

FORM SIPP-13200 (11-12-92)

NOTICE - Your report to the Census Bureau is confidential by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

SURVEY OF INCOME AND PROGRAM PARTICIPATION

1993 PANEL

WAVE 2 QUESTIONNAIRE

PGM 6
1. Book of
2. (cc 1) R.O. code
3a. (cc 2) PSU Segment Serial Sample 1 3 Check digit
b. (cc 3) Add. ID
4. (cc 17)
a. Entry Add. ID
b. PERSON Number (cc 18)
c. Name (cc 19a) First Middle initial
5. PERSON CHARACTERISTICS - Fill a, b, c, and d using the control card
a. Relationship code (cc 19b)
b. Date of birth (cc 24) Month Day Year
c. Sex code (cc 28)
d. Marital status code (cc 26a)
6. Field representative identification
Code Name

7. PERSON INTERVIEW STATUS

a. Interview

1 [] Self

2 [] Proxy

(Enter person number)

[][][] SKIP to 8

b. Noninterview

1 [] Type Z refusal

2 [] Type Z other

CHECK ITEM N1

Does . . .'s person number begin with a "2"?

PGM 7

0900

1 [] Yes

2 [] No - SKIP to section 1, item 1, page 2

CHECK ITEM N2

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

0901

1 [] Yes - Change person number in item 4b to a "100" level person number. Correct person number in cc items 18 and 31a and enter code "24" in cc item 23 for the missed person. SKIP to Section 1, item 1, page 2.
2 [] No

8. Date of interview for this person

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

9a. Interview time for this person

Initial visit

Callback visit

Start time ->

a.m. a.m. p.m. p.m.

Finish time ->

a.m. a.m. p.m. p.m.

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

13a. On March 31, 1993, was . . . living in any of the kinds of places listed on this card? (Show Flashcard P)

0914

1 [] Yes

x1 [] DK

2 [] No - SKIP to section 1, item 1, page 2

x2 [] Ref. } SKIP to section 1, item 1, page 2

10a. Field representative edit time

Start time ->

a.m. p.m.

Finish time ->

a.m. p.m.

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

b. Which code on this card represents the kind of place . . . was living in on March 31, 1993?

0916

1 [] Armed Forces barracks

3 [] Nonhousehold setting

2 [] Outside the United States

11a. Pre-interview transcription time

Start time ->

a.m. p.m.

Finish time ->

a.m. p.m.

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

12. 1 [] Phone interview 2 [] Personal interview

NOTES

INTRODUCTION

FIELD REPRESENTATIVE INSTRUCTIONS - Read introduction once to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction.

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

Here is a calendar that shows the 4 months we will be talking about. (Hand respondent Flashcard J.) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.

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

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

1

1018 7

1030 13

1008

2

1020 8

1032 14

1010

3

1022 9

1034 15

1012

4

1024 10

1036 16

1014

5

1026 11

1038 17

1016

6

1028 12

1040 18

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

1042

- 1 Yes – SKIP to 3a
2 No

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

Mark (X) only one.

1044

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

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

1046

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

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

Mark (X) all that apply.

1048

- 1 Last month

1050

- 2 2 months ago

1052

- 3 3 months ago

1054

- 4 4 months ago

CHECK ITEM R2

Refer to item 2a above.

Did . . . spend any time looking for work or on layoff from a job?

1055

- 1 Yes – SKIP to 9a, page 4
2 No – SKIP to Check Item R6, page 4

4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?

Note that the person did not have to work each week.

1056

- 1 Yes
2 No – SKIP to 6a

5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?

1058

- 1 Yes
2 No – SKIP to 8a, page 4

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

Mark (X) all that apply.

1060

x5 ALL

1062

1

1074 7

1086 13

1064

2

1076 8

1088 14

1066

3

1078 9

1090 15

1068

4

1080 10

1092 16

1070

5

1082 11

1094 17

1072

6

1084 12

1096 18

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

Mark (X) only one.

1098

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

} SKIP to 8a, page 4

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

(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

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1230</div> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <div style="font-size: small;">Hours per week</div> </div> <div style="margin-top: 5px;"> <table style="border: none;"> <tr> <td style="font-size: x-small; padding-right: 5px;">x3</td> <td style="font-size: x-small;"><input type="checkbox"/> None</td> <td rowspan="2" style="font-size: x-small; padding-left: 10px;">} <i>SKIP to Check Item R4</i></td> </tr> <tr> <td style="font-size: x-small; padding-right: 5px;">x1</td> <td style="font-size: x-small;"><input type="checkbox"/> DK</td> </tr> </table> </div>	x3	<input type="checkbox"/> None	} <i>SKIP to Check Item R4</i>	x1	<input type="checkbox"/> DK
x3	<input type="checkbox"/> None	} <i>SKIP to Check Item R4</i>				
x1	<input type="checkbox"/> DK					
<div style="background-color: black; color: white; padding: 2px; font-weight: bold; font-size: small;">CHECK ITEM R3</div> <i>Refer to item 8a.</i> Did . . . usually work 35 or more hours per week?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1231</div> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8c</i> </div> </div>					
8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1232</div> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R4</i> </div> </div>					
c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1233</div> <div style="margin-right: 10px;">x5 <input type="checkbox"/> All weeks</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1234</div> <div style="margin-right: 10px;"><input style="width: 30px; height: 20px;" type="text"/></div> <div style="font-size: small;">Weeks last month</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1235</div> <div style="margin-right: 10px;"><input style="width: 30px; height: 20px;" type="text"/></div> <div style="font-size: small;">Weeks 2 months ago</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1236</div> <div style="margin-right: 10px;"><input style="width: 30px; height: 20px;" type="text"/></div> <div style="font-size: small;">Weeks 3 months ago</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1237</div> <div style="margin-right: 10px;"><input style="width: 30px; height: 20px;" type="text"/></div> <div style="font-size: small;">Weeks 4 months ago</div> </div> </div>					
d. What was the main reason . . . worked fewer than 35 hours in those weeks? <i>Mark (X) only one.</i>	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1238</div> <div style="margin-right: 10px;"> 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> ↘ </div> </div> <hr style="width: 100%; margin-top: 10px;"/>					
<div style="background-color: black; color: white; padding: 2px; font-weight: bold; font-size: small;">CHECK ITEM R4</div> <i>Refer to item 5a, page 2.</i> <i>(Absent without pay any full weeks.)</i> The response to item 5a is:	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1239</div> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i> </div> </div>					
9a. During this 4-month period, did . . . receive any State unemployment compensation payments?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1240</div> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Yes – <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i> </div> </div>					
b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1242</div> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Yes – <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No </div> </div>					
<div style="background-color: black; color: white; padding: 2px; font-weight: bold; font-size: small;">CHECK ITEM R5</div> <i>Is "Worked" (code 170) marked on the ISS?</i>	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1244</div> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R6</i> </div> </div>					
10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1246</div> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Yes – <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No </div> </div>					
<div style="background-color: black; color: white; padding: 2px; font-weight: bold; font-size: small;">CHECK ITEM R6</div> <i>Refer to cc items 44–47.</i> Was an interview obtained for . . . last reference period?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1248</div> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R11, page 6</i> </div> </div>					
<div style="background-color: black; color: white; padding: 2px; font-weight: bold; font-size: small;">CHECK ITEM R7</div> <i>Refer to item 11b, page 5.</i> Are any income types listed in the Income Roster?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1250</div> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12a</i> </div> </div>					

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

11a. According to the information we obtained last time, . . . had received (Read income types in item 11b, column (2)) **during (8 months ago) through (5 months ago).**
At any time during the past 4 months, that is _____, _____, _____, and _____, did . . . get income from (Read income types in item 11b, column (2))?
 MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

c. If "No" in column (4) – In which month did . . . last receive (Read income type)?
Note – The month entered in 11c must be within the previous reference period. Otherwise, if last received in a month within the reference period, change the entry in column (4) to "Yes" and mark ISS.

b. INCOME ROSTER (ISS CODES 1–56)

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	(5)
1		1252 <input type="checkbox"/>	1254 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1255 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
2		1256 <input type="checkbox"/>	1258 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1259 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
3		1260 <input type="checkbox"/>	1262 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1263 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
4		1264 <input type="checkbox"/>	1266 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1267 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
5		1268 <input type="checkbox"/>	1270 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1271 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
6		1272 <input type="checkbox"/>	1274 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1275 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
7		1276 <input type="checkbox"/>	1278 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1279 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
8		1280 <input type="checkbox"/>	1282 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1283 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received

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

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

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

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

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

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

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Refer to cc item 47. Is "Disabled" (code 171) marked for . . . ?	1326	1 <input type="checkbox"/> Yes – Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Refer to cc item 24. Is . . . 65 years of age or older?	1328	1 <input type="checkbox"/> Yes – SKIP to 23a, page 8 2 <input type="checkbox"/> No – SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R12
14a. How long did . . . serve on active duty in the Armed Forces?		1332	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK
b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?		1334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
c. What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		1336	<input type="text"/> <input type="text"/> <input type="text"/> Percent } Mark "200" on ISS if rating is 100%; otherwise, mark "201" x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
d. During this 4-month period, did . . . receive any payments from the Department of Veterans Affairs (VA)? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)		1338	1 <input type="checkbox"/> Yes – Mark "8" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R12	Refer to cc item 24. Is . . . 18 years of age or older?	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a
15a. During this 4-month period, did . . . receive any Social Security payments?		1342	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R14
b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) – Mark (X) only one.		1344	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } SKIP to 16a x1 <input type="checkbox"/> DK
c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?		1346	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK
CHECK ITEM R13	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	1348	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
15d. At what age did . . . begin receiving Social Security because of (his/her) disability?		1349	<input type="text"/> <input type="text"/> Age in years } SKIP to 16a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
15e. During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?		1352	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No
16a. During this 4-month period did . . . (or any of . . . 's children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?		1354	1 <input type="checkbox"/> Yes – Mark "3" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R15
b. Who received the SSI (Supplemental Security Income) payment? Mark (X) only one.		1355	1 <input type="checkbox"/> Adult(s) 2 <input type="checkbox"/> Child(ren) 3 <input type="checkbox"/> Both adult(s) and child(ren)
c. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?		1356	1 <input type="checkbox"/> Yes – Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R15	Refer to cc item 24. Is . . . 40 years of age or older?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>17a. Has . . . ever retired from a job or business? (Include retirement from the military.)</p>	<p>1360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R16</i></p>
<p>b. During the 4-month period did . . . receive any retirement income other than Social Security?</p>	<p>1362 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17d</i></p>
<p>c. What kind of retirement income? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement – <i>Mark "2" on ISS</i> 1366 2 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – <i>Mark "30" on ISS</i> 1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – <i>Mark "31" on ISS</i> 1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – <i>Mark "32" on ISS</i> 1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement – <i>Mark "33" on ISS</i> 1374 6 <input type="checkbox"/> State government pension – <i>Mark "34" on ISS</i> 1376 7 <input type="checkbox"/> Local government pension – <i>Mark "35" on ISS</i> 1378 8 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" ↘ – Mark ISS</i> 1380 <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/></p>
<p>d. During the 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</p>	<p>1382 1 <input type="checkbox"/> Yes – <i>Mark "36" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R16 <i>Refer to cc item 24.</i> Is . . . 70 years of age or older?</p>	<p>1384 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item R17</i> 2 <input type="checkbox"/> No</p>
<p>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</p>	<p>1386 1 <input type="checkbox"/> Yes – <i>Mark "171" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R17</i></p>
<p>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</p>	<p>1388 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R17</i></p>
<p>c. What kind of income? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1390 1 <input type="checkbox"/> U.S. Government Railroad Retirement – <i>Mark "2" on ISS</i> 1392 2 <input type="checkbox"/> Black Lung payments – <i>Mark "9" on ISS</i> 1394 3 <input type="checkbox"/> Workers' Compensation – <i>Mark "10" on ISS</i> 1396 4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – <i>Mark "13" on ISS</i> 1398 5 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – <i>Mark "30" on ISS</i> 1400 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – <i>Mark "31" on ISS</i> 1402 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – <i>Mark "32" on ISS</i> 1406 8 <input type="checkbox"/> State government pension – <i>Mark "34" on ISS</i> 1408 9 <input type="checkbox"/> Local government pension – <i>Mark "35" on ISS</i> 1410 10 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" ↘ – Mark ISS</i> 1412 <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/></p>
<p>CHECK ITEM R17 <i>Refer to cc item 26a.</i> What is . . . 's marital status?</p>	<p>1414 1 <input type="checkbox"/> Married – <i>SKIP to 20</i> 2 <input type="checkbox"/> Widowed – <i>SKIP to 22a</i> 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – <i>SKIP to Check Item R18</i></p>
<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	<p>1416 1 <input type="checkbox"/> Yes – <i>Mark "29" on ISS and SKIP to Check Item R18</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R18</i> x2 <input type="checkbox"/> Ref. }</p>
<p>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? <i>If "Yes," mark previous marital status.</i></p>	<p>1418 1 <input type="checkbox"/> Widowed – <i>SKIP to 22a</i> 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – <i>SKIP to Check Item R21</i></p>

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R18	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	1420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R19</i>
21.	Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422	1 <input type="checkbox"/> Yes – <i>Mark "28" on ISS</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R19	Refer to item 20, page 7. Is "Both widowed and divorced" (box 3) marked?	1424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R21</i>
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item R21</i> x1 <input type="checkbox"/> DK }
<i>(SHOW FLASHCARD K)</i>		1428	1 <input type="checkbox"/> U.S. Government Railroad Retirement – <i>Mark "2" on ISS</i>
b. What kind of income was this?		1430	2 <input type="checkbox"/> Veterans' compensation or pension – <i>Mark "8" on ISS</i>
Was there anything else?		1432	3 <input type="checkbox"/> Black Lung payments – <i>Mark "9" on ISS</i>
<i>Mark (X) all that apply.</i>		1434	4 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – <i>Mark "30" on ISS</i>
		1436	5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – <i>Mark "31" on ISS</i>
		1438	6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – <i>Mark "32" on ISS</i>
		1440	7 <input type="checkbox"/> National Guard or Reserve Forces retirement – <i>Mark "33" on ISS</i>
		1442	8 <input type="checkbox"/> State government pension – <i>Mark "34" on ISS</i>
		1444	9 <input type="checkbox"/> Local government pension – <i>Mark "35" on ISS</i>
		1446	10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities – <i>Mark "36" on ISS</i>
		1448	11 <input type="checkbox"/> Payments from estate or trust – <i>Mark "37" on ISS</i>
		1450	12 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type is not listed or "DK," enter code "38" ↘ Mark ISS</i>
		1452	<input type="text"/> <input type="text"/>
CHECK ITEM R20	Refer to item 22b above. Is "Veterans compensation or pension" (box 2) marked?	1454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R21</i>
22c.	Did . . .'s late spouse die while in the service or from a service-related injury?	1456	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R21	Refer to cc item 24. Is . . . 65 years of age or older?	1458	1 <input type="checkbox"/> Yes – <i>SKIP to 23a</i> 2 <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R23</i>
23a.	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). Was . . . covered by Medicare?	1462	1 <input type="checkbox"/> Yes – <i>Mark "172" on ISS</i> 2 <input type="checkbox"/> No } <i>SKIP to Check Item R23</i> x1 <input type="checkbox"/> DK }
b. May I see . . .'s Medicare card to record the claim number and type of coverage?		1464	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - 1466 <input type="text"/> <input type="text"/> <input type="text"/> - 1467 <input type="text"/> <input type="text"/>
		1468	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Types A and B) 4 <input type="checkbox"/> Card not available – <i>ASK 23c</i> } <i>SKIP to Check Item R23</i>
c. If I were to call later would you be able to provide me with . . .'s Medicare number? (This information is especially important for the purposes of this survey.)		1470	1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 2</i> 2 <input type="checkbox"/> No
d. Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . .'s Medicare help pay for doctor bills?		1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1474	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item R25</i> 2 <input type="checkbox"/> No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27a</i>
CHECK ITEM R25	Interview status of . . .'s spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to Check Item R27</i>
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	1 <input type="checkbox"/> Yes – <i>SKIP to 25a</i> 2 <input type="checkbox"/> No
24.	Was . . . (or . . .'s spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 <input type="checkbox"/> Yes – <i>Mark "27" on ISS</i> 2 <input type="checkbox"/> No
25a.	(Other than what we have already mentioned) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . .'s children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R27</i>
b.	What kind of welfare did . . . receive? Anything else? <i>Mark (X) all that apply.</i>	1486 1488 1490 1492 1494 1496 1498	1 <input type="checkbox"/> AFDC – <i>Mark "20" on ISS</i> 2 <input type="checkbox"/> General Assistance or General Relief – <i>Mark "21" on ISS</i> 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance – <i>Mark "22" on ISS</i> 4 <input type="checkbox"/> Foster Child Care – <i>Mark "23" on ISS</i> 5 <input type="checkbox"/> WIC – <i>Mark "25" on ISS</i> 6 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "24" ↗ – Mark ISS</i> <input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM R27	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . . ?	1500	1 <input type="checkbox"/> Yes – <i>SKIP to 26b</i> 2 <input type="checkbox"/> No
26a.	<i>(Refer to FLASHCARD M for Medicaid name.)</i> During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes – <i>Mark "173" on ISS and SKIP to 26c</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R28</i>
b.	<i>(Refer to FLASHCARD M for Medicaid name.)</i> According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1503	1 <input type="checkbox"/> Yes – <i>Mark "173" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R28</i>
c.	May I see . . .'s (Use local name for Medicaid) card to record claim number?	1504 1506	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 1505 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x3 <input type="checkbox"/> Card not available x2 <input type="checkbox"/> Ref.
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1507	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R29</i>
26d.	Were any of . . .'s children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R29</i>
e.	Which children were covered?	1510 1512 1514 1516 1518 1520	x5 <input type="checkbox"/> All children OR Person No. Name <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____
CHECK ITEM R29	Refer to items 26a–26d above. Was . . . or any of . . .'s children under 18 years old covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27a</i>
26f.	Was (. . ./(and) . . .'s children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes – <i>SKIP to 27a</i> 2 <input type="checkbox"/> No
g.	In which months was (. . ./(and) . . .'s children) covered? <i>Mark (X) all that apply.</i>	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>27a. Was . . . covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)</p> <p><i>ASK OR VERIFY</i></p>	<p>1536 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R30</i></p>																								
<p>b. Was . . . covered by a health insurance plan during the entire 4-month period?</p>	<p>1538 1 <input type="checkbox"/> Yes – <i>SKIP to 27d</i> 2 <input type="checkbox"/> No</p>																								
<p>c. In which months was . . . covered? <i>Mark (X) all that apply.</i></p>	<p>1540 1 <input type="checkbox"/> Last month 1542 2 <input type="checkbox"/> 2 months ago 1544 3 <input type="checkbox"/> 3 months ago 1546 4 <input type="checkbox"/> 4 months ago</p>																								
<p>d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?</p>	<p>1547 1 <input type="checkbox"/> Plan in own name – <i>SKIP to 27f</i> 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both – <i>SKIP to 27f</i></p>																								
<p>e. Whose plan covered . . . ?</p>	<p>Household member</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%;">Person No.</td> <td style="width:15%;">Name</td> <td style="width:60%;"></td> </tr> <tr> <td>1548</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>x4 <input type="checkbox"/> Not a Household member</p> <p style="text-align: right;">} <i>SKIP to Check Item R30</i></p>		Person No.	Name		1548	<input type="text"/>	<input type="text"/>	<input type="text"/>																
	Person No.	Name																							
1548	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
<p>f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</p>	<p>1549 1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p> <p style="text-align: right;">} <i>SKIP to 27h</i></p>																								
<p>g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?</p>	<p>1550 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None</p>																								
<p>h. Was . . . 's plan an individual plan or a family plan?</p>	<p>1552 1 <input type="checkbox"/> Individual – <i>SKIP to Check Item R30</i> 2 <input type="checkbox"/> Family</p>																								
<p>i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)</p>	<p>x5 <input type="checkbox"/> All persons</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%;">Person No.</td> <td style="width:15%;">Name</td> <td style="width:60%;"></td> </tr> <tr> <td>1556</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>1558</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>1560</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>1562</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>1564</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>1566 x3 <input type="checkbox"/> None</p>		Person No.	Name		1556	<input type="text"/>	<input type="text"/>	<input type="text"/>	1558	<input type="text"/>	<input type="text"/>	<input type="text"/>	1560	<input type="text"/>	<input type="text"/>	<input type="text"/>	1562	<input type="text"/>	<input type="text"/>	<input type="text"/>	1564	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Person No.	Name																							
1556	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
1558	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
1560	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
1562	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
1564	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
<p>j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months? <i>Mark (X) all that apply.</i> <i>If "Yes," "Who did the plan cover?"</i></p>	<p>1567 1 <input type="checkbox"/> Yes, spouse 1568 2 <input type="checkbox"/> Yes, child(ren) 1569 3 <input type="checkbox"/> Yes, someone else 1570 4 <input type="checkbox"/> No</p>																								

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R30**

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

1572

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

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

1574

- 1 Yes – *SKIP to 27m*
2 No

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

1575

Person No. Name

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1576

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1577

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1578

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1579

--	--	--	--

OR

1580

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

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

1581

- 1 Yes – **Which children?**

1582

Person No. Name

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1583

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1584

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1585

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1586

--	--	--	--

1587

- 2 No

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R31

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

1588

- 1 Yes
2 No – SKIP to 29a

28a. According to the information we obtained last time, . . . had (Read asset types in item 28b, column (2)) during (8 months ago) through (5 months ago). At any time during the past 4 months, that is and _____, did . . . still own (have) (Read asset types in item 28b, column (2))?
(Exclude IRA, Keogh, and 401K accounts.)

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

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

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

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

1622

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

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

1626

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

1628

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

1630

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

1632

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

1636

5 Money market funds – Mark "104" on ISS

1638

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

1640

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

1642

8 Mortgages – Mark "130" on ISS

1644

9 U.S. Saving Bonds (E, EE) – Mark "174" on ISS

1646

10 Other interest-earning assets – Mark "107" on ISS and specify

1648

11 Stocks or mutual fund shares – Mark "110" on ISS

1650

12 Rental property – Mark "120" on ISS

1652

13 Royalties – Mark "140" on ISS

1654

14 Other financial investments – Mark "150" on ISS and specify

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>30a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</p>	<p>1656 1 <input type="checkbox"/> Yes, full time 2 <input type="checkbox"/> Yes, part time 3 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i></p>
<p>b. During which months was . . . enrolled? <i>Mark (X) all that apply.</i></p>	<p>1658 1 <input type="checkbox"/> All months 1660 2 <input type="checkbox"/> Last month 1662 3 <input type="checkbox"/> 2 months ago 1664 4 <input type="checkbox"/> 3 months ago 1666 5 <input type="checkbox"/> 4 months ago</p>
<p>c. At what level or grade was . . . enrolled? <i>(If enrolled at more than one level during this period, check most recent level.)</i></p>	<p>1668 1 <input type="checkbox"/> Elementary grades 1–8 } <i>SKIP to Check Item R32</i> 2 <input type="checkbox"/> High school grades 9–12 } 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school</p>
<p>31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?</p>	<p>1670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i></p>
<p>b. What kind of educational assistance did . . . receive? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1672 1 <input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i> 1674 2 <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 3 <input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i> 1678 4 <input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i> 1680 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i> 1682 6 <input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i> 1684 7 <input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i> 1686 8 <input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Student (SLS) – <i>Mark "180" on ISS</i> 1688 9 <input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i> 1690 10 <input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i> 1692 11 <input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i></p>
<p>CHECK ITEM R32 Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?</p>	<p>1694 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i></p>
<p><i>ASK OR VERIFY –</i> 32. Is . . . 's spouse in the Armed Forces?</p>	<p>1696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R33 Are any codes (excluding codes 171–173, 200–201) marked on the ISS?</p>	<p>1698 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 34a</i></p>
<p>33a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171–173, 200–201). Is that correct?</p>	<p>1700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Probe and resolve (Make corrections to ISS if necessary)</i></p>
<p>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?</p>	<p>1702 1 <input type="checkbox"/> Yes – <i>SKIP to 34b</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 15</i></p>
<p>34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government, or anything else?</p>	<p>1704 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 53</i></p>
<p>b. What kind of income did . . . receive? Anything else?</p>	<p align="center"><i>Enter codes from income source list and mark ISS.</i></p> <p>1706 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1708 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1710 <input type="text"/> <input type="text"/> <input type="text"/></p>

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

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

1712

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

1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?
(Include unpaid worker in family business or farm as working for an employer.)

1714

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

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

1716

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

**CHECK
ITEM E2**

Refer to item 1a above.
Is "Both worked for employer and self-employed" (box 3) marked?

1718

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

STATEMENT A

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8 2000	Employer name
CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.	PGM 8 2002	Employer I.D. No. <input style="width: 50px;" type="text"/>
CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?	PGM 8 2003	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2c</i>
2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?	PGM 8 2004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8 2005	<input style="width: 90%;" type="text"/>
ASK OR VERIFY – d. Is it mainly –	PGM 8 2006	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8 2008	<input style="width: 90%;" type="text"/>
f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8 2010	<input style="width: 90%;" type="text"/>
ASK OR VERIFY – g. Was . . . an employee of –	PGM 8 2012	1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?
ASK OR VERIFY – 3a. Was . . . employed by (Name of employer) during the entire 4-month period?	PGM 7 2014	1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No
b. When was . . . employed by (Name of employer) during this 4-month period?	2016 2020	FROM <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Month <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Day TO <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Month <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Day
CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?	2023	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4</i>
3c. What is the main reason . . . stopped working for (Name of employer)? Mark (X) only one.	2024	1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended 2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job 3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason
ASK OR VERIFY – 4. How many hours per week did . . . usually work at this job?	2025	<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
5. Was . . . paid by the hour on this job?	2026	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7a</i>
6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?	2028	\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 9a</i>
7a. During the 4-month period, how often was . . . paid on this job?	2029	1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way – 2 <input type="checkbox"/> Once each 2 weeks <i>Specify</i> <input style="width: 50px;" 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>
b. On what date was . . . last paid during this 4-month period?	2030 2031	<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Month <input style="width: 30px;" type="text"/> / <input style="width: 30px;" 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

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 Callback Summary and Reminder Card, Item 3a
 2 No

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

2044

- 1 Yes – SKIP to Check Item E5
 2 No

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

2046

- 1 Yes
 2 No

CHECK ITEM E5

Number of employers in item 1b, page 15?

2048

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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



LAST MONTH

2132

\$. 00

- x3 None
 x1 DK
 x2 Ref.

FIELD REPRESENTATIVE USE ONLY

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

2 MONTHS AGO

2134

\$. 00

- x3 None
 x1 DK
 x2 Ref.

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

3 MONTHS AGO

2136

\$. 00

- x3 None
 x1 DK
 x2 Ref.

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

4 MONTHS AGO

2138

\$. 00

- x3 None
 x1 DK
 x2 Ref.

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

CHECK ITEM E7

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

2140

- 1 Yes
 2 No – SKIP to 17a

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

2142

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

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

2144

- 1 Yes – SKIP to Check Item E8
 2 No

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

2146

- 1 Yes
 2 No

CHECK ITEM E8

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

2148

- 1 Yes – Read Statement B, page 20
 2 No – SKIP to first ISS Code or Check Item P1, page 53

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

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

<p>1a. What was the name of . . . 's business/ professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 22. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2200</p>	<p>Business name</p> <hr/>																				
<p>CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p>PGM 8 2201</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>																				
<p>CHECK ITEM S1.1 Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8 2202</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 1c</i></p>																				
<p>1b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	<p>PGM 8 2203</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 1g</i></p>																				
<p>c. What kind of business was this?</p>	<p>PGM 8 2204</p>	<hr/>																				
<p><i>ASK OR VERIFY –</i> d. Is it mainly –</p>	<p>PGM 8 2206</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>																				
<p>e. What kind of work was . . . doing at this business?</p>	<p>PGM 8 2208</p>	<hr/>																				
<p>f. What were . . . 's most important activities or duties at this business?</p>	<p>PGM 8 2210</p>	<hr/>																				
<p><i>ASK OR VERIFY –</i> g. How many hours per week did . . . usually work at this business?</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> Hours </div> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>																				
<p>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10</i> x1 <input type="checkbox"/> DK</p>																				
<p>CHECK ITEM S2 Have questions 3–5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 6a</i> 2 <input type="checkbox"/> No</p>																				
<p>3. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2218</p>	<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> Employees </div> <p>x1 <input type="checkbox"/> DK</p>																				
<p>4a. Was . . . 's business incorporated?</p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 5a</i> 2 <input type="checkbox"/> No</p>																				
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 6a</i> 2 <input type="checkbox"/> Partnership</p>																				
<p>5a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 6a</i></p>																				
<p>b. Which members?</p>	<p>2226 2228 2230</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%; text-align: left;">Person No.</th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:60%; text-align: left;">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> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border-bottom: 1px solid black;"></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> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border-bottom: 1px solid black;"></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> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>	Person No.				Name															
Person No.				Name																		
<p>6a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																				
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																				
<p>CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item S5</i></p>																				

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE – Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2238 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

2 MONTHS AGO

2240 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

3 MONTHS AGO

2242 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

4 MONTHS AGO

2244 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

CHECK ITEM S4

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

- 2246 1 Yes
 2 No – SKIP to Check Item S5

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

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

CHECK ITEM S5

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

- 2250 1 Yes – SKIP to 11
 2 No

CHECK ITEM S6

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

- 2252 1 Yes – SKIP to 11
 2 No

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

- 2254 1 Yes
 2 No – SKIP to 11

b. What was the net profit or loss?

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

2256 \$. 00 } SKIP to 11

2258 x4 Loss in amount box

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

2260 \$. 00

x3 None
 x1 DK
 x2 Ref.

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

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 Business name</p> <p>2300 _____</p>												
<p>CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p>PGM 8 Business I.D. No.</p> <p>2301 <input type="text"/></p>												
<p>CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes</p> <p>2302 2 <input type="checkbox"/> No – <i>SKIP to 12c</i></p>												
<p>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes</p> <p>2303 2 <input type="checkbox"/> No – <i>SKIP to 12g</i></p>												
<p>c. What kind of business was this?</p>	<p>PGM 8 _____</p> <p>2304 _____</p>												
<p><i>ASK OR VERIFY –</i></p> <p>d. Is it mainly –</p>	<p>PGM 8 1 <input type="checkbox"/> Manufacturing?</p> <p>2306 2 <input type="checkbox"/> Wholesale Trade?</p> <p>3 <input type="checkbox"/> Retail Trade?</p> <p>4 <input type="checkbox"/> Some other kind of business?</p>												
<p>e. What kind of work was . . . doing at this business?</p>	<p>PGM 8 _____</p> <p>2308 _____</p>												
<p>f. What were . . . 's most important activities or duties at this business?</p>	<p>PGM 8 _____</p> <p>2310 _____</p>												
<p><i>ASK OR VERIFY –</i></p> <p>g. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 <input type="text"/> <input type="text"/> Hours</p> <p>2312 x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p>												
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2314 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to 21</i></p> <p>x1 <input type="checkbox"/> DK</p>												
<p>CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?</p>	<p>2316 1 <input type="checkbox"/> Yes – <i>SKIP to 17a</i></p> <p>2 <input type="checkbox"/> No</p>												
<p>14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2318 <input type="text"/> <input type="text"/> <input type="text"/> Employees</p> <p>x1 <input type="checkbox"/> DK</p>												
<p>15a. Was . . . 's business incorporated?</p>	<p>2320 1 <input type="checkbox"/> Yes – <i>SKIP to 16a</i></p> <p>2 <input type="checkbox"/> No</p>												
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2322 1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 17a</i></p> <p>2 <input type="checkbox"/> Partnership</p>												
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2324 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to 17a</i></p>												
<p>b. Which members?</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:15%;">Name</th> </tr> </thead> <tbody> <tr> <td>2326</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2328</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2330</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Person No.	Name	2326	<input type="text"/>	<input type="text"/>	2328	<input type="text"/>	<input type="text"/>	2330	<input type="text"/>	<input type="text"/>
	Person No.	Name											
2326	<input type="text"/>	<input type="text"/>											
2328	<input type="text"/>	<input type="text"/>											
2330	<input type="text"/>	<input type="text"/>											
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2332 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>												
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2334 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>												
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	<p>2336 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item S11</i></p>												

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE – Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2338 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

2 MONTHS AGO

2340 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

3 MONTHS AGO

2342 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

4 MONTHS AGO

2344 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

CHECK ITEM S10

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

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

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

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

CHECK ITEM S11

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

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

CHECK ITEM S12

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

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

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

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

b. What was the net profit or loss?
 If "broke even," enter \$1 in box?

2356 \$. 00
 2358 x4 Loss in amount box

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

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

2360 \$. 00

x3 None
 x1 DK
 x2 Ref.

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

Section 3 – AMOUNTS

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

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

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

Income code

Name of income type

3000

--	--

CHECK ITEM A1

Mark (X) income type code.

3002

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

CHECK ITEM A2

Refer to cc item 27.

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

3004

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

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

3006

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

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

3008

- 1 Yes
- 2 No – SKIP to 9a, page 26

CHECK ITEM A3

Refer to cc item 26a.

Is . . . married?

3010

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

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

3012

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

CHECK ITEM A4

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

3014

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

CHECK ITEM A4.1

Refer to item 11b, page 5.

Is this income source listed on the income roster?

3015

- 1 Yes – ASK 5b
- 2 No – ASK 5a

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

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

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

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

(Last month)

3016

- 1 Yes
- 2 No
- X1 DK

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

► For ISS codes 1 or 2 (SS or RR) read –
How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.

► For all other ISS codes read –
How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.

3018

\$		.	00
X1	<input type="checkbox"/> DK		
X2	<input type="checkbox"/> Ref.		

(2 months ago)

3020

- 1 Yes
- 2 No
- X1 DK

3022

\$		.	00
X1	<input type="checkbox"/> DK		
X2	<input type="checkbox"/> Ref.		

(3 months ago)

3024

- 1 Yes
- 2 No
- X1 DK

3026

\$		.	00
X1	<input type="checkbox"/> DK		
X2	<input type="checkbox"/> Ref.		

(4 months ago)

3028

- 1 Yes
- 2 No
- X1 DK

3030

\$		.	00
X1	<input type="checkbox"/> DK		
X2	<input type="checkbox"/> Ref.		

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3032	<input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</i> <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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6a. Were all the people living here covered by . . . 's payments?	3034	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No
--	-------------	--

b. Which persons were covered?		Person No.	Name
	3036	| | |	
	3038	| | |	
	3040	| | |	
	3042	| | |	
	3044	| | |	
	3046	| | |	
	3048	| | |	
	3050	| | |	
	3052	| | |	
	3054	| | |	

CHECK ITEM A6	Is this ISS Code "8"?	3056	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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7a. What type of Veterans' payments did . . . receive?	3058	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
---	-------------	---

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3060	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<i>SKIP to next ISS Code or Check Item P1, page 53</i>
--	-------------	--	--

CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3062	<input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> <input type="checkbox"/> No
------------------------	---	-------------	--

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	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
---	-------------	--

b. Do . . . 's payments usually come on the first of the month or the third?	3066	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
---	-------------	---

CHECK ITEM A7	Refer to item 2, page 24. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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NOTES

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

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

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

(Last month)

3070 1 Yes
 2 No
 x1 DK

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

3072 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

3074 1 Yes
 2 No
 x1 DK

3076 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

3078 1 Yes
 2 No
 x1 DK

3080 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

3082 1 Yes
 2 No
 x1 DK

3084 \$. 00
 x1 DK
 x2 Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

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

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

b. Which children were covered?

	Person No.	Name
3088	<input type="text"/>	<input type="text"/>
3090	<input type="text"/>	<input type="text"/>
3092	<input type="text"/>	<input type="text"/>
3094	<input type="text"/>	<input type="text"/>
3096	<input type="text"/>	<input type="text"/>
3098	<input type="text"/>	<input type="text"/>

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

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

3100 1 Yes – *SKIP to Check Item A7.1*
 2 No

b. Which persons were covered?

	Person No.	Name
3102	<input type="text"/>	<input type="text"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A7.1

Refer to item 11b, page 5.

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

3121

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

(Last month)

3122

- 1 Yes
2 No
X1 DK

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

3124

\$. 00
X1 DK
X2 Ref.

(2 months ago)

3126

- 1 Yes
2 No
X1 DK

3128

\$. 00
X1 DK
X2 Ref.

(3 months ago)

3130

- 1 Yes
2 No
X1 DK

3132

\$. 00
X1 DK
X2 Ref.

(4 months ago)

3134

- 1 Yes
2 No
X1 DK

3136

\$. 00
X1 DK
X2 Ref.

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

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

Mark (X) all that apply.

3138

1 Last month

3140

2 2 months ago

3142

3 3 months ago

3144

4 4 months ago

b. Which persons were covered?

3146

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

3148

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

3150

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

3152

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

3154

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

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

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p>Income code</p> <p>3200 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>Name of income type</p> <hr/>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3202</p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 31 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 30 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	<p>3204</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</p>	<p>3206</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 30</p>
<p>CHECK ITEM A3 Refer to cc item 26a. Is . . . married?</p>	<p>3210</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3212</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3214</p>	<p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p>3215</p>	<p>1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>▶ For ISS codes 1 or 2 (SS or RR) read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>▶ For all other ISS codes read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>	
<p>(Last month)</p>	<p>3216</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3220</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3224</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3228</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
		<p>3218 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
		<p>3222 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
		<p>3226 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
		<p>3230 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3232	1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</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 53</i>
6a. Were all the people living here covered by . . . 's payments?		3234	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No. Name <hr/>
		3236	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3238	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3240	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3242	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3244	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3246	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3248	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3250	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3252	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		3254	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM A6	Is this ISS Code "8"?	3256	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
7a. What type of Veterans' payments did . . . receive?		3258	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3260	1 <input type="checkbox"/> Yes } <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No } x1 <input type="checkbox"/> DK }
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3262	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No
<i>(SHOW FLASHCARD O)</i>			
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.)		3264	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3266	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>

NOTES

Section 3 – AMOUNTS (Continued)

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

<p>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month)</p>	<p>3270</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>9b. If "Yes" in item 9a – How much was received?</p> <p>3272 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3274</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3276 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3278</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3280 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3282</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3284 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p>10a. Were all children living here covered by these payments?</p>	<p>3286</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>																
<p>b. Which children were covered?</p>	<p>3288</p> <p>3290</p> <p>3292</p> <p>3294</p> <p>3296</p> <p>3298</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> </tbody> </table>	Person No.	Name	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____
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SKIP to next ISS Code or Check Item P1, page 53

<p>11a. Were all the people living here covered under . . . 's food stamp allotment?</p>	<p>3300</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7.1</i> 2 <input type="checkbox"/> No</p>																		
<p>b. Which persons were covered?</p>	<p>3302</p> <p>3304</p> <p>3306</p> <p>3308</p> <p>3310</p> <p>3312</p> <p>3314</p> <p>3316</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> <tr><td><input style="width:30px;" type="text"/></td><td>_____</td></tr> </tbody> </table>	Person No.	Name	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____	<input style="width:30px;" type="text"/>	_____
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NOTES

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

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

3321

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

(Last month)

3322

- 1 Yes
2 No
X1 DK

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

3324

\$. 00
X1 DK
X2 Ref.

(2 months ago)

3326

- 1 Yes
2 No
X1 DK

3328

\$. 00
X1 DK
X2 Ref.

(3 months ago)

3330

- 1 Yes
2 No
X1 DK

3332

\$. 00
X1 DK
X2 Ref.

(4 months ago)

3334

- 1 Yes
2 No
X1 DK

3336

\$. 00
X1 DK
X2 Ref.

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

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

Mark (X) all that apply.

3338

1 Last month

3340

2 2 months ago

3342

3 3 months ago

3344

4 4 months ago

b. Which persons were covered?

3346

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

3348

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

3350

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

3352

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

3354

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

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

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	Income code		Name of income type
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	3400	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 35</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 34</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	3404	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</p>	3406	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	3408	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 34</i></p>	
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	3410	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>	
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	3412	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>	
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	3414	<p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	3415	<p>1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>	
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>		<p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>► For ISS codes 1 or 2 (SS or RR) read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>► For all other ISS codes read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>	
<p>(Last month)</p>	3416	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3418 \$ <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>	3420	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3422 \$ <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>	3424	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3426 \$ <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>	3428	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3430 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 – AMOUNTS (Continued)

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

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

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

(Last month)

3470 1 Yes
 2 No
 x1 DK

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

3472 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

3474 1 Yes
 2 No
 x1 DK

3476 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

3478 1 Yes
 2 No
 x1 DK

3480 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

3482 1 Yes
 2 No
 x1 DK

3484 \$. 00
 x1 DK
 x2 Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

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

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

b. Which children were covered?

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

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

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

3500 1 Yes – *SKIP to Check Item A7.1*
 2 No

b. Which persons were covered?

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

NOTES

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

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

3521

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

(Last month)

3522

- 1 Yes
2 No
X1 DK

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

3524

\$. 00

- X1 DK
X2 Ref.

(2 months ago)

3526

- 1 Yes
2 No
X1 DK

3528

\$. 00

- X1 DK
X2 Ref.

(3 months ago)

3530

- 1 Yes
2 No
X1 DK

3532

\$. 00

- X1 DK
X2 Ref.

(4 months ago)

3534

- 1 Yes
2 No
X1 DK

3536

\$. 00

- X1 DK
X2 Ref.

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

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

Mark (X) all that apply.

3538

1 Last month

3540

2 2 months ago

3542

3 3 months ago

3544

4 4 months ago

b. Which persons were covered?

3546

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

3548

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

3550

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

3552

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

3554

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

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

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</p> <p><i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3600 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p>	
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3602 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 39</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 38</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to Check Item A4.1</i></p>	
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p>3604 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>3606 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 38</i></p>	
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p>3610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>	
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>	
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3614 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i></p> <p>Is this income source listed on the income roster?</p>	<p>3615 1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>	
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</p> <p><i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>► For ISS codes 1 or 2 (SS or RR) read –</p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>► For all other ISS codes read –</p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>	
<p>(Last month)</p>	<p>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3618 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3622 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3626 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3630 \$ <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>

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3632	1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</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 53</i>
6a. Were all the people living here covered by . . . 's payments?		3634	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No. Name <hr/>
		3636	<input type="text"/>
		3638	<input type="text"/>
		3640	<input type="text"/>
		3642	<input type="text"/>
		3644	<input type="text"/>
		3646	<input type="text"/>
		3648	<input type="text"/>
		3650	<input type="text"/>
		3652	<input type="text"/>
		3654	<input type="text"/>
CHECK ITEM A6	Is this ISS Code "8"?	3656	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
7a. What type of Veterans' payments did . . . receive?		3658	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3660	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3662	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No
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.)		3664	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3666	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 36. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3668	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>

NOTES

Section 3 – AMOUNTS (Continued)

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

<p>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month)</p>	<p>3670</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>9b. If "Yes" in item 9a – How much was received?</p> <p>3672 \$ <input style="width: 150px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3674</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3676 \$ <input style="width: 150px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3678</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3680 \$ <input style="width: 150px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3682</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3684 \$ <input style="width: 150px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p>10a. Were all children living here covered by these payments?</p>	<p>3686</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>																					
<p>b. Which children were covered?</p>	<p>3688</p> <p>3690</p> <p>3692</p> <p>3694</p> <p>3696</p> <p>3698</p>	<table 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 style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> </tbody> </table>		Person No.	Name		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
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SKIP to next ISS Code or Check Item P1, page 53

<p>11a. Were all the people living here covered under . . . 's food stamp allotment?</p>	<p>3700</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7.1</i> 2 <input type="checkbox"/> No</p>																								
<p>b. Which persons were covered?</p>	<p>3702</p> <p>3704</p> <p>3706</p> <p>3708</p> <p>3710</p> <p>3712</p> <p>3714</p> <p>3716</p>	<table 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 style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"><input style="width: 20px;" type="text"/></td><td style="border-bottom: 1px solid black;"><input style="width: 100%; height: 15px;" type="text"/></td></tr> </tbody> </table>		Person No.	Name		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
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NOTES

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

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

3721

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

(Last month)

3722

- 1 Yes
2 No
x1 DK

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

3724

\$. 00

- x1 DK
x2 Ref.

(2 months ago)

3726

- 1 Yes
2 No
x1 DK

3728

\$. 00

- x1 DK
x2 Ref.

(3 months ago)

3730

- 1 Yes
2 No
x1 DK

3732

\$. 00

- x1 DK
x2 Ref.

(4 months ago)

3734

- 1 Yes
2 No
x1 DK

3736

\$. 00

- x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

3738

1 Last month

3740

2 2 months ago

3742

3 3 months ago

3744

4 4 months ago

b. Which persons were covered?

3746

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

3748

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

3750

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

3752

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

3754

<input type="text"/>	<input type="text"/>
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SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</p> <p><i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p style="text-align: center;">Income code Name of income type</p> <p>3800 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3802 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 43</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 42</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p>3804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>3806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 42</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p>3810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3814 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i></p> <p>Is this income source listed on the income roster?</p>	<p>3815 1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</p> <p><i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>▶ <i>For ISS codes 1 or 2 (SS or RR) read –</i></p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>▶ <i>For all other ISS codes read –</i></p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>
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<p>(2 months ago)</p>	<p>3820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3822 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3826 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3830 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3832	1 <input type="checkbox"/> ISS Code 1 or 2 – SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53
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6a. Were all the people living here covered by . . . 's payments?		3834	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No																																	
b. Which persons were covered?			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3836</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3838</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3840</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3842</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3844</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3846</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3848</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3850</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3852</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3854</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3836	<input type="text"/>	<input type="text"/>	3838	<input type="text"/>	<input type="text"/>	3840	<input type="text"/>	<input type="text"/>	3842	<input type="text"/>	<input type="text"/>	3844	<input type="text"/>	<input type="text"/>	3846	<input type="text"/>	<input type="text"/>	3848	<input type="text"/>	<input type="text"/>	3850	<input type="text"/>	<input type="text"/>	3852	<input type="text"/>	<input type="text"/>	3854	<input type="text"/>	<input type="text"/>
	Person No.	Name																																		
3836	<input type="text"/>	<input type="text"/>																																		
3838	<input type="text"/>	<input type="text"/>																																		
3840	<input type="text"/>	<input type="text"/>																																		
3842	<input type="text"/>	<input type="text"/>																																		
3844	<input type="text"/>	<input type="text"/>																																		
3846	<input type="text"/>	<input type="text"/>																																		
3848	<input type="text"/>	<input type="text"/>																																		
3850	<input type="text"/>	<input type="text"/>																																		
3852	<input type="text"/>	<input type="text"/>																																		
3854	<input type="text"/>	<input type="text"/>																																		

CHECK ITEM A6	Is this ISS Code "8"?	3856	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
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7a. What type of Veterans' payments did . . . receive?		3858	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3860	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53

CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3862	1 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
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8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. 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.)		3864	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?		3866	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 40. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3868	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
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NOTES

Section 3 – AMOUNTS (Continued)

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

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

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

(Last month)

3870 1 Yes
 2 No
 x1 DK

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

3872 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

3874 1 Yes
 2 No
 x1 DK

3876 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

3878 1 Yes
 2 No
 x1 DK

3880 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

3882 1 Yes
 2 No
 x1 DK

3884 \$. 00
 x1 DK
 x2 Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

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

3886 1 Yes – SKIP to next ISS Code or Check Item P1, page 53
 2 No

b. Which children were covered?

	Person No.	Name
3888	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>

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

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

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

b. Which persons were covered?

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

NOTES

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

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

3921

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

(Last month)

3922

- 1 Yes
2 No
X1 DK

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

3924

\$. 00
X1 DK
X2 Ref.

(2 months ago)

3926

- 1 Yes
2 No
X1 DK

3928

\$. 00
X1 DK
X2 Ref.

(3 months ago)

3930

- 1 Yes
2 No
X1 DK

3932

\$. 00
X1 DK
X2 Ref.

(4 months ago)

3934

- 1 Yes
2 No
X1 DK

3936

\$. 00
X1 DK
X2 Ref.

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

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

Mark (X) all that apply.

3938

1 Last month

3940

2 2 months ago

3942

3 3 months ago

3944

4 4 months ago

b. Which persons were covered?

3946

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

3948

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

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

3952

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

3954

<input type="text"/>	<input type="text"/>
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SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 - AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</p> <p><i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p style="text-align: center;">Income code Name of income type</p> <p style="text-align: center;">4000 <input type="text"/> <input type="text"/> _____</p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p style="text-align: center;">4002</p> <p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 47 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 46 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p style="text-align: center;">4004</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</p>	<p style="text-align: center;">4006</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p style="text-align: center;">4008</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 46</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p style="text-align: center;">4010</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p style="text-align: center;">4012</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p style="text-align: center;">4014</p> <p>1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i></p> <p>Is this income source listed on the income roster?</p>	<p style="text-align: center;">4015</p> <p>1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a</p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</p> <p><i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>► For ISS codes 1 or 2 (SS or RR) read -</p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>► For all other ISS codes read -</p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p> </div>
<p>(Last month)</p>	<p style="text-align: center;">4016</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p style="text-align: center;">4020</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p style="text-align: center;">4024</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p style="text-align: center;">4028</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
	<p style="text-align: center;">4018</p> <p style="text-align: center;">\$ <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 style="text-align: center;">4022</p> <p style="text-align: center;">\$ <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 style="text-align: center;">4026</p> <p style="text-align: center;">\$ <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 style="text-align: center;">4030</p> <p style="text-align: center;">\$ <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>

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	4032	1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</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 53</i>
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6a. Were all the people living here covered by . . . 's payments?		4034	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
		4036	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4038	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4040	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4042	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4044	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4046	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4048	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4050	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4052	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4054	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CHECK ITEM A6	Is this ISS Code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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7a. What type of Veterans' payments did . . . receive?		4058	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?		4060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	4062	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No
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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.)		4064	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?		4066	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 44. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</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.

VERIFY IF ONLY ONE CHILD OR ASK –

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

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

b. Which children were covered?

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

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

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

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

b. Which persons were covered?

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

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A7.1

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

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

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

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

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

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

(Last month)

- 4122** 1 Yes
2 No
x1 DK

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

4124 \$. 00
x1 DK
x2 Ref.

(2 months ago)

- 4126** 1 Yes
2 No
x1 DK

4128 \$. 00
x1 DK
x2 Ref.

(3 months ago)

- 4130** 1 Yes
2 No
x1 DK

4132 \$. 00
x1 DK
x2 Ref.

(4 months ago)

- 4134** 1 Yes
2 No
x1 DK

4136 \$. 00
x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

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

b. Which persons were covered?

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

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

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A8

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

4300

ISS Code 100 – Regular/Passbook savings accounts

4302

ISS Code 101 – Money market deposit accounts

4304

ISS Code 102 – Certificates of deposit or other savings certificates

4306

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

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

CHECK ITEM A9

Interview status of . . . 's spouse.

4308

No spouse in household – SKIP to 3b

Interview for spouse not yet conducted

Interview for spouse already conducted – SKIP to 3a

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

4310

Yes

No – SKIP to 3b

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

4312

\$. 00 – SKIP to 3a

x3 None – SKIP to 3a

x1 DK

x2 Ref. – SKIP to next ISS Code or Check Item P1, page 53

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

4314

\$. 00 – SKIP to 3a

x1 DK

x2 Ref. – SKIP to next ISS Code or Check Item P1, page 53

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

4316

Yes – Mark Reminder Card and Callback Summary, Item 5

No

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

4318

Yes

No – SKIP to next ISS Code or Check Item P1, page 53

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

4320

\$. 00 – SKIP to next ISS Code or Check Item P1, page 53

x3 None – SKIP to next ISS Code or Check Item P1, page 53

x1 DK

x2 Ref. – SKIP to next ISS Code or Check Item P1, page 53

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

4322

\$. 00 – SKIP to next ISS Code or Check Item P1, page 53

x1 DK

x2 Ref. – SKIP to next ISS Code or Check Item P1, page 53

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

4324

Yes – Mark Reminder Card and Callback Summary, Item 6

No

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

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A10

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

4400
4402
4404
4406

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

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

CHECK ITEM A11

Interview status of . . .'s spouse.

4408

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

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

4410

- 1 Yes
- 2 No – SKIP to 3b

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

4412

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

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

4414

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

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

4416

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

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

4418

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

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

4420

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

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

4422

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

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

4424

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

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)	<div style="display: flex; justify-content: space-between;"> 4500 <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div> <div style="margin-left: 150px;"> } <i>SKIP to 3a</i> </div>
CHECK ITEM A12 Interview status of . . .'s spouse.	<div style="display: flex; justify-content: space-between;"> 4502 <div style="margin-left: 20px;"> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i> </div> </div>
1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)? ★	<div style="display: flex; justify-content: space-between;"> 4504 <div style="margin-left: 20px;"> \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 – <i>SKIP to 2a</i> x3 <input type="checkbox"/> None – <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div>
c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<div style="display: flex; justify-content: space-between;"> 4506 <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 9</i> 2 <input type="checkbox"/> No </div> </div>
2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)? ★	<div style="display: flex; justify-content: space-between;"> 4508 <div style="margin-left: 20px;"> \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div>
b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<div style="display: flex; justify-content: space-between;"> 4510 <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 10</i> 2 <input type="checkbox"/> No </div> </div>
3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	<div style="display: flex; justify-content: space-between;"> 4512 <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div> <div style="margin-left: 150px;"> } <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div>
CHECK ITEM A13 Interview status of . . .'s spouse.	<div style="display: flex; justify-content: space-between;"> 4514 <div style="margin-left: 20px;"> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i> </div> </div>
3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?	<div style="display: flex; justify-content: space-between;"> 4516 <div style="margin-left: 20px;"> \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div>
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?	<div style="display: flex; justify-content: space-between;"> 4518 <div style="margin-left: 20px;"> \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div> <div style="margin-left: 150px;"> } <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div>

AMOUNTS – PARTS D & E

NOTES

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A14 Interview status of . . . 's spouse.	4600 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months? <i>Include only property owned entirely by couple.</i>	4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4604 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. What is your best estimate of the amount that was cleared after expenses?	4606 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 4608 X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
3a. Did . . . receive rental income from property owned entirely in . . . 's own name during the last 4 four months?	4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4612 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. What is your best estimate of the amount that was cleared after expenses?	4614 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 4616 X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
4a. Did . . . receive rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . . 's spouse.)	4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?	4620 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. 4622 X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

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

AMOUNTS – PARTS D & E

NOTES

Section 3 – AMOUNTS (Continued)

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

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

NOTES

PROGRAM QUESTIONS

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54
CHECK ITEM P2	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a
1a. What was . . . 's monthly rent?	Include only the amount the respondent pays for rent. Exclude any amount paid by the government.	4804	<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. } SKIP to 2a
b. (In addition to rent,) does . . . pay for any utilities such as water, electricity, gas, or oil?	Exclude telephone.	4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?	Mark (X) all that apply.	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
c. What was the total amount of the energy assistance received by this household during the past 4 months?		4824	<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
CHECK ITEM P3	Are there any children 5 to 18 years old who live in this household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54
3a. Do any of the children in this household usually eat a complete hot lunch offered at school?		4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54
b. How many children?		4830	<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>
c. How many complete school lunches do all of the children eat per week?		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
d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?		4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f
e. In the past 4 months, were the lunches free, reduced price, or were they full price?	Mark (X) only one.	4836	1 <input type="checkbox"/> Free lunch – SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
f. What was the average price paid by all of the children for a complete school lunch?		4838	<div style="display: flex; align-items: center;"> <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
g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?		4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54
h. How many children?		4842	<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>
i. How many complete school breakfasts do all of the children eat per week?		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
j. In the past 4 months, were the breakfasts free, reduced price, or were they full price?	Mark (X) only one.	4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

Section 5 – TOPICAL MODULES

Part A – WORK DISABILITY HISTORY

CHECK ITEM T1

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

8300

- 1 15 years old – SKIP to Statement D, page 56
- 2 16 to 67 years old
- 3 68 years old or older – SKIP to Statement D, page 56

STATEMENT C

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

CHECK ITEM T2

Is "Disabled" (code 171) marked on the ISS for . . . ?

8302

- 1 Yes – SKIP to 1a
- 2 No

CHECK ITEM T3

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

8304

- 1 Yes
- 2 No – SKIP to 1b

1a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?

8306

- 1 Yes – SKIP to 1c
- 2 No – SKIP to Statement D, page 56

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

8308

- 1 Yes – Mark "171" on ISS
- 2 No – SKIP to Statement D, page 56

c. When did . . . become limited in the kind or amount of work that . . . could do at a job?

8310

Month x1 DK

8312

Year x1 DK

OR

8314

- x3 Person was limited before person became of working age – SKIP to 2a
- x5 Person became limited after retiring – SKIP to Statement D, page 56

d. Was . . . employed at the time . . . 's work limitation began?

8316

- 1 Yes – SKIP to 2a
- 2 No

e. When was the last time . . . worked before . . . 's work limitation began?

8318

Month x1 DK

8320

Year x1 DK

OR

8322

- x3 Had never been employed before work limitation began

ASK OR VERIFY –
(SHOW FLASHCARD EE)

2a. What health condition is the main reason for . . . 's work limitation?

8324

Code Name of health condition

ASK OR VERIFY –

b. Was this condition caused by an accident or injury?

8326

- 1 Yes
- 2 No – SKIP to Check Item T4

c. Where did the accident or injury take place – was it (Read categories) –

Mark (X) only one.

8328

- 1 **On the job?**
- 2 **During service in the Armed Forces?**
- 3 **In the home?**
- 4 **Somewhere else?**

TOPICAL MODULES

CHECK ITEM T4

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

8330

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

3a. Does . . . 's health or condition prevent . . . from working at a job or business?

8332

- 1 Yes
- 2 No – SKIP to 4a

b. When did . . . become unable to work at a job?

8334

Month x1 DK

8336

Year x1 DK

OR

8338

- x3 Has never been able to work at a job – SKIP to Statement D, page 56

} SKIP to Statement D, page 56

Section 5 – TOPICAL MODULES (Continued)

Part A – WORK DISABILITY HISTORY (Continued)

**CHECK
ITEM T5**

Refer to item 8a, page 4.

Did . . . usually work 35 or more hours per week during the reference period?

8340

- 1 Yes – *SKIP to 4b*
- 2 No

4a. Is . . . now able to work at a full-time job or is . . . only able to work part time?

8342

- 1 Full-time
- 2 Part-time
- 3 Not able to work – *SKIP to Statement D, page 56*

b. Is . . . now able to work regularly or is . . . only able to work occasionally or irregularly?

8344

- 1 Regularly
- 2 Only occasionally or irregularly
- 3 Not able to work – *SKIP to Statement D, page 56*

c. Is . . . now able to do the same kind of work . . . did before . . .’s work limitation began?

8346

- 1 Yes, able to do same kind of work
- 2 No, not able to do same kind of work
- 3 Did not work before limitation began

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – EDUCATION AND TRAINING HISTORY

STATEMENT D

Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.

CHECK ITEM T6

Refer to cc items 31b and 31c.
Has . . . completed the 12th grade?

8400

- 1 No, has not completed 12th grade
2 Yes, has completed 12th grade – *SKIP to Item 3a*

1. When did . . . last attend elementary or high school?

8402

Month x1 DK

8404

1 9 Year x1 DK

8406

- 1 Currently attending – *SKIP to Check Item T10 page 59*
2 Never attended

2. Has . . . received a high school diploma?
(Include GED's.)

8408

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

3a. When did . . . receive a high school diploma?

8410

Month x1 DK

8412

1 9 Year x1 DK

b. Was the high school that . . . attended public; private, church-related; or private, not church-related?

8414

- 1 Public
2 Private, church-related
3 Private, not church-related
4 Did not attend high school
x1 DK

CHECK ITEM T7

Refer to cc item 31b.
Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31b)

8416

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

4a. When did . . . first attend college, a university, or a technical, business, or vocational school beyond high school?

8418

Month x1 DK

8420

1 9 Year x1 DK

b. What is the highest degree beyond a high school diploma that . . . has earned?

8422

- 1 PhD or equivalent
2 Professional degree such as Dentistry, Medicine, Law, or Theology
3 Master's degree
4 Bachelor's degree
5 Associate degree
6 Vocational, technical, or business certificate or diploma
7 Has not earned a degree } *SKIP to 4f*
x1 DK

c. When did . . . receive that degree?

8424

Month x1 DK

8426

1 9 Year x1 DK

(SHOW FLASHCARD FF)

d. In what field of study did . . . receive that degree?

8428

Code Field of study
x1 DK

CHECK ITEM T8

Refer to item 4b above.
Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)

8430

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

4e. When did . . . receive his/her Bachelor's degree?

8432

Month x1 DK

8434

1 9 Year x1 DK

} *SKIP to Check Item T9*

(SHOW FLASHCARD FF)

f. In what field of study were the courses that . . . took at college or university?

8436

Code Field of study
x1 DK

g. When was the last time that . . . was a student at a college or university?

8438

Month x1 DK

8440

1 9 Year x1 DK

OR

8442

- 1 Is still a student

Section 5 – TOPICAL MODULES (Continued)

Part B – EDUCATION AND TRAINING HISTORY (Continued)

**CHECK
ITEM T9**

Refer to cc item 24.

Is . . . 65 years of age or older?

8444

- 1 Yes – SKIP to Check Item T10, page 59
2 No

5a. Has . . . ever received training designed to help find a job, improve job skills or learn a new job?

8446

- 1 Yes
2 No
x1 DK } SKIP to Check Item T10, page 59

b. Was any of this training sponsored by any of the following programs (Read categories)?

Mark (X) all that apply.

8448

1 Job Training Partnership Act (JTPA) or Comprehensive Employment Training Act (CETA)

8450

2 Job Opportunities and Basic Skills (JOBS) or Work Incentive Program (WIN)

8452

3 Food Stamps Work Program

8454

4 Other program sponsored by the Welfare Program or AFDC

8456

5 Veterans' Training Programs

8458

6 No

c. What type of training program is (was) this?

Mark (X) all that apply.

8460

1 Classroom training – job skills

8462

2 Classroom training – basic education

8464

3 On-the-job training

8466

4 Job search assistance

8468

5 Work experience

8470

6 Other

d. Where did . . . receive this training?

Mark (X) all that apply.

8472

1 Apprenticeship program

8474

2 Business, commercial, or vocational school

8476

3 Junior or community college

8478

4 Program completed at a 4 year college or graduate school

8480

5 High school vocational program

8482

6 Training program at work

8484

7 Military (exclude basic training)

8486

8 Correspondence course

8488

9 Training or experience received on previous job

8490

10 Sheltered workshop

8492

11 Vocational rehabilitation centers

8494

12 Other

e. Does . . . use this training on . . .'s (most recent) job?

8496

- 1 Yes
2 No

f. When did . . . start this (most recent) training?

(If more than one training occurred, ask about the most recent one.)

8498

Month x1 DK

8500

1 9 Year x1 DK

g. For how many weeks did . . . attend this (most recent) training program?

8502

Weeks

8504

- x3 Currently attending
x4 Less than 1 week
x1 DK

h. Who paid for this (most recent) program?

Mark (X) all that apply.

8506

1 Self or family

8508

2 Employer

8510

3 Federal, State, or local government

8512

4 Someone else

GO to Check Item T10, page 59

NOTES

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – MARITAL HISTORY

CHECK ITEM T10

Refer to cc item 26a.

What is . . . 's current marital status?

8600

- 1 Married, spouse present
- 2 Married, spouse absent
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Never married – *SKIP to Statement F, page 61*

STATEMENT E

Now I have a few questions about . . . 's marital history.

1. How many times has . . . been married?

8602

- 1 1 – *SKIP to Check Item T14, page 60*
- 2 2
- 3 3
- 4 4 +

2a. In what month and year did . . . get married for the first time?

8604

Month x1 DK

8606

1 9 Year x1 DK

b. Did . . . 's first marriage end in widowhood or in divorce?

8608

- 1 Widowhood
- 2 Divorce

c. In what month and year was . . . (widowed/divorced)?

8610

Month x1 DK

8612

1 9 Year x1 DK

CHECK ITEM T11

Refer to item 2b above.

Is "Widowhood" marked in item 2b?

8614

- 1 Yes – *SKIP to Check Item T12*
- 2 No

2d. In what month and year did . . . actually stop living with . . . 's spouse?

8616

Month x1 DK

8618

1 9 Year x1 DK

CHECK ITEM T12

Refer to item 1 above.

How many times has . . . been married?

8620

- 1 2 – *SKIP to Check Item T14, page 60*
- 2 3 +

3a. In what month and year did . . . get married for the second time?

8622

Month x1 DK

8624

1 9 Year x1 DK

b. Did . . . 's second marriage end in widowhood or in divorce?

8626

- 1 Widowhood
- 2 Divorce

c. In what month and year was . . . (widowed/divorced)?

8628

Month x1 DK

8630

1 9 Year x1 DK

CHECK ITEM T13

Refer to item 3b above.

Is "Widowhood" marked?

8632

- 1 Yes – *SKIP to Check Item T14, page 60*
- 2 No

3d. In what month and year did . . . actually stop living with . . . 's second spouse?

8634

Month x1 DK

8636

1 9 Year x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – MARITAL HISTORY (Continued)

CHECK ITEM T14	Has a Wave 2 interview been obtained for . . . 's spouse?	8638	1 <input type="checkbox"/> Yes – <i>SKIP to Statement F</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, no spouse in household
-----------------------	---	-------------	---

4a. In what month and year did . . . get married (most recently)?	8640	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> DK
	8642	1 9 <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> DK

CHECK ITEM T15	<i>Refer to Check Item T10.</i> What is . . . 's current marital status?	8644	1 <input type="checkbox"/> Married, spouse present } <i>SKIP to Statement F</i> 2 <input type="checkbox"/> Married, spouse absent } 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated – <i>SKIP to item 4c</i>
-----------------------	---	-------------	--

4b. In what month and year was . . . (widowed/divorced)?	8646	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> DK
	8648	1 9 <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> DK

CHECK ITEM T16	<i>Refer to Check Item T15.</i> Is "Widowed" marked?	8650	1 <input type="checkbox"/> Yes – <i>SKIP to Statement F</i> 2 <input type="checkbox"/> No
-----------------------	---	-------------	--

4c. When did . . . actually stop living with . . . 's (most recent) spouse?	8652	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> DK
	8654	1 9 <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> DK

GO to Statement F

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – MIGRATORY HISTORY

STATEMENT F

Now I have some questions about places where . . . has lived in the past, and where . . . was born.

<p>1. When did . . . move into this home/apartment/mobile home?</p>	<p>8700 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8702 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p> <p>x4 <input type="checkbox"/> Always lived here – <i>SKIP to Check Item T18, page 62</i></p>
<p>2. Before living here, where did . . . live? <i>(Refer to Flashcard GG for State or country code.)</i></p>	<p>8704 1 <input type="checkbox"/> Same State, same county 2 <input type="checkbox"/> Same State, different county <input type="checkbox"/> Different State – <i>Specify code</i></p> <p>8706 <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK</p> <p><input type="checkbox"/> Different country – <i>Specify code</i></p> <p>8708 <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK</p> <p style="text-align: right; margin-right: 20px;">} <i>SKIP to Item 6</i></p>
<p>3. During what period of time did . . . live there?</p>	<p>8709 x4 <input type="checkbox"/> Lived there since birth – <i>SKIP to Check Item T18, page 62</i></p> <p align="center">FROM</p> <p>8710 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8712 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p> <p align="center">TO</p> <p>8714 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8716 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
<p>4. Has . . . ever lived in another State or foreign country?</p>	<p>8718 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 7</i></p>
<p>5. What State or foreign country was that? <i>(If more than one, ask for most recent.)</i> <i>(Enter code from Flashcard GG.)</i></p>	<p align="center">Specify code</p> <p>8720 <input type="text"/> <input type="text"/> _____</p> <p>x1 <input type="checkbox"/> DK</p>
<p>6. During what period of time did . . . live there?</p>	<p align="center">FROM</p> <p>8722 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8724 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p> <p align="center">TO</p> <p>8726 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8728 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
<p>7. In what State or foreign country was . . . born? <i>(Enter code from Flashcard GG.)</i></p>	<p align="center">Specify code</p> <p>8730 <input type="text"/> <input type="text"/> _____</p>
<p>CHECK ITEM T17 <i>Refer to item 7 above.</i> Does the code in item 7 equal a foreign country code of 62–92 or 99?</p>	<p>8732 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18, page 62</i></p>
<p>8. Is . . . a naturalized citizen of the United States?</p>	<p>8734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, born abroad of American parent or parents – <i>SKIP to Check Item T18, page 62</i></p>
<p>9. When did . . . come to the United States to stay?</p>	<p>8736 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year</p> <p>x5 <input type="checkbox"/> Before 1901</p>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FERTILITY HISTORY

CHECK ITEM T18

Refer to cc item 24 and 28.
What is . . . 's age and sex?

8750

- 1 Female – Read Statement G and then SKIP to item 2a
- 2 Male, 18 + years old
- 3 Male, 15–17 years old – SKIP to Check Item T26, page 64

STATEMENT G

Now I have a few questions about the number of children, if any, that have been born to . . .

1. How many children, IF ANY, is . . . the father of?

(If previously married, include all children born in previous and current marriages. Do not count adopted, foster, or stepchildren.)

8752

Number

- x3 None
- x1 DK

SKIP to Check Item T26, page 64

2a. How many children, if any, has . . . ever had? (Do not count stillbirths, adopted, foster, or stepchildren.)

8754

Number

- x3 None – SKIP to Check Item T26, page 64

CHECK ITEM T19

Refer to cc item 24.
Is . . . 65 years of age or older?

8756

- 1 Yes – SKIP to Check Item T26, page 64
- 2 No

2b. Are all of . . . 's children currently living in this household?

8758

- 1 Yes
- 2 No – SKIP to Check Item T21

CHECK ITEM T20

Refer to cc item 24.

Verify the birth date of . . . 's first born and last child born (if more than one child ever born) and enter the person number of the child(ren).

Note: If only 1 child born, use the boxes for first child. Use the last child boxes only when there are 2 or more children.

8760

First child Month Year

8762

Year

8764

Child's number

8766

Last child Month Year

8768

Year

8770

Child's number

SKIP to Check Item T26, Page 64

CHECK ITEM T21

Refer to item 2a.
How many children has . . . ever had?

8778

- 1 One child –SKIP to 4a
- 2 2 + children

3a. When was . . . 's last child born?

8780

Month x1 DK

8782

Year x1 DK

CHECK ITEM T22

Refer to item 3a.
Was . . . 's last child born on or after January 1, 1970?

8784

- 1 Yes
- 2 No – SKIP to 4a

ASK OR VERIFY –

3b. With whom does the child live now?

8786

- 1 Resides in this household – Go to Check Item T23
- Resides elsewhere**
- 2 In his/her own household
- With relatives**
- 3 With own father
- 4 With own grandparent(s)
- 5 With adoptive parent(s)
- 6 With other relative(s)
- With nonrelatives**
- 7 In foster care/foster family
- 8 In an institution (hospital)
- 9 In school
- 10 In correctional facility
- 11 Other
- 12 Deceased
- 13 DK

SKIP to 4a

CHECK ITEM T23

Write the person number of the last child.

8788

Person number of last child

Section 5 – TOPICAL MODULES (Continued)

Part E – FERTILITY HISTORY (Continued)

4a. When was . . . 's first child born?

8792 Month x1 DK
8794 **1** **9** Year x1 DK

**CHECK
ITEM T24**

Refer to item 4a.

Was . . . 's first child born on or after January 1, 1970?

8796 1 Yes
2 No – *SKIP to Check Item T26, page 64*

ASK OR VERIFY –

4b. With whom does the child live now?

8798 1 **Resides in this household – Go to Check Item T25**
Resides elsewhere
2 In his/her own household
With relatives
3 With own father
4 With own grandparent(s)
5 With adoptive parent(s)
6 With other relative(s)
With nonrelatives
7 In foster care/foster family
8 In an institution (hospital)
9 In school
10 In correctional facility
11 Other
12 Deceased
13 DK

SKIP to Check Item T26, page 64

**CHECK
ITEM T25**

Write the person number of the first child.

8800 Person number of first child

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T26

What is the composition of this household?

9266

- 1 One person HH
- 2 Two person HH consisting of husband and wife
- 3 Two person HH consisting of non-relatives
- 4 Other

} *SKIP to Check Item C1, page 67*

CHECK ITEM T27

Is this the Reference Person's questionnaire?

9268

- 1 Yes
- 2 No – *SKIP to Check Item C1, page 67*

Pretranscribe each person's name and person number into column heading a–n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.

AT TIME OF INTERVIEW

*Verify the roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) roster space and column.*

STATEMENT H

Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate. For each person number listed on the left side of this page, ask question 1 and enter codes from Flashcard HH.

ASK OR VERIFY – 1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a–n)?		Name	Name	Name	Name	Name	Name
		9272 Person No. a.	9274 Person No. b.	9276 Person No. c.	9278 Person No. d.	9280 Person No. e.	9282 Person No. f.
9300	Name Person No.						
9330	Name Person No.	9332					
9360	Name Person No.	9362	9364				
9390	Name Person No.	9392	9394	9396			
9420	Name Person No.	9422	9424	9426	9428		
9450	Name Person No.	9452	9454	9456	9458	9460	
9480	Name Person No.	9482	9484	9486	9488	9490	9492
9510	Name Person No.	9512	9514	9516	9518	9520	9522
9540	Name Person No.	9542	9544	9546	9548	9550	9552
9570	Name Person No.	9572	9574	9576	9578	9580	9582
9600	Name Person No.	9602	9604	9606	9608	9610	9612
9630	Name Person No.	9632	9634	9636	9638	9640	9642
9660	Name Person No.	9662	9664	9666	9668	9670	9672
9690	Name Person No.	9692	9694	9696	9698	9700	9702

GO to Check Item C1, page 67

NOTES

CALLBACK SUMMARY

CHECK ITEM C1

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

5000

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

<input type="checkbox"/>	1. Social Security Number <i>(Enter in cc item 33a)</i>		[] [] [] - [] [] - [] [] [] []		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	2. Medicare claim number <i>(Item 23b, page 8)</i>	5002	[] [] [] - [] [] -	5004	[] [] [] [] - 5005	[] []
<input type="checkbox"/>	3. EMPLOYER					
<input type="checkbox"/>	a. Employer #1 <i>(Item 8a, page 17)</i> What was the total amount of pay received before deductions on this job in . . . ?	5006	\$ [] [] [] [] . [] [] [] []	00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5008	\$ [] [] [] [] . [] [] [] []	00	2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5010	\$ [] [] [] [] . [] [] [] []	00	3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5012	\$ [] [] [] [] . [] [] [] []	00	4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	b. Employer #2 <i>(Item 16a, page 19)</i> What was the total amount of pay received before deductions on this job in . . . ?	5014	\$ [] [] [] [] . [] [] [] []	00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5016	\$ [] [] [] [] . [] [] [] []	00	2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5018	\$ [] [] [] [] . [] [] [] []	00	3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5020	\$ [] [] [] [] . [] [] [] []	00	4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	4. SELF-EMPLOYMENT					
<input type="checkbox"/>	a. Self-employment #1 <i>(Item 7, page 21)</i> What was the total amount of income received from this business in . . . ?	5022	\$ [] [] [] [] . [] [] [] []	00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5024	\$ [] [] [] [] . [] [] [] []	00	2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5026	\$ [] [] [] [] . [] [] [] []	00	3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5028	\$ [] [] [] [] . [] [] [] []	00	4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	b. Self-employment #2 <i>(Item 18, page 23)</i> What was the total amount of income received from this business in . . . ?	5030	\$ [] [] [] [] . [] [] [] []	00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5032	\$ [] [] [] [] . [] [] [] []	00	2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5034	\$ [] [] [] [] . [] [] [] []	00	3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5036	\$ [] [] [] [] . [] [] [] []	00	4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	5. What was the average amount in savings/money market deposit accounts/CD's/interest-earning checking accounts held jointly by husband and wife? <i>(Item 2c, page 48)</i>		Amounts for the period - [] [] [] [] through [] [] [] []			
		5038	\$ [] [] [] [] . [] [] [] []	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<input type="checkbox"/>	6. What was the average amount in savings/money market deposit accounts/CD's/interest-earning checking accounts in own name? <i>(Item 3c, page 48)</i>	5040	\$ [] [] [] [] . [] [] [] []	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<input type="checkbox"/>	7. What was the average amount in money market funds/securities/bonds held jointly by husband and wife? <i>(Item 2c, page 49)</i>	5042	\$ [] [] [] [] . [] [] [] []	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<input type="checkbox"/>	8. What was the average amount in money market funds/securities/bonds in own name? <i>(Item 3c, page 49)</i>	5044	\$ [] [] [] [] . [] [] [] []	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<input type="checkbox"/>	9. What was the amount received in dividends jointly by husband and wife? <i>(Item 1b, page 50)</i>	5048	\$ [] [] [] [] . [] [] [] []	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	10. What was the amount received in dividends in own name? <i>(Item 2a, page 50)</i>	5050	\$ [] [] [] [] . [] [] [] []	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	

CHECK ITEM C2

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

5052

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

CALLBACK SUMMARY

INCOME SOURCE LIST

INCOME LIST

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

ASSET LIST

SPECIAL INDICATORS

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

INCOME SOURCE SUMMARY (ISS)

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

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

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
11a, Start time (Cover Page)	1
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R7	4
Asset Roster, 28b, columns (2) and (3)	12
Check Item R31	12
Check Item T1	54
Check Item T18	62
Household members' names and person numbers in roster and columns (on reference person's questionnaire)	64, 65
11a, Finish time (Cover Page)	1

LABOR FORCE AND RECIPIENCY

EARNINGS AND EMPLOYMENT

AMOUNTS - PART A

AMOUNTS - PARTS B & C

AMOUNTS - PARTS D & E

PROGRAM QUESTIONS

TOPICAL MODULES

CALLBACK SUMMARY