

Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

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

PGM 7

1000

- 1 Yes — Mark "Worked" (code 170) on ISS and SKIP to 4
2 No

2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?

1002

- 1 Yes
2 No — SKIP to 3a

b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job?

Mark (X) all that apply.

1004

x5 ALL

1006

1

1018

7

1030

13

1008

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1020

8

1032

14

1010

3

1022

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1034

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1012

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1024

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1036

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1014

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1026

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1038

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1016

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1028

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1040

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?

Mark (X) only one.

1044

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

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 9a, 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?

Mark (X) only one.

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

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?

Mark (X) all that apply.

1060

x5 ALL

1062

1

1074

7

1086

13

1064

2

1076

8

1088

14

1066

3

1078

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1090

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1068

4

1080

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1092

16

1070

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1082

11

1094

17

1072

6

1084

12

1096

18

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

Mark (X) only one.

1098

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

SKIP to 8a, page 4

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 Inadequate transportation
 - 11 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 9a

CHECK ITEM R3 Refer to item 8a.
Did . . . usually work 35 or more hours per week?

- 1231**
- 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.

- 1232**
- 1 Yes
 - 2 No — SKIP to 9a

c. How many weeks did . . . work fewer than 35 hours in the months of _____, _____, and _____?

- 1233** x5 All
- 1234** Weeks Last month
- 1235** Weeks 2 months ago
- 1236** Weeks 3 months ago
- 1237** Weeks 4 months ago

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 _____

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 R4

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

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

CHECK ITEM R4 Is "Worked" marked on the ISS?

- 1244**
- 1 Yes
 - 2 No — SKIP to Check Item R5

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 R5 Refer to control card 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 Yes
 - 2 No — SKIP to Check Item R6

11a. How long did . . . serve on active duty in the Armed Forces?

- 1332**
- 1 Less than 6 months
 - 2 6 to 23 months
 - 3 2 to 19 years
 - 4 20 or more years
 - x1 DK

b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?

- 1334**
- 1 Yes
 - 2 No
 - x1 DK
- } SKIP to 11d

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** Percent
- x3 0%
 - x1 DK
 - x2 Ref.
 - 101 No rating
- } Mark "200" on ISS if rating is 100%; otherwise, mark "201"

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 Yes — Mark "8" on ISS
 - 2 No

CHECK ITEM R6 Is . . . 18 years of age or over?

- 1340**
- 1 Yes
 - 2 No — SKIP to 15a

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

12a. 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 R8
CHECK ITEM R7 Is . . . 65 years of age or over?	1344 1 <input type="checkbox"/> Yes — SKIP to 13a 2 <input type="checkbox"/> No
12b. 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 } SKIP to 13a X1 <input type="checkbox"/> DK
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 13a
CHECK ITEM R8 Refer to Control Card 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 13a
12d. 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
13a. 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 R9
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 R9 Is . . . 40 years of age or over?	1358 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a
14a. 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 R10
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 14d
C. What kind of retirement income? Anything else? Mark (X) all that apply.	1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS 1366 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS 1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS 1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS 1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS 1374 6 <input type="checkbox"/> State government pension — Mark "34" on ISS 1376 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS 1378 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS. _____ 1380 <input type="checkbox"/> <input type="checkbox"/>
d. During this 4-month period did . . . receive any regular income from a paid-up life insurance policy or any other annuities?	1382 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R10 Is . . . 70 years of age or over?	1384 1 <input type="checkbox"/> Yes — SKIP to Check Item R11 2 <input type="checkbox"/> No
15a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	1386 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R11
b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	1388 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to Check Item R11

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

15c. What kind of income? Anything else?

Mark (X) all that apply.

- 1390** U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392** Black Lung benefits — Mark "9" on ISS
- 1394** Worker's Compensation — Mark "10" on ISS
- 1396** Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398** Pension from company or union — Mark "30" on ISS
- 1400** Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402** U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1406** State government pension — Mark "34" on ISS
- 1408** Local government pension — Mark "35" on ISS
- 1410** Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1412**

CHECK ITEM R11

Refer to Control Card item 26a.
What is . . . 's marital status?

- 1414** Married — SKIP to 17
- Widowed — SKIP to 19a
- Divorced
- Separated
- Never married — SKIP to Check Item R12

16. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?

- 1416** Yes — Mark "29" on ISS and SKIP to Check Item R12
- No
- x1 DK } SKIP to Check Item R12
- x2 Ref. }

17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?

- 1418** Widowed — SKIP to 19a
- Divorced
- Both widowed and divorced
- No — SKIP to Check Item R15

CHECK ITEM R12

Refer to Control Card item 27.
Is . . . the designated parent or guardian of children under 18 who live in this household?

- 1420** Yes
- No — SKIP to Check Item R13

18. Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)

- 1422** Yes — Mark "28" on ISS
- No
- x1 DK
- x2 Ref.

CHECK ITEM R13

Is "Both widowed and divorced" box marked in 17?

- 1424** Yes
- No — SKIP to Check Item R15

19a. During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?

- 1426** Yes
- No
- x1 DK } SKIP to Check Item R15

b. What kind of income was this? Was there anything else?

(SHOW FLASHCARD K)

Mark (X) all that apply.

- 1428** U.S. Government Railroad Retirement — Mark "2" on ISS
- 1430** Veterans Compensation or pension — Mark "8" on ISS
- 1432** Black Lung benefits — Mark "9" on ISS
- 1434** Pension from company or union — Mark "30" on ISS
- 1436** Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1438** U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1440** National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1442** State government pension — Mark "34" on ISS
- 1444** Local government pension — Mark "35" on ISS
- 1446** Income from paid up life insurance policies or annuities — Mark "36" on ISS
- 1448** Payments from estate or trust — Mark "37" on ISS
- 1450** Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1452**

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R14	Is "Veterans Compensation or pension" marked in 19b?	1454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R15
19c.	Did ...'s late spouse die while in the service or from a service-related injury?	1456	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R15	Is ... 65 years of age or over?	1458	1 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No
CHECK ITEM R16	Refer to item 15a. Does ... have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R17
20a.	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	1 <input type="checkbox"/> Yes – Mark "172" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17
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 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Type A and B) 4 <input type="checkbox"/> Card not available – ASK 20c } SKIP to Check Item R17
c.	(This information is especially important for the purposes of this survey.) If I were to call later would you be able to provide me with ...'s Medicare number?	1470	1 <input type="checkbox"/> Yes – Mark Reminder Card, item 2 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does ...'s Medicare help pay for doctor bills?	1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R17	Refer to Control Card item 27. Is ... the designated parent or guardian of children under 18 who live in this household?	1474	1 <input type="checkbox"/> Yes – SKIP to 21 2 <input type="checkbox"/> No
CHECK ITEM R18	Is ... 18 years of age or over?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 24a
21.	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	1 <input type="checkbox"/> Yes – Mark "27" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R19	Interview status of ...'s spouse.	1482	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 23a
22a.	During the 4-month period, did ... receive any welfare such as AFDC, WIC, or General Assistance (for ... or ...'s children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 23a
b.	What kind of welfare did ... receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496	1 <input type="checkbox"/> AFDC – Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief – Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban or Refugee Assistance – Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care – Mark "23" on ISS 5 <input type="checkbox"/> WIC – Mark "25" on ISS 6 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. Enter "24" if not listed or DK.
		1498	<input type="text"/>
	(Refer to FLASHCARD M for Medicaid name.) 23a. During the 4-month period was ... covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes – Mark "173" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R20	Refer to Control Card item 27. Is ... the designated parent or guardian of children under 18 who live in this household?	1506	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21
23b.	Were any of ...'s children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

23c. Which children were covered?	1510	x5 <input type="checkbox"/> All
		OR
		Person No. Name
	1512	<input type="text"/>
	1514	<input type="text"/>
	1516	<input type="text"/>
	1518	<input type="text"/>
	1520	<input type="text"/>

CHECK ITEM R21 Was . . . or . . . 's children under 18 covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 24a
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23d. Was (. . ./(and) . . . 's children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes – SKIP to 24a 2 <input type="checkbox"/> No
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e. In which months was (. . ./(and) . . . 's children) covered? <i>Mark (X) all that apply.</i>	1528	1 <input type="checkbox"/> Last month
	1530	2 <input type="checkbox"/> 2 months ago
	1532	3 <input type="checkbox"/> 3 months ago
	1534	4 <input type="checkbox"/> 4 months ago

24a. During the 4-month period, did . . . have group or individual health insurance in . . . 's own name? (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)	1536	1 <input type="checkbox"/> Yes – SKIP to 24c 2 <input type="checkbox"/> No
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<i>ASK OR VERIFY –</i> b. Was . . . covered by a health insurance plan in somebody else's name?	1537	1 <input type="checkbox"/> Yes } SKIP to Check Item R22 2 <input type="checkbox"/> No }
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c. Did . . . have this health insurance plan during the entire 4-month period?	1538	1 <input type="checkbox"/> Yes – SKIP to 24e 2 <input type="checkbox"/> No
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d. In which months did . . . have the plan? <i>Mark (X) all that apply.</i>	1540	1 <input type="checkbox"/> Last month
	1542	2 <input type="checkbox"/> 2 months ago
	1544	3 <input type="checkbox"/> 3 months ago
	1546	4 <input type="checkbox"/> 4 months ago

e. Did . . . have a health plan provided through an employer or union (or through a former employer or a pension plan)?	1548	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 24g
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f. Did the employer or union (former employer or pension plan) pay for part OR all of the cost of this plan?	1550	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None
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g. Was this an individual plan or a family plan?	1552	1 <input type="checkbox"/> Individual – SKIP to Check Item R22 2 <input type="checkbox"/> Family
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h. Did . . . 's health plan cover all the persons living here?	1554	1 <input type="checkbox"/> Yes – SKIP to 25 2 <input type="checkbox"/> No
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i. Other than . . . , which persons in this household were covered by . . . 's plan?		
		Person No. Name
	1556	<input type="text"/>
	1558	<input type="text"/>
	1560	<input type="text"/>
	1562	<input type="text"/>
	1564	<input type="text"/>
	1566	x3 <input type="checkbox"/> None

CHECK ITEM R22 Refer to Control Card item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1568	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 25
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CHECK ITEM R23 Have each of these children already been identified as members of a family health insurance plan?	1570	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 24k x1 <input type="checkbox"/> DK }
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24j. I have recorded that all of . . . 's children were covered by a health insurance plan – is that correct?	1572	1 <input type="checkbox"/> Yes – SKIP to 25 2 <input type="checkbox"/> No
--	-------------	--

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>24k. Were any of (Which of) . . . 's children (were) covered by a health insurance plan?</p> <p>(Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)</p>	<p>1574 x5 <input type="checkbox"/> All children OR Person No. Name</p> <p>1576 <input type="text"/></p> <p>1578 <input type="text"/></p> <p>1580 <input type="text"/></p> <p>1582 <input type="text"/></p> <p>1584 <input type="text"/></p> <p>1586 x3 <input type="checkbox"/> None</p>
<p>25. Excluding IRA and Keogh accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?</p>	<p>1624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a</p>
<p>26. Did . . . have any –</p> <p>a. Regular or passbook savings accounts?</p>	<p>1626 1 <input type="checkbox"/> Yes – Mark "100" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>b. Money market deposit accounts?</p>	<p>1628 1 <input type="checkbox"/> Yes – Mark "101" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>c. Certificates of deposit or other savings certificates?</p>	<p>1630 1 <input type="checkbox"/> Yes – Mark "102" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>d. NOW, Super NOW, or other interest-earning checking accounts?</p>	<p>1632 1 <input type="checkbox"/> Yes – Mark "103" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA and Keogh accounts.)</p>	<p>1634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 28</p>
<p><i>(SHOW FLASHCARD N)</i></p> <p>b. Which kinds of these assets did . . . own? Any others? (Exclude IRA and Keogh accounts.)</p> <p>Mark (X) all that apply.</p>	<p>1636 1 <input type="checkbox"/> Money market funds – Mark "104" on ISS 1638 2 <input type="checkbox"/> U.S. Government securities – Mark "105" on ISS 1640 3 <input type="checkbox"/> Municipal or corporate bonds – Mark "106" on ISS 1642 4 <input type="checkbox"/> Mortgages – Mark "130" on ISS 1644 5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) – Mark "174" on ISS 1646 6 <input type="checkbox"/> Other – Specify and mark "107" on ISS</p>
<p>28. During the 4-month period did . . . have any – (Exclude IRA and Keogh accounts.)</p> <p>a. Stocks or mutual fund shares?</p>	<p>1648 1 <input type="checkbox"/> Yes – Mark "110" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>b. Rental property?</p>	<p>1650 1 <input type="checkbox"/> Yes – Mark "120" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>c. Royalties?</p>	<p>1652 1 <input type="checkbox"/> Yes – Mark "140" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?</p>	<p>1654 1 <input type="checkbox"/> Yes – Specify and mark "150" on ISS</p> <p>2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>29a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</p>	<p>1656 1 <input type="checkbox"/> Yes, full-time 2 <input type="checkbox"/> Yes, part-time 3 <input type="checkbox"/> No – SKIP to Check Item R24</p>
<p>b. During which months was . . . enrolled? Mark (X) all that apply.</p>	<p>1658 1 <input type="checkbox"/> All months 1660 2 <input type="checkbox"/> Last month 1662 3 <input type="checkbox"/> 2 months ago 1664 4 <input type="checkbox"/> 3 months ago 1666 5 <input type="checkbox"/> 4 months ago</p>
<p>c. At what level or grade was . . . enrolled? (If enrolled at more than one level during this period, check most recent level.)</p>	<p>1668 1 <input type="checkbox"/> Elementary grades 1–8 } SKIP to Check 2 <input type="checkbox"/> High school grades 9–12 } Item R24 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school</p>
<p>30a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any other type of scholarship or grant?</p>	<p>1670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R24</p>
<p>b. What kind of educational assistance did . . . receive? Anything else? Mark (X) all that apply.</p>	<p>1672 1 <input type="checkbox"/> GI Bill – Mark "40" on ISS 1674 2 <input type="checkbox"/> Other Veteran's Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – Mark "41" on ISS 1676 3 <input type="checkbox"/> College Work Study – Mark "175" on ISS 1678 4 <input type="checkbox"/> PELL Grant – Mark "176" on ISS 1680 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – Mark "177" on ISS 1682 6 <input type="checkbox"/> National Direct Student Loan (NSL) – Mark "178" on ISS 1684 7 <input type="checkbox"/> Guaranteed Student Loan – Mark "179" on ISS 1686 8 <input type="checkbox"/> JTPA Training – Mark "180" on ISS 1688 9 <input type="checkbox"/> Employer Assistance – Mark "181" on ISS 1690 10 <input type="checkbox"/> Fellowship/Scholarship – Mark "182" on ISS 1692 11 <input type="checkbox"/> Other financial aid – Mark "183" on ISS</p>
<p>CHECK ITEM R24 Refer to Control Card item 26a What is . . . 's marital status?</p>	<p>1694 1 <input type="checkbox"/> Married, spouse absent 2 <input type="checkbox"/> Other – SKIP to Check Item R25</p>
<p>ASK OR VERIFY – 31. Is . . . 's spouse in the Armed Forces?</p>	<p>1696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R25 Are any income types, assets, "worked" or "other educational assistance" (ISS codes 175-183) marked on the ISS?</p>	<p>1698 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 33a</p>
<p>32a. 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?</p>	<p>1700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Probe and resolve (Make corrections to ISS if necessary)</p>
<p>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</p>	<p>1702 1 <input type="checkbox"/> Yes – SKIP to 33b 2 <input type="checkbox"/> No – SKIP to Check Item E1</p>
<p>33a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?</p>	<p>1704 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P1, page 43</p>
<p>b. What kind of income did . . . receive? Anything else?</p>	<p align="center">Enter codes from income source list and mark ISS.</p> <p>1706 <input type="text"/> <input type="text"/> <input type="text"/> _____ 1708 <input type="text"/> <input type="text"/> <input type="text"/> _____ 1710 <input type="text"/> <input type="text"/> <input type="text"/> _____</p>

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?</p> <p><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>	<p>PGM 8 2000</p>	<p>Employer name</p> <hr/>
<p>CHECK ITEM E3 Enter number "1" for this employer in box →</p>	<p>PGM 8 2002</p>	<p>Employer I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<p>2b. What kind of business or industry was (Name of company or business)?</p> <p>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2004</p>	<hr/> <hr/>
<p>C. ASK OR VERIFY – Is it mainly –</p>	<p>PGM 8 2006</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer</p>	<p>PGM 8 2008</p>	<hr/>
<p>e. What were . . . 's main activities or duties? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 2010</p>	<hr/> <hr/>
<p>f. ASK OR VERIFY – Was . . . an employee of –</p>	<p>PGM 8 2012</p>	<p>1 <input type="checkbox"/> A private company or individual? 2 <input type="checkbox"/> Federal government (exclude Armed Forces)? 3 <input type="checkbox"/> State government? 4 <input type="checkbox"/> Local government? 5 <input type="checkbox"/> Armed Forces? 6 <input type="checkbox"/> Unpaid in family business or farm? – <i>SKIP to Check Item E5</i></p>
<p>3a. ASK OR VERIFY – Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 2014</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2016</p>	<p>FROM</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Month</div> <div style="margin-right: 20px;">2018</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Day</div> </div> <p>TO</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Month</div> <div style="margin-right: 20px;">2022</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Day</div> </div>
<p>4. ASK OR VERIFY – How many hours per week did . . . usually work at this job?</p>	<p>2024</p>	<p><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	<p>2026</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7</i></p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	<p>2028</p>	<p>\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item E5</i></p>
<p>7. During the 4-month period how often was . . . paid on this job?</p>	<p>2030</p>	<p>1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Some other way – <i>Specify</i> ↴</p>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

2032 \$. 00

- x3 None
- x1 DK
- x2 Ref.

INTERVIEWER USE ONLY	
\$	.00
\$	.00
\$	.00
\$	.00
\$	.00
Total	\$.00

2 MONTHS AGO

2034 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

3 MONTHS AGO

2036 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

4 MONTHS AGO

2038 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

CHECK ITEM E4

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

- 2040 1 Yes
2 No – SKIP to 9a

8b. (Information about how much . . . received each month is very important to the results of our survey.) 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?

- 2042 1 Yes – Mark Reminder Card, item 3a
2 No

9a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

- 2044 1 Yes – SKIP to Check Item E5
2 No

b. Is (was) . . . covered by a union or employee association contract?

- 2046 1 Yes
2 No

CHECK ITEM E5

Number of employers in item 1b?

- 2048 1 1 employer – SKIP to Check Item E8, page 15
2 2 or more employers

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

10a. What is the name of the other employer for whom . . . worked during this 4-month period?
(If . . . worked for more than one employer, enter the employer for whom . . . worked the second most hours during the 4-month period.)

PGM 8 Employer Name
 2100

CHECK ITEM E6 Enter number "2" for this employer in box

PGM 8 Employer I.D. No.
 2102

10b. What kind of business or industry was (Name of company or business)?
For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8
 2104

C. ASK OR VERIFY – Is it mainly –

PGM 8
 2106

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

d. What kind of work was . . . doing on this job?
For example: Electrical engineer, stock clerk, typist, farmer

PGM 8
 2108

e. What were . . . 's main activities or duties?
For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8
 2110

f. ASK OR VERIFY – Was . . . an employee of –

PGM 8
 2112

1 A private company or individual?
 2 Federal government (exclude Armed Forces)?
 3 State government?
 4 Local government?
 5 Armed Forces?
 6 Unpaid in family business or farm? –
 SKIP to Check Item E8

11a. ASK OR VERIFY – Was . . . employed by (Name of employer) during the entire 4-month period?

PGM 7
 2114

1 Yes – SKIP to 12
 2 No

b. When was . . . employed by (Name of employer) during this 4-month period?

FROM Month Day
 TO Month Day

2116 2118
 2120 2122

12. ASK OR VERIFY – How many hours per week did . . . usually work at this job?

2124 Hours

x3 None
 x1 DK

13. Was . . . paid by the hour on this job?

2126

1 Yes
 2 No – SKIP to 15

14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?

2128 \$.

x1 DK
 x2 Ref. – SKIP to Check Item E8

15. During the 4-month period how often was . . . paid on this job?

2130

1 Once a week
 2 Once each 2 weeks
 3 Once a month
 4 Twice a month
 5 Some other way – Specify

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2(Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. 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			
2132	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	Total	\$	.00
2 MONTHS AGO			
2134	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	Total	\$	.00
3 MONTHS AGO			
2136	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	Total	\$	.00
4 MONTHS AGO			
2138	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	Total	\$	.00

CHECK ITEM E7 Is "DK" marked in all parts of 16a?

2140 1 Yes
2 No – SKIP to 17a

16b. (Information about how much . . . received each month is very important to the results of our survey.) 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?

2142 1 Yes – Mark Reminder Card, item 3b
2 No

17 a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

2144 1 Yes – SKIP to Check Item E8
2 No

b. Is (was) . . . covered by a union or employee association contract?

2146 1 Yes
2 No

CHECK ITEM E8 Is "Both worked for employer and self-employed" marked in 1a, page 11?

2148 1 Yes – Read Statement B
2 No – SKIP to first ISS Code or Check Item P1, page 43

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.

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

2200

CHECK ITEM S1 Enter number "1" for this business in box PGM 8 Business I.D. No.

2202

1 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

2. 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

3. What was the total number of employees working for this business? Be sure to include . . . 2218

Employees

Enter 999 if more than 1,000 employees.

x1 DK

4 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

5 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? 2226

Person No.	Name
2226	<input type="text"/>
2228	<input type="text"/>
2230	<input type="text"/>

6 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)

		INTERVIEWER USE ONLY
7. READ STATEMENT ONLY ONCE PER RESPONDENT.		
<p>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.</p> <p>What was the total amount of income that . . . received from this business in (Read each month)?</p> <p align="center">★</p>	<p align="center">LAST MONTH</p> <p>2238 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
	<p align="center">2 MONTHS AGO</p> <p>2240 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
	<p align="center">3 MONTHS AGO</p> <p>2242 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
	<p align="center">4 MONTHS AGO</p> <p>2244 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
	<p>CHECK ITEM S4 Is "DK" marked in all parts of 7?</p>	<p>2246 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S5</p>
<p>8. (Information about how much . . . received each month is very important to the results of our survey.) 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?</p>	<p>2248 1 <input type="checkbox"/> Yes – Mark Reminder Card, item 4a 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM S5 Refer to item 4a, page 16. Is this business incorporated?</p>	<p>2250 1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM S6 Has information about the net profit (or loss) for this business already been obtained by another household member?</p>	<p>2252 1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No</p>	
<p>9a. 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 shown on the calendar?</p>	<p>2254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11</p>	
<p>b. What was the net profit (or loss) from this business during the 4-month period?</p>	<p>2256 \$ <input type="text"/> . <input type="text"/> 00</p> <p>2258 x4 <input type="checkbox"/> Loss in amount box – If "Broke even," mark \$1 in box.</p>	} SKIP to 11
<p>10. About how much did . . . earn from this business after expenses during the 4-month period?</p>	<p>2260 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	
<p>11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?</p>	<p>2262 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code or Check Item P1, page 43</p>	

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm?</p>	<p>PGM 8 2300</p>	<p>Business name</p> <hr/>												
<p>CHECK ITEM S7 Enter number "2" for this business in box →</p>	<p>PGM 8 2302</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>												
<p>12b. What kind of business was this?</p>	<p>PGM 8 2304</p>	<hr/>												
<p><i>ASK OR VERIFY —</i></p> <p>c. Is it mainly —</p>	<p>PGM 8 2306</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>												
<p>d. What kind of work was . . . doing?</p>	<p>PGM 8 2308</p>	<hr/>												
<p>e. What were . . . 's most important activities or duties?</p>	<p>PGM 8 2310</p>	<hr/>												
<p>f. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 2312</p>	<p><input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>												
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2314</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 21</i> x1 <input type="checkbox"/> DK</p>												
<p>CHECK ITEM S8 Have questions 14—16b already been answered for this business by another household member?</p>	<p>2316</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 17a</i> 2 <input type="checkbox"/> No</p>												
<p>14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2318</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> Employees</p> <p>x1 <input type="checkbox"/> DK</p>												
<p>15a. Was . . . 's business incorporated?</p>	<p>2320</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 16a</i> 2 <input type="checkbox"/> No</p>												
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2322</p>	<p>1 <input type="checkbox"/> Sole proprietorship — <i>SKIP to 17a</i> 2 <input type="checkbox"/> Partnership</p>												
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2324</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 17a</i></p>												
<p>b. Which members?</p>	<p>2326 2328 2330</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:20%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"><input type="text"/> <input type="text"/> <input type="text"/></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"><input type="text"/> <input type="text"/> <input type="text"/></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"><input type="text"/> <input type="text"/> <input type="text"/></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>		Person No.	Name		<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>	
	Person No.	Name												
	<input type="text"/> <input type="text"/> <input type="text"/>													
	<input type="text"/> <input type="text"/> <input type="text"/>													
	<input type="text"/> <input type="text"/> <input type="text"/>													
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2332</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2334</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	<p>2336</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item S11</i></p>												

Section 3 – AMOUNTS

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

	Income code	Name of income type
1. You said . . . received (<i>Read name of income type</i>) during the 4-month period.	3000	
CHECK ITEM A1 <i>Mark (X) income type code.</i>	3002	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 14, page 22</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 22</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	3004	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?	3006	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3008	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 10a</i>
CHECK ITEM A3 Is . . . married?	3010	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?	3012	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
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	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> <input type="checkbox"/> No
5a. Did . . . receive any (<i>Read name of income type</i>) in (<i>Read each month</i>)?		5b. How much did . . . receive in (<i>Read each month marked "Yes" in 5a</i>)? Please answer by giving the total amount each month before any deductions.
NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Last month	3016 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3018 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3020 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3022 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3024 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3026 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3028 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3030 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5 <i>Mark (X) income type code.</i>	3032	<input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
6a. Were all the people living here covered by . . . 's payments?	3034	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No

NOTES

Section 3 – AMOUNTS (Continued)

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

	Person No.	Name	
6b. Which persons were covered?	3036	<input type="text"/>	
	3038	<input type="text"/>	
	3040	<input type="text"/>	
	3042	<input type="text"/>	
	3044	<input type="text"/>	
	3046	<input type="text"/>	
	3048	<input type="text"/>	
	3050	<input type="text"/>	
	3052	<input type="text"/>	
	3054	<input type="text"/>	
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 43	
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	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 43	
(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 A7 Refer to item 2, page 20. 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 43	
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
	2 months ago	3074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3 months ago	3078	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	4 months ago	3082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3072	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3076	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3080	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3084	\$ <input type="text"/> . <input type="text"/> 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 43 2 <input type="checkbox"/> No	

Section 3 – AMOUNTS (Continued)

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

11b. 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 43

12a. 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"/>

13a. 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 43

14. Did ... receive any WIC vouchers in (Read each month)?
Mark (X) all that apply.

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

SKIP to next ISS Code or Check Item P1, page 43

Section 3 – AMOUNTS

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

<p>1. You said . . . received (<i>Read name of income type</i>) during the 4-month period.</p>	Income code	Name of income type	
	3200	<input type="text"/>	<input type="text"/>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	3202	<p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 14, page 25</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 25</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i></p>	
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	3204	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP Check Item A3</i></p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</p>	3206	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP Check Item A3</i></p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	3208	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i></p>	
<p>CHECK ITEM A3 Is . . . married?</p>	3210	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>	
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	3212	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>	
<p>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?</p>	3214	<p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> 2 <input type="checkbox"/> No</p>	
<p>5a. Did . . . receive any (<i>Read name of income type</i>) in (<i>Read each month</i>)?</p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p>5b. How much did . . . receive in (<i>Read each month marked "Yes" in 5a</i>)? Please answer by giving the total amount each month before any deductions.</p>	
<p>Last month</p>	3216	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3218 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>2 months ago</p>	3220	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3222 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>3 months ago</p>	3224	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3226 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>4 months ago</p>	3228	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3230 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	3232	<p>1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i></p>	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	3234	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>	
<p>NOTES</p>			

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"/>
	3238	<input type="text"/>
	3240	<input type="text"/>
	3242	<input type="text"/>
	3244	<input type="text"/>
	3246	<input type="text"/>
	3248	<input type="text"/>
	3250	<input type="text"/>
	3252	<input type="text"/>
	3254	<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 43

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration? 3260 1 Yes
 2 No } SKIP to next ISS Code or Check Item P1, page 43
 x1 DK

(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 A7 Refer to item 2, page 23. 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 43

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

VERIFY IF ONLY ONE CHILD OR ASK — 3286 1 Yes — SKIP to next ISS Code or Check Item P1, page 43
11a. Were all children living here covered by these payments? 2 No

Section 3 – AMOUNTS (Continued)

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

11b. Which children were covered?	Person No.	Name
	3288 <input type="text"/>	<input type="text"/>
	3290 <input type="text"/>	<input type="text"/>
	3292 <input type="text"/>	<input type="text"/>
	3294 <input type="text"/>	<input type="text"/>
	3296 <input type="text"/>	<input type="text"/>
	3298 <input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 43

12a. Were all the people living here covered under ...'s food stamp allotment?	3300	1 <input type="checkbox"/> Yes – <i>SKIP to 13a</i> 2 <input type="checkbox"/> No
	b. Which persons were covered?	
	Person No.	Name
	3302 <input type="text"/>	<input type="text"/>
	3304 <input type="text"/>	<input type="text"/>
	3306 <input type="text"/>	<input type="text"/>
	3308 <input type="text"/>	<input type="text"/>
	3310 <input type="text"/>	<input type="text"/>
	3312 <input type="text"/>	<input type="text"/>
	3314 <input type="text"/>	<input type="text"/>
	3316 <input type="text"/>	<input type="text"/>
	3318 <input type="text"/>	<input type="text"/>
3320 <input type="text"/>	<input type="text"/>	

13a. Did ... receive food stamps in (Read each month)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	13b. If "Yes" in 13a, ask – What was the total amount?	
			Last month 3322	3324 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
			2 months ago 3326	3328 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
			3 months ago 3330	3332 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago 3334	3336 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.			

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)? Mark (X) all that apply.	3338	1 <input type="checkbox"/> Last month	} SKIP to next ISS Code or Check Item P1, page 43
	3340	2 <input type="checkbox"/> 2 months ago	
	3342	3 <input type="checkbox"/> 3 months ago	
	3344	4 <input type="checkbox"/> 4 months ago	

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	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

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 28
 3 ISS code 27 (Food Stamps) – SKIP to 12a, page 28
 4 ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4
 5 Other ISS codes – SKIP to 5a

CHECK ITEM A2 Refer to cc item 27.
Is . . . a designated parent, or guardian of children under age 18?

3404

1 Yes
 2 No – SKIP 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 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 43
 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 8
 2 ISS code 8 or 20 through 24
 3 All other income codes – SKIP to next ISS Code or Check Item P1, page 43

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)

	Person No.	Name
6b. Which persons were covered?	3436	<input type="text"/>
	3438	<input type="text"/>
	3440	<input type="text"/>
	3442	<input type="text"/>
	3444	<input type="text"/>
	3446	<input type="text"/>
	3448	<input type="text"/>
	3450	<input type="text"/>
	3452	<input type="text"/>
	3454	<input type="text"/>
CHECK ITEM A6 Is this ISS code "8"?	3456	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?	3460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 43
(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 <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?	3466	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7 Refer to item 2, page 26. Were (Social Security/Railroad Retirement) payments received especially for the children?	3468	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3472
		\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3474	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3476
		\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3478	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3480
		\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3482	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3484
		\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
11a. Were all children living here covered by these payments?	3486	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No

Section 3 – AMOUNTS (Continued)

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

11b. Which children were covered?	Person No.	Name
	3488 [][][]	_____
	3490 [][][]	_____
	3492 [][][]	_____
	3494 [][][]	_____
	3496 [][][]	_____
	3498 [][][]	_____

SKIP to next ISS Code or Check Item P1, page 43

12a. Were all the people living here covered under ...'s food stamp allotment?	3500	1 <input type="checkbox"/> Yes – <i>SKIP to 13a</i> 2 <input type="checkbox"/> No
b. Which persons were covered?	Person No.	Name
	3502 [][][]	_____
	3504 [][][]	_____
	3506 [][][]	_____
	3508 [][][]	_____
	3510 [][][]	_____
	3512 [][][]	_____
	3514 [][][]	_____
	3516 [][][]	_____
	3518 [][][]	_____
	3520 [][][]	_____

13a. Did ... receive food stamps in (Read each month)?		13b. If "Yes" in 13a, ask – What was the total amount?
Last month	3522 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3524 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3526 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3528 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3532 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3534 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3536 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)? Mark (X) all that apply.	3538 1 <input type="checkbox"/> Last month 3540 2 <input type="checkbox"/> 2 months ago 3542 3 <input type="checkbox"/> 3 months ago 3544 4 <input type="checkbox"/> 4 months ago	SKIP to next ISS Code or Check Item P1, page 43
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Section 3 – AMOUNTS

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

<p>1. You said . . . received <i>(Read name of income type) during the 4-month period.</i></p>	<p>3600</p>	<p>Income code</p>	<p>Name of income type</p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3602</p>	<p> <input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 14, page 31</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 31</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i> </p>	
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3604</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i> </p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</p>	<p>3606</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i> </p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 10a</i> </p>	
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3610</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i> </p>	
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3612</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i> </p>	
<p>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?</p>	<p>3614</p>	<p> <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> <input type="checkbox"/> No </p>	
<p>5a. Did . . . receive any <i>(Read name of income type) in (Read each month)?</i></p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>			<p>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></p>
<p>Last month</p>	<p>3616</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </p>	<p>3618 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>2 months ago</p>	<p>3620</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </p>	<p>3622 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>3 months ago</p>	<p>3624</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </p>	<p>3626 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>4 months ago</p>	<p>3428</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </p>	<p>3630 \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3632</p>	<p> <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> </p>	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3634</p>	<p> <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No </p>	
<p>NOTES</p>			

Section 3 — AMOUNTS (Continued)

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

6b. Which persons were covered?	Person No.	Name
	3636 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3638 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3640 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3642 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3644 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3646 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3648 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3650 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3652 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3654 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

CHECK ITEM A6 Is this ISS code "8"? **3656** 1 Yes
2 No — SKIP to next ISS Code or Check Item P1, page 43

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration? **3660** 1 Yes
2 No } SKIP to next ISS Code or Check Item P1, page 43
x1 DK

(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 A7 Refer to item 2, page 29. 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 43

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	3670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3672 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3674 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3676 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3678 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3680 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3682 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3684 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

11a. Were all children living here covered by these payments? **3686** 1 Yes — SKIP to next ISS Code or Check Item P1, page 43
2 No

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 43

12a. Were all the people living here covered under ...'s food stamp allotment?	3700	1 <input type="checkbox"/> Yes – SKIP to 13a 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 months ago	3726	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3 months ago	3730	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
4 months ago	3734	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

3724	\$		.00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

3728	\$		.00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

3732	\$		.00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

3736	\$		.00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)? Mark (X) all that apply.	3738 3740 3742 3744	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
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SKIP to next ISS Code or Check Item P1, page 43

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
	3800	[] []

CHECK ITEM A1 <i>Mark (X) income type code.</i>	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 34 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 12a, page 34 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a
--	------	---

CHECK ITEM A2 <i>Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</i>	3804	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP 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 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 <i>Is . . . married?</i>	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 <i>Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?</i>	3814	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3816</td> <td style="width: 35%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3818</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table> </td> </tr> </table>	3816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3818</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3818	\$ [] [] . [] []			x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.
3816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3818</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3818	\$ [] [] . [] []			x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.		
3818	\$ [] [] . [] []									
	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.								
2 months ago	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3820</td> <td style="width: 35%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3822</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table> </td> </tr> </table>	3820	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3822</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3822	\$ [] [] . [] []			x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.
3820	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3822</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3822	\$ [] [] . [] []			x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.		
3822	\$ [] [] . [] []									
	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.								
3 months ago	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3824</td> <td style="width: 35%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3826</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table> </td> </tr> </table>	3824	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3826</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3826	\$ [] [] . [] []			x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.
3824	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3826</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3826	\$ [] [] . [] []			x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.		
3826	\$ [] [] . [] []									
	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.								
4 months ago	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3828</td> <td style="width: 35%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3830</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table> </td> </tr> </table>	3828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3830</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3830	\$ [] [] . [] []			x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.
3828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;">3830</td> <td style="width: 35%;">\$ [] [] . [] []</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK</td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3830	\$ [] [] . [] []			x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.		
3830	\$ [] [] . [] []									
	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.								

CHECK ITEM A5 <i>Mark (X) income type code.</i>	3832	1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 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 43
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6a. Were all the people living here covered by . . . 's payments?	3834	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
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NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?	Person No.	Name
	3836 <input type="checkbox"/>	<input type="text"/>
	3838 <input type="checkbox"/>	<input type="text"/>
	3840 <input type="checkbox"/>	<input type="text"/>
	3842 <input type="checkbox"/>	<input type="text"/>
	3844 <input type="checkbox"/>	<input type="text"/>
	3846 <input type="checkbox"/>	<input type="text"/>
	3848 <input type="checkbox"/>	<input type="text"/>
	3850 <input type="checkbox"/>	<input type="text"/>
	3852 <input type="checkbox"/>	<input type="text"/>
	3854 <input type="checkbox"/>	<input type="text"/>

CHECK ITEM A6	Is this ISS code "8"?	3856 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
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7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?	3860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to next ISS Code or Check Item P1, page 43
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(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 <input type="checkbox"/> Green 2 <input type="checkbox"/> Gold 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
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9. Do . . . 's payments usually come on the first of the month or the third?	3866 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
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CHECK ITEM A7	Refer to item 2, page 32. Were (Social Security/Railroad Retirement) payments received especially for the children?	3868 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
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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	3870 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3872 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3874 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3876 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3878 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3880 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3882 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3884 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

VERIFY IF ONLY ONE CHILD OR ASK — 11a. Were all children living here covered by these payments?	3886 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No	
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Section 3 – AMOUNTS (Continued)

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

11b. 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 43

12a. 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"/>

13a. 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 \$. 00
x1 DK
x2 Ref.

2 months ago

3926 1 Yes
2 No
x1 DK

3928 \$. 00
x1 DK
x2 Ref.

3 months ago

3930 1 Yes
2 No
x1 DK

3932 \$. 00
x1 DK
x2 Ref.

4 months ago

3934 1 Yes
2 No
x1 DK

3936 \$. 00
x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 43

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

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 43

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 (<i>Read name of income type</i>) during the 4-month period.	4000	
CHECK ITEM A1 <i>Mark (X) income type code.</i>	4002	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 14, page 37</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 37</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	4004	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?	4006	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	4008	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 10a</i>
CHECK ITEM A3 Is . . . married?	4010	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?	4012	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
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	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> <input type="checkbox"/> No
5a. Did . . . receive any (<i>Read name of income type</i>) in (<i>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</i>)? Please answer by giving the total amount each month before any deductions.
Last month	4016 <input type="checkbox"/> Yes <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.
2 months ago	4020 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4022 \$ <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	4024 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4026 \$ <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	4028 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	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 <i>Mark (X) income type code.</i>	4032	<input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
6a. Were all the people living here covered by . . . 's payments?	4034	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <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	<input type="text"/>
	4038	<input type="text"/>
	4040	<input type="text"/>
	4042	<input type="text"/>
	4044	<input type="text"/>
	4046	<input type="text"/>
	4048	<input type="text"/>
	4050	<input type="text"/>
	4052	<input type="text"/>
	4054	<input type="text"/>

CHECK ITEM A6	Is this ISS code "8"?	4056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
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7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?	4060 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 43
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(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 <input type="checkbox"/> Green 2 <input type="checkbox"/> Gold 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
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9. Do . . . 's payments usually come on the first of the month or the third?	4066 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
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CHECK ITEM A7	Refer to item 2, page 35. Were (Social Security/Railroad Retirement) payments received especially for the children?	4068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
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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	4070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 months ago	4072 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	4074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
4 months ago	4076 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
.	4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
.	4080 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
.	4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
.	4084 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

11a. Were all children living here covered by these payments?	4086 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No	
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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 43

12a. Were all the people living here covered under ...'s food stamp allotment?	4100	1 <input type="checkbox"/> Yes – <i>SKIP to 13a</i> 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4124 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	2 months ago		4126 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4128 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3 months ago		4130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4132 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	4134 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4136 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)? <i>Mark (X) all that apply.</i>	4138	1 <input type="checkbox"/> Last month	} <i>SKIP to next ISS Code or Check Item P1, page 43</i>
	4140	2 <input type="checkbox"/> 2 months ago	
	4142	3 <input type="checkbox"/> 3 months ago	
	4144	4 <input type="checkbox"/> 4 months ago	

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 A8	Asset types owned. Mark (X) all that apply.	4300	<input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts
		4302	<input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts
		4304	<input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates
		4306	<input type="checkbox"/> 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 A9	Interview status of . . . 's spouse.	4308	<input type="checkbox"/> No spouse in household – SKIP to 3b
			<input type="checkbox"/> Interview for spouse not yet conducted
			<input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?	4310	<input type="checkbox"/> Yes
		<input type="checkbox"/> No – SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	4312	\$ <input type="text"/> . <input type="text"/> <input type="text"/> – SKIP to 3a
		x3 <input type="checkbox"/> None – SKIP to 3a
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?	4314	\$ <input type="text"/> . <input type="text"/> <input type="text"/> – SKIP to 3a
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the average amount?	4316	<input type="checkbox"/> Yes – Mark Reminder Card, item 5
		<input type="checkbox"/> No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?	4318	<input type="checkbox"/> Yes
		<input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?	4320	\$ <input type="text"/> . <input type="text"/> <input type="text"/> – SKIP to next ISS Code or Check Item P1, page 43
		x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 43
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43

c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?	4322	\$ <input type="text"/> . <input type="text"/> <input type="text"/> – SKIP to next ISS Code or Check Item P1, page 43
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the average amount?	4324	<input type="checkbox"/> Yes – Mark Reminder Card, item 6
		<input type="checkbox"/> No

SKIP to next ISS Code or Check Item P1, page 43

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A10	Asset types owned. <i>Mark (X) all that apply.</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4400</td> <td style="padding: 2px;"><input type="checkbox"/> ISS code 104 – Money Market funds</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4402</td> <td style="padding: 2px;"><input type="checkbox"/> ISS code 105 – U.S. Government securities</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4404</td> <td style="padding: 2px;"><input type="checkbox"/> ISS code 106 – Municipal or corporate bonds</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4406</td> <td style="padding: 2px;"><input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify</td> </tr> </table>	4400	<input type="checkbox"/> ISS code 104 – Money Market funds	4402	<input type="checkbox"/> ISS code 105 – U.S. Government securities	4404	<input type="checkbox"/> ISS code 106 – Municipal or corporate bonds	4406	<input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify
4400	<input type="checkbox"/> ISS code 104 – Money Market funds									
4402	<input type="checkbox"/> ISS code 105 – U.S. Government securities									
4404	<input type="checkbox"/> ISS code 106 – Municipal or corporate bonds									
4406	<input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify									

1. Earlier you said that . . . owned (Read names of owned assets).

CHECK ITEM A11	Interview status of . . . 's spouse.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4408</td> <td style="padding: 2px;"><input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Interview for spouse not yet conducted</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i></td> </tr> </table>	4408	<input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i>		<input type="checkbox"/> Interview for spouse not yet conducted		<input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
4408	<input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i>							
	<input type="checkbox"/> Interview for spouse not yet conducted							
	<input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>							

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

	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4410</td> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> No – <i>SKIP to 3b</i></td> </tr> </table>	4410	<input type="checkbox"/> Yes		<input type="checkbox"/> No – <i>SKIP to 3b</i>
4410	<input type="checkbox"/> Yes				
	<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?

	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4412</td> <td style="padding: 2px;">\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x3 <input type="checkbox"/> None – <i>SKIP to 3a</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i></td> </tr> </table>	4412	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i>		x3 <input type="checkbox"/> None – <i>SKIP to 3a</i>		x1 <input type="checkbox"/> DK		x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
4412	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i>								
	x3 <input type="checkbox"/> None – <i>SKIP to 3a</i>								
	x1 <input type="checkbox"/> DK								
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</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? ★

	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4414</td> <td style="padding: 2px;">\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i></td> </tr> </table>	4414	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" 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 43</i>
4414	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" 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 43</i>						

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

	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4416</td> <td style="padding: 2px;"><input type="checkbox"/> Yes – <i>Mark Reminder Card, item 7</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> </table>	4416	<input type="checkbox"/> Yes – <i>Mark Reminder Card, item 7</i>		<input type="checkbox"/> No
4416	<input type="checkbox"/> Yes – <i>Mark Reminder Card, item 7</i>				
	<input type="checkbox"/> No				

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

	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4418</td> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 43</i></td> </tr> </table>	4418	<input type="checkbox"/> Yes		<input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
4418	<input type="checkbox"/> Yes				
	<input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 43</i>				

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?

	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4420</td> <td style="padding: 2px;">\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 43</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i></td> </tr> </table>	4420	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i>		x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 43</i>		x1 <input type="checkbox"/> DK		x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
4420	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i>								
	x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 43</i>								
	x1 <input type="checkbox"/> DK								
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>								

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

	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4422</td> <td style="padding: 2px;">\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i></td> </tr> </table>	4422	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i>		x1 <input type="checkbox"/> DK		x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
4422	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i>						
	x1 <input type="checkbox"/> DK						
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>						

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

	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4424</td> <td style="padding: 2px;"><input type="checkbox"/> Yes – <i>Mark Reminder Card, item 8</i> } <i>SKIP to next ISS Code or Check Item P1, page 43</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> </table>	4424	<input type="checkbox"/> Yes – <i>Mark Reminder Card, item 8</i> } <i>SKIP to next ISS Code or Check Item P1, page 43</i>		<input type="checkbox"/> No
4424	<input type="checkbox"/> Yes – <i>Mark Reminder Card, item 8</i> } <i>SKIP to next ISS Code or Check Item P1, page 43</i>				
	<input type="checkbox"/> No				

NOTES

AMOUNTS - PARTS B & C

Section 3 – AMOUNTS (Continued)

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

1 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.)	4500	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to 3a
CHECK ITEM A12 Interview status of ...'s spouse.	4502	1 <input type="checkbox"/> No spouse in household – SKIP to 2a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a	
1 b. During the past 4 months how much was received in dividend checks made out jointly to ... and ...'s (husband/wife)?	4504	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00	– SKIP to 2a
★		x3 <input type="checkbox"/> None – SKIP to 2a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43	
c. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate?	4506	1 <input type="checkbox"/> Yes – Mark Reminder Card, item 9 2 <input type="checkbox"/> No	
2 a. During this 4-month period, how much did ... receive in dividend checks (in ...'s name only)?	4508	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00	– SKIP to 3a
★		x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43	
b. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate?	4510	1 <input type="checkbox"/> Yes – Mark Reminder Card, item 10 2 <input type="checkbox"/> No	
3 a. (Besides the money that ... received in dividend checks) did ... earn any (other) dividends that were credited against a margin account or automatically reinvested?	4512	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 43
CHECK ITEM A13 Interview status of ...'s spouse.	4514	1 <input type="checkbox"/> No spouse in household – SKIP to 3c 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3c	
3 b. During the 4-month period how much of these kinds of dividends did ... earn jointly with ...'s (husband/wife)?	4516	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00	
★		x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43	
c. During the 4-month period, how much of these kinds of dividends did ... earn (in ...'s name only)?	4518	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00	} SKIP to next ISS Code or Check Item P1, page 43
★		x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

NOTES

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A14 Interview status of . . . 's spouse.	4600 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)? <i>Include only property owned entirely by couple.</i>	4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4604 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
c. What is your best estimate of the amount that was cleared after expenses? <i>Enter \$1 in amount box if respondent reports "broke even."</i>	4606 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i> 4608 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
3a. Did . . . receive rental income from property owned entirely in . . . 's own name?	4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4612 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
c. What is your best estimate of the amount that was cleared after expenses? <i>Enter \$1 in amount box if respondent reports "broke even."</i>	4614 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i> 4616 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)	4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS code or Check Item P1, page 43</i>
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months? <i>Enter \$1 in amount box if respondent reports "broke even."</i>	4620 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 4622 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

SKIP to next ISS Code or Check Item P1, page 43

NOTES

AMOUNTS - PARTS D & E

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A15	Asset types owned. <i>Mark (X) all that apply.</i>	4700	<input type="checkbox"/> ISS Code 130 – Mortgages
		4702	<input type="checkbox"/> ISS Code 140 – Royalties
		4704	<input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A16	Is ISS Code 130 marked in Check Item A15?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
CHECK ITEM A17	Interview status of . . . 's spouse.	4708	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
1a.	Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i>
b.	During the past 4 months how much interest was paid to . . . and . . . 's spouse by the borrower?	4712	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2a.	Besides these jointly held mortgages, did . . . hold any mortgages in . . . 's own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A18</i>
b.	(Earlier you said that . . . held a mortgage.) During the past 4 months how much interest was paid to . . . by the borrower?	4716	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Is ISS Code 140 or 150 marked in Check Item A15?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P1</i>
3.	Earlier you said . . . had (<i>Read asset types</i>). During the past 4 months, how much income did . . . receive from these (<i>Read asset types</i>)? <i>If income was shared, count only . . . 's share.</i>	4720	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4722	x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

NOTES

PROGRAM QUESTIONS

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 47</i>
CHECK ITEM P2	<i>Refer to Control Card Item 16a.</i> Is this residence owned by the local housing authority? ("Yes" marked in cc item 16a)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P3</i>
1 a. What is your monthly rent?		4804	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 3a</i>
b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? <i>Exclude telephone.</i>		4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
CHECK ITEM P3	<i>Refer to Control Card Item 16b.</i> Is rent lower because government pays part of the cost? ("Yes" marked in cc item 16b)	4808	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
2 a. What is your monthly rent?		4810	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 3a</i>
b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? <i>Exclude telephone.</i>		4812	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
c. What would the monthly rent be on this unit if the government were not paying part of the cost?		4814	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK
3 a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item P4</i>
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: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM P4	Are there any children 5 to 18 who live in the household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 47</i>
4 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 – <i>SKIP to Check Item C1, page 47</i>
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 – <i>SKIP to 4f</i>
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 – <i>SKIP to Check Item C1, page 47</i>
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