

Section 1 – LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

PGM 7

1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (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.

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?

1004

x5 ALL

Mark (X) all that apply.

- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| 1006 <input type="checkbox"/> 1 | 1018 <input type="checkbox"/> 7 | 1030 <input type="checkbox"/> 13 |
| 1008 <input type="checkbox"/> 2 | 1020 <input type="checkbox"/> 8 | 1032 <input type="checkbox"/> 14 |
| 1010 <input type="checkbox"/> 3 | 1022 <input type="checkbox"/> 9 | 1034 <input type="checkbox"/> 15 |
| 1012 <input type="checkbox"/> 4 | 1024 <input type="checkbox"/> 10 | 1036 <input type="checkbox"/> 16 |
| 1014 <input type="checkbox"/> 5 | 1026 <input type="checkbox"/> 11 | 1038 <input type="checkbox"/> 17 |
| 1016 <input type="checkbox"/> 6 | 1028 <input type="checkbox"/> 12 | 1040 <input type="checkbox"/> 18 |

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

1042

- 1 Yes — SKIP to Check Item R1
 2 No

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

1044

- 1 Already had a job
 2 Temporary illness
 3 School
 4 Other — Specify _____

Mark (X) only one.

CHECK ITEM R1

Refer to item 2b.
 Is the "ALL" box marked in 2b?

1046

- 1 Yes — SKIP to 9a, page 4
 2 No — SKIP to 3b

3a. Were there any weeks in the 4-month period when . . . wanted a job?

1048

- 1 Yes — SKIP to 3c
 2 No — SKIP to Check Item R6, page 4

b. I have recorded that there were weeks that . . . did not work or look for work. Did . . . want a job in those weeks?

1050

- 1 Yes
 2 No — SKIP to 9a, page 4

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

1052

- 1 Yes
 2 No — SKIP to 9a, page 4

d. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking?

1054

- 1 Believes no work available in line of work or area
 2 Couldn't find any work
 3 Lacks necessary schooling, training, skills, or experience
 4 Employers think too young or too old
 5 Other personal handicap in finding job
 6 Can't arrange child care
 7 Family responsibilities
 8 In school or other training
 9 Ill health, physical disability
 10 Other — Specify _____
 x1 DK

Mark (X) only one.

SKIP to 9a, page 4

4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?
 Note that the person did **not** have to **work** each week.

1056

- 1 Yes
 2 No — SKIP to 6a

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

1058

- 1 Yes
 2 No — SKIP to 8a, page 4

b. Please look at the calendar. In which weeks was . . . absent without pay?

1060

x5 ALL

Mark (X) all that apply.

- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| 1062 <input type="checkbox"/> 1 | 1074 <input type="checkbox"/> 7 | 1086 <input type="checkbox"/> 13 |
| 1064 <input type="checkbox"/> 2 | 1076 <input type="checkbox"/> 8 | 1088 <input type="checkbox"/> 14 |
| 1066 <input type="checkbox"/> 3 | 1078 <input type="checkbox"/> 9 | 1090 <input type="checkbox"/> 15 |
| 1068 <input type="checkbox"/> 4 | 1080 <input type="checkbox"/> 10 | 1092 <input type="checkbox"/> 16 |
| 1070 <input type="checkbox"/> 5 | 1082 <input type="checkbox"/> 11 | 1094 <input type="checkbox"/> 17 |
| 1072 <input type="checkbox"/> 6 | 1084 <input type="checkbox"/> 12 | 1096 <input type="checkbox"/> 18 |

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

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 _____

Mark (X) only one.

SKIP to 8a, page 4

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?

Mark (X) calendar below, "With a job or business." AND then mark appropriate box(es).

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?

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?

Mark (X) calendar below, "Looking for work or on layoff" AND then mark appropriate box(es).

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 Check Item R2
2 No

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

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

CHECK ITEM R2

Refer to the Labor Force Calendar, below. Is each week of the 4-month period marked as "With a job or business" or "Looking for work or on layoff"?

1220 1 Yes – SKIP to 8a
2 No – SKIP to 7f

7e. Did ... want a job in those weeks when ... did not have one?

1222 1 Yes – SKIP to 7g
2 No – SKIP to 8a

f. I have marked that there were weeks in this period when ... did not have a job and was not looking for a job. Did ... want a job in those weeks? If necessary, refer to Labor Force calendar.

1224 1 Yes
2 No – SKIP to 8a

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

1226 1 Yes
2 No – SKIP to 8a

LABOR FORCE CALENDAR – Use when item 4 is marked "No"

WEEK →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
With a job or business. Mark for item 6a.																		
Looking for work or on layoff (and without a job or business.) Mark for item 7b.																		

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

7h. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking?

Mark (X) only one.

- 1228**
- 1 Believes no work available in line of work or area
 - 2 Couldn't find any work
 - 3 Lacks necessary schooling, training, skills, or experience
 - 4 Employers think too young or too old
 - 5 Other personal handicap in finding job
 - 6 Can't arrange child care
 - 7 Family responsibilities
 - 8 In school or other training
 - 9 Ill health, physical disability
 - 10 Other – Specify _____
 - x1 DK

8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?

- 1230** Hours per week
- x3 None
 - x1 DK
- } SKIP to Check Item R4

CHECK ITEM R3

Refer to item 8a.
Did . . . usually work 35 or more hours per week?

- 1232**
- 1 Yes
 - 2 No – SKIP to 8c

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, vacation, days off or sickness.

- 1234**
- 1 Yes
 - 2 No – SKIP to Check Item R4

c. In how many weeks did . . . work fewer than 35 hours during this 4-month period?

- 1236** x5 All
- Weeks

d. What was the main reason . . . worked fewer than 35 hours in those weeks?

Mark (X) only one.

- 1238**
- 1 Could not find a full-time job
 - 2 Wanted to work part time
 - 3 Health condition or disability
 - 4 Normal working hours are fewer than 35 hours
 - 5 Slack work or material shortage
 - 6 Other – Specify _____

CHECK ITEM R4

Refer to item 5a, page 2.
The response to item 5a is:

- 1239**
- 1 Yes (or blank)
 - 2 No – SKIP to Check Item R5

9a. During this 4-month period, did . . . receive any State unemployment compensation payments?

- 1240**
- 1 Yes – Mark "5" on ISS
 - 2 No – SKIP to Check Item R5

b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?

- 1242**
- 1 Yes – Mark "6" on ISS
 - 2 No

CHECK ITEM R5

Is "Worked" marked on the ISS?

- 1244**
- 1 Yes
 - 2 No – SKIP to Check Item R6

10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?

- 1246**
- 1 Yes – Mark "10" on ISS
 - 2 No

CHECK ITEM R6

Was an interview obtained for . . . last reference period?

- 1248**
- 1 Yes
 - 2 No – SKIP to Check Item R11, page 6

CHECK ITEM R7

Are any income types listed in the Income Roster?

- 1250**
- 1 Yes
 - 2 No – SKIP to 12a

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

11a. According to the information we obtained last time, . . . had received (Read income types in 11b, column (2)) during (8 months ago) through (5 months ago). Was this information recorded correctly?

1251

- 1 Yes
 2 No – Resolve problems and make appropriate entries in 11b, column (5)

Ask 11c

b. INCOME ROSTER

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1252 <input type="checkbox"/>	1254 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1255 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1256 <input type="checkbox"/>	1258 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1259 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1260 <input type="checkbox"/>	1262 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1263 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1264 <input type="checkbox"/>	1266 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1267 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1268 <input type="checkbox"/>	1270 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1271 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1272 <input type="checkbox"/>	1274 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1275 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1276 <input type="checkbox"/>	1278 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1279 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1280 <input type="checkbox"/>	1282 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1283 1 <input type="checkbox"/>	2 <input type="checkbox"/>

c. During the past 4 months, that is _____, and _____, did . . . get income from (Read income types in 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

12a. 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 Veterans Administration (VA) – Mark "8" on ISS

1292

- 4 Anything else – Mark appropriate code on ISS and specify

1294

13a. 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 Worker's 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 – 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 Veterans Administration) – 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

Is "Medicare" marked for . . . on cc item 47?

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	Is "Disabled" marked for . . . on cc item 47?	1326	1 <input type="checkbox"/> Yes – Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Is . . . 65 years of age or over?	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 item 32a. Is . . . a veteran of the U.S. Armed Forces? Mark "No" if currently in Armed Forces ("Yes" marked in cc item 32c)	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"/> 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 pension or compensation payments from the Veterans Administration? (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	Is . . . 18 years of age or over?	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
CHECK ITEM R13	Is . . . 65 years of age or over?	1344	1 <input type="checkbox"/> Yes – SKIP to 16a 2 <input type="checkbox"/> No
15b.	What is the reason . . . is getting Social Security, is it because . . . is (Read categories) – Mark (X) only one.	1346	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widow(ed) or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK } SKIP to 16a
c.	Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	1348	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widow(ed) or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK } SKIP to 16a
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
15d.	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 . . . 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.	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	Is . . . 40 years of age or over?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a
17a.	Has . . . ever retired from a job or business? (Include retirement from the military.)	1360	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R16
b.	During the 4-month period did . . . receive any retirement income other than Social Security?	1362	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17d

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>17c. What kind of retirement income? Anything else? Mark (X) all that apply.</p>	<p>1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS</p> <p>1366 2 <input type="checkbox"/> Pension from company or union – Mark "30" on ISS</p> <p>1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS</p> <p>1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) – Mark "32" on ISS</p> <p>1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS</p> <p>1374 6 <input type="checkbox"/> State government pension – Mark "34" on ISS</p> <p>1376 7 <input type="checkbox"/> Local government pension – Mark "35" on ISS</p> <p>1378 8 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS.</p> <p>1380 <input type="text"/> <input type="text"/></p>
<p>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</p>	<p>1382 1 <input type="checkbox"/> Yes – Mark "36" on ISS</p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R16 Is . . . 70 years of age or over?</p>	<p>1384 1 <input type="checkbox"/> Yes – SKIP to Check Item R17</p> <p>2 <input type="checkbox"/> No</p>
<p>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</p>	<p>1386 1 <input type="checkbox"/> Yes – Mark "171" on ISS</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item R17</p>
<p>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</p>	<p>1388 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } SKIP to Check Item R17</p> <p>x1 <input type="checkbox"/> DK }</p>
<p>c. What kind of income? Anything else? Mark (X) all that apply.</p>	<p>1390 1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS</p> <p>1392 2 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS</p> <p>1394 3 <input type="checkbox"/> Worker's Compensation – Mark "10" on ISS</p> <p>1396 4 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own – Mark "13" on ISS</p> <p>1398 5 <input type="checkbox"/> Pension from company or union – Mark "30" on ISS</p> <p>1400 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS</p> <p>1402 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) – Mark "32" on ISS</p> <p>1406 8 <input type="checkbox"/> State government pension – Mark "34" on ISS</p> <p>1408 9 <input type="checkbox"/> Local government pension – Mark "35" on ISS</p> <p>1410 10 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS.</p> <p>1412 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?</p>	<p>1414 1 <input type="checkbox"/> Married – SKIP to 20</p> <p>2 <input type="checkbox"/> Widowed – SKIP to 22a</p> <p>3 <input type="checkbox"/> Divorced</p> <p>4 <input type="checkbox"/> Separated</p> <p>5 <input type="checkbox"/> Never married – SKIP to Check Item R18</p>
<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	<p>1416 1 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R18</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item R18</p> <p>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?</p>	<p>1418 1 <input type="checkbox"/> Widowed – SKIP to 22a</p> <p>2 <input type="checkbox"/> Divorced</p> <p>3 <input type="checkbox"/> Both widowed and divorced</p> <p>4 <input type="checkbox"/> No – SKIP to Check Item R21</p>
<p>CHECK ITEM R18 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	<p>1420 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item R19</p>
<p>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.)</p>	<p>1422 1 <input type="checkbox"/> Yes – Mark "28" on ISS</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>

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CHECK ITEM R19	Is "Both widowed and divorced" box marked in item 20, page 7?	1424	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	<input type="checkbox"/> Yes <input type="checkbox"/> No } SKIP to Check Item R21 <input checked="" type="checkbox"/> DK }
b.	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	1428	<input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS
		1430	<input type="checkbox"/> Veterans Compensation or pension — Mark "8" on ISS
		1432	<input type="checkbox"/> Black Lung payments — Mark "9" on ISS
		1434	<input type="checkbox"/> Pension from company or union — Mark "30" on ISS
		1436	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
		1438	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
		1440	<input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS
		1442	<input type="checkbox"/> State government pension — Mark "34" on ISS
		1444	<input type="checkbox"/> Local government pension — Mark "35" on ISS
		1446	<input type="checkbox"/> Income from paid-up life insurance policies or annuities — Mark "36" on ISS
		1448	<input type="checkbox"/> Payments from estate or trust — Mark "37" on ISS
		1450	<input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS
		1452	<input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM R20	Is "Veterans Compensation or pension" marked in item 22b?	1454	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
22c.	Did . . .'s late spouse die while in the service or from a service-related injury?	1456	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
CHECK ITEM R21	Is . . . 65 years of age or over?	1458	<input type="checkbox"/> Yes — SKIP to 23a <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R23
23a.	Medicare is a health insurance program for disabled persons and persons 65 or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was . . . covered by Medicare?	1462	<input type="checkbox"/> Yes — Mark "172" on ISS <input type="checkbox"/> No } SKIP to Check Item R23 <input checked="" 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"/> - 1466 <input type="text"/> - <input type="text"/>
		1468	TYPE OF COVERAGE <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Types A and B) } SKIP to Check Item R23 <input type="checkbox"/> Card not available — ASK 23c
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	<input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1474	<input type="checkbox"/> Yes — SKIP to Check Item R25 <input type="checkbox"/> No
CHECK ITEM R24	Is . . . 18 years of age or over?	1476	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 27a
CHECK ITEM R25	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1478	<input type="checkbox"/> Yes — SKIP to Check Item R26 <input type="checkbox"/> No
24.	Was . . . 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.)	1480	<input type="checkbox"/> Yes — Mark "27" on ISS <input type="checkbox"/> No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>27a. During the 4-month period, did . . . have health insurance in . . .'s own name? (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)</p>	1536	1 <input type="checkbox"/> Yes — SKIP to 27c 2 <input type="checkbox"/> No																					
<p>ASK OR VERIFY —</p> <p>b. Was . . . covered by a health insurance plan in somebody else's name?</p>	1537	1 <input type="checkbox"/> Yes } SKIP to Check Item R30 2 <input type="checkbox"/> No }																					
<p>c. Did . . . have a plan in . . .'s own name during the entire 4-month period?</p>	1538	1 <input type="checkbox"/> Yes — SKIP to 27e 2 <input type="checkbox"/> No																					
<p>d. In which months did . . . have a plan? Mark (X) all that apply.</p>	1540 1542 1544 1546	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago																					
<p>e. Was . . .'s plan provided through an employer or union (or through a former employer or a pension plan)?</p>	1548	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27g																					
<p>f. Did the employer or union (former employer or pension plan) pay for part or all of the cost of this plan?</p>	1550	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part x3 <input type="checkbox"/> None																					
<p>g. Was this an individual plan or a family plan?</p>	1552	1 <input type="checkbox"/> Individual — SKIP to Check Item R30 2 <input type="checkbox"/> Family																					
<p>h. Did . . .'s health plan cover all the persons living here?</p>	1554	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No																					
<p>i. Other than . . ., which persons in this household were covered by . . .'s plan?</p>	1556 1558 1560 1562 1564 1566	<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="text-align: center;">1556</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1558</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1560</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1562</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1564</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1566</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>		Person No.	Name	1556			1558			1560			1562			1564			1566	x3 <input type="checkbox"/> None	
	Person No.	Name																					
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1566	x3 <input type="checkbox"/> None																						
<p>CHECK ITEM R30 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	1568	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R32																					
<p>CHECK ITEM R31 Have each of these children already been identified as members of a family health insurance plan?</p>	1570	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27k																					
<p>27j. I have recorded that all of . . .'s children were covered by a health insurance plan — is that correct?</p>	1572	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No																					
<p>k. Were any of (Which of) . . .'s children (were) covered by a health insurance plan? (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)</p>	1574 1576 1578 1580 1582 1584 1586	x5 <input type="checkbox"/> All children OR <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="text-align: center;">1576</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1578</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1580</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1582</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1584</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1586</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>		Person No.	Name	1576			1578			1580			1582			1584			1586	x3 <input type="checkbox"/> None	
	Person No.	Name																					
1576																							
1578																							
1580																							
1582																							
1584																							
1586	x3 <input type="checkbox"/> None																						
<p>CHECK ITEM R32 Are any assets listed in the Asset Roster?</p>	1588	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 29a																					

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

1589

- 1 Yes
 2 No – Resolve problems and make appropriate entries in 28b, column (5)

ASK 28c

b. ASSET ROSTER

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1590 [][]	1592 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1593 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1594 [][]	1596 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1597 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1598 [][]	1600 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1601 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1602 [][]	1604 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1605 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1606 [][]	1608 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1609 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1610 [][]	1612 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1613 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1614 [][]	1616 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1617 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1618 [][]	1620 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1621 1 <input type="checkbox"/>	2 <input type="checkbox"/>

c. During the past 4 months, that is _____, _____, and _____, did . . . still own (have) (Read assets in 28b, column (2))?

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

29a. (In addition to the assets we have already mentioned) 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? (SHOW FLASHCARD N.)

1622

- 1 Yes
 2 No
 x1 DK } SKIP to Check Item R33
 x2 Ref.

b. Which kinds of these assets did . . . own? Any others? (Exclude IRA and Keogh 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 NOW, Super NOW, or other interest-earning checking 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. Savings 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 ↓

CHECK ITEM R33

Is . . . 17 to 49 years of age?

1656

- 1 Yes
 2 No – SKIP to Check Item R36

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

30a. During the past 4 months did . . . attend school beyond the high school level including a college, university, or other school?	1658	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R36
b. Were any of . . . 's educational expenses during the past 4 months paid for by the GI Bill, a Pell (BEOG) Grant, a Guaranteed or National Direct Student Loan, or any other type of scholarship or grant?	1660	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 33
c. What kind of educational assistance did . . . receive? Anything else? Mark (X) all that apply.	1662	1 <input type="checkbox"/> GI/VEAP Benefits – Mark "40" on the ISS 2 <input type="checkbox"/> Pell Grant (BEOG) 3 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) 4 <input type="checkbox"/> Other VA Educational Assistance Programs 5 <input type="checkbox"/> Other scholarship, fellowship, or grant 6 <input type="checkbox"/> Employer assistance 7 <input type="checkbox"/> JTPA/CETA training allowance 8 <input type="checkbox"/> Guaranteed Student Loan (GSL) 9 <input type="checkbox"/> National Direct Student Loan (NDSL)
		} Mark "175" on ISS
31a. What kind of term system does . . . 's school use – semester, trimester, quarter, or something else?	1680	1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Trimester 3 <input type="checkbox"/> Quarter 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. How much was . . . 's total tuition and fees for the (semester/trimester/quarter/school term)? (Include all tuition and fees, even if paid completely or in part by the family, a scholarship or a loan.)	1682	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM R34 Is "Pell Grant (BEOG)" marked in item 30c?	1684	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R35
31c. What was the total amount of . . . 's Pell Grant (BEOG) for the (semester/trimester/quarter/school term)?	1686	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM R35 Is box 3, 4, 5 or 6 marked in item 30c?	1688	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 33
32. What was the total amount of . . . 's (Read appropriate types of educational assistance) for the (semester/trimester/quarter/school term)?	1690	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
33. Did . . . participate in the Federally funded work-study program at school at any time during the past 4 months?	1692	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM R36 Refer to cc item 26a. What is . . . 's marital status?	1694	1 <input type="checkbox"/> Married, spouse absent 2 <input type="checkbox"/> Other – SKIP to Check Item R37
ASK OR VERIFY – 34. Is . . . 's spouse in the Armed Forces?	1696	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM R37 Are any income types, assets, "worked" or "other educational assistance" marked on the ISS?	1698	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 36a
35a. You said that during the 4-month period . . . received income from – (Mention working or other educational assistance if appropriate and read income sources and assets from the ISS.) Is that correct?	1700	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Probe and resolve (Make corrections to ISS if necessary)
b. Did . . . receive income from any other source such as financial help from someone outside the household, support payments, payments from the government or anything else?	1702	1 <input type="checkbox"/> Yes – SKIP to 36b 2 <input type="checkbox"/> No – SKIP to Check Item E1
36a. 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, support payments, payments from the government or anything else?	1704	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P1, page 45
b. What kind of income did . . . receive? Anything else?		Enter codes from income source list and mark ISS. 1706 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 1708 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 1710 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>

Section 2 – EARNINGS AND EMPLOYMENT

<p>CHECK ITEM E1</p> <p>Is "Worked" marked on the ISS?</p>	<p>1712</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code marked or Check Item P1, page 45</p>
<p>1 a. 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.)</p>	<p>1714</p> <p>1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only – SKIP to Statement B, page 18 3 <input type="checkbox"/> Both worked for employer and self-employed</p>
<p>b. How many different employers did . . . work for during this 4-month period?</p>	<p>1716</p> <p>1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers</p>
<p>CHECK ITEM E2</p> <p>Is "Both worked for employer and self-employed" marked in 1a?</p>	<p>1718</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a</p>

STATEMENT A →

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A1 — EMPLOYER IDENTIFICATION NUMBER 1

<p>2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for more than one employer, enter the employer for whom . . . worked the most hours during the 4-month period or the most recent employer.)</i></p>	PGM 8	Employer Name
	2000	
<p>CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter next available ID number →</p>	PGM 8	Employer ID No.
	2002	<input type="text"/>
<p>2b. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	PGM 8	
	2004	
<p>C. ASK OR VERIFY — Is it mainly —</p>	PGM 8	<p>1 <input type="checkbox"/> Manufacturing?</p> <p>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>
	2006	
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer</p>	PGM 8	
	2008	
<p>e. What were . . . 's main activities or duties? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	PGM 8	
	2010	
<p>f. ASK OR VERIFY — Was . . . an employee of —</p>	PGM 8	<p>1 <input type="checkbox"/> A private company or individual?</p> <p>2 <input type="checkbox"/> Federal government (exclude Armed Forces)?</p> <p>3 <input type="checkbox"/> State government?</p> <p>4 <input type="checkbox"/> Local government?</p> <p>5 <input type="checkbox"/> Armed Forces?</p> <p>6 <input type="checkbox"/> Unpaid in family business or farm? — <i>SKIP to Check Item E5</i></p>
	2012	
<p>3a. ASK OR VERIFY — Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7	<p>1 <input type="checkbox"/> Yes — SKIP to 4</p> <p>2 <input type="checkbox"/> No</p>
	2014	
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	2016	<p>FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> 2018</p> <p>TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> 2022</p>
<p>4. ASK OR VERIFY — How many hours per week did . . . usually work at this job?</p>	2024	<p><input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	2026	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to 7</p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	2028	<p>\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. — SKIP to Check Item E5</p>
<p>7. During the 4-month period how often was . . . paid on this job?</p>	2030	<p>1 <input type="checkbox"/> Once a week</p> <p>2 <input type="checkbox"/> Once each 2 weeks</p> <p>3 <input type="checkbox"/> Once a month</p> <p>4 <input type="checkbox"/> Twice a month</p> <p>5 <input type="checkbox"/> Some other way — Specify ↓</p>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8. 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. 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 housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



**INTERVIEWER
USE ONLY**

LAST MONTH

2032

\$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

2 MONTHS AGO

2034

\$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

3 MONTHS AGO

2036

\$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

4 MONTHS AGO

2038

\$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

**CHECK
ITEM E4**

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

2040

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

9. If we were to call back later would you (or . . .) be able to provide us 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 our survey.)

2042

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

**CHECK
ITEM E5**

Number of employers in item 1b, page 13?

2044

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

<p>0a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for more than one employer, enter the employer for whom . . . worked the second most hours during the 4-month period.)</i></p>	PGM 8	Employer Name
	2100	
<p>CHECK ITEM E6 Enter employer ID number from cc item 42, or if a new employer, enter next available ID number →</p>	PGM 8	Employer ID No.
	2102	
<p>0b. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	PGM 8	
	2104	
<p>c. ASK OR VERIFY – Is it mainly –</p>	PGM 8	<p>1 <input type="checkbox"/> Manufacturing?</p> <p>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>
	2106	
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer</p>	PGM 8	
	2108	
<p>e. What were . . . 's main activities or duties? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	PGM 8	
	2110	
<p>f. ASK OR VERIFY – Was . . . an employee of –</p>	PGM 8	<p>1 <input type="checkbox"/> A private company or individual?</p> <p>2 <input type="checkbox"/> Federal government (exclude Armed Forces)?</p> <p>3 <input type="checkbox"/> State government?</p> <p>4 <input type="checkbox"/> Local government?</p> <p>5 <input type="checkbox"/> Armed Forces?</p> <p>6 <input type="checkbox"/> Unpaid in family business or farm? – <i>SKIP to Check Item E8</i></p>
	2112	
<p>1a. ASK OR VERIFY – Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7	<p>1 <input type="checkbox"/> Yes – SKIP to 12</p> <p>2 <input type="checkbox"/> No</p>
	2114	
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	2116	<p>FROM</p> <p>Month Day</p> <p>TO</p> <p>Month Day</p>
	2120	
<p>2. ASK OR VERIFY – How many hours per week did . . . usually work at this job?</p>	2124	<p>Hours</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p>
<p>3. Was . . . paid by the hour on this job?</p>	2126	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to 15</i></p>
<p>4. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</p>	2128	<p>\$</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item E8</i></p>
<p>5. During the 4-month period how often was . . . paid on this job?</p>	2130	<p>1 <input type="checkbox"/> Once a week</p> <p>2 <input type="checkbox"/> Once each 2 weeks</p> <p>3 <input type="checkbox"/> Once a month</p> <p>4 <input type="checkbox"/> Twice a month</p> <p>5 <input type="checkbox"/> Some other way – <i>Specify</i></p>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16. 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. 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 housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2132 \$. 00

x3 None

x1 DK

x2 Ref.

INTERVIEWER 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 16?

2140 1 Yes

2 No — SKIP to Check Item E8

17. If we were to call back later would you (or . . .) be able to provide us 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 our survey.)

2142 1 Yes — Mark Callback Summary and Reminder Card, Item 3b

2 No

CHECK ITEM E8

Is "Both worked for employer and self-employed" marked in item 1a, page 13?

2144 1 Yes — Read Statement B

2 No — SKIP to first ISS Code or Check Item P1, page 45

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.

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

PGM 8 Business name

2200

CHECK ITEM S1

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

PGM 8 Business ID No.

2202

b. What kind of business was this?

PGM 8

2204

ASK OR VERIFY –

c. Is it mainly –

PGM 8

2206

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

d. What kind of work was . . . doing?

PGM 8

2208

e. What were . . . 's most important activities or duties?

PGM 8

2210

ASK OR VERIFY –

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

PGM 7

2212

Hours

- x3 None
- x1 DK

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

2214

- 1 Yes
- 2 No – SKIP to 10
- x1 DK

Gross earnings include sales and receipts before expenses.

CHECK ITEM S2

Have questions 3 – 5b already been answered for this business by another household member?

2216

- 1 Yes – SKIP to 6a
- 2 No

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

2218

Employees

Enter 999 if 1,000 or more employees.

- x1 DK

a. Was . . . 's business incorporated?

2220

- 1 Yes – SKIP to 5a
- 2 No

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

2222

- 1 Sole proprietorship – SKIP to 6a
- 2 Partnership

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

2224

- 1 Yes
- 2 No – SKIP to 6a

b. Which members?

Person No. Name

2226

2228

2230

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

2232

- 1 Yes
- 2 No

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

2234

- 1 Yes
- 2 No

CHECK ITEM S3

Is "Yes" marked in either item 6a or 6b?

2236

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

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)?



LAST MONTH

2238 \$. 00

- x3 None
- x1 DK
- x2 Ref.

2 MONTHS AGO

2240 \$. 00

- x3 None
- x1 DK
- x2 Ref.

3 MONTHS AGO

2242 \$. 00

- x3 None
- x1 DK
- x2 Ref.

4 MONTHS AGO

2244 \$. 00

- x3 None
- x1 DK
- x2 Ref.

INTERVIEWER USE ONLY

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

TOTAL \$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

TOTAL \$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

TOTAL \$ _____ .00

\$ _____ .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 we were to call back later would you (or . . .) be able to provide us 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 our survey.)

2248

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

CHECK ITEM S5

Refer to item 4a, page 18.
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 by 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 during the 4-month period shown on the calendar?

2254

- 1 Yes
- 2 No – SKIP to 11

b. What was the net profit (or loss) from this business during the 4-month period?

2256

\$. 00

2258

- x4 Loss in amount box – If "Broke even," mark \$1 in box. } SKIP to 11

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 45

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

2a. What was the name of . . . 's other business/ professional practice/farm? PGM 8 Business name

2300 _____

CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number PGM 8 Business ID No.

2302 _____

2b. What kind of business was this? PGM 8

2304 _____

C. Is it mainly – PGM 8

2306

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

d. What kind of work was . . . doing? PGM 8

2308 _____

e. What were . . . 's most important activities or duties? PGM 8

2310 _____

f. How many hours per week did . . . usually work at this business? PGM 7

2312 _____ Hours

x3 None
 x1 DK

3. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? 2314

1 Yes
 2 No – SKIP to 21
 x1 DK

Gross earnings include sales and receipts before expenses.

CHECK TEM S8 Have questions 14 – 16b already been answered for this business by another household member? 2316

1 Yes – SKIP to 17a
 2 No

4. What was the total number of employees working for this business? Be sure to include . . . 2318

_____ Employees

Enter 999 if 1,000 or more employees.
 x1 DK

5a. Was . . . 's business incorporated? 2320

1 Yes -- SKIP to 16a
 2 No

b. Was . . . 's business a sole proprietorship or a partnership? 2322

1 Sole proprietorship -- SKIP to 17a
 2 Partnership

6a. Aside from . . . were any other members of this household owners or partners in this business? 2324

1 Yes
 2 No – SKIP to 17a

b. Which members?

Person No.	Name
2326	_____
2328	_____
2330	_____

7a. Was . . . paid a regular salary from this business during the 4-month period? 2332

1 Yes
 2 No

b. Did . . . receive any (other) income from the business during this 4-month period? 2334

1 Yes
 2 No

CHECK TEM S9 Is "Yes" marked in either item 17a or 17b? 2336

1 Yes
 2 No -- SKIP to Check Item S11

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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



		INTERVIEWER USE ONLY	
LAST MONTH		\$	.00
2338	\$ <input type="text"/> <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		TOTAL	\$.00
2 MONTHS AGO		\$	.00
2340	\$ <input type="text"/> <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		TOTAL	\$.00
3 MONTHS AGO		\$	.00
2342	\$ <input type="text"/> <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		TOTAL	\$.00
4 MONTHS AGO		\$	.00
2344	\$ <input type="text"/> <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.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 we were to call back later would you (or . . .) be able to provide us 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 our survey.) **2348** 1 Yes – Mark Callback Summary and Reminder Card, Item 4b
2 No

CHECK ITEM S11 Refer to item 15a, page 20. Is this business incorporated? **2350** 1 Yes – SKIP to first ISS Code or Check Item P1, page 45
2 No

CHECK ITEM S12 Has information about the net profit (or loss) for this business already been obtained by another household member? **2352** 1 Yes – SKIP to first ISS Code or Check Item P1, page 45
2 No

20a. We would also appreciate an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses for this 4-month period. Can you give me an estimate of the net profit (or loss) during the 4-month period? **2354** 1 Yes
2 No – SKIP to first ISS Code or Check Item P1, page 45

b. What was the net profit (or loss) from this business during the 4-month period? **2356** \$ 00
2358 x4 Loss in amount box – If "Broke even," mark \$1 in box. } SKIP to first ISS Code or Check Item P1, page 45

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 45

Section 3 – AMOUNTS

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

1. You said . . . received <i>(Read name of income type) during the 4-month period.</i>	Income code	Name of income type
	3000	<input type="text"/> <input type="text"/>

CHECK ITEM A1 Mark (X) income type code.	3002	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 14, page 24 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 12a, page 24 4 <input type="checkbox"/> Other ISS codes – SKIP to Check Item A4
---	------	--

CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	3004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
---	------	---

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?	3006	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
---	------	---

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3008	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a
---	------	---

CHECK ITEM A3 Is . . . married?	3010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
--	------	--

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?	3012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
---	------	--

CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	3014	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No
--	------	---

a. Did . . . receive any <i>(Read name of income type) in (Read each month)?</i> NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		5b. How much did . . . receive in <i>(Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</i>
Last month	3016	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3018 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3020	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3022 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3026 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3028	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3030 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

CHECK ITEM A5 Mark (X) income type code.	3032	1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 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 45
---	------	---

6a. Were all the people living here covered by . . . 's payments?	3034	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
--	------	---

NOTES

Section 3 – AMOUNTS (Continued)

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

	Person No.	Name
	3036	[][][]
	3038	[][][]
	3040	[][][]
	3042	[][][]
	3044	[][][]
	3046	[][][]
	3048	[][][]
	3050	[][][]
	3052	[][][]
	3054	[][][]
CHECK ITEM A6 Is this ISS code "8"?	3056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45
7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?	3060	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 45
CHECK ITEM A7 Was this ISS code marked for . . . in cc item 45 last reference period?	3062	1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No
(SHOW FLASHCARD O) 8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?	3064	1 <input type="checkbox"/> Green 2 <input type="checkbox"/> Gold 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
9. Do . . . 's payments usually come on the first of the month or the third?	3066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A8 Refer to item 2, page 22. Were (Social Security/Railroad Retirement) payments received especially for the children?	3068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45
10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?		10b. If "Yes" in 10a – How much was received?
Last month	3070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3072
		\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3076
		\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3078	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3080
		\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3084
		\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
11a. Were all children living here covered by these payments?	3086	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No

Section 3 – AMOUNTS (Continued)

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

1b. 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 45

2a. Were all the people living here covered under ...'s food stamp allotment?

3100 1 Yes – SKIP to 13a
 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"/>
3118	<input type="text"/>	<input type="text"/>
3120	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3122 1 Yes
 2 No
 x1 DK

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 45

14. Did ... receive any WIC vouchers in (Read each month)?

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

SKIP to next ISS Code or Check Item P1, page 45

Mark (X) all that apply.

Section 3 – AMOUNTS

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

	Income code	Name of income type
1. You said . . . received (Read name of income type) during the 4-month period.	3200	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
CHECK ITEM A1 Mark (X) income type code.	3202	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 14, page 27 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 12a, page 27 4 <input type="checkbox"/> Other ISS codes – SKIP to Check Item A4
CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	3204	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?	3206	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3208	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a
CHECK ITEM A3 Is . . . married?	3210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?	3212	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . .'s spouse?	3214	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.
Last month	3216	3218 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3220	3222 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3224	3226 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3228	3230 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5 Mark (X) income type code.	3232	1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 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 45
6a. Were all the people living here covered by . . .'s payments?	3234	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

	Person No.	Name
3236	<input type="text"/>	<input type="text"/>
3238	<input type="text"/>	<input type="text"/>
3240	<input type="text"/>	<input type="text"/>
3242	<input type="text"/>	<input type="text"/>
3244	<input type="text"/>	<input type="text"/>
3246	<input type="text"/>	<input type="text"/>
3248	<input type="text"/>	<input type="text"/>
3250	<input type="text"/>	<input type="text"/>
3252	<input type="text"/>	<input type="text"/>
3254	<input type="text"/>	<input type="text"/>

CHECK ITEM A6

Is this ISS code "8"?

3256 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 45

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?

3260 1 Yes
 2 No
 x1 DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

3262 1 Yes – SKIP to Check Item A8
 2 No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?

3264 1 Green
 2 Gold
 3 Other
 x1 DK

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

3266 1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A8

Refer to item 2, page 25. Were (Social Security/Railroad Retirement) payments received especially for the children?

3268 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 45

0a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3270 1 Yes
 2 No
 x1 DK

10b. If "Yes" in 10a – How much was received?

3272 \$. 00
 x1 DK
 x2 Ref.

2 months ago

3274 1 Yes
 2 No
 x1 DK

3276 \$. 00
 x1 DK
 x2 Ref.

3 months ago

3278 1 Yes
 2 No
 x1 DK

3280 \$. 00
 x1 DK
 x2 Ref.

4 months ago

3282 1 Yes
 2 No
 x1 DK

3284 \$. 00
 x1 DK
 x2 Ref.

1a. Were all children living here covered by these payments?

3286 1 Yes – SKIP to next ISS Code or Check Item P1, page 45
 2 No

Section 3 – AMOUNTS (Continued)

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

11b. Which children were covered?

Person No.	Name
3288	
3290	
3292	
3294	
3296	
3298	

SKIP to next ISS Code or Check Item P1, page 45

12a. Were all the people living here covered under ...'s food stamp allotment?

3300 1 Yes – SKIP to 13a
2 No

b. Which persons were covered?

Person No.	Name
3302	
3304	
3306	
3308	
3310	
3312	
3314	
3316	
3318	
3320	

13a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3322 1 Yes
2 No
x1 DK

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 45

14. Did ... receive any WIC vouchers in (Read each month)?

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

Mark (X) all that apply.

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

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

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

Income code Name of income type

3400

CHECK ITEM A1

Mark (X) income type code.

3402

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – SKIP to 14, page 30
- 3 ISS code 27 (Food Stamps) – SKIP to 12a, page 30
- 4 Other ISS codes – SKIP to Check Item A4

CHECK ITEM A2

Refer to cc item 27.
Is . . . a designated parent, or guardian of children under age 18?

3404

- 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 the children?

3406

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

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

3408

- 1 Yes
- 2 No – SKIP to 10a

CHECK ITEM A3

Is . . . married?

3410

- 1 Yes
- 2 No – SKIP to 5a

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

3412

- 1 Yes
- 2 No – SKIP to 5a

CHECK ITEM A4

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

3414

- 1 Yes – SKIP to next ISS Code or Check Item P1, page 45
- 2 No

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

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

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

Last month

3416

- 1 Yes
- 2 No
- x1 DK

3418

\$. 00
x1 DK
x2 Ref.

2 months ago

3420

- 1 Yes
- 2 No
- x1 DK

3422

\$. 00
x1 DK
x2 Ref.

3 months ago

3424

- 1 Yes
- 2 No
- x1 DK

3426

\$. 00
x1 DK
x2 Ref.

4 months ago

3428

- 1 Yes
- 2 No
- x1 DK

3430

\$. 00
x1 DK
x2 Ref.

CHECK ITEM A5

Mark (X) income type code.

3432

- 1 ISS code 1 or 2 – SKIP to Check Item A7
- 2 ISS code 8 or 20 through 24
- 3 All other income codes – SKIP to next ISS Code or Check Item P1, page 45

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

3434

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

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
3436	
3438	
3440	
3442	
3444	
3446	
3448	
3450	
3452	
3454	

CHECK ITEM A6

Is this ISS code "8"?

- 3456 1 Yes
2 No – SKIP to next ISS Code or Check Item P1, page 45

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?

- 3460 1 Yes
2 No
x1 DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

- 3462 1 Yes – SKIP to Check Item A8
2 No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?

- 3464 1 Green
2 Gold
3 Other
x1 DK

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

- 3466 1 First
2 Third
3 Other
x1 DK

CHECK ITEM A8

Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for the children?

- 3468 1 Yes
2 No – SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

10b. If "Yes" in 10a – How much was received?

Last month 3470 1 Yes
2 No
x1 DK

3472 \$. 00
x1 DK
x2 Ref.

2 months ago 3474 1 Yes
2 No
x1 DK

3476 \$. 00
x1 DK
x2 Ref.

3 months ago 3478 1 Yes
2 No
x1 DK

3480 \$. 00
x1 DK
x2 Ref.

4 months ago 3482 1 Yes
2 No
x1 DK

3484 \$. 00
x1 DK
x2 Ref.

11a. Were all children living here covered by these payments?

VERIFY IF ONLY ONE CHILD OR ASK –

- 3486 1 Yes – SKIP to next ISS Code or Check Item P1, page 45
2 No

Section 3 – AMOUNTS (Continued)

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

1b. 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 45

2a. Were all the people living here covered under ...'s food stamp allotment?

3500 1 Yes – SKIP to 13a
 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"/>
3518	<input type="text"/>	<input type="text"/>
3520	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3522 1 Yes
 2 No
 x1 DK

3524 \$. 00
 x1 DK
 x2 Ref.

2 months ago

3526 1 Yes
 2 No
 x1 DK

3528 \$. 00
 x1 DK
 x2 Ref.

3 months ago

3530 1 Yes
 2 No
 x1 DK

3532 \$. 00
 x1 DK
 x2 Ref.

4 months ago

3534 1 Yes
 2 No
 x1 DK

3536 \$. 00
 x1 DK
 x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?

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

SKIP to next ISS Code or Check Item P1, page 45

Mark (X) all that apply.

Section 3 – AMOUNTS

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

1. You said . . . received (Read name of income type) during the 4-month period.	Income code	Name of income type
	3600	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

CHECK ITEM A1 Mark (X) income type code.	3602	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 14, page 33 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 12a, page 33 <input type="checkbox"/> Other ISS codes – SKIP to Check Item A4
---	------	--

CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	3604	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
---	------	---

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?	3606	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
---	------	---

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3608	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 10a
---	------	---

CHECK ITEM A3 Is . . . married?	3610	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
--	------	--

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?	3612	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
---	------	--

CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	3614	<input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 <input type="checkbox"/> No
--	------	---

5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.
Last month	3616	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3620	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3624	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3628	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

CHECK ITEM A5 Mark (X) income type code.	3632	<input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 45
---	------	---

6a. Were all the people living here covered by . . . 's payments?	3634	<input type="checkbox"/> Yes – SKIP to Check Item A6 <input type="checkbox"/> No
--	------	---

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
3636	
3638	
3640	
3642	
3644	
3646	
3648	
3650	
3652	
3654	

CHECK ITEM A6

Is this ISS code "8"?

- 3656 1 Yes
 2 No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

- 3660 1 Yes
 2 No
 x1 DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for ... in cc item 45 last reference period?

- 3662 1 Yes — SKIP to Check Item A8
 2 No

(SHOW FLASHCARD 0)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

- 3664 1 Green
 2 Gold
 3 Other
 x1 DK

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

- 3666 1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A8

Refer to item 2, page 31. Were (Social Security/Railroad Retirement) payments received especially for the children?

- 3668 1 Yes
 2 No — SKIP to next ISS Code or Check Item P1, page 45

0a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

- 3670 1 Yes
 2 No
 x1 DK

2 months ago

- 3674 1 Yes
 2 No
 x1 DK

3 months ago

- 3678 1 Yes
 2 No
 x1 DK

4 months ago

- 3682 1 Yes
 2 No
 x1 DK

10b. If "Yes" in 10a – How much was received?

3672 \$. 00
 x1 DK
 x2 Ref.

3676 \$. 00
 x1 DK
 x2 Ref.

3680 \$. 00
 x1 DK
 x2 Ref.

3684 \$. 00
 x1 DK
 x2 Ref.

- 3686 1 Yes — SKIP to next ISS Code or Check Item P1, page 45
 2 No

1a. Were all children living here covered by these payments?

Section 3 – AMOUNTS (Continued)

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

11b. Which children were covered?

	Person No.	Name
3688		
3690		
3692		
3694		
3696		
3698		

SKIP to next ISS Code or Check Item P1, page 45

12a. Were all the people living here covered under ...'s food stamp allotment?

3700 1 Yes – *SKIP to 13a*
 2 No

b. Which persons were covered?

	Person No.	Name
3702		
3704		
3706		
3708		
3710		
3712		
3714		
3716		
3718		
3720		

13a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3722 1 Yes
 2 No
 x1 DK

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 45

14. Did ... receive any WIC vouchers 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

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

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

1. You said . . . received <i>(Read name of income type) during the 4-month period.</i>	Income code 3800 <input style="width: 20px; height: 15px;" type="text"/>	Name of income type <input style="width: 90%; height: 15px;" type="text"/>
--	--	---

CHECK ITEM A1	Mark (X) income type code.	3802 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 14, page 36 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 12a, page 36 4 <input type="checkbox"/> Other ISS codes – SKIP to Check Item A4
----------------------	----------------------------	--

CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	3804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
----------------------	---	---

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?	3806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
---	-------------	---

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3808	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a
---	-------------	---

CHECK ITEM A3	Is . . . married?	3810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
----------------------	-------------------	--

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?	3812	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
---	-------------	--

CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	3814 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No
----------------------	---	---

5a. Did . . . receive any <i>(Read name of income type) in (Read each month)?</i> NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.	5b. How much did . . . receive in <i>(Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</i>
--	--

Last month	3816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3818	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
----------------------	-------------	---	-------------	---

2 months ago	3820	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3822	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
------------------------	-------------	---	-------------	---

3 months ago	3824	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3826	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
------------------------	-------------	---	-------------	---

4 months ago	3828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3830	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
------------------------	-------------	---	-------------	---

CHECK ITEM A5	Mark (X) income type code.	3832 1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 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 45
----------------------	----------------------------	---

5a. 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
--	-------------	---

OTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
3836	
3838	
3840	
3842	
3844	
3846	
3848	
3850	
3852	
3854	

CHECK ITEM A6

Is this ISS code "8"?

- 3856 1 Yes
 2 No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

- 3860 1 Yes
 2 No
 x1 DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for ... in cc item 45 last reference period?

- 3862 1 Yes — SKIP to Check Item A8
 2 No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

- 3864 1 Green
 2 Gold
 3 Other
 x1 DK

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

- 3866 1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A8

Refer to item 2, page 34. Were (Social Security/Railroad Retirement) payments received especially for the children?

- 3868 1 Yes
 2 No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

- 3870 1 Yes
 2 No
 x1 DK

2 months ago

- 3874 1 Yes
 2 No
 x1 DK

3 months ago

- 3878 1 Yes
 2 No
 x1 DK

4 months ago

- 3882 1 Yes
 2 No
 x1 DK

10b. If "Yes" in 10a — How much was received?

3872 \$. 00

- x1 DK
 x2 Ref.

3876 \$. 00

- x1 DK
 x2 Ref.

3880 \$. 00

- x1 DK
 x2 Ref.

3884 \$. 00

- x1 DK
 x2 Ref.

11a. Were all children living here covered by these payments?

- 3886 1 Yes — SKIP to next ISS Code or Check Item P1, page 45
 2 No

Section 3 – AMOUNTS (Continued)

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

1b. 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 45

2a. Were all the people living here covered under ...'s food stamp allotment?

3900 1 Yes – SKIP to 13a
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"/>
3918	<input type="text"/>	<input type="text"/>
3920	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3922 1 Yes
2 No
x1 DK

3924 \$.
x1 DK
x2 Ref.

2 months ago

3926 1 Yes
2 No
x1 DK

3928 \$.
x1 DK
x2 Ref.

3 months ago

3930 1 Yes
2 No
x1 DK

3932 \$.
x1 DK
x2 Ref.

4 months ago

3934 1 Yes
2 No
x1 DK

3936 \$.
x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers 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

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

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

1. You said . . . received (Read name of income type) during the 4-month period.	Income code Name of income type 4000 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
---	---

CHECK ITEM A1 Mark (X) income type code.	4002 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 14, page 39 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 12a, page 39 4 <input type="checkbox"/> Other ISS codes – SKIP to Check Item A4
---	---

CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	4004 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
--	--

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?	4006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
---	--

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	4008 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a
---	--

CHECK ITEM A3 Is . . . married?	4010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
--	---

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?	4012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
---	---

CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	4014 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No
--	--

5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.	5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.
Last month	4016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 months ago	4020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3 months ago	4024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
4 months ago	4028 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	4018 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4022 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4026 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4030 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

CHECK ITEM A5 Mark (X) income type code.	4032 1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 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 45
---	--

6a. Were all the people living here covered by . . . 's payments?	4034 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
--	--

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
4036	
4038	
4040	
4042	
4044	
4046	
4048	
4050	
4052	
4054	

CHECK ITEM A6

Is this ISS code "8"?

4056 1 Yes
2 No – SKIP to next ISS Code or Check Item P1, page 45

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?

4060 1 Yes
2 No
x1 DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

4062 1 Yes – SKIP to Check Item A8
2 No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?

4064 1 Green
2 Gold
3 Other
x1 DK

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

4066 1 First
2 Third
3 Other
x1 DK

CHECK ITEM A8

Refer to item 2, page 37. Were (Social Security/Railroad Retirement) payments received especially for the children?

4068 1 Yes
2 No – SKIP to next ISS Code or Check Item P1, page 45

0a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

4070 1 Yes
2 No
x1 DK

10b. If "Yes" in 10a – 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 –

1a. Were all children living here covered by these payments?

4086 1 Yes – SKIP to next ISS Code or Check Item P1, page 45
2 No

Section 3 – AMOUNTS (Continued)

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

11b. 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 45

12a. Were all the people living here covered under ...'s food stamp allotment?

4100 1 Yes – SKIP to 13a
 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"/>
4118	<input type="text"/>	<input type="text"/>
4120	<input type="text"/>	<input type="text"/>

13a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

4122 1 Yes
 2 No
 x1 DK

4124 \$ 00
 x1 DK
 x2 Ref.

2 months ago

4126 1 Yes
 2 No
 x1 DK

4128 \$ 00
 x1 DK
 x2 Ref.

3 months ago

4130 1 Yes
 2 No
 x1 DK

4132 \$ 00
 x1 DK
 x2 Ref.

4 months ago

4134 1 Yes
 2 No
 x1 DK

4136 \$ 00
 x1 DK
 x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers 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

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A9	Asset types owned. Mark (X) all that apply.	<div style="border: 1px solid black; padding: 2px;">4300</div> <input type="checkbox"/> 1 ISS Code 100 – Regular/Passbook Savings Accounts <div style="border: 1px solid black; padding: 2px;">4302</div> <input type="checkbox"/> 2 ISS Code 101 – Money Market Deposit Accounts <div style="border: 1px solid black; padding: 2px;">4304</div> <input type="checkbox"/> 3 ISS Code 102 – Certificates of Deposit or other Savings Certificates <div style="border: 1px solid black; padding: 2px;">4306</div> <input type="checkbox"/> 4 ISS Code 103 – NOW, Super NOW or other interest-earning checking accounts
1. Earlier you said that . . . had (Read names of owned assets).		
CHECK ITEM A10	Interview status of . . . 's spouse.	<div style="border: 1px solid black; padding: 2px;">4308</div> <input type="checkbox"/> 1 No spouse in household – <i>SKIP to 3b</i> <input type="checkbox"/> 2 Interview for spouse not yet conducted <input type="checkbox"/> 3 Interview for spouse already conducted – <i>SKIP to 3a</i>
2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	<div style="border: 1px solid black; padding: 2px;">4310</div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 3b</i>
b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	<div style="border: 1px solid black; padding: 2px;">4312</div> <div style="display: flex; align-items: center; gap: 10px;"> \$ <input style="width: 80px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 – <i>SKIP to 3a</i> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>
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? ★	<div style="border: 1px solid black; padding: 2px;">4314</div> <div style="display: flex; align-items: center; gap: 10px;"> \$ <input style="width: 80px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 – <i>SKIP to 3a</i> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>
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.)	<div style="border: 1px solid black; padding: 2px;">4316</div> <input type="checkbox"/> 1 Yes – <i>Mark Callback Summary and Reminder Card, Item 5</i> <input type="checkbox"/> 2 No
3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?	<div style="border: 1px solid black; padding: 2px;">4318</div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?	<div style="border: 1px solid black; padding: 2px;">4320</div> <div style="display: flex; align-items: center; gap: 10px;"> \$ <input style="width: 80px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>
c.	What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	<div style="border: 1px solid black; padding: 2px;">4322</div> <div style="display: flex; align-items: center; gap: 10px;"> \$ <input style="width: 80px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>
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.)	<div style="border: 1px solid black; padding: 2px;">4324</div> <input type="checkbox"/> 1 Yes – <i>Mark Callback Summary and Reminder Card, Item 6</i> <input type="checkbox"/> 2 No <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A11	Asset types owned. Mark (X) all that apply.	4400	1 <input type="checkbox"/> ISS Code 104 – Money market funds
		4402	2 <input type="checkbox"/> ISS Code 105 – U.S. Government securities
		4404	3 <input type="checkbox"/> ISS Code 106 – Municipal or corporate bonds
		4406	4 <input type="checkbox"/> ISS Code 107 – Other interest-earning assets – <i>Specify</i> _____
1. Earlier you said that . . . owned (Read names of owned assets).			
CHECK ITEM A12	Interview status of . . . 's spouse.	4408	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4410	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	4412	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
c.	What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	4414	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4416	1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 7</i> 2 <input type="checkbox"/> No
3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?	4418	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?	4420	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
c.	What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	4422	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4424	1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 8</i> 2 <input type="checkbox"/> No

SKIP to next ISS Code or Check Item P1, page 45

NOTES

Section 3 – AMOUNTS (Continued)

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

a. Earlier you told me that . . . owned stocks or mutual fund shares. 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;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> </div> <div style="margin-left: 100px;"> } <i>SKIP to 3a</i> </div>
---	--

CHECK TEM A13 Interview status of . . . 's spouse.	<div style="display: flex; justify-content: space-between;"> 4502 <div style="margin-left: 20px;"> <input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i> </div> </div>
---	--

b. 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: 100px; border: 1px solid black;" type="text"/> . <input style="width: 50px; border: 1px solid black;" type="text"/> 00 – <i>SKIP to 2a</i> </div> </div> <div style="margin-left: 20px; margin-top: 5px;"> <input type="checkbox"/> None – <i>SKIP to 2a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </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;"> <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 9</i> <input type="checkbox"/> No </div> </div>
--	---

a. 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: 100px; border: 1px solid black;" type="text"/> . <input style="width: 50px; border: 1px solid black;" type="text"/> 00 – <i>SKIP to 3a</i> </div> </div> <div style="margin-left: 20px; margin-top: 5px;"> <input type="checkbox"/> None – <i>SKIP to 3a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </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;"> <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 10</i> <input type="checkbox"/> No </div> </div>
--	--

a. (Besides the money that . . . received in dividends) 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;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> </div> <div style="margin-left: 100px;"> } <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>
--	---

CHECK TEM A14 Interview status of . . . 's spouse.	<div style="display: flex; justify-content: space-between;"> 4514 <div style="margin-left: 20px;"> <input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i> </div> </div>
---	--

b. 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: 100px; border: 1px solid black;" type="text"/> . <input style="width: 50px; border: 1px solid black;" type="text"/> 00 </div> </div> <div style="margin-left: 20px; margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </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: 100px; border: 1px solid black;" type="text"/> . <input style="width: 50px; border: 1px solid black;" type="text"/> 00 </div> </div> <div style="margin-left: 20px; margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. </div> <div style="margin-left: 100px; margin-top: 10px;"> } <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>
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OTES

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

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

CHECK ITEM A15

Interview status of . . . 's spouse.

4600

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

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

Include only property owned entirely by couple.

4602

- 1 Yes
- 2 No – *SKIP to 3a*

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

4604

\$. 00

- x1 DK
- x2 Ref. – *SKIP to next ISS Code or Check Item P1, page 45*

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

Enter \$1 in amount box if respondent reports "broke even."

4606

\$. 00

- x1 DK
- x2 Ref. – *SKIP to next ISS Code or Check Item P1, page 45*

4608

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

3a. Did . . . receive rental income from property owned entirely in . . . 's own name?

4610

- 1 Yes
- 2 No – *SKIP to 4a*

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

4612

\$. 00

- x1 DK
- x2 Ref. – *SKIP to next ISS Code or Check Item P1, page 45*

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

Enter \$1 in amount box if respondent reports "broke even."

4614

\$. 00

- x1 DK
- x2 Ref. – *SKIP to next ISS Code or Check Item P1, page 45*

4616

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

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

4618

- 1 Yes
- 2 No – *SKIP to next ISS code or Check Item P1, page 45*

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

Enter \$1 in amount box if respondent reports "broke even."

4620

\$. 00

- x1 DK
- x2 Ref.

4622

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

SKIP to next ISS Code or Check Item P1, page 45

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A16	Asset types owned. <i>Mark (X) all that apply.</i>	4700 4702 4704	<input type="checkbox"/> ISS Code 130 – Mortgages <input type="checkbox"/> ISS Code 140 – Royalties <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A17	Is ISS Code 130 marked in Check Item A16?	4706	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 3</i>
CHECK ITEM A18	Interview status of ...'s spouse.	4708	<input type="checkbox"/> No spouse in household – <i>SKIP to 2b</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
a.	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	<input type="checkbox"/> Yes <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	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">00</div> </div> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref.
a.	(Besides these jointly held mortgages) did ... hold any mortgages in ...'s own name?	4714	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A19</i>
b.	(Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?	4716	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">00</div> </div> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref.
CHECK ITEM A19	Is ISS Code 140 or 150 marked in Check Item A16?	4718	<input type="checkbox"/> Yes <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 4722	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">00</div> </div> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

OTES

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to section 5, page 46
	1 a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received 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 P2
	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? <i>Mark (X) all that apply.</i>	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
	c. What was the total amount of the energy assistance received by this household during the past 4 months?	4824	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM P2	Are there any children 5 to 18 who live in the household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to section 5, page 46
	2 a. 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 section 5, page 46
	b. How many children?	4830	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	c. Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?	4832	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2f
	d. How many children?	4834	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	e. Are the lunches free or are they reduced-price? <i>Mark (X) all that apply.</i>	4836 4838	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
	f. Do any of the children receive free or reduced-price school breakfasts this school year?	4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to section 5, page 46
	g. How many children?	4842	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	h. Are the breakfasts free or are they reduced-price? <i>Mark (X) all that apply.</i>	4844 4846	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price

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