</b></p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1658</td> <td><input type="checkbox"/> All months</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1660</td> <td><input type="checkbox"/> Last month</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1662</td> <td><input type="checkbox"/> 2 months ago</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1664</td> <td><input type="checkbox"/> 3 months ago</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1666</td> <td><input type="checkbox"/> 4 months ago</td> </tr> </table>	1658	<input type="checkbox"/> All months	1660	<input type="checkbox"/> Last month	1662	<input type="checkbox"/> 2 months ago	1664	<input type="checkbox"/> 3 months ago	1666	<input type="checkbox"/> 4 months ago												
1658	<input type="checkbox"/> All months																						
1660	<input type="checkbox"/> Last month																						
1662	<input type="checkbox"/> 2 months ago																						
1664	<input type="checkbox"/> 3 months ago																						
1666	<input type="checkbox"/> 4 months ago																						
<p><b>c. At what level or grade was . . . enrolled?</b></p> <p>(If enrolled at more than one level during this period, check most recent level.)</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1668</td> <td> <input type="checkbox"/> Elementary grades 1–8  <input type="checkbox"/> High school grades 9–12  <input type="checkbox"/> College year 1  <input type="checkbox"/> College year 2  <input type="checkbox"/> College year 3  <input type="checkbox"/> College year 4  <input type="checkbox"/> College year 5  <input type="checkbox"/> College year 6  <input type="checkbox"/> Vocational school  <input type="checkbox"/> Technical school  <input type="checkbox"/> Business school                 </td> <td style="font-size: 2em; vertical-align: middle;">}</td> <td style="vertical-align: middle;"> <i>SKIP to Check Item R23</i> </td> </tr> </table>	1668	<input type="checkbox"/> Elementary grades 1–8 <input type="checkbox"/> High school grades 9–12 <input type="checkbox"/> College year 1 <input type="checkbox"/> College year 2 <input type="checkbox"/> College year 3 <input type="checkbox"/> College year 4 <input type="checkbox"/> College year 5 <input type="checkbox"/> College year 6 <input type="checkbox"/> Vocational school <input type="checkbox"/> Technical school <input type="checkbox"/> Business school	}	<i>SKIP to Check Item R23</i>																		
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<p><b>30a. 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, or any type of scholarship or grant?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1670</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item R23</i> </td> </tr> </table>	1670	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R23</i>																				
1670	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R23</i>																						
<p><b>b. What kind of educational assistance did . . . receive? Anything else?</b></p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1672</td> <td><input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1674</td> <td><input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1676</td> <td><input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1678</td> <td><input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1680</td> <td><input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1682</td> <td><input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1684</td> <td><input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1686</td> <td><input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) – <i>Mark "180" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1688</td> <td><input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1690</td> <td><input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1692</td> <td><input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i></td> </tr> </table>	1672	<input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i>	1674	<input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i>	1676	<input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i>	1678	<input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i>	1680	<input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i>	1682	<input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i>	1684	<input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i>	1686	<input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) – <i>Mark "180" on ISS</i>	1688	<input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i>	1690	<input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i>	1692	<input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i>
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<p><b>CHECK ITEM R23</b> <i>Refer to cc item 26a.</i></p> <p>Is code 2 (married, spouse absent) the current entry?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1694</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item R24</i> </td> </tr> </table>	1694	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R24</i>																				
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<p><i>ASK OR VERIFY –</i></p> <p><b>31. Is . . . 's spouse in the Armed Forces?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1696</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No                 </td> </tr> </table>	1696	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
1696	<input type="checkbox"/> Yes <input type="checkbox"/> No																						
<p><b>CHECK ITEM R24</b></p> <p>Are any codes (excluding codes 171–173, 200, and 201), including code 170 – "Worked," marked on the ISS?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1698</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to 33a</i> </td> </tr> </table>	1698	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 33a</i>																				
1698	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 33a</i>																						
<p><b>32a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171–173, 200, and 201.) Is that correct?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1700</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>Probe and resolve (make corrections to ISS if necessary)</i> </td> </tr> </table>	1700	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>Probe and resolve (make corrections to ISS if necessary)</i>																				
1700	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>Probe and resolve (make corrections to ISS if necessary)</i>																						
<p><b>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1702</td> <td> <input type="checkbox"/> Yes – <i>SKIP to 33b</i>  <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 13</i> </td> </tr> </table>	1702	<input type="checkbox"/> Yes – <i>SKIP to 33b</i> <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 13</i>																				
1702	<input type="checkbox"/> Yes – <i>SKIP to 33b</i> <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 13</i>																						
<p><b>33a. 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?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1704</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 51</i> </td> </tr> </table>	1704	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 51</i>																				
1704	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 51</i>																						
<p><b>b. What kind of income did . . . receive? Anything else?</b></p>	<p align="center"><i>Enter codes from income source list and mark ISS.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1706</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1708</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1710</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table>	1706				1708				1710													
1706																							
1708																							
1710																							

NOTES

EARNINGS AND EMPLOYMENT

## Section 2 – EARNINGS AND EMPLOYMENT

**CHECK  
ITEM E1**

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

**1712**

- 1  Yes
- 2  No – *SKIP to first ISS Code marked or Check Item P1, page 51*

**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 18*
- 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**

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

**1718**

- 1  Yes
- 2  No – *SKIP to 2a, page 14*

**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><b>2a. What is the name of the employer for whom . . . worked during this 4-month period?</b>  <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 16. If worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p><b>PGM 8</b> Employer name                  _____  <b>2000</b> _____</p>
<p><b>CHECK ITEM E3</b> Enter number "1" for this employer in box. _____</p>	<p><b>PGM 8</b> Employer I.D. No.  <b>2002</b> <input type="checkbox"/></p>
<p><b>2b. What kind of business or industry was</b> <i>(Name of company or business)?</i>  <b>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b></p>	<p><b>PGM 8</b> _____  <b>2005</b> _____</p>
<p><i>ASK OR VERIFY –</i>  <b>c. Is it mainly –</b></p>	<p><b>PGM 8</b> 1 <input type="checkbox"/> <b>Manufacturing?</b>  <b>2006</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b>                  3 <input type="checkbox"/> <b>Retail Trade?</b>                  4 <input type="checkbox"/> <b>Some other kind of business?</b></p>
<p><b>d. What kind of work was . . . doing on this job?</b>  <b>For example: Electrical engineer, stock clerk, typist, farmer.</b></p>	<p><b>PGM 8</b> _____  <b>2008</b> _____</p>
<p><b>e. What were . . .'s main activities or duties on this job?</b>  <b>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b></p>	<p><b>PGM 8</b> _____  <b>2010</b> _____</p>
<p><i>ASK OR VERIFY –</i>  <b>f. Was . . . an employee of –</b></p>	<p><b>PGM 8</b> 1 <input type="checkbox"/> <b>A private for-profit company or individual?</b>  <b>2012</b> 2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b>                  3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b>                  4 <input type="checkbox"/> <b>State government?</b>                  5 <input type="checkbox"/> <b>Local government?</b>                  6 <input type="checkbox"/> <b>Armed Forces?</b>                  7 <input type="checkbox"/> <b>Unpaid in family business or farm?</b></p>
<p><i>ASK OR VERIFY –</i>  <b>3a. Was . . . employed by</b> <i>(Name of employer)</i> <b>during the entire 4-month period?</b></p>	<p><b>PGM 7</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 4</i>  <b>2014</b> 2 <input type="checkbox"/> No</p>
<p><b>b. When was . . . employed by</b> <i>(Name of employer)</i> <b>during this 4-month period?</b></p>	<p><b>2016</b> FROM <input type="text"/>/ <input type="text"/> Month <b>2018</b> <input type="text"/>/ <input type="text"/> Day  <b>2020</b> TO <input type="text"/>/ <input type="text"/> Month <b>2022</b> <input type="text"/>/ <input type="text"/> Day</p>
<p><b>CHECK ITEM E3.1</b> Did . . . stop working for this employer during the reference period?</p>	<p><b>2023</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 4</i></p>
<p><b>3c. What is the main reason . . . stopped working for</b> <i>(Name of employer)?</i>  <i>Mark (X) only one.</i></p>	<p><b>2024</b> 1 <input type="checkbox"/> Laid off      4 <input type="checkbox"/> Job was temporary and ended                  2 <input type="checkbox"/> Retired      5 <input type="checkbox"/> Quit to take another job                  3 <input type="checkbox"/> Discharged   6 <input type="checkbox"/> Quit for some other reason</p>
<p><i>ASK OR VERIFY –</i>  <b>4. How many hours per week did . . . usually work at this job?</b></p>	<p><b>2025</b> <input type="text"/>/ <input type="text"/> Hours                  x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK</p>
<p><b>5. Was . . . paid by the hour on this job?</b></p>	<p><b>2026</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 7a</i></p>
<p><b>6. What was . . .'s regular hourly pay rate at the end of</b> <i>(Read last month or "to" date in item 3b)?</i></p>	<p><b>2028</b> \$ <input type="text"/> . <input type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. – <i>SKIP to 9a</i></p>
<p><b>7a. During the 4-month period, how often was . . . paid on this job?</b></p>	<p><b>2029</b> 1 <input type="checkbox"/> Once a week      6 <input type="checkbox"/> Some other way –                  2 <input type="checkbox"/> Once each 2 weeks      <i>Specify</i> <input type="text"/>                  3 <input type="checkbox"/> Once a month                  4 <input type="checkbox"/> Twice a month                  5 <input type="checkbox"/> Unpaid in family business or farm – <i>SKIP to Check Item E5</i></p>
<p><b>b. On what date was . . . last paid during this 4-month period?</b></p>	<p><b>2030</b> <input type="text"/>/ <input type="text"/> Month <b>2031</b> <input type="text"/>/ <input type="text"/> Day                  x1 <input type="checkbox"/> DK      x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.      x2 <input type="checkbox"/> Ref.                  x4 <input type="checkbox"/> Not paid during this reference period      x4 <input type="checkbox"/> Not paid during this reference period</p>

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 – EMPLOYER IDENTIFICATION NUMBER 1 (Continued)**

**8a. READ STATEMENT ONLY ONCE PER RESPONDENT**

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

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

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



LAST MONTH

2032

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

**FIELD REPRESENTATIVE USE ONLY**

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00

**Total \$** \_\_\_\_\_ .00

2 MONTHS AGO

2034

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00

**Total \$** \_\_\_\_\_ .00

3 MONTHS AGO

2036

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00

**Total \$** \_\_\_\_\_ .00

4 MONTHS AGO

2038

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00

**Total \$** \_\_\_\_\_ .00

**CHECK ITEM E4**

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

2040

- 1  Yes  
 2  No – SKIP to 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 Reminder Card and Callback Summary, 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 13?

2048

- 1  1 employer – SKIP to Check Item E8, page 17  
 2  2 or more employers

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 – EMPLOYER IDENTIFICATION NUMBER 2**

<b>10a. What is the name of the employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8 2100	Employer name
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<b>CHECK ITEM E6</b> Enter number "2" for this employer in box. →	PGM 8 2102	Employer I.D. No.
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<b>10b. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8 2105	
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ASK OR VERIFY – <b>c. Is it mainly –</b>	PGM 8 2106	1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b>
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<b>d. What kind of work was . . . doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8 2108	
--	---------------	--

<b>e. What were . . . 's main activities or duties on this job?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8 2110	
--	---------------	--

ASK OR VERIFY – <b>f. Was . . . an employee of –</b>	PGM 8 2112	1 <input type="checkbox"/> <b>A private for-profit company or individual?</b> 2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b> 3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b> 4 <input type="checkbox"/> <b>State government?</b> 5 <input type="checkbox"/> <b>Local government?</b> 6 <input type="checkbox"/> <b>Armed Forces?</b> 7 <input type="checkbox"/> <b>Unpaid in family business or farm?</b>
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ASK OR VERIFY – <b>11a. Was . . . employed by (Name of employer) during the entire 4-month period?</b>	PGM 7 2114	1 <input type="checkbox"/> Yes – <i>SKIP to 12</i> 2 <input type="checkbox"/> No
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<b>b. When was . . . employed by (Name of employer) during this 4-month period?</b>	2116 2120	FROM <input type="text"/> <input type="text"/> Month TO <input type="text"/> <input type="text"/> Month
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<b>CHECK ITEM E6.1</b> Did . . . stop working for this employer during the reference period?	2123	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12</i>
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<b>11c. What is the main reason . . . stopped working for (Name of employer)?</b> <i>Mark (X) only one.</i>	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
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ASK OR VERIFY – <b>12. How many hours per week did . . . usually work at this job?</b>	2125	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
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<b>13. Was . . . paid by the hour on this job?</b>	2126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15a</i>
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<b>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</b>	2128	\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 17a</i>
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<b>15a. During the 4-month period, how often was . . . paid on this job?</b>	2129	1 <input type="checkbox"/> Once a week      6 <input type="checkbox"/> Some other way – 2 <input type="checkbox"/> Once each 2 weeks <i>Specify ↘</i> 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – <i>SKIP to Check Item E8</i>
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<b>b. On what date was . . . last paid during this 4-month period?</b>	2130	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK      x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.      x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period      x4 <input type="checkbox"/> Not paid during this reference period
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**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
<b>Total \$</b>	.00

2 MONTHS AGO

**2134**

\$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$	.00
\$	.00
\$	.00
\$	.00
\$	.00
<b>Total \$</b>	.00

3 MONTHS AGO

**2136**

\$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$	.00
\$	.00
\$	.00
\$	.00
\$	.00
<b>Total \$</b>	.00

4 MONTHS AGO

**2138**

\$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$	.00
\$	.00
\$	.00
\$	.00
\$	.00
<b>Total \$</b>	.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 Reminder Card and Callback Summary, 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 13?

**2148**

- 1  Yes – Read Statement B
- 2  No – SKIP to first ISS Code marked or Check Item P1, page 51

**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><b>1a. What was the name of . . . 's business/ professional practice/farm?</b>  <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. 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 2200</p>	<p>Business name</p> <hr/>								
<p><b>CHECK ITEM S1</b> Enter number "1" for this business in box. →</p>	<p>PGM 8 2201</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>								
<p><b>1b. What kind of business was this?</b></p> <hr/> <p><i>ASK OR VERIFY –</i></p> <p><b>c. Is it mainly –</b></p>	<p>PGM 8 2204</p>	<hr/> <p>1 <input type="checkbox"/> <b>Manufacturing?</b>                  2 <input type="checkbox"/> <b>Wholesale Trade?</b>                  3 <input type="checkbox"/> <b>Retail Trade?</b>                  4 <input type="checkbox"/> <b>Some other kind of business?</b></p>								
<p><b>d. What kind of work was . . . doing on this job?</b></p>	<p>PGM 8 2208</p>	<hr/>								
<p><b>e. What were . . . 's most important activities or duties on this job?</b></p> <hr/> <p><i>ASK OR VERIFY –</i></p> <p><b>f. How many hours per week did . . . usually work at this business?</b></p>	<p>PGM 8 2210</p>	<hr/>								
<p><b>f. How many hours per week did . . . usually work at this business?</b></p>	<p>PGM 7 2212</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Hours</div> </div> <p>x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK</p>								
<p><b>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b>  <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 10</i>                  x1 <input type="checkbox"/> DK</p>								
<p><b>CHECK ITEM S2</b> Have questions 3–5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 6a</i>                  2 <input type="checkbox"/> No</p>								
<p><b>3. What was the total number of employees working for this business? Be sure to include . . .</b>  <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2218</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Employees</div> </div> <p>x1 <input type="checkbox"/> DK</p>								
<p><b>4a. Was . . . 's business incorporated?</b></p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 5a</i>                  2 <input type="checkbox"/> No</p>								
<p><b>b. Was . . . 's business a sole proprietorship or a partnership?</b></p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 6a</i>                  2 <input type="checkbox"/> Partnership</p>								
<p><b>5a. Aside from . . . were any other members of this household owners or partners in this business?</b></p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 6a</i></p>								
<p><b>b. Which members?</b></p>	<p>2226 2228 2230</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Person No.</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </tbody> </table>	Person No.	Name						
Person No.	Name									
<p><b>6a. Was . . . paid a regular salary from this business during the 4-month period?</b></p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>								
<p><b>b. Did . . . receive any (other) income from the business during this 4-month period?</b></p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>								
<p><b>CHECK ITEM S3</b> Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item S5</i></p>								

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

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

<p><b>7. READ STATEMENT ONLY ONCE PER RESPONDENT.</b></p> <p><b>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.</b></p> <p><b>What was the total amount of income that . . . received from this business in (Read each month)?</b></p> <p>NOTE – Include total gross earnings before any deductions.</p> <p align="right">★</p>	<p align="center">LAST MONTH</p> <p>2238 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p align="center">2 MONTHS AGO</p> <p>2240 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p align="center">3 MONTHS AGO</p> <p>2242 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p align="center">4 MONTHS AGO</p> <p>2244 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p><b>FIELD REPRESENTATIVE USE ONLY</b></p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>Total \$</b> _____ .00</p> <hr/> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>Total \$</b> _____ .00</p> <hr/> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>Total \$</b> _____ .00</p> <hr/> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>Total \$</b> _____ .00</p>
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<b>CHECK ITEM S4</b>	Is "DK" marked in all parts of item 7?	2246	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S5
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<p><b>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.)</b></p>	<p>2248</p> <p>1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4a 2 <input type="checkbox"/> No</p>
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<b>CHECK ITEM S5</b>	Refer to item 4a, page 18. Is this business incorporated?	2250	1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No
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<b>CHECK ITEM S6</b>	Has information about the net profit (or loss) for this business already been obtained from another household member?	2252	1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No
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<p><b>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?</b></p>	<p>2254</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11</p>
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<p><b>b. What was the net profit or loss?</b> If "broke even," enter "\$1" in box.</p>	<p>2256 \$ <input type="text"/> . <input type="text"/> 00</p> <p>2258 x4 <input type="checkbox"/> Loss in amount box</p> <p align="right">} SKIP to 11</p>
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<p><b>10. About how much did . . . earn from this business after expenses during the 4-month period?</b></p>	<p>2260 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
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<p><b>11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?</b></p>	<p>2262</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code marked or Check Item P1, page 51</p>
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**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2**

<b>12a. What was the name of . . .’s other business/ professional practice/farm?</b> <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>	<b>PGM 8</b> <b>2300</b>	Business name _____ _____
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<b>CHECK ITEM S7</b>	Enter number "2" for this business in box. _____	<b>PGM 8</b> <b>2301</b>	Business I.D. No. _____
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<b>12b. What kind of business was this?</b>	<b>PGM 8</b> <b>2304</b>	_____ _____
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ASK OR VERIFY – <b>c. Is it mainly –</b>	<b>PGM 8</b> <b>2306</b>	1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b>
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<b>d. What kind of work was . . . doing on this job?</b>	<b>PGM 8</b> <b>2308</b>	_____ _____
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<b>e. What were . . .’s most important activities or duties on this job?</b>	<b>PGM 8</b> <b>2310</b>	_____ _____
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<b>f. How many hours per week did . . . usually work at this business?</b>	<b>PGM 7</b> <b>2312</b>	[ ] [ ] Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
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<b>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b>  <i>Gross earnings include sales and receipts before expenses.</i>	<b>2314</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 21</i> x1 <input type="checkbox"/> DK
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<b>CHECK ITEM S8</b>	Have questions 14–16b already been answered for this business by another household member?	<b>2316</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 17a</i> 2 <input type="checkbox"/> No
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<b>14. What was the total number of employees working for this business? Be sure to include . . .</b>  <i>Enter 999 if 1,000 or more employees.</i>	<b>2318</b>	[ ] [ ] [ ] Employees x1 <input type="checkbox"/> DK
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<b>15a. Was . . .’s business incorporated?</b>	<b>2320</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 16a</i> 2 <input type="checkbox"/> No
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<b>b. Was . . .’s business a sole proprietorship or a partnership?</b>	<b>2322</b>	1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 17a</i> 2 <input type="checkbox"/> Partnership
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<b>16a. Aside from . . . were any other members of this household owners or partners in this business?</b>	<b>2324</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17a</i>
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<b>b. Which members?</b>	<b>2326</b> <b>2328</b> <b>2330</b>	Person No.      Name [ ] [ ] [ ] _____ [ ] [ ] [ ] _____ [ ] [ ] [ ] _____
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<b>17a. Was . . . paid a regular salary from this business during the 4-month period?</b>	<b>2332</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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<b>b. Did . . . receive any (other) income from the business during this 4-month period?</b>	<b>2334</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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<b>CHECK ITEM S9</b>	Is "Yes" marked in either item 17a or 17b?	<b>2336</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item S11</i>
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**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

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

**18. READ STATEMENT ONLY ONCE PER RESPONDENT.**

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

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

NOTE: Include total gross earnings before any deductions.



**FIELD REPRESENTATIVE USE ONLY**

LAST MONTH

2338 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

2 MONTHS AGO

2340 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

3 MONTHS AGO

2342 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

4 MONTHS AGO

2344 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

**CHECK ITEM S10**

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

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

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

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

**CHECK ITEM S11**

Refer to item 15a, page 20.  
 Is this business incorporated?

- 2350 1  Yes – SKIP to first ISS Code marked or Check Item P1, page 51  
 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 first ISS Code marked or Check Item P1, page 51  
 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 marked or Check Item P1, page 51

**b. What was the net profit or loss?**

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

2356 \$  .  00

2358 x4  Loss in amount box

} SKIP to first ISS Code marked or Check Item P1, page 51

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

2360 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

} SKIP to first ISS Code marked or Check Item P1, page 51

## Section 3 – AMOUNTS

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

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

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

Income code    Name of income type

**3000**

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**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 25*
- 3  ISS Code 27 (Food Stamps) – *SKIP to 11a, page 24*
- 4  ISS Codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
- 5  Other ISS Codes – *SKIP to 5a*

**CHECK ITEM A2**

Refer to cc item 27.

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

**3004**

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

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

**3006**

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

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

**3008**

- 1  Yes
- 2  No – *SKIP to 9a*

**CHECK ITEM A3**

Refer to cc item 26a.

Is . . . married?

**3010**

- 1  Yes
- 2  No – *SKIP to 5a*

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

**3012**

- 1  Yes
- 2  No – *SKIP to 5a*

**CHECK ITEM A4**

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

**3014**

- 1  Yes – *SKIP to next ISS Code or Check Item P1, page 51*
- 2  No

**5a. Did . . . receive any (Read name of income type) in (Read each month)?**

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

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

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

*For Social Security, code 01, read "after any deductions such as Medicare premiums."*

(Last month) .....

**3016**

- 1  Yes
- 2  No
- x1  DK

**3018**

\$	. 00
----	------

- x1  DK
- x2  Ref.

(2 months ago) .....

**3020**

- 1  Yes
- 2  No
- x1  DK

**3022**

\$	. 00
----	------

- x1  DK
- x2  Ref.

(3 months ago) .....

**3024**

- 1  Yes
- 2  No
- x1  DK

**3026**

\$	. 00
----	------

- x1  DK
- x2  Ref.

(4 months ago) .....

**3028**

- 1  Yes
- 2  No
- x1  DK

**3030**

\$	. 00
----	------

- x1  DK
- x2  Ref.

**CHECK ITEM A4.1**

Refer to item 5a above.

Is the "Yes" box marked for "4" months ago?

**8300**

- 1  Yes
- 2  No – *SKIP to Check Item A5*

**CHECK ITEM A4.2**

Refer to item 1 above.

Are income types 1–10, 20–35, 40, or 41 marked in item 1?

**8302**

- 1  Yes
- 2  No – *SKIP to Check Item A5*

AMOUNTS – PART A

**Section 3 – AMOUNTS (Continued)**

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

**5c. When did . . . begin to receive** (Read name of income type)?

8304   Month x1  DK  
 8306 **1 9**   Year x1  DK

**CHECK ITEM A5** Mark (X) income type code.

3032 1  ISS Code 1 or 2 – SKIP to 8a  
 2  ISS Code 8 or 20 through 24  
 3  All other income codes – SKIP to next ISS Code or Check Item P1, page 51

**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	<input type="text"/>	<input type="text"/>
3038	<input type="text"/>	<input type="text"/>
3040	<input type="text"/>	<input type="text"/>
3042	<input type="text"/>	<input type="text"/>
3044	<input type="text"/>	<input type="text"/>
3046	<input type="text"/>	<input type="text"/>
3048	<input type="text"/>	<input type="text"/>
3050	<input type="text"/>	<input type="text"/>
3052	<input type="text"/>	<input type="text"/>
3054	<input type="text"/>	<input type="text"/>

**CHECK ITEM A6** Is this ISS Code "8"?

3056 1  Yes  
 2  No – SKIP to next ISS Code or Check Item P1, page 51

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

3058 1  Service-connected disability compensation  
 2  Survivor benefits  
 3  Veterans' pension  
 4  Other Veterans' payments

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

3060 1  Yes  
 2  No  
 x1  DK } SKIP to next ISS Code or Check Item P1, page 51

(SHOW FLASHCARD O)  
**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

3064 1  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 22.

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

3068 1  Yes  
 2  No – SKIP to next ISS Code or Check Item P1, page 51

NOTES

AMOUNTS – PART A

**Section 3 – AMOUNTS (Continued)**

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

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p> <p><b>3070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3072</b> \$ <input style="width:100px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p><b>3074</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3076</b> \$ <input style="width:100px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p><b>3078</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3080</b> \$ <input style="width:100px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p><b>3082</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3084</b> \$ <input style="width:100px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b> Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?</p>	<p><b>8308</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p>
---	---

<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p><b>8310</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Month x1 <input type="checkbox"/> DK</p> <p><b>8312</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
--	--

<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p><b>3086</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td><b>3088</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3090</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3092</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3094</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3096</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3098</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	<b>3088</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3090</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3092</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3094</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3096</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3098</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
	Person No.	Name																				
<b>3088</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																				
<b>3090</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																				
<b>3092</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																				
<b>3094</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																				
<b>3096</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																				
<b>3098</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																				

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p><b>3100</b> 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td><b>3102</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3104</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3106</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3108</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3110</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3112</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3114</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3116</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	<b>3102</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3104</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3106</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3108</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3110</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3112</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3114</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3116</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
	Person No.	Name																										
<b>3102</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3104</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3106</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3108</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3110</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3112</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3114</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3116</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										



**Section 3 - AMOUNTS (Continued)**

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

**12a. Did . . . receive food stamps in** (Read each month)?  
NOTE - Food stamp benefits may be adjusted for inflation in July and October.

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

(Last month) . . . . .

**3122** 1  Yes  
2  No  
x1  DK

**3124** \$  .   
x1  DK  
x2  Ref.

(2 months ago) . . . . .

**3126** 1  Yes  
2  No  
x1  DK

**3128** \$  .   
x1  DK  
x2  Ref.

(3 months ago) . . . . .

**3130** 1  Yes  
2  No  
x1  DK

**3132** \$  .   
x1  DK  
x2  Ref.

(4 months ago) . . . . .

**3134** 1  Yes  
2  No  
x1  DK

**3136** \$  .   
x1  DK  
x2  Ref.

**CHECK ITEM A7.2** Refer to item 12a above.  
Is the "Yes" box marked for "4 months ago"?

**8314** 1  Yes  
2  No - *SKIP to next ISS Code or Check Item P1, page 51*

**12c. When did . . . begin to receive food stamps?**

**8316**   Month x1  DK  
**8318**     Year x1  DK

**SKIP to next ISS Code or Check Item P1, page 51**

**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

**CHECK ITEM A7.3** Refer to item 13a above.  
Is the "4 months ago" box marked?

**8320** 1  Yes  
2  No - *SKIP to 13c*

**13b. When did . . . begin to receive WIC?**

**8322**   Month x1  DK  
**8324**     Year x1  DK

**c. Which persons were covered?**

	Person No.	Name
<b>3146</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____
<b>3148</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____
<b>3150</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____
<b>3152</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____
<b>3154</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____

**SKIP to next ISS Code or Check Item P1, page 51**

NOTES

## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p>Income code    Name of income type</p> <p><b>3200</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>3202</b>    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 29</i>                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 28</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 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i>                  Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3204</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b></p>	<p><b>3206</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3208</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i>                  Is . . . married?</p>	<p><b>3210</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b></p>	<p><b>3212</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    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><b>3214</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>                  Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b>  <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b>  <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>3216</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3220</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3224</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3228</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i>                  Is the "Yes" box marked for "4" months ago?"</p>	<p><b>8400</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i>                  Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>8402</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>

**Section 3 – AMOUNTS (Continued)**

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

<b>5c. When did . . . begin to receive</b> <i>(Read name of income type)?</i>	<input type="checkbox"/> <b>8404</b>	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> DK
	<input type="checkbox"/> <b>8406</b>	<input type="text"/> <b>1</b> <input type="text"/> <b>9</b> <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> DK

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<input type="checkbox"/> <b>3232</b>	1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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<b>6a. Were all the people living here covered by . . .’s payments?</b>	<input type="checkbox"/> <b>3234</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
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<b>b. Which persons were covered?</b>		Person No.	Name
	<input type="checkbox"/> <b>3236</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="checkbox"/> <b>3238</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="checkbox"/> <b>3240</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="checkbox"/> <b>3242</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="checkbox"/> <b>3244</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="checkbox"/> <b>3246</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="checkbox"/> <b>3248</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="checkbox"/> <b>3250</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="checkbox"/> <b>3252</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<input type="checkbox"/> <b>3254</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<input type="checkbox"/> <b>3256</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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<b>7a. What type of Veterans’ payments did . . . receive?</b>	<input type="checkbox"/> <b>3258</b>	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>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<input type="checkbox"/> <b>3260</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
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*SKIP to next ISS Code or Check Item P1, page 51*

(SHOW FLASHCARD O) <b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	<input type="checkbox"/> <b>3264</b>	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>b. Do . . .’s payments usually come on the first of the month or the third?</b>	<input type="checkbox"/> <b>3266</b>	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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<b>CHECK ITEM A7</b>	Refer to item 2, page 26.  Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	<input type="checkbox"/> <b>3268</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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**NOTES**

**Section 3 – AMOUNTS (Continued)**

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

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p> <p>3270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3272 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>3274 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3276 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>3278 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3280 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>3282 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3284 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b> Refer to item 9a above.</p> <p>Is the "Yes" box marked for "4 months ago"?</p>	<p>8408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p>8410 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8412 <b>1 9</b> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p>3286 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3288</td><td><input type="text"/></td></tr> <tr><td>3290</td><td><input type="text"/></td></tr> <tr><td>3292</td><td><input type="text"/></td></tr> <tr><td>3294</td><td><input type="text"/></td></tr> <tr><td>3296</td><td><input type="text"/></td></tr> <tr><td>3298</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3288	<input type="text"/>	3290	<input type="text"/>	3292	<input type="text"/>	3294	<input type="text"/>	3296	<input type="text"/>	3298	<input type="text"/>
Person No.	Name														
3288	<input type="text"/>														
3290	<input type="text"/>														
3292	<input type="text"/>														
3294	<input type="text"/>														
3296	<input type="text"/>														
3298	<input type="text"/>														

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p>3300 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3302</td><td><input type="text"/></td></tr> <tr><td>3304</td><td><input type="text"/></td></tr> <tr><td>3306</td><td><input type="text"/></td></tr> <tr><td>3308</td><td><input type="text"/></td></tr> <tr><td>3310</td><td><input type="text"/></td></tr> <tr><td>3312</td><td><input type="text"/></td></tr> <tr><td>3314</td><td><input type="text"/></td></tr> <tr><td>3316</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3302	<input type="text"/>	3304	<input type="text"/>	3306	<input type="text"/>	3308	<input type="text"/>	3310	<input type="text"/>	3312	<input type="text"/>	3314	<input type="text"/>	3316	<input type="text"/>
Person No.	Name																		
3302	<input type="text"/>																		
3304	<input type="text"/>																		
3306	<input type="text"/>																		
3308	<input type="text"/>																		
3310	<input type="text"/>																		
3312	<input type="text"/>																		
3314	<input type="text"/>																		
3316	<input type="text"/>																		

Section 3 – AMOUNTS (Continued)

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

**12a. 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

(2 months ago) . . . . . **3326** 1  Yes  
 2  No  
 x1  DK

(3 months ago) . . . . . **3330** 1  Yes  
 2  No  
 x1  DK

(4 months ago) . . . . . **3334** 1  Yes  
 2  No  
 x1  DK

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

**3324** \$  .  00  
 x1  DK  
 x2  Ref.

**3328** \$  .  00  
 x1  DK  
 x2  Ref.

**3332** \$  .  00  
 x1  DK  
 x2  Ref.

**3336** \$  .  00  
 x1  DK  
 x2  Ref.

**CHECK ITEM A7.2** Refer to item 12a above.  
 Is the "Yes" box marked for "4 months ago"?

**8414** 1  Yes  
 2  No – SKIP to next ISS Code or Check Item P1, page 51

**12c. When did . . . begin to receive food stamps?**

**8416**   Month x1  DK

**8418**     Year x1  DK

SKIP to next ISS Code or Check Item P1, page 51

**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

**CHECK ITEM A7.3** Refer to item 13a above.  
 Is the "4 months ago" box marked?

**8420** 1  Yes  
 2  No – SKIP to 13c

**13b. When did . . . begin to receive WIC?**

**8422**   Month x1  DK

**8424**     Year x1  DK

**c. Which persons were covered?**

	Person No.	Name
<b>3346</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<b>3348</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<b>3350</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<b>3352</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<b>3354</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 51

NOTES

## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p>Income code    Name of income type</p> <p><b>3400</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>3402</b>    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 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i>                  Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3404</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3406</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3408</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i>                  Is . . . married?</p>	<p><b>3410</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3412</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    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><b>3414</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>                  Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b>  <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b>  <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>3416</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3420</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3424</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3428</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i>                  Is the "Yes" box marked for "4" months ago?"</p>	<p><b>8500</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i>                  Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>8502</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>

**Section 3 – AMOUNTS (Continued)**

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

<p><b>5c. When did . . . begin to receive</b> <i>(Read name of income type)?</i></p>	<p><b>8504</b></p>	<input type="text"/> <input type="text"/>	Month	x1 <input type="checkbox"/> DK
	<p><b>8506</b></p>	<p><b>1 9</b> <input type="text"/> <input type="text"/></p>	Year	x1 <input type="checkbox"/> DK

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<p><b>3432</b></p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i>                  2 <input type="checkbox"/> ISS Code 8 or 20 through 24                  3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>6a. Were all the people living here covered by . . .’s payments?</b></p>	<p><b>3434</b></p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>                  2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>		<p>Person No.</p>	<p>Name</p>
	<p><b>3436</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3438</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3440</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3442</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3444</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3446</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3448</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3450</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3452</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3454</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<p><b>3456</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>7a. What type of Veterans’ payments did . . . receive?</b></p>	<p><b>3458</b></p>	<p>1 <input type="checkbox"/> Service-connected disability compensation                  2 <input type="checkbox"/> Survivor benefits                  3 <input type="checkbox"/> Veterans’ pension                  4 <input type="checkbox"/> Other Veterans’ payments</p>
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<p><b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b></p>	<p><b>3460</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><i>(SHOW FLASHCARD O)</i></p> <p><b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b></p>	<p><b>3464</b></p>	<p>1 <input type="checkbox"/> Blue                  2 <input type="checkbox"/> Buff                  3 <input type="checkbox"/> Direct deposit                  4 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<p><b>b. Do . . .’s payments usually come on the first of the month or the third?</b></p>	<p><b>3466</b></p>	<p>1 <input type="checkbox"/> First                  2 <input type="checkbox"/> Third                  3 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<b>CHECK ITEM A7</b>	<p>Refer to item 2, page 30.</p> <p>Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?</p>	<p><b>3468</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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NOTES

**Section 3 – AMOUNTS (Continued)**

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

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p> <p>3470 <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p> <p>3472 \$ . 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>3474 <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p> <p>3476 \$ . 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>3478 <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p> <p>3480 \$ . 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>3482 <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p> <p>3484 \$ . 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b> Refer to item 9a above.  Is the "Yes" box marked for "4 months ago"?</p>	<p>8508 <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p>8510 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK  8512 <b>1</b> <b>9</b> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p>3486 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51  <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>3488</td><td><input type="text"/></td></tr> <tr><td>3490</td><td><input type="text"/></td></tr> <tr><td>3492</td><td><input type="text"/></td></tr> <tr><td>3494</td><td><input type="text"/></td></tr> <tr><td>3496</td><td><input type="text"/></td></tr> <tr><td>3498</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3488	<input type="text"/>	3490	<input type="text"/>	3492	<input type="text"/>	3494	<input type="text"/>	3496	<input type="text"/>	3498	<input type="text"/>
Person No.	Name														
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3490	<input type="text"/>														
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3494	<input type="text"/>														
3496	<input type="text"/>														
3498	<input type="text"/>														

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p>3500 <input type="checkbox"/> Yes – SKIP to 12a  <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>3502</td><td><input type="text"/></td></tr> <tr><td>3504</td><td><input type="text"/></td></tr> <tr><td>3506</td><td><input type="text"/></td></tr> <tr><td>3508</td><td><input type="text"/></td></tr> <tr><td>3510</td><td><input type="text"/></td></tr> <tr><td>3512</td><td><input type="text"/></td></tr> <tr><td>3514</td><td><input type="text"/></td></tr> <tr><td>3516</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3502	<input type="text"/>	3504	<input type="text"/>	3506	<input type="text"/>	3508	<input type="text"/>	3510	<input type="text"/>	3512	<input type="text"/>	3514	<input type="text"/>	3516	<input type="text"/>
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### Section 3 – AMOUNTS (Continued)

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

<p><b>12a. Did . . . receive food stamps in</b> <i>(Read each month)?</i></p> <p>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month) . . . . .</p> <p>(2 months ago) . . . . .</p> <p>(3 months ago) . . . . .</p> <p>(4 months ago) . . . . .</p>	<p><b>3522</b></p> <p><b>3526</b></p> <p><b>3530</b></p> <p><b>3534</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p><b>3524</b></p> <p><b>3528</b></p> <p><b>3532</b></p> <p><b>3536</b></p>	<p><b>12b. If "Yes" in item 12a, ask – What was the total amount?</b></p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
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<p><b>CHECK ITEM A7.2</b> Refer to item 12a above.</p> <p>Is the "Yes" box marked for "4 months ago"?</p>	<p><b>8514</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>12c. When did . . . begin to receive food stamps?</b></p>	<p><b>8516</b></p> <p><b>8518</b></p>	<p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Month</p> <p><b>1</b> <b>9</b> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Year</p>	<p>x1 <input type="checkbox"/> DK</p> <p>x1 <input type="checkbox"/> DK</p>
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**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>13a. Did . . . receive any WIC benefits in</b> <i>(Read each month)?</i></p> <p>Mark (X) all that apply.</p>	<p><b>3538</b></p> <p><b>3540</b></p> <p><b>3542</b></p> <p><b>3544</b></p>	<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>
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<p><b>CHECK ITEM A7.3</b> Refer to item 13a above.</p> <p>Is the "4 months ago" box marked?</p>	<p><b>8520</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 13c</i></p>
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<p><b>13b. When did . . . begin to receive WIC?</b></p>	<p><b>8522</b></p> <p><b>8524</b></p>	<p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Month</p> <p><b>1</b> <b>9</b> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Year</p>	<p>x1 <input type="checkbox"/> DK</p> <p>x1 <input type="checkbox"/> DK</p>
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<p><b>c. Which persons were covered?</b></p>	<p><b>3546</b></p> <p><b>3548</b></p> <p><b>3550</b></p> <p><b>3552</b></p> <p><b>3554</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; font-size: small;">Person No.</th> <th style="text-align: left; font-size: small;">Name</th> </tr> <tr> <td><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></td> <td>_____</td> </tr> </table>	Person No.	Name	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	_____	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	_____	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	_____	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	_____	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	_____
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**SKIP to next ISS Code or Check Item P1, page 51**

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## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <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><b>3600</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>3602</b>    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 37</i>                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 36</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 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i>                  Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3604</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3606</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3608</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i>                  Is . . . married?</p>	<p><b>3610</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3612</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    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><b>3614</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>                  Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b>  <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b>  <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>3616</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3620</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3624</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3628</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i>                  Is the "Yes" box marked for "4" months ago?"</p>	<p><b>8600</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i>                  Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>8602</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>

**Section 3 – AMOUNTS (Continued)**

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

<b>5c. When did . . . begin to receive</b> <i>(Read name of income type)?</i>	<b>8604</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	Month	x1 <input type="checkbox"/> DK
	<b>8606</b>	<b>1</b> <input style="width:30px; height:20px;" type="text"/> <b>9</b> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	Year	x1 <input type="checkbox"/> DK

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3632</b>	1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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<b>6a. Were all the people living here covered by . . .’s payments?</b>	<b>3634</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
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<b>b. Which persons were covered?</b>		Person No.	Name
	<b>3636</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	
	<b>3638</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	
	<b>3640</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	
	<b>3642</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	
	<b>3644</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	
	<b>3646</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	
	<b>3648</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	
	<b>3650</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	
	<b>3652</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	
	<b>3654</b>	<input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<b>3656</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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<b>7a. What type of Veterans’ payments did . . . receive?</b>	<b>3658</b>	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>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<b>3660</b>	1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or Check Item P1, page 51</i> x1 <input type="checkbox"/> DK
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<i>(SHOW FLASHCARD O)</i>		
<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	<b>3664</b>	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK

<b>b. Do . . .’s payments usually come on the first of the month or the third?</b>	<b>3666</b>	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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<b>CHECK ITEM A7</b>	Refer to item 2, page 34.  Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	<b>3668</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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NOTES

**Section 3 – AMOUNTS (Continued)**

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

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p> <p><b>3670</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3672</b> \$ <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><b>3674</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3676</b> \$ <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><b>3678</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3680</b> \$ <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><b>3682</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3684</b> \$ <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><b>CHECK ITEM A7.1</b> Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?</p>	<p><b>8608</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p><b>8610</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Month x1 <input type="checkbox"/> DK</p> <p><b>8612</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p><b>3686</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td><b>3688</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3690</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3692</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3694</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3696</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3698</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	<b>3688</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3690</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3692</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3694</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3696</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3698</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
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<b>3698</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																				

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p><b>3700</b> 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td><b>3702</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3704</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3706</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3708</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3710</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3712</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3714</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3716</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	<b>3702</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3704</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3706</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3708</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3710</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3712</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3714</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3716</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
	Person No.	Name																										
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<b>3704</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3706</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3708</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3710</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3712</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3714</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										
<b>3716</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____																										

**Section 3 – AMOUNTS (Continued)**

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

<p><b>12a. Did . . . receive food stamps in</b> <i>(Read each month)?</i></p> <p>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</p>		<p><b>12b. If "Yes" in item 12a, ask – What was the total amount?</b></p>
(Last month) . . . . .	<input type="checkbox"/> <b>3722</b> 1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK	<input type="checkbox"/> <b>3724</b> \$ <input type="text"/> . <input type="text"/> 00 <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/> x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<input type="checkbox"/> <b>3726</b> 1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK	<input type="checkbox"/> <b>3728</b> \$ <input type="text"/> . <input type="text"/> 00 <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/> x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<input type="checkbox"/> <b>3730</b> 1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK	<input type="checkbox"/> <b>3732</b> \$ <input type="text"/> . <input type="text"/> 00 <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/> x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<input type="checkbox"/> <b>3734</b> 1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK	<input type="checkbox"/> <b>3736</b> \$ <input type="text"/> . <input type="text"/> 00 <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK <input checked="" type="checkbox"/> x2 <input type="checkbox"/> Ref.

<b>CHECK ITEM A7.2</b> Refer to item 12a above.	
Is the "Yes" box marked for "4 months ago"?	<input type="checkbox"/> <b>8614</b> 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>

<b>12c. When did . . . begin to receive food stamps?</b>	
	<input type="checkbox"/> <b>8616</b> <input type="text"/> <input type="text"/> Month <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK
	<input type="checkbox"/> <b>8618</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK

**SKIP to next ISS Code or Check Item P1, page 51**

<b>13a. Did . . . receive any WIC benefits in</b> <i>(Read each month)?</i>	
Mark (X) all that apply.	<input type="checkbox"/> <b>3738</b> 1 <input type="checkbox"/> Last month <input type="checkbox"/> <b>3740</b> 2 <input type="checkbox"/> 2 months ago <input type="checkbox"/> <b>3742</b> 3 <input type="checkbox"/> 3 months ago <input type="checkbox"/> <b>3744</b> 4 <input type="checkbox"/> 4 months ago

<b>CHECK ITEM A7.3</b> Refer to item 13a above.	
Is the "4 months ago" box marked?	<input type="checkbox"/> <b>8620</b> 1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 2 <input type="checkbox"/> No – <i>SKIP to 13c</i>

<b>13b. When did . . . begin to receive WIC?</b>	
	<input type="checkbox"/> <b>8622</b> <input type="text"/> <input type="text"/> Month <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK
	<input type="checkbox"/> <b>8624</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK

<b>c. Which persons were covered?</b>																			
	<table border="0" style="width:100%;"> <tr> <th style="width:10%;"></th> <th style="width:20%;">Person No.</th> <th style="width:70%;">Name</th> </tr> <tr> <td><input type="checkbox"/> <b>3746</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> <b>3748</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> <b>3750</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> <b>3752</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> <b>3754</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Person No.	Name	<input type="checkbox"/> <b>3746</b>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>3748</b>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>3750</b>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>3752</b>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>3754</b>	<input type="text"/>	<input type="text"/>
	Person No.	Name																	
<input type="checkbox"/> <b>3746</b>	<input type="text"/>	<input type="text"/>																	
<input type="checkbox"/> <b>3748</b>	<input type="text"/>	<input type="text"/>																	
<input type="checkbox"/> <b>3750</b>	<input type="text"/>	<input type="text"/>																	
<input type="checkbox"/> <b>3752</b>	<input type="text"/>	<input type="text"/>																	
<input type="checkbox"/> <b>3754</b>	<input type="text"/>	<input type="text"/>																	

**SKIP to next ISS Code or Check Item P1, page 51**

NOTES

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## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p>Income code    Name of income type</p> <p><b>3800</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>3802</b>    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 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3804</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3806</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3808</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p><b>3810</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3812</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    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><b>3814</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b> <i>Social Security and SSI payments may be adjusted for inflation each January.</i></p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b> <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b> <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>3816</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3820</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3824</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3828</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i></p> <p>Is the "Yes" box marked for "4" months ago?"</p>	<p><b>8700</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i></p> <p>Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>8702</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>

**Section 3 – AMOUNTS (Continued)**

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

<p><b>5c. When did . . . begin to receive</b> <i>(Read name of income type)?</i></p>	<p><b>8704</b></p>	<input type="text"/> <input type="text"/>	Month	x1 <input type="checkbox"/> DK
	<p><b>8706</b></p>	<p><b>1 9</b> <input type="text"/> <input type="text"/></p>	Year	x1 <input type="checkbox"/> DK

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<p><b>3832</b></p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i>                  2 <input type="checkbox"/> ISS Code 8 or 20 through 24                  3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>6a. Were all the people living here covered by . . .’s payments?</b></p>	<p><b>3834</b></p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>                  2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>		<p>Person No.</p>	<p>Name</p>
	<p><b>3836</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3838</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3840</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3842</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3844</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3846</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3848</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3850</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3852</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3854</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<p><b>3856</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>7a. What type of Veterans’ payments did . . . receive?</b></p>	<p><b>3858</b></p>	<p>1 <input type="checkbox"/> Service-connected disability compensation                  2 <input type="checkbox"/> Survivor benefits                  3 <input type="checkbox"/> Veterans’ pension                  4 <input type="checkbox"/> Other Veterans’ payments</p>
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<p><b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b></p>	<p><b>3860</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><i>(SHOW FLASHCARD O)</i></p> <p><b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b></p>	<p><b>3864</b></p>	<p>1 <input type="checkbox"/> Blue                  2 <input type="checkbox"/> Buff                  3 <input type="checkbox"/> Direct deposit                  4 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<p><b>b. Do . . .’s payments usually come on the first of the month or the third?</b></p>	<p><b>3866</b></p>	<p>1 <input type="checkbox"/> First                  2 <input type="checkbox"/> Third                  3 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<b>CHECK ITEM A7</b>	<p><i>Refer to item 2, page 38.</i></p> <p>Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?</p>	<p><b>3868</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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NOTES

**Section 3 – AMOUNTS (Continued)**

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

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p> <p>3870 <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p> <p>3872 \$ . 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>3874 <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p> <p>3876 \$ . 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>3878 <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p> <p>3880 \$ . 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>3882 <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p> <p>3884 \$ . 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b> Refer to item 9a above.</p> <p>Is the "Yes" box marked for "4 months ago"?</p>	<p>8708 <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p>8710 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8712 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p>3886 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51  <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3888</td><td><input type="text"/></td></tr> <tr><td>3890</td><td><input type="text"/></td></tr> <tr><td>3892</td><td><input type="text"/></td></tr> <tr><td>3894</td><td><input type="text"/></td></tr> <tr><td>3896</td><td><input type="text"/></td></tr> <tr><td>3898</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3888	<input type="text"/>	3890	<input type="text"/>	3892	<input type="text"/>	3894	<input type="text"/>	3896	<input type="text"/>	3898	<input type="text"/>
Person No.	Name														
3888	<input type="text"/>														
3890	<input type="text"/>														
3892	<input type="text"/>														
3894	<input type="text"/>														
3896	<input type="text"/>														
3898	<input type="text"/>														

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p>3900 <input type="checkbox"/> Yes – SKIP to 12a  <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3902</td><td><input type="text"/></td></tr> <tr><td>3904</td><td><input type="text"/></td></tr> <tr><td>3906</td><td><input type="text"/></td></tr> <tr><td>3908</td><td><input type="text"/></td></tr> <tr><td>3910</td><td><input type="text"/></td></tr> <tr><td>3912</td><td><input type="text"/></td></tr> <tr><td>3914</td><td><input type="text"/></td></tr> <tr><td>3916</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3902	<input type="text"/>	3904	<input type="text"/>	3906	<input type="text"/>	3908	<input type="text"/>	3910	<input type="text"/>	3912	<input type="text"/>	3914	<input type="text"/>	3916	<input type="text"/>
Person No.	Name																		
3902	<input type="text"/>																		
3904	<input type="text"/>																		
3906	<input type="text"/>																		
3908	<input type="text"/>																		
3910	<input type="text"/>																		
3912	<input type="text"/>																		
3914	<input type="text"/>																		
3916	<input type="text"/>																		





## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <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><b>4000</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>4002</b>    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 45</i>                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 44</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 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i>                  Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>4004</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>4006</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>4008</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i>                  Is . . . married?</p>	<p><b>4010</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>4012</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    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><b>4014</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>                  Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b>  <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b>  <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>4016</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>4020</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>4024</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>4028</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i>                  Is the "Yes" box marked for "4" months ago?"</p>	<p><b>4018</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/><input style="width: 20px; text-align: center;" type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i>                  Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>4022</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/><input style="width: 20px; text-align: center;" type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>8800</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>	<p><b>4026</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/><input style="width: 20px; text-align: center;" type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>8802</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>	<p><b>4030</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/><input style="width: 20px; text-align: center;" type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

**Section 3 – AMOUNTS (Continued)**

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

**5c. When did . . . begin to receive** *(Read name of income type)?*

<b>8804</b>	<input type="text"/>	<input type="text"/>	Month	x1 <input type="checkbox"/> DK	
<b>8806</b>	<b>1</b>	<b>9</b>	<input type="text"/>	Year	x1 <input type="checkbox"/> DK

**CHECK ITEM A5**      *Mark (X) income type code.*

<b>4032</b>	1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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**6a. Were all the people living here covered by . . . 's payments?**

<b>4034</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
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**b. Which persons were covered?**

	Person No.	Name
<b>4036</b>	<input type="text"/>	<input type="text"/>
<b>4038</b>	<input type="text"/>	<input type="text"/>
<b>4040</b>	<input type="text"/>	<input type="text"/>
<b>4042</b>	<input type="text"/>	<input type="text"/>
<b>4044</b>	<input type="text"/>	<input type="text"/>
<b>4046</b>	<input type="text"/>	<input type="text"/>
<b>4048</b>	<input type="text"/>	<input type="text"/>
<b>4050</b>	<input type="text"/>	<input type="text"/>
<b>4052</b>	<input type="text"/>	<input type="text"/>
<b>4054</b>	<input type="text"/>	<input type="text"/>

**CHECK ITEM A6**      Is this ISS Code "8"?

<b>4056</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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**7a. What type of Veterans' payments did . . . receive?**

<b>4058</b>	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?**

<b>4060</b>	1 <input type="checkbox"/> Yes } <i>SKIP to next ISS Code or Check Item P1, page 51</i> 2 <input type="checkbox"/> No } x1 <input type="checkbox"/> DK }
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*(SHOW FLASHCARD O)*

**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

<b>4064</b>	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?**

<b>4066</b>	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 42.*

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

<b>4068</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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NOTES

**Section 3 – AMOUNTS (Continued)**

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

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

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

(Last month) . . . . .

**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.

**CHECK ITEM A7.1**

Refer to item 9a above.

Is the "Yes" box marked for "4 months ago"?

**8808** 1  Yes  
 2  No – SKIP to 10a

**9c. When did . . . begin to receive Social Security/Railroad Retirement?**

**8810**   Month x1  DK  
**8812**     Year x1  DK

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

**4086** 1  Yes – SKIP to next ISS Code or Check Item P1, page 51  
 2  No

**b. Which children were covered?**

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

**SKIP to next ISS Code or Check Item P1, page 51**

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

**4100** 1  Yes – SKIP to 12a  
 2  No

**b. Which persons were covered?**

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

**Section 3 – AMOUNTS (Continued)**

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

<p><b>12a. Did . . . receive food stamps in</b> <i>(Read each month)?</i></p> <p>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month) . . . . .</p> <p>(2 months ago) . . . . .</p> <p>(3 months ago) . . . . .</p> <p>(4 months ago) . . . . .</p>	<p><b>4122</b></p> <p><b>4126</b></p> <p><b>4130</b></p> <p><b>4134</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p><b>4124</b></p> <p><b>4128</b></p> <p><b>4132</b></p> <p><b>4136</b></p>	<p><b>12b. If "Yes" in item 12a, ask – What was the total amount?</b></p> <p>\$ . 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>\$ . 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>\$ . 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>\$ . 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
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<p><b>CHECK ITEM A7.2</b> Refer to item 12a above.</p> <p>Is the "Yes" box marked for "4 months ago"?</p>	<p><b>8814</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>12c. When did . . . begin to receive food stamps?</b></p>	<p><b>8816</b></p> <p><b>8818</b></p>	<p>Month x1 <input type="checkbox"/> DK</p> <p>Year x1 <input type="checkbox"/> DK</p>
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**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>13a. Did . . . receive any WIC benefits in</b> <i>(Read each month)?</i></p> <p>Mark (X) all that apply.</p>	<p><b>4138</b> 1 <input type="checkbox"/> Last month <b>4140</b> 2 <input type="checkbox"/> 2 months ago <b>4142</b> 3 <input type="checkbox"/> 3 months ago <b>4144</b> 4 <input type="checkbox"/> 4 months ago</p>
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<p><b>CHECK ITEM A7.3</b> Refer to item 13a above.</p> <p>Is the "4 months ago" box marked?</p>	<p><b>8820</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 13c</i></p>
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<p><b>13b. When did . . . begin to receive WIC?</b></p>	<p><b>8822</b></p> <p><b>8824</b></p>	<p>Month x1 <input type="checkbox"/> DK</p> <p>Year x1 <input type="checkbox"/> DK</p>
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<p><b>c. Which persons were covered?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">Person No.</td> <td style="width:15%;">Name</td> </tr> <tr> <td><b>4146</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>4148</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>4150</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>4152</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>4154</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Person No.	Name	<b>4146</b>	<input type="text"/>	<input type="text"/>	<b>4148</b>	<input type="text"/>	<input type="text"/>	<b>4150</b>	<input type="text"/>	<input type="text"/>	<b>4152</b>	<input type="text"/>	<input type="text"/>	<b>4154</b>	<input type="text"/>	<input type="text"/>
	Person No.	Name																	
<b>4146</b>	<input type="text"/>	<input type="text"/>																	
<b>4148</b>	<input type="text"/>	<input type="text"/>																	
<b>4150</b>	<input type="text"/>	<input type="text"/>																	
<b>4152</b>	<input type="text"/>	<input type="text"/>																	
<b>4154</b>	<input type="text"/>	<input type="text"/>																	

**SKIP to next ISS Code or Check Item P1, page 51**

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)**

<b>CHECK ITEM A8</b>	Asset types owned. Mark (X) all that apply.	4300 4302 4304 4306	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook savings accounts 2 <input type="checkbox"/> ISS Code 101 – Money market deposit accounts 3 <input type="checkbox"/> ISS Code 102 – Certificates of deposit or other savings certificates 4 <input type="checkbox"/> ISS Code 103 – Interest-earnings checking accounts (such as NOW OR Super-NOW accounts)
<b>1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.</b>			
<b>CHECK ITEM A9</b>	Interview status of . . . 's spouse.	4308	1 <input type="checkbox"/> No spouse in household – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>		4310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
<b>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))?</b>		4312	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
<b>c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?</b> ★		4314	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		4316	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 5 2 <input type="checkbox"/> No
<b>3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?</b>		4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 51
<b>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))?</b>		4320	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 51 x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 51 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
<b>c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?</b> ★		4322	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 51 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		4324	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 6 } SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No

NOTES

AMOUNTS – PARTS B & C

**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A10</b>	Asset types owned. <i>Mark (X) all that apply.</i>	<b>4400</b>	1 <input type="checkbox"/> ISS Code 104 – Money market funds
		<b>4402</b>	2 <input type="checkbox"/> ISS Code 105 – U.S. Government securities
		<b>4404</b>	3 <input type="checkbox"/> ISS Code 106 – Municipal or corporate bonds
		<b>4406</b>	4 <input type="checkbox"/> ISS Code 107 – Other interest-earning assets – <i>Specify</i> _____
<b>1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.</b>			
<b>CHECK ITEM A11</b>	Interview status of . . . 's spouse.	<b>4408</b>	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>		<b>4410</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
<b>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))?</b>		<b>4412</b>	\$ _____ . <b>00</b> – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
<b>c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?</b> ★		<b>4414</b>	\$ _____ . <b>00</b> – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		<b>4416</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 7</i> 2 <input type="checkbox"/> No
<b>3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?</b>		<b>4418</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
<b>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))?</b>		<b>4420</b>	\$ _____ . <b>00</b> – <i>SKIP to next ISS Code or Check Item P1, page 51</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 51</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
<b>c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?</b> ★		<b>4422</b>	\$ _____ . <b>00</b> – <i>SKIP to next ISS Code or Check Item P1, page 51</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		<b>4424</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 8</i> } <i>SKIP to next ISS Code or Check Item P1, page 51</i> 2 <input type="checkbox"/> No

AMOUNTS – PARTS B & C

NOTES

**Section 3 – AMOUNTS (Continued)**

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

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

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

**CHECK ITEM A12**

Interview status of . . .'s spouse.

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

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

**4504**    \$  .  00 – *SKIP to 2a*  
                  x3  None – *SKIP to 2a*  
                  x1  DK  
                  x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

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

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

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

**4508**    \$  .  00 – *SKIP to 3a*  
                  x3  None – *SKIP to 3a*  
                  x1  DK  
                  x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

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

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

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

**4512**    1  Yes  
                  2  No } *SKIP to next ISS Code or Check Item P1, page 51*  
                  x1  DK

**CHECK ITEM A13**

Interview status of . . .'s spouse.

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

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

**4516**    \$  .  00  
                  x3  None  
                  x1  DK  
                  x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

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

**4518**    \$  .  00 } *SKIP to next ISS Code or Check Item P1, page 51*  
                  x3  None  
                  x1  DK  
                  x2  Ref.

NOTES

AMOUNTS – PARTS D & E



**Section 3 – AMOUNTS (Continued)**

**Part E – RENTAL INCOME (ISS Code 120)**

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

**CHECK ITEM A14**

Interview status of . . .'s spouse.

**4600**

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

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

*Include only property owned entirely by couple.*

**4602**

- 1  Yes
- 2  No – *SKIP to 3a*

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

**4604**

\$  .  00

- x1  DK
- x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

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

**4606**

\$  .  00

- x3  None
- x1  DK
- x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

**4608**

- x4  Lost money – *Enter amount of loss in box*

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

**4610**

- 1  Yes
- 2  No – *SKIP to 4a*

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

**4612**

\$  .  00

- x1  DK
- x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

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

**4614**

\$  .  00

- x3  None
- x1  DK
- x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

**4616**

- x4  Lost money – *Enter amount of loss in box*

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

**4618**

- 1  Yes
- 2  No – *SKIP to next ISS Code or Check Item P1, page 51*

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

**4620**

\$  .  00

- x3  None
- x1  DK
- x2  Ref.
- 4622** x4  Lost money – *Enter amount of loss in box*

*SKIP to next ISS Code or Check Item P1, page 51*

NOTES

AMOUNTS – PARTS D & E

**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A15</b>	Asset types owned. Mark (X) all that apply.	4700 4702 4704	1 <input type="checkbox"/> ISS Code 130 – Mortgages 2 <input type="checkbox"/> ISS Code 140 – Royalties 3 <input type="checkbox"/> ISS Code 150 – Other financial investments
<b>CHECK ITEM A16</b>	Is ISS Code 130 marked in Check Item A15?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3
<b>CHECK ITEM A17</b>	Interview status of . . . 's spouse.	4708	1 <input type="checkbox"/> No spouse in household – SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
<b>1a. Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse?</b>		4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
<b>b. During the past 4 months, how much interest was paid to . . . and . . . 's spouse by the borrower?</b>		4712	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>2a. (Besides these jointly held mortgages) did . . . hold any mortgages in . . . 's own name?</b>		4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A18
<b>b. (Earlier you said that . . . held a mortgage.) During the past 4 months, how much interest was paid to . . . by the borrower?</b>		4716	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A18</b>	Is ISS Code 140 or 150 marked in Check Item A15?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P1
<b>3. Earlier you said . . . had (Read asset types). During the past 4 months, how much income did . . . receive from these (Read asset types)?</b> <i>If income was shared, count only . . . 's share.</i>		4720	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
		4722	X4 <input type="checkbox"/> Lost money – Enter amount of loss in box

NOTES

PROGRAM QUESTIONS

## Section 4 – PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T1, page 52</i>
<b>CHECK ITEM P2</b>	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2a</i>
<b>1a. What is your monthly rent?</b>	Include only the amount the respondent pays for rent. Exclude any subsidized amounts.	4804	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">00</div> </div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 2a</i>
<b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b>	Exclude telephone.	4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>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?</b>		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item P3</i>
<b>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?</b>	Mark (X) all that apply.	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
<b>c. What was the total amount of the energy assistance received by this household during the past 4 months?</b>		4824	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">00</div> </div> x1 <input type="checkbox"/> DK
<b>CHECK ITEM P3</b>	Are there any children 5 to 18 years old who live in this household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T1, page 52</i>
<b>3a. Do any of the children in this household usually eat a complete hot lunch offered at school?</b>		4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T1, page 52</i>
<b>b. How many children?</b>		4830	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Children</div> </div>
<b>c. How many complete school lunches do all of the children eat per week?</b>		4832	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Number of lunches</div> </div> x1 <input type="checkbox"/> DK
<b>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?</b>		4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3f</i>
<b>e. In the past 4 months, were the lunches free, reduced price, or were they full price?</b>	Mark (X) only one.	4836	1 <input type="checkbox"/> Free lunch – <i>SKIP to 3g</i> 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
<b>f. What was the average price paid by all of the children for a complete school lunch?</b>		4838	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> x1 <input type="checkbox"/> DK
<b>g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?</b>		4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T1, page 52</i>
<b>h. How many children?</b>		4842	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Children</div> </div>
<b>i. How many complete school breakfasts do all of the children eat per week?</b>		4844	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Number of breakfasts</div> </div> x1 <input type="checkbox"/> DK
<b>j. In the past 4 months, were the breakfasts free, reduced price, or were they full price?</b>	Mark (X) only one.	4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

## Section 5 – TOPICAL MODULES

### Part A – RECIPIENCY HISTORY

**CHECK ITEM T1**

Refer to cc item 24.

Is . . . 18 years of age or older?

**8052**

1  Yes

2  No – SKIP to Check Item T12, page 55

**STATEMENT C**

**Now I have some questions regarding past participation in Government programs.**

**CHECK ITEM T2**

Refer to the ISS.

Is "Food Stamps" (code 27) marked?

**8054**

1  Yes

2  No – SKIP to 1b

**1a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?**

**8056**

1  Yes – SKIP to 1d

2  No – SKIP to Check Item T3

**b. Has . . . ever applied for the Federal Government's Food Stamp Program?**

**8058**

1  Yes

2  No – SKIP to Check Item T3

**c. Has . . . ever been authorized to receive food stamps?**

**8060**

1  Yes

2  No – SKIP to Check Item T3

**d. When did . . . first start receiving food stamps?**

**8062**

Month

x1  DK

**8064**

Year

x1  DK

**e. For how long did . . . receive food stamps that time?**

**8066**

Months

**8068**

OR

**8070**

Years

x1  DK

**f. How many times in all have there been when . . . received food stamps?**

**8072**

Times

x1  DK

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – RECIPIENCY HISTORY (Continued)**

<b>CHECK ITEM T3</b>	Refer to cc item 27. Is . . . a designated parent or guardian of children under 18 years old who live in this household?	8074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
<b>CHECK ITEM T4</b>	Refer to the ISS. Is "AFDC" (code 20) marked?	8076	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
<b>2a.</b>	Besides this period of time, have there been any other times when . . . received AFDC (ADC)?	8078	1 <input type="checkbox"/> Yes – SKIP to 2d 2 <input type="checkbox"/> No – SKIP to Check Item T5
<b>b.</b>	Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?	8080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
<b>c.</b>	Has . . . ever received AFDC (ADC) benefits?	8082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
<b>d.</b>	When did . . . first start receiving AFDC (ADC) benefits?	8084	[ ][ ] Month x1 <input type="checkbox"/> DK 8086 [ 1 ] [ 9 ] [ ][ ] Year x1 <input type="checkbox"/> DK
<b>e.</b>	For how long did . . . receive AFDC (ADC) that time?	8088	[ ][ ] Months 8090 OR 8092 [ ][ ] Years x1 <input type="checkbox"/> DK
<b>f.</b>	How many times in all have there been when . . . received AFDC (ADC)?	8094	[ ][ ] Times x1 <input type="checkbox"/> DK
<b>CHECK ITEM T5</b>	Refer to the ISS. Is "SSI" (codes 3 or 4) marked?	8096	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
<b>3a.</b>	Besides this period of time, have there been any other times when . . . received SSI benefits?	8098	1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to Check Item T6
<b>b.</b>	Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?	8100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6
<b>c.</b>	Has . . . ever received SSI benefits?	8102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6
<b>d.</b>	When did . . . first start receiving SSI?	8104	[ ][ ] Month x1 <input type="checkbox"/> DK 8106 [ 1 ] [ 9 ] [ ][ ] Year x1 <input type="checkbox"/> DK
<b>e.</b>	For how long did . . . receive SSI that time?	8108	[ ][ ] Months OR 8110 [ ][ ] Years 8112 x1 <input type="checkbox"/> DK
<b>CHECK ITEM T6</b>	Refer to the ISS. Is "Medicaid" (code 173) marked?	8114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
<b>CHECK ITEM T7</b>	Refer to the ISS. Is "SSI" or "AFDC" (codes 3, 4, or 20) marked?	8116	1 <input type="checkbox"/> Yes – SKIP to Check Item T8 2 <input type="checkbox"/> No

NOTES

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – RECIPIENCY HISTORY (Continued)**

<p><b>4. Earlier we recorded that . . . was covered by (Use local name for Medicaid).</b> <b>When did . . .'s period of Medicaid coverage first begin?</b></p>	<p><b>8118</b> <input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> DK  <b>8120</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> DK  <b>8122</b> x3 <input type="checkbox"/> Never covered by Medicaid</p>
<p><b>CHECK ITEM T8</b>      <i>Refer to item 24a, page 8.</i> Was . . . covered by a health insurance plan? (Is item 24a, page 8 marked "Yes"?)</p>	<p><b>8124</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 6</i></p>
<p><b>5. We have recorded that . . . was covered by a private health insurance plan during the 4-month period. For how long was . . . covered by health insurance without interruption?</b></p>	<p><b>8126</b> <input type="text"/> <input type="text"/> Months OR <b>8128</b> <input type="text"/> <input type="text"/> Years <b>8130</b> x3 <input type="checkbox"/> Have always had insurance x1 <input type="checkbox"/> DK</p> <p style="text-align: right;">} <b>SKIP to Check Item T9</b></p>
<p><b>6. We have recorded that . . . was not covered by a private health insurance plan during the 4-month period. When was the last time . . . was covered by private health insurance?</b></p>	<p><b>8132</b> <input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> DK  <b>8134</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> DK  <b>8136</b> x3 <input type="checkbox"/> Has never been covered</p>
<p><b>CHECK ITEM T9</b>      <i>Refer to cc item 19b.</i> Is . . . the reference person?</p>	<p><b>8138</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12</i></p>
<p><b>CHECK ITEM T10</b>      <i>Refer to cc items 16a and 16b.</i> Is this housing unit public or subsidized?</p>	<p><b>8140</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T11</i></p>
<p><b>7. For how long has . . . been living in public or subsidized housing?</b></p>	<p><b>8142</b> <input type="text"/> <input type="text"/> Months OR <b>8144</b> <input type="text"/> <input type="text"/> Years <b>8146</b> x3 <input type="checkbox"/> Have always lived in public housing x1 <input type="checkbox"/> DK</p> <p style="text-align: right;">} <b>SKIP to Check Item T12</b></p>
<p><b>CHECK ITEM T11</b>      Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20–27, or code 173?</p>	<p><b>8148</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12</i></p>
<p><b>8. Is . . . on a waiting list for public or subsidized housing?</b></p>	<p><b>8150</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY**

**CHECK ITEM T12**

Refer to cc item 24.

Is . . . 18 to 64 years old?

8200

- 1  Yes  
 2  No – SKIP to Check Item C1, page 59

**STATEMENT D**

Now I would like to ask some questions about some of the jobs . . . has held.

**CHECK ITEM T13**

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

8210

- 1  Yes  
 2  No – SKIP to 4a

ASK OR VERIFY –

**1. What was the name of . . . 's MAIN employer or business during the past 4 months?**

PGM 8

Name of employer or business

8212

**CHECK ITEM T14**

Refer to Check Item E3, page 14, Check Item E6, page 16, Check Item S1, page 18, or Check Item S7, page 20.

What is the ID number of this employer or business?

PGM 7

8214

Employer number  
OR

8216

Business number

**2. When did . . . start working for (Read name of employer or business)?**

8218

Month x1  DK

(If worked for more than one period of time, ask about most recent period.)

8220

Year x1  DK

**CHECK ITEM T15**

Refer to Check Item T14 above.

Is an "Employer number" entered?

8222

- 1  Yes  
 2  No – SKIP to 5a

**3a. About how many persons were employed by . . . 's employer at the location where . . . works (worked)?**

8224

- 1  Under 25  
 2  25 to 99  
 3  100 to 499  
 4  500 to 999  
 5  1,000 or more } SKIP to 3d  
 x1  DK

**b. Did . . . 's employer operate in more than one location?**

8226

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

**c. About how many persons were employed by . . . 's employer at ALL LOCATIONS?**

8228

- 1  Under 25  
 2  25 to 99  
 3  100 to 499  
 4  500 to 999  
 5  1,000 or more  
 x1  DK

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY (Continued)**

<p><b>3d. For how many years has . . . done the kind of work that . . . does on this job?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8234</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Months</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="3" style="vertical-align: middle;">SKIP to 5a</td> </tr> <tr> <td></td> <td align="center" colspan="3">OR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8236</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Years</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8238</td> <td colspan="4">x1 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	8234			Months	}	SKIP to 5a		OR			8236			Years	8238	x1 <input type="checkbox"/> DK				
8234			Months	}	SKIP to 5a																
	OR																				
8236			Years																		
8238	x1 <input type="checkbox"/> DK																				
<p><b>4a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8240</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T16</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8242</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8244</td> <td colspan="4">x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more</td> <td style="vertical-align: middle;">} ASK 4b</td> </tr> </table>	8240			Month	}	SKIP to Check Item T16	8242	1	9			Year	8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more				} ASK 4b		
8240			Month	}	SKIP to Check Item T16																
8242	1	9					Year														
8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more				} ASK 4b																
<p><b>b. What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business?</b> <i>Mark (X) only one.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8246</td> <td style="width:80%;">                 1 <input type="checkbox"/> Taking care of home or family                  2 <input type="checkbox"/> Ill or disabled                  3 <input type="checkbox"/> Going to school                  4 <input type="checkbox"/> Couldn't find work                  5 <input type="checkbox"/> Didn't want to work                  7 <input type="checkbox"/> Other – Specify _____                  x1 <input type="checkbox"/> DK             </td> <td style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td style="vertical-align: middle;">SKIP to Check Item C1, page 59</td> </tr> </table>	8246	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other – Specify _____ x1 <input type="checkbox"/> DK	}	SKIP to Check Item C1, page 59																
8246	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other – Specify _____ x1 <input type="checkbox"/> DK	}	SKIP to Check Item C1, page 59																		
<p><b>5a. Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8248</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T18</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8250</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8252</td> <td colspan="4">x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18</td> <td></td> </tr> </table>	8248			Month	}	SKIP to Check Item T18	8250	1	9			Year	8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18						
8248			Month	}	SKIP to Check Item T18																
8250	1	9					Year														
8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18																				
<p><b>CHECK ITEM T16</b>     <i>Refer to item 4a or 5a above.</i> Is the year 1981 or later?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8254</td> <td style="width:90%;">                 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item T18             </td> </tr> </table>	8254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18																		
8254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18																				
<p><b>5b. What was the name of . . .'s employer or business at that time?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="border-bottom: 1px solid black;">Name of employer or business</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8256</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	PGM 8	Name of employer or business	8256																	
PGM 8	Name of employer or business																				
8256																					
<p><b>c. What kind of company, business, or industry was (Name of employer or business)?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8258</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	PGM 8		8258																	
PGM 8																					
8258																					
<p><b>d. Was that business or industry mainly – (Read categories)</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="width:90%;">1 <input type="checkbox"/> <b>Manufacturing?</b></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8260</td> <td>2 <input type="checkbox"/> <b>Wholesale Trade?</b></td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> <b>Retail Trade?</b></td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/> <b>Some other kind of business?</b></td> </tr> </table>	PGM 8	1 <input type="checkbox"/> <b>Manufacturing?</b>	8260	2 <input type="checkbox"/> <b>Wholesale Trade?</b>		3 <input type="checkbox"/> <b>Retail Trade?</b>		4 <input type="checkbox"/> <b>Some other kind of business?</b>												
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	3 <input type="checkbox"/> <b>Retail Trade?</b>																				
	4 <input type="checkbox"/> <b>Some other kind of business?</b>																				
<p><b>e. What kind of work was . . . doing on that job?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8262</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	PGM 8		8262																	
PGM 8																					
8262																					
<p><b>f. What were . . .'s most important activities or duties?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8264</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	PGM 8		8264																	
PGM 8																					
8264																					
<p><b>g. Did . . . work for an employer on that job or was . . . self-employed?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 7</td> <td style="width:90%;">1 <input type="checkbox"/> Worked for an employer</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8266</td> <td>2 <input type="checkbox"/> Self-employed</td> </tr> </table>	PGM 7	1 <input type="checkbox"/> Worked for an employer	8266	2 <input type="checkbox"/> Self-employed																
PGM 7	1 <input type="checkbox"/> Worked for an employer																				
8266	2 <input type="checkbox"/> Self-employed																				
<p><b>h. When did . . . START working for (Name of employer or business)?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8268</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T18</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8270</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> </table>	8268			Month	}	SKIP to Check Item T18	8270	1	9			Year								
8268			Month	}	SKIP to Check Item T18																
8270	1	9					Year														

NOTES



**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY (Continued)**

<p><b>5i. What was the main reason . . . stopped working for</b> <i>(Name of employer or business)?</i></p>	<p><b>8272</b> 1 <input type="checkbox"/> Layoff, plant closed                  2 <input type="checkbox"/> Discharged                  3 <input type="checkbox"/> Job was temporary and ended                  4 <input type="checkbox"/> Found a better job                  5 <input type="checkbox"/> Retirement/old age                  6 <input type="checkbox"/> Did not like working conditions                  7 <input type="checkbox"/> Dissatisfied with earnings                  8 <input type="checkbox"/> Did not like location                  9 <input type="checkbox"/> Going to school                  10 <input type="checkbox"/> Became pregnant/had child                  11 <input type="checkbox"/> Health reasons                  12 <input type="checkbox"/> Other family or personal reasons                  13 <input type="checkbox"/> Other – <i>Specify</i> <u>        </u></p>
<p><b>6a. In what year did . . . first work 6 straight months or longer at some job or business?</b></p>	<p><b>8274</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>                  x3 <input type="checkbox"/> Never worked 6 straight months at a job or business – <i>SKIP to Check Item C1, page 59</i>                  x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T18</i></p>
<p><b>b. Since</b> <i>(Year in 6a)</i> <b>has . . . always worked at least 6 months during the year?</b></p>	<p><b>8276</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item C1, page 59</i>                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK – <i>SKIP to Check Item C1, page 59</i></p>
<p><b>c. How many years were there when . . . worked at least 6 months during the year?</b></p>	<p><b>8278</b> <input type="text"/> <input type="text"/> Years                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T17</b> <i>Refer to item 6a.</i>                  Is the year in item 6a 1981 or later?</p>	<p><b>8280</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 7a</i>                  2 <input type="checkbox"/> No</p>
<p><b>6d. Since the beginning of 1981 how many years have there been when . . . worked at least 6 months during the year?</b></p>	<p><b>8282</b> x5 <input type="checkbox"/> All years                  OR  <input type="text"/> <input type="text"/> Years                  OR                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T18</b> <i>Refer to item 6a above, or item 2.</i>                  Is there a year entered in item 6a or in item 2?</p>	<p><b>8284</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 59</i></p>
<p><b>7a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since</b> <i>(Year in item 6a or 2), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?</i> <i>(If dates in both 6a and 2, use earliest date.)</i></p>	<p><b>8286</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 59</i></p>
<p><b>b. About how many times has . . . gone 6 months or longer without working at a paid job or business?</b></p>	<p><b>8288</b> <input type="text"/> <input type="text"/> Times                  x1 <input type="checkbox"/> DK</p>
<p><b>c. When was the last time that . . . went 6 months or longer without working at a paid job or business?</b></p>	<p align="center">FROM</p> <p><b>8290</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>                  x1 <input type="checkbox"/> DK</p> <p align="center">TO</p> <p><b>8292</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>                  x1 <input type="checkbox"/> DK</p>
<p><b>d. What was the main reason . . . did not work at a paid job or business during that time?</b>  <i>Mark (X) only one.</i></p>	<p><b>8294</b> 1 <input type="checkbox"/> Took care of family or home                  2 <input type="checkbox"/> Own illness or disability                  3 <input type="checkbox"/> Could not find work                  4 <input type="checkbox"/> Going to school                  5 <input type="checkbox"/> Became pregnant/had child                  6 <input type="checkbox"/> Other – <i>Specify</i> <u>        </u></p> <p align="right">} <i>Go To Check Item C1, page 59</i></p>

NOTES

# CALLBACK SUMMARY

<b>CHECK ITEM C1</b>	Are any items marked on Reminder Card for . . . ?	5000	1 <input type="checkbox"/> Yes - Mark appropriate item(s) below, then SKIP to Check Item C2 2 <input type="checkbox"/> No - SKIP to Check Item C2								
<input type="checkbox"/>	<b>1.</b> Social Security Number <i>(Enter in cc item 33a)</i>		<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None								
<input type="checkbox"/>	<b>2.</b> Medicare claim number <i>(Item 20b, page 7)</i>	5002	<input type="text"/>	-	<input type="text"/>	-	5004	<input type="text"/>	-	5005	<input type="text"/>
<input type="checkbox"/>	<b>3. EMPLOYER</b> <b>a.</b> Employer #1 <i>(Item 8a, page 15)</i>  What was the total amount of pay received before deductions on this job in . . . ?	5006	\$ <input type="text"/>	.	<input type="text"/> 00	Last month	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5008	\$ <input type="text"/>	.	<input type="text"/> 00	2 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5010	\$ <input type="text"/>	.	<input type="text"/> 00	3 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5012	\$ <input type="text"/>	.	<input type="text"/> 00	4 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
<input type="checkbox"/>	<b>b.</b> Employer #2 <i>(Item 16a, page 17)</i>  What was the total amount of pay received before deductions on this job in . . . ?	5014	\$ <input type="text"/>	.	<input type="text"/> 00	Last month	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5016	\$ <input type="text"/>	.	<input type="text"/> 00	2 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5018	\$ <input type="text"/>	.	<input type="text"/> 00	3 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5020	\$ <input type="text"/>	.	<input type="text"/> 00	4 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
<input type="checkbox"/>	<b>4. SELF-EMPLOYMENT</b> <b>a.</b> Self-employment #1 <i>(Item 7, page 19)</i>  What was the total amount of income received from this business in . . . ?	5022	\$ <input type="text"/>	.	<input type="text"/> 00	Last month	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5024	\$ <input type="text"/>	.	<input type="text"/> 00	2 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5026	\$ <input type="text"/>	.	<input type="text"/> 00	3 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5028	\$ <input type="text"/>	.	<input type="text"/> 00	4 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
<input type="checkbox"/>	<b>b.</b> Self-employment #2 <i>(Item 18, page 21)</i>  What was the total amount of income received from this business in . . . ?	5030	\$ <input type="text"/>	.	<input type="text"/> 00	Last month	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5032	\$ <input type="text"/>	.	<input type="text"/> 00	2 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5034	\$ <input type="text"/>	.	<input type="text"/> 00	3 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
		5036	\$ <input type="text"/>	.	<input type="text"/> 00	4 months ago	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None		
<input type="checkbox"/>	<b>5.</b> What was the average amount in savings/money market deposit accounts/CD's/interest-earning checking accounts held jointly by husband and wife? <i>(Item 2c, page 46)</i>	Amounts for the period - <input type="text"/> through <input type="text"/>									
		5038	\$ <input type="text"/>	.	<input type="text"/> 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.					
<input type="checkbox"/>	<b>6.</b> What was the average amount in savings/money market deposit accounts/CD's/interest-earning checking accounts in own name? <i>(Item 3c, page 46)</i>										
		5040	\$ <input type="text"/>	.	<input type="text"/> 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.					
<input type="checkbox"/>	<b>7.</b> What was the average amount in money market funds/securities/bonds held jointly by husband and wife? <i>(Item 2c, page 47)</i>										
		5042	\$ <input type="text"/>	.	<input type="text"/> 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.					
<input type="checkbox"/>	<b>8.</b> What was the average amount in money market funds/securities/bonds in own name? <i>(Item 3c, page 47)</i>										
		5044	\$ <input type="text"/>	.	<input type="text"/> 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.					
<input type="checkbox"/>	<b>9.</b> What was the amount received in dividends by husband and wife jointly? <i>(Item 1b, page 48)</i>										
		5048	\$ <input type="text"/>	.	<input type="text"/> 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None					
<input type="checkbox"/>	<b>10.</b> What was the amount received in dividends in own name? <i>(Item 2a, page 48)</i>										
		5050	\$ <input type="text"/>	.	<input type="text"/> 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None					
<b>CHECK ITEM C2</b>	Has an interview been conducted for all household members 15+?	5052	1 <input type="checkbox"/> Yes - Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No - Enter finish time for this household member, THEN interview next 15+ household member								

CALLBACK SUMMARY

# INCOME SOURCE LIST

## INCOME LIST

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

## ASSET LIST

## SPECIAL INDICATORS

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

## INCOME SOURCE SUMMARY (ISS)

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

PGM 9	ISS code	Mark (X)	Record use code 1 = Yes 2 = No 3 = Ref. 4 = Sp. Q.	Type of income source and income source code	Amounts section page number
(a)	(b)	(c)	(d)	(e)	
<b>1</b>				INCOME CODES 1–7 Social Security	A – 22 26 30 34 38 42
<b>2</b>				U.S. Government Railroad Retirement pay	
<b>3</b>				Federal Supplemental Security Income (SSI)	
<b>5</b>				State Unemployment compensation	
<b>6</b>				Supplemental Unemployment Benefits	
<b>8</b>				INCOME CODES 8–13 Veterans' compensation or pensions	
<b>20</b>				INCOME CODES 20–29 Aid to Families with Dependent Children (AFDC, ADC)	
<b>24</b>				Other Welfare – <i>Specify</i>	
<b>25</b>				WIC (Women, Infants, and Children Nutrition Program)	
<b>27</b>				Food Stamps	
<b>28</b>				Child Support payments	
<b>29</b>				Alimony payments	
<b>30</b>				INCOME CODES 30–39 Pension from company or union	(B) – 46
<b>40</b>				INCOME CODES 40–41 GI Bill education benefits	(C) – 47
<b>55</b>				INCOME CODES 50–56 Incidental or casual earnings	(D) – 48
<b>100</b>				ASSET CODES 100–150 Interest-earning assets Regular/Passbook savings accounts in a bank, savings and loan, or credit union	(E) – 49
<b>101</b>				Money market deposit accounts	
<b>102</b>				Certificates of deposit or other savings certificates	
<b>103</b>				Interest-earning checking accounts (such as NOW or Super-NOW accounts)	(F) – 50
<b>104</b>				Money market funds	
<b>105</b>				U.S. Government securities	
<b>106</b>				Municipal or corporate bonds	(D) – 48
<b>107</b>				Other interest-earning assets	
<b>110</b>				Stocks or mutual fund shares	
<b>120</b>				Rental property	(E) – 49
<b>130</b>				Mortgages	
<b>140</b>				Royalties	
<b>150</b>				Other financial investments	(F) – 50
<b>170</b>				SPECIAL INDICATOR CODES 170–183, 200, 201 Worked	Section 2
<b>171</b>				Disabled	
<b>172</b>				Medicare	
<b>173</b>				Medicaid	(D) – 48
<b>174</b>				U.S. Savings Bonds	
<b>200</b>				VA disability rating of 100%	
<b>201</b>				VA disability rating of less than 100%	(E) – 49
					DO NOT FILL

CALLBACK SUMMARY

TOPICAL MODULES

PROGRAM QUESTIONS

AMOUNTS - PARTS D & E

AMOUNTS - PARTS B & C

AMOUNTS - PART A

EARNINGS AND EMPLOYMENT

LABOR FORCE AND RECIPIENCY