

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? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1004 x5 ALL

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

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

1042

- 1 Yes – SKIP to 3a
 2 No

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

Mark (X) only one.

1044

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

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

1046

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

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

Mark (X) all that apply.

1048

1050

1052

1054

- 1 Last month
 2 2 months ago
 3 3 months ago
 4 4 months ago
- } SKIP to 9a, page 4

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

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

1056

- 1 Yes
 2 No – SKIP to 6a

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

1058

- 1 Yes
 2 No – SKIP to 8a, page 4

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

Mark (X) all that apply.

1060 x5 ALL

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

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

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

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Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

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

Mark (X) all that apply.

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

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

1136 1 Yes
2 No – SKIP to 7a

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

Mark (X) all that apply.

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

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

Mark (X) only one.

1174

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

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

1178 1 Yes
2 No – SKIP to 7e

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

Mark (X) all that apply.

1178 x5 All weeks without a job

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

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

1216 1 Yes – Skip to 7e
2 No

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

Mark (X) only one.

1218

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

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

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

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

Mark (X) all that apply.

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

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Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</p>	<p>1230 <input type="text"/> <input type="text"/> Hours per week x3 <input type="checkbox"/> None } <i>SKIP to 9a</i> x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM R3 Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	<p>1231 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 8c</i></p>
<p>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacation, days off or sickness.</p>	<p>1232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 9a</i></p>
<p>C. How many weeks did . . . work fewer than 35 hours in the months of _____, _____, and _____?</p>	<p>1233 x5 <input type="checkbox"/> All weeks 1234 <input type="checkbox"/> Weeks Last month 1235 <input type="checkbox"/> Weeks 2 months ago 1236 <input type="checkbox"/> Weeks 3 months ago 1237 <input type="checkbox"/> Weeks 4 months ago</p>
<p>d. What was the main reason . . . worked fewer than 35 hours in those weeks? Mark (X) only one.</p>	<p>1238 1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other — <i>Specify</i> _____</p>
<p>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p>1240 1 <input type="checkbox"/> Yes — <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item R4</i></p>
<p>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p>1242 1 <input type="checkbox"/> Yes — <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R4 Is "Worked" (code 170) marked on the ISS?</p>	<p>1244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R5</i></p>
<p>10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?</p>	<p>1246 1 <input type="checkbox"/> Yes — <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R5 Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)</p>	<p>1330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R6</i></p>
<p>11a. How long did . . . serve on active duty in the Armed Forces?</p>	<p>1332 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK</p>
<p>b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</p>	<p>1334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 11d</i> x1 <input type="checkbox"/> DK</p>
<p>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%)</p>	<p>1336 <input type="text"/> <input type="text"/> <input type="text"/> Percent } <i>Mark "200" on ISS if rating is 100%; otherwise, mark "201"</i> x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating</p>
<p>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.)</p>	<p>1338 1 <input type="checkbox"/> Yes — <i>Mark "8" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R6 Is . . . 18 years of age or over?</p>	<p>1340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 15a</i></p>

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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 cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 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.
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

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Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

15c. What kind of income? Anything else?

Mark (X) all that apply.

- 1390** 1 U.S. Government Railroad Retirement – Mark "2" on ISS
- 1392** 2 Black Lung benefits – Mark "9" on ISS
- 1394** 3 Worker's Compensation – Mark "10" on ISS
- 1396** 4 Payments from a sickness, accident or disability insurance policy purchased on your own – Mark "13" on ISS
- 1398** 5 Pension from company or union – Mark "30" on ISS
- 1400** 6 Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
- 1402** 7 U.S. Military retirement pay (exclude payments from the Veterans Administration) – Mark "32" on ISS
- 1406** 8 State government pension – Mark "34" on ISS
- 1408** 9 Local government pension – Mark "35" on ISS
- 1410** 10 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 cc item 26a.
What is . . . 's marital status?

- 1414** 1 Married – SKIP to 17
- 2 Widowed – SKIP to 19a
- 3 Divorced
- 4 Separated
- 5 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** 1 Yes – Mark "29" on ISS and SKIP to Check Item R12
- 2 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** 1 Widowed – SKIP to 19a
- 2 Divorced
- 3 Both widowed and divorced
- 4 No – SKIP to Check Item R15

CHECK ITEM R12

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

- 1420** 1 Yes
- 2 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** 1 Yes – Mark "28" on ISS
- 2 No
- x1 DK
- x2 Ref.

CHECK ITEM R13

Is "Both widowed and divorced" (box 3) marked in item 17?

- 1424** 1 Yes
- 2 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** 1 Yes
- 2 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** 1 U.S. Government Railroad Retirement – Mark "2" on ISS
- 1430** 2 Veterans Compensation or pension – Mark "8" on ISS
- 1432** 3 Black Lung benefits – Mark "9" on ISS
- 1434** 4 Pension from company or union – Mark "30" on ISS
- 1436** 5 Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
- 1438** 6 U.S. Military retirement pay (exclude payments from the Veterans Administration) – Mark "32" on ISS
- 1440** 7 National Guard or Reserve Forces retirement – Mark "33" on ISS
- 1442** 8 State government pension – Mark "34" on ISS
- 1444** 9 Local government pension – Mark "35" on ISS
- 1446** 10 Income from paid up life insurance policies or annuities – Mark "36" on ISS
- 1448** 11 Payments from estate or trust – Mark "37" on ISS
- 1450** 12 Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS.
- 1452**

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CHECK ITEM R14	Is "Veterans Compensation or pension" (box 2) marked in item 19b?	1454	<input type="checkbox"/> Yes <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	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
CHECK ITEM R15	Is ... 65 years of age or over?	1458	<input type="checkbox"/> Yes – SKIP to 20a <input type="checkbox"/> No
CHECK ITEM R16	Refer to item 15a, page 5 Does ... have a work disability?	1460	<input type="checkbox"/> Yes <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	<input type="checkbox"/> Yes – Mark "172" on ISS <input type="checkbox"/> No } <input checked="" type="checkbox"/> DK } SKIP to Check Item R17
b.	May I see ...'s Medicare card to record the claim number and type of coverage? <div style="text-align:center;">★</div>	1464	<div style="display: flex; justify-content: space-between;"> [] [] [] - [] [] [] - 1466 [] [] [] [] - 1467 [] [] </div> <p align="center">TYPE OF COVERAGE</p> <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Type A and B) <input type="checkbox"/> Card not available – ASK 20c
c.	If I were to call later would you be able to provide me with ...'s Medicare number? (This information is especially important for the purposes of this survey.)	1470	<input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does ...'s Medicare help pay for doctor bills?	1472	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK
CHECK ITEM R17	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 who live in this household?	1474	<input type="checkbox"/> Yes – SKIP to 21 <input type="checkbox"/> No
CHECK ITEM R18	Is ... 18 years of age or over?	1476	<input type="checkbox"/> Yes <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	<input type="checkbox"/> Yes – Mark "27" on ISS <input type="checkbox"/> No
CHECK ITEM R19	Interview status of ...'s spouse.	1482	<input type="checkbox"/> No spouse in household <input type="checkbox"/> Interview for spouse not yet conducted <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	<input type="checkbox"/> Yes <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 1498	<input type="checkbox"/> AFDC – Mark "20" on ISS <input type="checkbox"/> General Assistance or General Relief – Mark "21" on ISS <input type="checkbox"/> Indian, Cuban or Refugee Assistance – Mark "22" on ISS <input type="checkbox"/> Foster Child Care – Mark "23" on ISS <input type="checkbox"/> WIC – Mark "25" on ISS <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or DK, enter code "24" – Mark ISS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-top: 5px;"></div>
23a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period was ... covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	<input type="checkbox"/> Yes – Mark "173" on ISS <input type="checkbox"/> No
CHECK ITEM R20	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 who live in this household?	1506	<input type="checkbox"/> Yes <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	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R21

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24k. Were any of (Which of) . . . 's children (were) covered by a health insurance plan?

(Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)

1574 x5 All children
OR
Person No. Name

1576 _____

1578 _____

1580 _____

1582 _____

1584 _____

1586 x3 None

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?

1624 1 Yes
2 No — SKIP to 27a

26. Did . . . have any —

a. Regular or passbook savings accounts?

1626 1 Yes — Mark "100" on ISS
2 No
x1 DK
x2 Ref.

b. Money market deposit accounts?

1628 1 Yes — Mark "101" on ISS
2 No
x1 DK
x2 Ref.

c. Certificates of deposit or other savings certificates?

1630 1 Yes — Mark "102" on ISS
2 No
x1 DK
x2 Ref.

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

1632 1 Yes — Mark "103" on ISS
2 No
x1 DK
x2 Ref.

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

1634 1 Yes
2 No
x1 DK
x2 Ref. } SKIP to 28

(SHOW FLASHCARD N)

b. Which kinds of these assets did . . . own?

Any others?

(Exclude IRA and Keogh accounts.)

Mark (X) all that apply.

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

28. During the 4-month period did . . . have any — (Exclude IRA and Keogh accounts.)

1648 1 Yes — Mark "110" on ISS
2 No
x1 DK
x2 Ref.

a. Stocks or mutual fund shares?

b. Rental property?

1650 1 Yes — Mark "120" on ISS
2 No
x1 DK
x2 Ref.

c. Royalties?

1652 1 Yes — Mark "140" on ISS
2 No
x1 DK
x2 Ref.

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

1654 1 Yes — Specify and mark "150" on ISS ↓

2 No
x1 DK
x2 Ref.

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>	1656	<p>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>	1658 1660 1662 1664 1666	<p>1 <input type="checkbox"/> All months 2 <input type="checkbox"/> Last month 3 <input type="checkbox"/> 2 months ago 4 <input type="checkbox"/> 3 months ago 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>	1668	<p>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>	1670	<p>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>	1672 1674 1676 1678 1680 1682 1684 1686 1688 1690 1692	<p>1 <input type="checkbox"/> GI Bill – Mark "40" on ISS 2 <input type="checkbox"/> Other Veteran's Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – Mark "41" on ISS 3 <input type="checkbox"/> College Work Study – Mark "175" on ISS 4 <input type="checkbox"/> PELL Grant – Mark "176" on ISS 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – Mark "177" on ISS 6 <input type="checkbox"/> National Direct Student Loan (NDSL) – Mark "178" on ISS 7 <input type="checkbox"/> Guaranteed Student Loan – Mark "179" on ISS 8 <input type="checkbox"/> JTPA Training – Mark "180" on ISS 9 <input type="checkbox"/> Employer Assistance – Mark "181" on ISS 10 <input type="checkbox"/> Fellowship/Scholarship – Mark "182" on ISS 11 <input type="checkbox"/> Other financial aid – Mark "183" on ISS</p>
<p>CHECK ITEM R24 Refer to cc item 26a Is code 2 (married, spouse absent) the current entry?</p>	1694	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R25</p>
<p>ASK OR VERIFY – 31. Is . . . 's spouse in the Armed Forces?</p>	1696	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R25 Are any income types (1–56), assets (100–150), "worked" (170) or "other educational assistance" (175–183) marked on the ISS?</p>	1698	<p>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 – (Read all items coded 1–56, 100–150, 170, and 175–183 that are marked on the ISS.) Is that correct?</p>	1700	<p>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>	1702	<p>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>	1704	<p>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>	1706 1708 1710	<p>Enter codes from income source list and mark ISS.</p> <p>1706 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1708 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1710 <input type="text"/> <input type="text"/> <input type="text"/></p>

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

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

1712

- 1 Yes
 2 No – *SKIP to First ISS Code marked or Check Item P1, page 43*

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

1714

- 1 Worked for employer only
 2 Self-employed only – *SKIP to Statement B, page 16*
 3 Both worked for employer and self-employed

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

1716

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

**CHECK
ITEM E2**

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

1718

- 1 Yes
 2 No – *SKIP to 2a*

STATEMENT A →

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

<p>2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If worked for 2 employers, enter one employer here and the other in part A2, page 14. If worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 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)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2005</p>	<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/>
<p>f. ASK OR VERIFY – Was . . . an employee of –</p>	<p>PGM 8 2012</p>	<p>1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm? – SKIP to Check Item E5</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 2020</p>	<p>FROM</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Month </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Day </div> </div> <p>TO</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Month </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Day </div> </div>
<p>CHECK ITEM E3.1 Did . . . stop working for this employer during the reference period?</p>	<p>2023</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4</i></p>
<p>3c. What is the main reason . . . stopped working for (name of employer)? <i>Mark (X) only one</i></p>	<p>2024</p>	<p>1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended 5 <input type="checkbox"/> Quit to take another job 6 <input type="checkbox"/> Quit for some other reason</p>
<p>4. ASK OR VERIFY – How many hours per week did . . . usually work at this job?</p>	<p>2025</p>	<p><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <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.



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

CHECK ITEM E4 Is "DK" marked in all parts of 8a? 2040 1 Yes
2 No — SKIP to 9a

8b. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.) 2042 1 Yes — Mark Reminder Card and Callback Summary, 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, page 11? 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 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)

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
2105 _____

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 for-profit company or individual?**
 2 **A private not-for-profit, tax exempt, or charitable organization?**
 3 **Federal government (exclude Armed Forces)?**
 4 **State government?**
 5 **Local government?**
 6 **Armed Forces?**
 7 **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?

2116 FROM Month **2118** Day
2120 TO Month **2122** Day

CHECK ITEM E6.1 Did . . . stop working for this employer during the reference period?

2123 1 **Yes**
 2 **No — SKIP to 12**

11c. What is the main reason . . . stopped working for (name of employer)?

2124 1 **Laid off** 5 **Quit to take another job**
 2 **Retired** 6 **Quit for some other reason**
 3 **Discharged**
 4 **Job was temporary and ended**

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

2125 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.



LAST MONTH

2132 \$. 00

- x3 None
- x1 DK
- x2 Ref.

INTERVIEWER USE ONLY

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

2 MONTHS AGO

2134 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

3 MONTHS AGO

2136 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

4 MONTHS AGO

2138 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

CHECK ITEM E7

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

- 2140 1 Yes
 2 No – SKIP to 17a

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

- 2142 1 Yes – Mark Reminder Card and Callback Summary, Item 3b
 2 No

17a. 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" (box 3) 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.

<p>1 a. What was the name of . . . 's business/professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 18. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 Business name</p> <p>2200 _____</p>
--	--

<p>CHECK ITEM S1 Enter number "1" for this business in box →</p>	<p>PGM 8 Business I.D. No.</p> <p>2201 <input type="checkbox"/></p>
---	---

<p>1 b. What kind of business was this?</p>	<p>PGM 8</p> <p>2204 _____</p>
--	--

<p><i>ASK OR VERIFY –</i></p> <p>C. Is it mainly –</p>	<p>PGM 8</p> <p>2206 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</p> <p>2208 _____</p>
---	--

<p>e. What were . . . 's most important activities or duties?</p>	<p>PGM 8</p> <p>2210 _____</p>
--	--

<p><i>ASK OR VERIFY –</i></p> <p>f. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7</p> <p>2212 <input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
---	--

<p>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10</i> x1 <input type="checkbox"/> DK</p>
--	--

<p>CHECK ITEM S2 Have questions 3 – 5b already been answered for this business by another household member?</p>	<p>2216 1 <input type="checkbox"/> Yes – <i>SKIP to 6a</i> 2 <input type="checkbox"/> No</p>
--	--

<p>3. What was the total number of employees working for this business? Be sure to include <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2218 <input type="text"/> <input type="text"/> <input type="text"/> Employees</p> <p>x1 <input type="checkbox"/> DK</p>
---	---

<p>4 a. Was . . . 's business incorporated?</p>	<p>2220 1 <input type="checkbox"/> Yes – <i>SKIP to 5a</i> 2 <input type="checkbox"/> No</p>
--	--

<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2222 1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 6a</i> 2 <input type="checkbox"/> Partnership</p>
--	---

<p>5 a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 6a</i></p>
---	--

<p>b. Which members?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:30%; text-align: center;">Person No.</td> <td style="width:40%; text-align: center;">Name</td> </tr> <tr> <td>2226</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td>2228</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td>2230</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> </table>		Person No.	Name	2226	<input type="text"/> <input type="text"/> <input type="text"/>	_____	2228	<input type="text"/> <input type="text"/> <input type="text"/>	_____	2230	<input type="text"/> <input type="text"/> <input type="text"/>	_____
	Person No.	Name											
2226	<input type="text"/> <input type="text"/> <input type="text"/>	_____											
2228	<input type="text"/> <input type="text"/> <input type="text"/>	_____											
2230	<input type="text"/> <input type="text"/> <input type="text"/>	_____											

<p>6 a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
--	--

<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2234 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
---	--

<p>CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?</p>	<p>2236 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item S5</i></p>
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Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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



INTERVIEWER USE ONLY

LAST MONTH		\$ _____ .00	\$ _____ .00
2238	\$ _____ .00	\$ _____ .00	\$ _____ .00
x3 <input type="checkbox"/> None		\$ _____ .00	\$ _____ .00
x1 <input type="checkbox"/> DK		\$ _____ .00	\$ _____ .00
x2 <input type="checkbox"/> Ref.		\$ _____ .00	TOTAL \$ _____ .00

2 MONTHS AGO		\$ _____ .00	\$ _____ .00
2240	\$ _____ .00	\$ _____ .00	\$ _____ .00
x3 <input type="checkbox"/> None		\$ _____ .00	\$ _____ .00
x1 <input type="checkbox"/> DK		\$ _____ .00	\$ _____ .00
x2 <input type="checkbox"/> Ref.		\$ _____ .00	TOTAL \$ _____ .00

3 MONTHS AGO		\$ _____ .00	\$ _____ .00
2242	\$ _____ .00	\$ _____ .00	\$ _____ .00
x3 <input type="checkbox"/> None		\$ _____ .00	\$ _____ .00
x1 <input type="checkbox"/> DK		\$ _____ .00	\$ _____ .00
x2 <input type="checkbox"/> Ref.		\$ _____ .00	TOTAL \$ _____ .00

4 MONTHS AGO		\$ _____ .00	\$ _____ .00
2244	\$ _____ .00	\$ _____ .00	\$ _____ .00
x3 <input type="checkbox"/> None		\$ _____ .00	\$ _____ .00
x1 <input type="checkbox"/> DK		\$ _____ .00	\$ _____ .00
x2 <input type="checkbox"/> Ref.		\$ _____ .00	TOTAL \$ _____ .00

CHECK ITEM S4

Is "DK" marked in all parts of 7?

2246

- 1 Yes
2 No – SKIP to Check Item S5

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

2248

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

CHECK ITEM S5

Refer to item 4a, page 16.
Is this business incorporated?

2250

- 1 Yes – SKIP to 11
2 No

CHECK ITEM S6

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

2252

- 1 Yes – SKIP to 11
2 No

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

2254

- 1 Yes
2 No – SKIP to 11

b. What was the net profit or loss?

2256

\$ _____ .00

2258

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

} SKIP to 11

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

2260

\$ _____ .00

- x3 None
x1 DK
x2 Ref.

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

2262

- 1 Yes
2 No – SKIP to first ISS Code or Check Item P1, page 43

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

12a. What was the name of . . . 's other business/ professional practice/farm?
(If self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)

PGM 8 Business name

2300 _____

CHECK ITEM S7 Enter number "2" for this business in box →

PGM 8 Business I.D. No.

2301

12b. What kind of business was this?

PGM 8 _____
2304 _____

ASK OR VERIFY –
C. Is it mainly –

PGM 8
2306 1 **Manufacturing?**
 2 **Wholesale Trade?**
 3 **Retail Trade?**
 4 **Some other kind of business?**

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

PGM 8 _____
2308 _____

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

PGM 8 _____
2310 _____

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

PGM 7
2312 Hours
 x3 None
 x1 DK

13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?
Gross earnings include sales and receipts before expenses.

2314 1 Yes
 2 No – *SKIP to 21*
 x1 DK

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

2316 1 Yes – *SKIP to 17a*
 2 No

14. What was the total number of employees working for this business? Be sure to include . . .
Enter 999 if more than 1,000 employees.

2318 Employees
 x1 DK

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

2320 1 Yes – *SKIP to 16a*
 2 No

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

2322 1 Sole proprietorship – *SKIP to 17a*
 2 Partnership

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

2324 1 Yes
 2 No – *SKIP to 17a*

b. Which members?

Person No.	Name
2326 <input type="text"/> <input type="text"/> <input type="text"/>	_____
2328 <input type="text"/> <input type="text"/> <input type="text"/>	_____
2330 <input type="text"/> <input type="text"/> <input type="text"/>	_____

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

2332 1 Yes
 2 No

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

2334 1 Yes
 2 No

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

2336 1 Yes
 2 No – *SKIP to Check Item S11*

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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



		INTERVIEWER USE ONLY	
LAST MONTH		\$	.00
2338	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	TOTAL \$		.00
2 MONTHS AGO		\$	.00
2340	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	TOTAL \$		.00
3 MONTHS AGO		\$	.00
2342	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	TOTAL \$		.00
4 MONTHS AGO		\$	.00
2344	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	TOTAL \$		.00

CHECK ITEM S10 Is "DK" marked in all parts of 18? **2346** 1 Yes
2 No – SKIP to Check Item S11

19. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.) **2348** 1 Yes – Mark Reminder Card and Callback Summary, Item 4b
2 No

CHECK ITEM S11 Refer to item 15a, page 18. Is this business incorporated? **2350** 1 Yes – SKIP to to first ISS Code or Check Item P1, page 43
2 No

CHECK ITEM S12 Has information about the net profit (or loss) for this business already been obtained by another household member? **2352** 1 Yes – SKIP to to first ISS Code or Check Item P1, page 43
2 No

20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period? **2354** 1 Yes
2 No – SKIP to first ISS Code or Check Item P1, page 43

b. What was the net profit or loss?

2356 \$. 00

2358 x4 Loss in amount box – If "Broke even," mark \$1 in box. } SKIP to first ISS Code or Check Item P1, page 43

21. About how much did . . . earn from this business after expenses during the 4-month period? **2360** \$. 00

x3 None
x1 DK
x2 Ref. } SKIP to first ISS Code or Check Item P1, page 43

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p style="text-align: center;">Income code Name of income type</p> <p>3000 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p>	
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3002 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 22 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 22 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</p>	
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3004 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3008 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</p>	
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>	
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</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>3014 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No</p>	
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</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 (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</p>	
<p>(Last month)</p>	<p>3016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3018 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3022 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3026 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3028 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3030 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A5 Mark (X) income type code.</p>	<p>3032 1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8a 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</p>	
<p>6a. Were all the people living here covered by . . .'s payments?</p>	<p>3034 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No</p>	
<p>NOTES</p>		

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?	Person No.	Name
	3036	
	3038	
	3040	
	3042	
	3044	
	3046	
	3048	
	3050	
	3052	
	3054	

CHECK ITEM A6 Is this ISS code "8"?

3056 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 in order to receive a VA pension?

3060 1 Yes
2 No
x1 DK } SKIP to next ISS Code or Check Item P1, page 43

(SHOW FLASHCARD O)

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

3064 1 Blue
2 Buff
3 Direct Deposit
4 Other
x1 DK

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

3066 1 First
2 Third
3 Other
x1 DK

CHECK ITEM A7 Refer to item 2, page 20. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

3068 1 Yes
2 No – SKIP to next ISS Code or Check Item P1, page 43

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

3086 1 Yes – SKIP to next ISS Code or Check Item P1, page 43
2 No

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?	Person No.	Name
	3088 [][][]	_____
	3090 [][][]	_____
	3092 [][][]	_____
	3094 [][][]	_____
	3096 [][][]	_____
3098 [][][]	_____	

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

11a. Were all the people living here covered under ...'s food stamp allotment?	3100	1 <input type="checkbox"/> Yes – <i>SKIP to 12a</i> 2 <input type="checkbox"/> No
	b. Which persons were covered?	
	Person No.	Name
	3102 [][][]	_____
	3104 [][][]	_____
	3106 [][][]	_____
	3108 [][][]	_____
	3110 [][][]	_____
	3112 [][][]	_____
	3114 [][][]	_____
3116 [][][]	_____	

12a. Did ... receive food stamps in (Read each month)?	(Last month)	3122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	12b. If "Yes" in 12a, ask – What was the total amount?	3124	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(2 months ago)	3126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3128	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago)	3130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3132	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago)	3134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3136	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

13a Did ... receive any WIC benefits in (Read each month)?	3138	1 <input type="checkbox"/> Last month
	3140	2 <input type="checkbox"/> 2 months ago
	3142	3 <input type="checkbox"/> 3 months ago
	3144	4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?	Person No.	Name
	3146 [][][]	_____
	3148 [][][]	_____
	3150 [][][]	_____
	3152 [][][]	_____
3154 [][][]	_____	

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 (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p>Income code Name of income type</p> <p>3200 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3202 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 25 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 25 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</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3206 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</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>3214 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</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 (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</p>
<p>(Last month)</p>	<p>3216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 Mark (X) income type code.</p>	<p>3232 1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8a 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</p>
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3234 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 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	<input type="checkbox"/> Yes <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 in order to receive a VA pension?	3260	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 43
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8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.) (SHOW FLASHCARD O)	3264	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
---	-------------	--

b. Do . . . 's payments usually come on the first of the month or the third?	3266	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
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CHECK ITEM A7 Refer to item 2, page 23. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
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9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?	9b. If "Yes" in 9a – How much was received?				
(Last month)	<table border="1"> <tr> <td style="width: 20%;">3270</td> <td style="width: 20%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 20%;">3272</td> <td style="width: 40%;"> \$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref. </td> </tr> </table>	3270	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3272	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.
3270	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3272	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.		
(2 months ago)	<table border="1"> <tr> <td style="width: 20%;">3274</td> <td style="width: 20%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 20%;">3276</td> <td style="width: 40%;"> \$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref. </td> </tr> </table>	3274	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3276	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.
3274	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3276	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.		
(3 months ago)	<table border="1"> <tr> <td style="width: 20%;">3278</td> <td style="width: 20%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 20%;">3280</td> <td style="width: 40%;"> \$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref. </td> </tr> </table>	3278	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3280	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.
3278	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3280	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.		
(4 months ago)	<table border="1"> <tr> <td style="width: 20%;">3282</td> <td style="width: 20%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 20%;">3284</td> <td style="width: 40%;"> \$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref. </td> </tr> </table>	3282	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3284	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.
3282	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3284	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.		

10a. Were all children living here covered by these payments? VERIFY IF ONLY ONE CHILD OR ASK –	3286	<input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 <input type="checkbox"/> No
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Section 3 – AMOUNTS (Continued)

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

10b. 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

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

3300 1 Yes – SKIP to 12a
2 No

b. Which persons were covered?

	Person No.	Name
3302	<input type="text"/>	<input type="text"/>
3304	<input type="text"/>	<input type="text"/>
3306	<input type="text"/>	<input type="text"/>
3308	<input type="text"/>	<input type="text"/>
3310	<input type="text"/>	<input type="text"/>
3312	<input type="text"/>	<input type="text"/>
3314	<input type="text"/>	<input type="text"/>
3316	<input type="text"/>	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?

(Last month) **3322**

(2 months ago) **3326**

(3 months ago) **3330**

(4 months ago) **3334**

1 Yes
2 No
x1 DK

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

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

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

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

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

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

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

Mark (X) all that apply.

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

b. Which persons were covered?

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

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

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i></p>	<p style="text-align: center;">Income code Name of income type</p> <p style="text-align: center;">3400 <input type="text"/> <input type="text"/> _____</p>	
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3402 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 28</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 28</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>3404 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3406 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3408 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 9a</i></p>	
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3410 <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>3412 <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>3414 <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 (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.</p>	<p>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.</p>	
<p>(Last month)</p>	<p>3416 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3418 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3420 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3422 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3424 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3426 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3428 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3430 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3432 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</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>3434 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No</p>	

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?	Person No.	Name
	3436 [][][]	
	3438 [][][]	
	3440 [][][]	
	3442 [][][]	
	3444 [][][]	
	3446 [][][]	
	3448 [][][]	
	3450 [][][]	
	3452 [][][]	
	3454 [][][]	

CHECK ITEM A6 Is this ISS code "8"? **3456** 1 Yes
2 No — SKIP to next ISS Code or Check Item P1, page 43

7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension? **3460** 1 Yes
2 No } SKIP to next ISS Code or Check Item P1, page 43
x1 DK

(SHOW FLASHCARD O)
8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.) **3464** 1 Blue
2 Buff
3 Direct Deposit
4 Other
x1 DK

b. Do . . . 's payments usually come on the first of the month or the third? **3466** 1 First
2 Third
3 Other
x1 DK

CHECK ITEM A7 Refer to item 2, page 26. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children? **3468** 1 Yes
2 No — SKIP to next ISS Code or Check Item P1, page 43

9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?		9b. If "Yes" in 9a — How much was received?
(Last month)	3470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3472 \$ [] [] . 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 \$ [] [] . 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 \$ [] [] . 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 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

VERIFY IF ONLY ONE CHILD OR ASK — **10a.** Were all children living here covered by these payments? **3486** 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)

10b. Which children were covered?	3488	Person No.	[][]	Name
	3490	Person No.	[][]	
	3492	Person No.	[][]	
	3494	Person No.	[][]	
	3496	Person No.	[][]	
	3498	Person No.	[][]	

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

11a. Were all the people living here covered under ...'s food stamp allotment?	3500	1 <input type="checkbox"/> Yes – <i>SKIP to 12a</i> 2 <input type="checkbox"/> No
b. Which persons were covered?	3502	Person No. [][] Name
	3504	Person No. [][] Name
	3506	Person No. [][] Name
	3508	Person No. [][] Name
	3510	Person No. [][] Name
	3512	Person No. [][] Name
	3514	Person No. [][] Name
3516	Person No. [][] Name	

12a. Did ... receive food stamps in (Read each month)?		
(Last month)	3522	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)	3526	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago)	3530	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	3534	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		12b. If "Yes" in 12a, ask – What was the total amount?
	3524	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3528	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3532	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3536	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

13a. Did ... receive any WIC benefits in (Read each month)? <i>Mark (X) all that apply.</i>	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
b. Which persons were covered?	3546	Person No. [][] Name
	3548	Person No. [][] Name
	3550	Person No. [][] Name
	3552	Person No. [][] Name
	3554	Person No. [][] Name

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 (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p style="text-align: center;">Income code Name of income type</p> <p>3600 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3602 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 31 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 31 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 <input type="checkbox"/> Other ISS codes – SKIP to 5a</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3604 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3606 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3610 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a</p>
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3612 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a</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 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p style="text-align: center;">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.</p> <p>3616 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3620 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3624 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3628 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 Mark (X) income type code.</p>	<p>3618 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3622 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3626 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3630 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3632 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8a <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 43</p>
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3634 <input type="checkbox"/> Yes – SKIP to Check Item A6 <input type="checkbox"/> No</p>
<p>NOTES</p>	

Section 3 – AMOUNTS (Continued)

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

	Person No.	Name
6b. Which persons were covered?	3636	
	3638	
	3640	
	3642	
	3644	
	3646	
	3648	
	3650	
	3652	
	3654	
CHECK ITEM A6 Is this ISS code "8"?	3656	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3660	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 43
(SHOW FLASHCARD O) 8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3664	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?	3666	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7 Refer to item 2, page 29. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3668	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?		9b. If "Yes" in 9a – How much was received?
(Last month)	3670	3672
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <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)	3674	3676
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <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)	3678	3680
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <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)	3682	3684
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. Were all children living here covered by these payments?	3686	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)

10b. Which children were covered?

	Person No.	Name
3688	<input type="text"/>	<input type="text"/>
3690	<input type="text"/>	<input type="text"/>
3692	<input type="text"/>	<input type="text"/>
3694	<input type="text"/>	<input type="text"/>
3696	<input type="text"/>	<input type="text"/>
3698	<input type="text"/>	<input type="text"/>

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

11a. Were all the people living here covered under ...'s food stamp allotment? **3700** 1 Yes — SKIP to 12a
2 No

b. Which persons were covered?

	Person No.	Name
3702	<input type="text"/>	<input type="text"/>
3704	<input type="text"/>	<input type="text"/>
3706	<input type="text"/>	<input type="text"/>
3708	<input type="text"/>	<input type="text"/>
3710	<input type="text"/>	<input type="text"/>
3712	<input type="text"/>	<input type="text"/>
3714	<input type="text"/>	<input type="text"/>
3716	<input type="text"/>	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?		12b. If "Yes" in 12a, ask — What was the total amount?
(Last month)	3722 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3724 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3726 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3728 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3730 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3732 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3736 \$ <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

13a. Did ... receive any WIC benefits in (Read each month)? **3738** 1 Last month
3740 2 2 months ago
3742 3 3 months ago
3744 4 4 months ago
Mark (X) all that apply.

b. Which persons were covered?

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

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

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p style="text-align: center;">Income code Name of income type</p> <p style="text-align: center;">3800 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3802 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 34</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 34</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>3804 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3806 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3808 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3810 <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>3812 <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>3814 <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 (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.</p>	<p>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.</p>
<p>(Last month)</p>	<p>3816 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3820 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3824 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3828 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3832 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</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>3834 <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
3836	<input type="text"/>	<input type="text"/>
3838	<input type="text"/>	<input type="text"/>
3840	<input type="text"/>	<input type="text"/>
3842	<input type="text"/>	<input type="text"/>
3844	<input type="text"/>	<input type="text"/>
3846	<input type="text"/>	<input type="text"/>
3848	<input type="text"/>	<input type="text"/>
3850	<input type="text"/>	<input type="text"/>
3852	<input type="text"/>	<input type="text"/>
3854	<input type="text"/>	<input type="text"/>

CHECK ITEM A6

Is this ISS code "8"?

- 3856** 1 Yes
 2 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?

- 3860** 1 Yes
 2 No
 x1 DK } SKIP to next ISS Code or Check Item P1, page 43

(SHOW FLASHCARD O)

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

- 3864** 1 Blue
 2 Buff
 3 Direct Deposit
 4 Other
 x1 DK

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

- 3866** 1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A7

Refer to item 2, page 32. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

- 3868** 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 43

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

(Last month)

- 3870** 1 Yes
 2 No
 x1 DK

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

3872 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

- 3874** 1 Yes
 2 No
 x1 DK

3876 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

- 3878** 1 Yes
 2 No
 x1 DK

3880 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

- 3882** 1 Yes
 2 No
 x1 DK

3884 \$. 00
 x1 DK
 x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

- 3886** 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)

10b. 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

11 a. Were all the people living here covered under ...'s food stamp allotment?	3900	1 <input type="checkbox"/> Yes – <i>SKIP to 12a</i> 2 <input type="checkbox"/> No
	b. Which persons were covered?	
	Person No.	Name
	3902	<input type="text"/>
	3904	<input type="text"/>
	3906	<input type="text"/>
	3908	<input type="text"/>
	3910	<input type="text"/>
	3912	<input type="text"/>
	3914	<input type="text"/>
	3916	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?		12b. If "Yes" in 12a, ask – What was the total amount?
	(Last month)	3922 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(2 months ago)	3926 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(3 months ago)	3930 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	3934 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
	3924 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3928 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3932 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3936 \$ <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

13a Did ... receive any WIC benefits in (Read each month)? <i>Mark (X) all that apply.</i>	3938	1 <input type="checkbox"/> Last month
	3940	2 <input type="checkbox"/> 2 months ago
	3942	3 <input type="checkbox"/> 3 months ago
	3944	4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?	Person No.	Name
	3946	<input type="text"/>
	3948	<input type="text"/>
	3950	<input type="text"/>
	3952	<input type="text"/>
	3954	<input type="text"/>

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

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

Income code Name of income type

4000

CHECK ITEM A1

Mark (X) income type code.

- 4002** 1 ISS code 1 or 2 (SS or RR)
 2 ISS code 25 (WIC) – SKIP to 13a, page 37
 3 ISS code 27 (Food Stamps) – SKIP to 11a, page 37
 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?

- 4004** 1 Yes
 2 No – SKIP to Check Item A3

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

- 4006** 1 Yes
 2 No – SKIP to Check Item A3

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

- 4008** 1 Yes
 2 No – SKIP to 9a

CHECK ITEM A3

Is . . . married?

- 4010** 1 Yes
 2 No – SKIP to 5a

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

- 4012** 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?

- 4014** 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.

(Last month)

- 4016** 1 Yes
 2 No
 x1 DK

(2 months ago)

- 4020** 1 Yes
 2 No
 x1 DK

(3 months ago)

- 4024** 1 Yes
 2 No
 x1 DK

(4 months ago)

- 4028** 1 Yes
 2 No
 x1 DK

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.

4018 \$. 00
 x1 DK
 x2 Ref.

4022 \$. 00
 x1 DK
 x2 Ref.

4026 \$. 00
 x1 DK
 x2 Ref.

4030 \$. 00
 x1 DK
 x2 Ref.

CHECK ITEM A5

Mark (X) income type code.

- 4032** 1 ISS code 1 or 2 – SKIP to 8a
 2 ISS code 8 or 20 through 24
 3 All other income codes – SKIP to next ISS Code or Check Item P1, page 43

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

- 4034** 1 Yes – SKIP to Check Item A6
 2 No

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?	Person No.	Name
	4036	[][][]
	4038	[][][]
	4040	[][][]
	4042	[][][]
	4044	[][][]
	4046	[][][]
	4048	[][][]
	4050	[][][]
	4052	[][][]
	4054	[][][]

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 in order to receive a VA pension?	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) 8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	4064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
--	------	---

b. Do . . . 's payments usually come on the first of the month or the third?	4066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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CHECK ITEM A7 Refer to item 2, page 35. Were (Social Security/Railroad Retirement) payments received especially for . . . 's 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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9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?	9b. If "Yes" in 9a – 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 \$ [] . 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 \$ [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(Last month)	4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)	4080 \$ [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	4084 \$ [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

10b. Which children were covered?	4088	Person No.		Name
	4090			
	4092			
	4094			
	4096			
	4098			

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

11a. Were all the people living here covered under ...'s food stamp allotment?	4100	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No	
b. Which persons were covered?	4102	Person No.	Name
	4104		
	4106		
	4108		
	4110		
	4112		
	4114		
	4116		

12a. Did ... receive food stamps in (Read each month)?				
(Last month)	4122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4124	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" 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 style="width:50px;" type="text"/> . <input style="width:20px;" 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 style="width:50px;" type="text"/> . <input style="width:20px;" 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 style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

13a Did ... receive any WIC benefits in (Read each month)?	4138	1 <input type="checkbox"/> Last month	
b. Which persons were covered?	4140	Person No.	Name
	4142		
	4144		
	4146		
	4148		
	4150		
	4152		
	4154		

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

Section 3 — AMOUNTS (Continued)

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

CHECK ITEM A8	Asset types owned. Mark (X) all that apply.	4300	1 <input type="checkbox"/> ISS Code 100 — Regular/Passbook Savings Accounts
		4302	2 <input type="checkbox"/> ISS Code 101 — Money Market Deposit Accounts
		4304	3 <input type="checkbox"/> ISS Code 102 — Certificates of Deposit or other Savings Certificates
		4306	4 <input type="checkbox"/> ISS Code 103 — Interest-earning Checking Accounts (such as NOW or Super NOW accounts)

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

CHECK ITEM A9	Interview status of . . . 's spouse.	4308	1 <input type="checkbox"/> No spouse in household — SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 3a
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2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3b
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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"/> 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
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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"/> 00 — SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Check Item P1, page 43
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d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4316	1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 5 2 <input type="checkbox"/> No
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3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?	4318	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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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"/> 00 — 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
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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"/> 00 — 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
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d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4324	1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 6 2 <input type="checkbox"/> No
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SKIP to next ISS Code or Check Item P1, page 43

NOTES

AMOUNTS — PARTS B & C

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A10	Asset types owned. Mark (X) all that apply.	4400	1 <input type="checkbox"/> ISS code 104 – Money Market funds
		4402	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities
		4404	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds
		4406	4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify –
1. Earlier you said that . . . owned (Read names of owned assets).			
CHECK ITEM A11	Interview status of . . . 's spouse.	4408	1 <input type="checkbox"/> No spouse in household – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4410	1 <input type="checkbox"/> Yes 2 <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?	4412	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 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? ★	4414	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for purposes of this survey)	4416	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 7 2 <input type="checkbox"/> No
3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?	4418	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – 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?	4420	\$ <input type="text"/> . <input type="text"/> 00 – 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? ★	4422	\$ <input type="text"/> . <input type="text"/> 00 – 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.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for purposes of this survey)	4424	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 8 2 <input type="checkbox"/> No } SKIP to next ISS Code or Check Item P1, page 43

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

1a. Earlier you told me that . . . owned stocks or mutual fund shares. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)	4500	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK } <i>SKIP to 3a</i>
CHECK ITEM A12 Interview status of . . . 's spouse.	4502	<input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
1b. 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 – <i>SKIP to 2a</i> <input checked="" type="checkbox"/> None – <i>SKIP to 2a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
C. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4506	<input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 9</i> <input type="checkbox"/> No
2a. 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 – <i>SKIP to 3a</i> <input checked="" type="checkbox"/> None – <i>SKIP to 3a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4510	<input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 10</i> <input type="checkbox"/> No
3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested?	4512	<input type="checkbox"/> Yes <input type="checkbox"/> No } <i>SKIP to next ISS Code or Check Item P1, page 43</i> <input checked="" type="checkbox"/> DK
CHECK ITEM A13 Interview status of . . . 's spouse.	4514	<input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i>
3b. 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 <input checked="" type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
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 } <i>SKIP to next ISS Code or Check Item P1, page 43</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> DK <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>	

AMOUNTS – PARTS D & E

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

NOTES

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47
CHECK ITEM P2	Refer to cc Item 16a. 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 – SKIP to Check Item P3
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. } SKIP to 3a
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 } SKIP to 3a
CHECK ITEM P3	Refer to cc Item 16b. Does the government pay part of the rent? ("Yes" marked in cc item 16b)	4808	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a
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. } SKIP to 3a
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 } SKIP to Check Item P4
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 – SKIP to Check Item C1, page 47
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 – SKIP to Check Item C1, page 47
b. How many children?		4830	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Children
c. Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?		4832	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f
d. How many children?		4834	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Children
e. Are the lunches free or are they reduced-price? <i>Mark (X) all that apply.</i>		4836 4838	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
f. Do any of the children receive free or reduced-price school breakfasts this school year?		4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47
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

PROGRAM QUESTIONS