

LABOR FORCE AND RECIPIENCY

Section 1 – LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

1. During the 4-month period outlined on this calendar, that is, from (4 months ago) through (Last month), did . . . have a job or business, either full time or part time, even for only a few days?
Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

1 ☐ Yes – Mark "Worked" (code 170) on ISS and SKIP to 4

2 ☐ No

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

1002

1 ☐ Yes

2 ☐ No – SKIP to 3a

b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.
Mark (X) all that apply.

1004

x5 ☐ ALL

1006

☐ 1

1008

☐ 2

1010

☐ 3

1012

☐ 4

1014

☐ 5

1016

☐ 6

1018

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1038

☐ 17

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

1042

1 ☐ Yes – SKIP to 3a

2 ☐ No

d. What was the main reason . . . could not take a job during those weeks?
Mark (X) only one.

1044

1 ☐ Already had a job

2 ☐ Temporary illness

3 ☐ School

4 ☐ Other – Specify ☐

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

1046

1 ☐ Yes – Mark "55" on ISS

2 ☐ No – SKIP to 9a, page 4

b. In which of the months shown on this calendar did . . . do that work?
Mark (X) all that apply.

1048

1 ☐ Last month

1050

2 ☐ 2 months ago

1052

3 ☐ 3 months ago

1054

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

☐ 1

1064

☐ 2

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☐ 3

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☐ 4

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☐ 5

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☐ 6

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☐ 17

1096

☐ 18

c. What was the main reason . . . was absent without pay from . . .’s job or business during those weeks?
Mark (X) only one.

1098

1 ☐ On layoff

2 ☐ Own illness

3 ☐ On vacation

4 ☐ Bad weather

5 ☐ Labor dispute

6 ☐ New job to begin within 30 days

7 ☐ Other – Specify ☐

} SKIP to 8a, page 4

NOTES

Page 2

FORM SIPP-13100 (9-10-92)

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

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

Mark (X) all that apply.

1100

1102

1104

1106

1108

1110

☐ 1

☐ 2

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1126

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☐ 13

☐ 14

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☐ 17

☐ 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

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1142

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1146

1148

☐ 1

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☐ 4

☐ 5

☐ 6

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1152

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1158

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☐ 11

☐ 12

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1172

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

☐ 18

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

Mark (X) only one.

1174

1 ☐ On layoff

2 ☐ Own illness

3 ☐ On vacation

4 ☐ Bad weather

5 ☐ Labor dispute

6 ☐ New job to begin within 30 days

7 ☐ Other – Specify ↗

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

1176

1 ☐ Yes

2 ☐ No – SKIP to 7e

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

Mark (X) all that apply.

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1190

☐ 1

☐ 2

☐ 3

☐ 4

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☐ 6

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1202

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☐ 8

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1214

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

☐ 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

1224

1226

1228

☐ Last month

☐ 2 months ago

☐ 3 months ago

☐ 4 months ago

NOTES

LABOR FORCE AND RECIPIENCY

FORM SIPP-13100 (9-10-92)

Page 3

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?	<div>1230</div> <div><div></div><div></div>Hours per week</div> <div><div>x3</div><div></div>None</div> <div><div>x1</div><div></div>DK</div> <div>} SKIP to 9a</div>
<div>CHECK ITEM R3</div> <div>Refer to item 8a.</div> Did . . . usually work 35 or more hours per week?	<div>1231</div> <div><div>1</div><div></div>Yes</div> <div><div>2</div><div></div>No – SKIP to 8c</div>
8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.	<div>1232</div> <div><div>1</div><div></div>Yes</div> <div><div>2</div><div></div>No – SKIP to 9a</div>
c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?	<div>1233</div> <div>x5</div> <div><div></div><div></div>All weeks</div> <div><div>1234</div><div></div>Weeks last month</div> <div><div>1235</div><div></div>Weeks 2 months ago</div> <div><div>1236</div><div></div>Weeks 3 months ago</div> <div><div>1237</div><div></div>Weeks 4 months ago</div>
d. What was the main reason . . . worked fewer than 35 hours in those weeks? Mark (X) only one.	<div>1238</div> <div><div>1</div><div></div>Could not find a full-time job</div> <div><div>2</div><div></div>Wanted to work part time</div> <div><div>3</div><div></div>Health condition or disability</div> <div><div>4</div><div></div>Normal working hours are fewer than 35 hours</div> <div><div>5</div><div></div>Slack work or material shortage</div> <div><div>6</div><div></div>Other – Specify <div></div></div>
9a. During this 4-month period, did . . . receive any State unemployment compensation payments?	<div>1240</div> <div><div>1</div><div></div>Yes – Mark "5" on ISS</div> <div><div>2</div><div></div>No – SKIP to Check Item R4</div>
b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?	<div>1242</div> <div><div>1</div><div></div>Yes – Mark "6" on ISS</div> <div><div>2</div><div></div>No</div>
<div>CHECK ITEM R4</div> Is "Worked" (code 170) marked on the ISS?	<div>1244</div> <div><div>1</div><div></div>Yes</div> <div><div>2</div><div></div>No – SKIP to Check Item R5</div>
10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?	<div>1246</div> <div><div>1</div><div></div>Yes – Mark "10" on ISS</div> <div><div>2</div><div></div>No</div>
<div>CHECK ITEM R5</div> Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	<div>1330</div> <div><div>1</div><div></div>Yes</div> <div><div>2</div><div></div>No – SKIP to Check Item R6</div>
11a. How long did . . . serve on active duty in the Armed Forces?	<div>1332</div> <div><div>1</div><div></div>Less than 6 months</div> <div><div>2</div><div></div>6 to 23 months</div> <div><div>3</div><div></div>2 to 19 years</div> <div><div>4</div><div></div>20 or more years</div> <div><div>x1</div><div></div>DK</div>
b. Does . . . have a service-connected disability; that is, a health condition or impairment caused or made worse by military service?	<div>1334</div> <div><div>1</div><div></div>Yes</div> <div><div>2</div><div></div>No</div> <div><div>x1</div><div></div>DK</div> <div>} SKIP to 11d</div>
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%)	<div>1336</div> <div><div></div><div></div><div></div>Percent</div> <div><div>x3</div><div></div>0%</div> <div><div>x1</div><div></div>DK</div> <div><div>x2</div><div></div>Ref.</div> <div><div>101</div><div></div>No rating</div> <div>} Mark "200" on ISS if rating is 100%; otherwise, mark "201"</div>
d. During this 4-month period, did . . . receive any payments from the Department of Veterans Affairs (VA)? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)	<div>1338</div> <div><div>1</div><div></div>Yes – Mark "8" on ISS</div> <div><div>2</div><div></div>No</div>
<div>CHECK ITEM R6</div> Refer to cc item 24. Is . . . 18 years of age or older?	<div>1340</div> <div><div>1</div><div></div>Yes</div> <div><div>2</div><div></div>No – SKIP to 15a</div>

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

12a. During this 4-month period, did . . . receive any Social Security payments?		1342	1 <input type="checkbox"/> Yes – <i>Mark "1" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R8</i>
b. What is the reason . . . is getting Social Security; is it because . . . is <i>(Read categories) – Mark (X) only one.</i>		1344	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } <i>SKIP to 13a</i> x1 <input type="checkbox"/> DK
c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?		1346	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK
CHECK ITEM R7	Is "Disabled" marked in item 12b or 12c above?	1348	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 13a</i>
12d. At what age did . . . begin receiving Social Security because of (his/her) disability?		1349	<div><div><div></div><div></div></div>Age in years } <i>SKIP to 13a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
CHECK ITEM R8	<i>Refer to cc item 27.</i> 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 – <i>SKIP to 13a</i>
12e. During the 4-month period did . . . receive any Social Security payments especially for . . .’s children (under 18)?		1352	1 <input type="checkbox"/> Yes – <i>Mark "1" on ISS</i> 2 <input type="checkbox"/> No
13a. During this 4-month period did . . . (or any of . . .’s children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?		1354	1 <input type="checkbox"/> Yes – <i>Mark "3" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R9</i>
b. Who received the SSI (Supplemental Security Income) payments? <i>Mark (X) only one.</i>		1355	1 <input type="checkbox"/> Adult(s) 2 <input type="checkbox"/> Child(ren) 3 <input type="checkbox"/> Both adult(s) and child(ren)
c. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?		1356	1 <input type="checkbox"/> Yes – <i>Mark "4" on ISS</i> 2 <input type="checkbox"/> No
CHECK ITEM R9	<i>Refer to cc item 24.</i> Is . . . 40 years of age or older?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15a</i>
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 – <i>SKIP to Check Item R10</i>
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 – <i>SKIP to 14d</i>
c. What kind of retirement income? Anything else? <i>Mark (X) all that apply.</i>		1364	1 <input type="checkbox"/> U.S. Government Railroad Retirement – <i>Mark "2" on ISS</i>
		1366	2 <input type="checkbox"/> Pension from company or union – <i>Mark "30" on ISS (including income from profit-sharing plans)</i>
		1368	3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – <i>Mark "31" on ISS</i>
		1370	4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – <i>Mark "32" on ISS</i>
		1372	5 <input type="checkbox"/> National Guard or Reserve Forces retirement – <i>Mark "33" on ISS</i>
		1374	6 <input type="checkbox"/> State government pension – <i>Mark "34" on ISS</i>
		1376	7 <input type="checkbox"/> Local government pension – <i>Mark "35" on ISS</i>
		1378	8 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" ↗ – Mark ISS</i>
		1380	<div><div></div><div></div></div>
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 – <i>Mark "36" on ISS</i> 2 <input type="checkbox"/> No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)				
CHECK ITEM R10	Refer to cc item 24. Is . . . 70 years of age or older?	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		
c.	What kind of income? Anything else? Mark (X) all that apply.	1390 1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 1392 2 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS 1394 3 <input type="checkbox"/> Workers' Compensation – Mark "10" on ISS 1396 4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – Mark "13" on ISS 1398 5 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS 1400 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS 1402 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS 1406 8 <input type="checkbox"/> State government pension – Mark "34" on ISS 1408 9 <input type="checkbox"/> Local government pension – Mark "35" on ISS 1410 10 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" ↘ – Mark ISS 1412 <table><tr><td></td><td></td></tr></table>		
CHECK ITEM R11	Refer to cc item 26a. What is . . .'s marital status?	1414 1 <input type="checkbox"/> Married – SKIP to 17 2 <input type="checkbox"/> Widowed – SKIP to 19a 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – SKIP to Check Item R12		
16.	Did . . . receive any alimony (or support payments other than child support) during the 4-month period?	1416 1 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R12 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item R12		
17.	(People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? If "Yes," mark previous marital status.	1418 1 <input type="checkbox"/> Widowed – SKIP to 19a 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – SKIP to Check Item R15		
CHECK ITEM R12	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	1420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – 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 <input type="checkbox"/> Yes – Mark "28" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
CHECK ITEM R13	Is "Both widowed and divorced" (box 3) marked in item 17?	1424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R15		
NOTES				

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
19a. During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?		14261 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> 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.		14281 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 14302 <input type="checkbox"/> Veterans' compensation or pension – Mark "8" on ISS 14323 <input type="checkbox"/> Black Lung benefits – Mark "9" on ISS 14344 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS 14365 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS 14386 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS 14407 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS 14428 <input type="checkbox"/> State government pension – Mark "34" on ISS 14449 <input type="checkbox"/> Local government pension – Mark "35" on ISS 144610 <input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS 144811 <input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS 145012 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" <input type="text"/> <input type="text"/> – Mark ISS 1452
CHECK ITEM R14	Is "Veterans' compensation or pension" (box 2) marked in item 19b?	14541 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R15
19c. Did . . . 's late spouse die while in the service or from a service-related injury?		14561 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R15	Refer to cc item 24. Is . . . 65 years of age or older?	14581 <input type="checkbox"/> Yes – SKIP to 20a 2 <input type="checkbox"/> No
CHECK ITEM R16	Refer to item 15a, page 6. Does . . . have a work disability?	14601 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R17
20a. Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was . . . covered by Medicare?		14621 <input type="checkbox"/> Yes – Mark "172" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17
b. May I see . . . 's Medicare card to record the claim number and type of coverage? ★		1464 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> -1466 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -1467 <input type="text"/> <input type="text"/> TYPE OF COVERAGE 14681 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Types A and B) 4 <input type="checkbox"/> Card not available – ASK 20c } SKIP to Check Item R17
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.)		14701 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 2 2 <input type="checkbox"/> No
d. Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?		14721 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R17	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	14741 <input type="checkbox"/> Yes – SKIP to Check Item R19 2 <input type="checkbox"/> No
CHECK ITEM R18	Refer to cc item 24. Is . . . 18 years of age or older?	14761 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 24a
CHECK ITEM R19	Interview status of . . . 's spouse.	14801 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 23a
21. Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)		14821 <input type="checkbox"/> Yes – Mark "27" on ISS 2 <input type="checkbox"/> No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
22a. During the 4-month period, did . . . receive any welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . .’s children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 23a
b. What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496 1498	1 <input type="checkbox"/> AFDC – Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief – Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance – Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care – Mark "23" on ISS 5 <input type="checkbox"/> WIC – Mark "25" on ISS 6 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "24" ↗ – Mark ISS <input type="text"/> <input type="text"/> <input type="text"/>
(Refer to FLASHCARD M for Medicaid name.) 23a. During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes – Mark "173" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R20
b. May I see . . .’s (Use local name for Medicaid) card to record the claim number?	1504 1506	<input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> – 1505 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x3 <input type="checkbox"/> Card not available x2 <input type="checkbox"/> Ref.
CHECK ITEM R20 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1507	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21
23c. Were any of . . .’s children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21
d. Which children were covered?	1510 1512 1514 1516 1518 1520	x5 <input type="checkbox"/> All children OR Person No. Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM R21 Refer to items 23a and 23c. Is "Yes" marked in either of these items?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 24a
23e. Was (. . ./(and) . . .’s children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes – SKIP to 24a 2 <input type="checkbox"/> No
f. In which months was (. . ./(and) . . .’s children) covered? Mark (X) all that apply.	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago
24a. Was . . . covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)	1536	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R22
ASK OR VERIFY – b. Was . . . covered by a health insurance plan during the entire 4-month period?	1538	1 <input type="checkbox"/> Yes – SKIP to 24d 2 <input type="checkbox"/> No
c. In which months was . . . covered? Mark (X) all that apply.	1540 1542 1544 1546	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago
d. Was . . .’s health insurance coverage from a plan in . . .’s own name (primary policy holder), or was . . . covered as a family member on someone else’s plan?	1547	1 <input type="checkbox"/> Plan in own name – SKIP to 24f 2 <input type="checkbox"/> Someone else’s plan 3 <input type="checkbox"/> Both – SKIP to 24f

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

24e. Whose plan covered . . . ?	<div>Household member</div> <div>Person No. Name</div> <div>1548<div></div><div></div><div></div></div> <div>x4 <input type="checkbox"/> Not a Household member</div>	} SKIP to Check Item R22
f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?	1549 <div>1 <input type="checkbox"/> Current employer or union</div> <div>2 <input type="checkbox"/> Former employer</div> <div>3 <input type="checkbox"/> CHAMPUS</div> <div>4 <input type="checkbox"/> CHAMPVA</div> <div>5 <input type="checkbox"/> Military</div> <div>6 <input type="checkbox"/> Other</div> <div>x1 <input type="checkbox"/> DK</div>	
g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?	1550 <div>1 <input type="checkbox"/> All</div> <div>2 <input type="checkbox"/> Part</div> <div>3 <input type="checkbox"/> None</div>	
h. Was . . . 's plan an individual plan or a family plan?	1552 <div>1 <input type="checkbox"/> Individual – SKIP to Check Item R22</div> <div>2 <input type="checkbox"/> Family</div>	
i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)	1554 <div>x5 <input type="checkbox"/> Yes – All persons</div> <div>Person No. Name</div> <div>1556<div></div><div></div><div></div></div> <div>1558<div></div><div></div><div></div></div> <div>1560<div></div><div></div><div></div></div> <div>1562<div></div><div></div><div></div></div> <div>1564<div></div><div></div><div></div></div> <div>1566<div>x3 <input type="checkbox"/> None</div></div>	
j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months? Mark (X) all that apply. If "Yes," "Who did the plan cover?"	1567 <div>1 <input type="checkbox"/> Yes, spouse</div> <div>1568<div>2 <input type="checkbox"/> Yes, child(ren)</div><div>1569<div>3 <input type="checkbox"/> Yes, someone else</div><div>1570<div>4 <input type="checkbox"/> No</div></div></div></div>	
CHECK ITEM R22 <div>Refer to cc item 27. Is . . . the designated parent or guardian of children under 15 years old who live in this household?</div>	1572 <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 25</div>	
ASK OR VERIFY – 24k. Were all of . . . 's children under 15 years old covered by a health insurance plan? (Include CHAMPUS, CHAMPVA, and military plans.) (Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)	1574 <div>1 <input type="checkbox"/> Yes – SKIP to 24m</div> <div>2 <input type="checkbox"/> No</div>	
l. Which children were covered by a health insurance plan?	<div>Person No. Name</div> <div>1575<div></div><div></div><div></div></div> <div>1576<div></div><div></div><div></div></div> <div>1577<div></div><div></div><div></div></div> <div>1578<div></div><div></div><div></div></div> <div>1579<div></div><div></div><div></div></div> <div>OR</div> <div>1580<div>x3 <input type="checkbox"/> None – SKIP to 25</div></div>	

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
24m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?	1581	1 <input type="checkbox"/> Yes – Which children?
		Person No. Name
	1582	<div></div>
	1583	<div></div>
	1584	<div></div>
	1585	<div></div>
	1586	<div></div>
	1587	2 <input type="checkbox"/> No
25. Excluding IRA, Keogh, and 401K accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period.?	1624	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a
(SHOW FLASHCARD N) 26. Did . . . have any –	1626	1 <input type="checkbox"/> Yes – Mark "100" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
a. Regular or passbook savings accounts?		
b. Money market deposit accounts?	1628	1 <input type="checkbox"/> Yes – Mark "101" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
c. Certificates of deposit or other savings certificates?	1630	1 <input type="checkbox"/> Yes – Mark "102" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
d. Interest-earning checking accounts (such as NOW or Super NOW accounts)?	1632	1 <input type="checkbox"/> Yes – Mark "103" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages, or bonds at any time during the 4-month period? (Exclude IRA, Keogh, and 401K accounts.)	1634	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 28
(SHOW FLASHCARD N) b. Which kinds of these assets did . . . own? Any others? (Exclude IRA, Keogh, and 401 accounts.) Mark (X) all that apply.	1636 1638 1640 1642 1644 1646	1 <input type="checkbox"/> Money market funds – Mark "104" on ISS 2 <input type="checkbox"/> U.S. Government securities – Mark "105" on ISS 3 <input type="checkbox"/> Municipal or corporate bonds – Mark "106" on ISS 4 <input type="checkbox"/> Mortgages – Mark "130" on ISS 5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) – Mark "174" on ISS 6 <input type="checkbox"/> Other – Specify and mark "107" on ISS <input type="checkbox"/>
28. During the 4-month period did . . . have any – (Exclude IRA, Keogh, and 401K accounts.)	1648	1 <input type="checkbox"/> Yes – Mark "110" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
a. Stocks or mutual fund shares?		
b. Rental property?	1650	1 <input type="checkbox"/> Yes – Mark "120" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
c. Royalties?	1652	1 <input type="checkbox"/> Yes – Mark "140" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?	1654	1 <input type="checkbox"/> Yes – Specify and mark "150" on ISS <input type="checkbox"/> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
29a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)	1656	1 <input type="checkbox"/> Yes, full time 2 <input type="checkbox"/> Yes, part time 3 <input type="checkbox"/> No – SKIP to Check Item R23

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
<div>29b. During which months was . . . enrolled?</div> <div>Mark (X) all that apply.</div>		<div>1658</div> <div>1660</div> <div>1662</div> <div>1664</div> <div>1666</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>All months</div> <div>Last month</div> <div>2 months ago</div> <div>3 months ago</div> <div>4 months ago</div>
<div>c. At what level or grade was . . . enrolled?</div> <div>(If enrolled at more than one level during this period, check most recent level.)</div>		<div>1668</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>Elementary grades 1–8</div> <div>High school grades 9–12</div> <div>College year 1</div> <div>College year 2</div> <div>College year 3</div> <div>College year 4</div> <div>College year 5</div> <div>College year 6</div> <div>Vocational school</div> <div>Technical school</div> <div>Business school</div> <div>SKIP to Check Item R23</div>
<div>30a. Were any of . . .’s educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any type of scholarship or grant?</div>		<div>1670</div> <div>1</div> <div>2</div> <div>Yes</div> <div>No – SKIP to Check Item R23</div>
<div>b. What kind of educational assistance did . . . receive? Anything else?</div> <div>Mark (X) all that apply.</div>		<div>1672</div> <div>1674</div> <div>1676</div> <div>1678</div> <div>1680</div> <div>1682</div> <div>1684</div> <div>1686</div> <div>1688</div> <div>1690</div> <div>1692</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>GI Bill – Mark "40" on ISS</div> <div>Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – Mark "41" on ISS</div> <div>College Work Study – Mark "175" on ISS</div> <div>PELL Grant – Mark "176" on ISS</div> <div>Supplemental Educational Opportunity Grant (SEOG) – Mark "177" on ISS</div> <div>Perkins Loan or National Direct Student Loan (NDSL) – Mark "178" on ISS</div> <div>Stafford Loan or Guaranteed Student Loan – Mark "179" on ISS</div> <div>Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) – Mark "180" on ISS</div> <div>Assistance from . . .’s employer – Mark "181" on ISS</div> <div>Fellowship/Scholarship – Mark "182" on ISS</div> <div>Other financial aid – Mark "183" on ISS</div>
<div>CHECK ITEM R23</div>	<div>Refer to cc item 26a.</div> <div>Is code 2 (married, spouse absent) the current entry?</div>	<div>1694</div> <div>1</div> <div>2</div> <div>Yes</div> <div>No – SKIP to Check Item R24</div>
<div>ASK OR VERIFY –</div> <div>31. Is . . .’s spouse in the Armed Forces?</div>		<div>1696</div> <div>1</div> <div>2</div> <div>Yes</div> <div>No</div>
<div>CHECK ITEM R24</div>	<div>Are any codes (excluding codes 171–173, 200, and 201), including code 170 – "Worked," marked on the ISS?</div>	<div>1698</div> <div>1</div> <div>2</div> <div>Yes</div> <div>No – SKIP to 33a</div>
<div>32a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171–173, 200, and 201.) Is that correct?</div>		<div>1700</div> <div>1</div> <div>2</div> <div>Yes</div> <div>No – Probe and resolve (make corrections to ISS if necessary)</div>
<div>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?</div>		<div>1702</div> <div>1</div> <div>2</div> <div>Yes – SKIP to 33b</div> <div>No – SKIP to Check Item E1, page 13</div>
<div>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?</div>		<div>1704</div> <div>1</div> <div>2</div> <div>Yes</div> <div>No – SKIP to Check Item P1, page 51</div>
<div>b. What kind of income did . . . receive? Anything else?</div>		<div>Enter codes from income source list and mark ISS.</div> <div>1706</div> <div>1708</div> <div>1710</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

NOTES

Section 2 – EARNINGS AND EMPLOYMENT			
CHECK ITEM E1	Is "Worked" (code 170) marked on ISS?	1712	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code marked or Check Item P1, page 51
1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)		1714	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only – SKIP to Statement B, page 18 3 <input type="checkbox"/> Both worked for employer and self-employed
b. How many different employers did . . . work for during this 4-month period?		1716	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
CHECK ITEM E2	Is "Both worked for employer and self-employed" (box 3) marked in item 1a?	1718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a, page 14
STATEMENT A		. . . worked for an employer and was also self-employed. The first questions will be about . . .'s work for an employer.	
NOTES			

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)		
Part A1 – EMPLOYER IDENTIFICATION NUMBER 1 (Continued)		
<div>8a. READ STATEMENT ONLY ONCE PER RESPONDENT</div> <div><p>The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.</p><p>What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?</p><p>FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)</p><div>★</div></div>	<div><div>LAST MONTH</div><div><div>2032</div><div>\$</div><div></div><div>.</div><div>00</div></div><div><div>x3</div><div><input type="checkbox"/></div><div>None</div></div><div><div>x1</div><div><input type="checkbox"/></div><div>DK</div></div><div><div>x2</div><div><input type="checkbox"/></div><div>Ref.</div></div></div>	<div>FIELD REPRESENTATIVE USE ONLY</div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>Total \$</div><div></div><div>.00</div></div>
	<div><div>2 MONTHS AGO</div><div><div>2034</div><div>\$</div><div></div><div>.</div><div>00</div></div><div><div>x3</div><div><input type="checkbox"/></div><div>None</div></div><div><div>x1</div><div><input type="checkbox"/></div><div>DK</div></div><div><div>x2</div><div><input type="checkbox"/></div><div>Ref.</div></div></div>	<div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>Total \$</div><div></div><div>.00</div></div>
	<div><div>3 MONTHS AGO</div><div><div>2036</div><div>\$</div><div></div><div>.</div><div>00</div></div><div><div>x3</div><div><input type="checkbox"/></div><div>None</div></div><div><div>x1</div><div><input type="checkbox"/></div><div>DK</div></div><div><div>x2</div><div><input type="checkbox"/></div><div>Ref.</div></div></div>	<div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>Total \$</div><div></div><div>.00</div></div>
	<div><div>4 MONTHS AGO</div><div><div>2038</div><div>\$</div><div></div><div>.</div><div>00</div></div><div><div>x3</div><div><input type="checkbox"/></div><div>None</div></div><div><div>x1</div><div><input type="checkbox"/></div><div>DK</div></div><div><div>x2</div><div><input type="checkbox"/></div><div>Ref.</div></div></div>	<div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>Total \$</div><div></div><div>.00</div></div>
	<div>CHECK ITEM E4</div> <div>Is "DK" marked in all parts of item 8a?</div>	<div><div>2040</div><div><div>1</div><div><input type="checkbox"/></div><div>Yes</div></div><div><div>2</div><div><input type="checkbox"/></div><div>No – SKIP to 9a</div></div></div>
<div>8b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)</div>	<div><div>2042</div><div><div>1</div><div><input type="checkbox"/></div><div>Yes – Mark Reminder Card and Callback Summary, Item 3a</div></div><div><div>2</div><div><input type="checkbox"/></div><div>No</div></div></div>	
<div>9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?</div>	<div><div>2044</div><div><div>1</div><div><input type="checkbox"/></div><div>Yes – SKIP to Check Item E5</div></div><div><div>2</div><div><input type="checkbox"/></div><div>No</div></div></div>	
<div>b. Was . . . covered by a union or employee association contract during the 4-month period?</div>	<div><div>2046</div><div><div>1</div><div><input type="checkbox"/></div><div>Yes</div></div><div><div>2</div><div><input type="checkbox"/></div><div>No</div></div></div>	
<div>CHECK ITEM E5</div> <div>Number of employers in item 1b, page 13?</div>	<div><div>2048</div><div><div>1</div><div><input type="checkbox"/></div><div>1 employer – SKIP to Check Item E8, page 17</div></div><div><div>2</div><div><input type="checkbox"/></div><div>2 or more employers</div></div></div>	

Section 2 – EARNINGS AND EMPLOYMENT (Continued)			
Part A2 – EMPLOYER IDENTIFICATION NUMBER 2			
10a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>		PGM 8 2100	Employer name
CHECK ITEM E6	Enter number "2" for this employer in box. →	PGM 8 2102	Employer I.D. No.
10b. What kind of business or industry was <i>(Name of company or business) ?</i> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.		PGM 8 2105	
ASK OR VERIFY – c. Is it mainly –		PGM 8 2106	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
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 on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.		PGM 8 2110	
ASK OR VERIFY – f. Was . . . an employee of –		PGM 8 2112	1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?
ASK OR VERIFY – 11a. Was . . . employed by <i>(Name of employer)</i> during the entire 4-month period?		PGM 7 2114	1 <input type="checkbox"/> Yes – SKIP to 12 2 <input type="checkbox"/> No
b. When was . . . employed by <i>(Name of employer)</i> during this 4-month period?		2116 2120	FROM <input type="text"/> <input type="text"/> Month TO <input type="text"/> <input type="text"/> Month
CHECK ITEM E6.1	Did . . . stop working for this employer during the reference period?	2123	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12
11c. What is the main reason . . . stopped working for <i>(Name of employer)?</i> <i>Mark (X) only one.</i>		2124	1 <input type="checkbox"/> Laid off 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
ASK OR VERIFY – 12. How many hours per week did . . . usually work at this job?		2125	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
13. Was . . . paid by the hour on this job?		2126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 15a
14. What was . . . 's regular hourly pay rate at the end of <i>(Read last month or "to" date in item 3b)?</i>		2128	\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 17a
15a. During the 4-month period, how often was . . . paid on this job?		2129	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"/> Unpaid in family business or farm – SKIP to Check Item E8 6 <input type="checkbox"/> Some other way – Specify ↴
b. On what date was . . . last paid during this 4-month period?		2130	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period
		2131	<input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period

Section 2 – EARNINGS AND EMPLOYMENT (Continued)			
Part A2 – EMPLOYER IDENTIFICATION NUMBER 2 (Continued)			
<div>16a. READ STATEMENT ONLY ONCE PER RESPONDENT</div> <div><p>The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.</p><p>What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?</p><p>FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)</p><div>★</div></div>	<div>LAST MONTH</div> <div><div>2132</div><div>\$</div><div></div><div>.</div><div>00</div></div> <div><div>x3</div><div><input type="checkbox"/></div><div>None</div></div> <div><div>x1</div><div><input type="checkbox"/></div><div>DK</div></div> <div><div>x2</div><div><input type="checkbox"/></div><div>Ref.</div></div>	<div>FIELD REPRESENTATIVE USE ONLY</div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>Total \$</div><div></div><div>.00</div></div>	
		<div>2 MONTHS AGO</div> <div><div>2134</div><div>\$</div><div></div><div>.</div><div>00</div></div> <div><div>x3</div><div><input type="checkbox"/></div><div>None</div></div> <div><div>x1</div><div><input type="checkbox"/></div><div>DK</div></div> <div><div>x2</div><div><input type="checkbox"/></div><div>Ref.</div></div>	<div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>Total \$</div><div></div><div>.00</div></div>
		<div>3 MONTHS AGO</div> <div><div>2136</div><div>\$</div><div></div><div>.</div><div>00</div></div> <div><div>x3</div><div><input type="checkbox"/></div><div>None</div></div> <div><div>x1</div><div><input type="checkbox"/></div><div>DK</div></div> <div><div>x2</div><div><input type="checkbox"/></div><div>Ref.</div></div>	<div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>Total \$</div><div></div><div>.00</div></div>
		<div>4 MONTHS AGO</div> <div><div>2138</div><div>\$</div><div></div><div>.</div><div>00</div></div> <div><div>x3</div><div><input type="checkbox"/></div><div>None</div></div> <div><div>x1</div><div><input type="checkbox"/></div><div>DK</div></div> <div><div>x2</div><div><input type="checkbox"/></div><div>Ref.</div></div>	<div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>\$</div><div></div><div>.00</div></div> <div><div>Total \$</div><div></div><div>.00</div></div>
	<div>CHECK ITEM E7</div>	<div>Is "DK" marked in all parts of item 16a?</div>	<div><div>2140</div><div>1</div><div><input type="checkbox"/></div><div>Yes</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>No – SKIP to 17a</div></div>
<div>16b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)</div>	<div><div>2142</div><div>1</div><div><input type="checkbox"/></div><div>Yes – Mark Reminder Card and Callback Summary, Item 3b</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>No</div></div>		
<div>17a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?</div>	<div><div>2144</div><div>1</div><div><input type="checkbox"/></div><div>Yes – SKIP to Check Item E8</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>No</div></div>		
<div>b. Was . . . covered by a union or employee association contract during the 4-month period?</div>	<div><div>2146</div><div>1</div><div><input type="checkbox"/></div><div>Yes</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>No</div></div>		
<div>CHECK ITEM E8</div>	<div>Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?</div>	<div><div>2148</div><div>1</div><div><input type="checkbox"/></div><div>Yes – Read Statement B</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>No – SKIP to first ISS Code marked or Check Item P1, page 51</div></div>	

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.		
<div>1a. What was the name of . . .’s business/ professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></div> <div>PGM 8 Business name</div> <div>2200</div>		
CHECK ITEM S1	Enter number "1" for this business in box.	<div>PGM 8 Business I.D. No.</div> <div>2201</div> <div></div>
<div>1b. What kind of business was this?</div> <div>PGM 8</div> <div>2204</div>		
<div>ASK OR VERIFY –</div> <div>c. Is it mainly –</div> <div>PGM 8</div> <div>2206</div> <div>1 <input type="checkbox"/> Manufacturing?</div> <div>2 <input type="checkbox"/> Wholesale Trade?</div> <div>3 <input type="checkbox"/> Retail Trade?</div> <div>4 <input type="checkbox"/> Some other kind of business?</div>		
<div>d. What kind of work was . . . doing on this job?</div> <div>PGM 8</div> <div>2208</div>		
<div>e. What were . . .’s most important activities or duties on this job?</div> <div>PGM 8</div> <div>2210</div>		
<div>ASK OR VERIFY –</div> <div>f. How many hours per week did . . . usually work at this business?</div> <div>PGM 7</div> <div>2212</div> <div><div></div><div></div> Hours</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div>		
<div>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</div> <div>Gross earnings include sales and receipts before expenses.</div> <div>2214</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 10</div> <div>x1 <input type="checkbox"/> DK</div>		
CHECK ITEM S2	Have questions 3–5b already been answered for this business by another household member?	<div>2216</div> <div>1 <input type="checkbox"/> Yes – SKIP to 6a</div> <div>2 <input type="checkbox"/> No</div>
<div>3. What was the total number of employees working for this business? Be sure to include . . .</div> <div>Enter 999 if 1,000 or more employees.</div> <div>2218</div> <div><div></div><div></div><div></div> Employees</div> <div>x1 <input type="checkbox"/> DK</div>		
<div>4a. Was . . .’s business incorporated?</div> <div>2220</div> <div>1 <input type="checkbox"/> Yes – SKIP to 5a</div> <div>2 <input type="checkbox"/> No</div>		
<div>b. Was . . .’s business a sole proprietorship or a partnership?</div> <div>2222</div> <div>1 <input type="checkbox"/> Sole proprietorship – SKIP to 6a</div> <div>2 <input type="checkbox"/> Partnership</div>		
<div>5a. Aside from . . . were any other members of this household owners or partners in this business?</div> <div>2224</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 6a</div>		
<div>b. Which members?</div> <div>Person No. Name</div> <div>2226</div> <div><div></div><div></div><div></div></div> <div>2228</div> <div><div></div><div></div><div></div></div> <div>2230</div> <div><div></div><div></div><div></div></div>		
<div>6a. Was . . . paid a regular salary from this business during the 4-month period?</div> <div>2232</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>		
<div>b. Did . . . receive any (other) income from the business during this 4-month period?</div> <div>2234</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>		
CHECK ITEM S3	Is "Yes" marked in either item 6a or 6b?	<div>2236</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item S5</div>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)		
Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)		
<div>7. READ STATEMENT ONLY ONCE PER RESPONDENT.</div> <div>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.</div> <div>What was the total amount of income that . . . received from this business in (Read each month)?</div> <div>NOTE – Include total gross earnings before any deductions.</div> <div>★</div>	<div>LAST MONTH</div> <div>2238\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>FIELD REPRESENTATIVE USE ONLY</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>Total \$.00</div>
	<div>2 MONTHS AGO</div> <div>2240\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>Total \$.00</div>
	<div>3 MONTHS AGO</div> <div>2242\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>Total \$.00</div>
	<div>4 MONTHS AGO</div> <div>2244\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>Total \$.00</div>
	<div>CHECK ITEM S4</div> <div>Is "DK" marked in all parts of item 7?</div>	<div>2246</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item S5</div>
<div>8. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)</div>	<div>2248</div> <div>1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4a</div> <div>2 <input type="checkbox"/> No</div>	
<div>CHECK ITEM S5</div> <div>Refer to item 4a, page 18.</div> <div>Is this business incorporated?</div>	<div>2250</div> <div>1 <input type="checkbox"/> Yes – SKIP to 11</div> <div>2 <input type="checkbox"/> No</div>	
<div>CHECK ITEM S6</div> <div>Has information about the net profit (or loss) for this business already been obtained from another household member?</div>	<div>2252</div> <div>1 <input type="checkbox"/> Yes – SKIP to 11</div> <div>2 <input type="checkbox"/> No</div>	
<div>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?</div>	<div>2254</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 11</div>	
<div>b. What was the net profit or loss?</div> <div>If "broke even," enter "\$1" in box.</div>	<div>2256\$. 00</div> <div>2258x4 <input type="checkbox"/> Loss in amount box</div>	<div>} SKIP to 11</div>
<div>10. About how much did . . . earn from this business after expenses during the 4-month period?</div>	<div>2260\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
<div>11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?</div>	<div>2262</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to first ISS Code marked or Check Item P1, page 51</div>	

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)			
Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)			
<div>18. READ STATEMENT ONLY ONCE PER RESPONDENT.</div> <div>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.</div> <div>What was the total amount of income that . . . received from this business in (Read each month)?</div> <div>NOTE: Include total gross earnings before any deductions.</div> <div>★</div>	<div>LAST MONTH</div> <div>2338\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>		<div>FIELD REPRESENTATIVE USE ONLY</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>Total \$.00</div>
	<div>2 MONTHS AGO</div> <div>2340\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>		<div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>Total \$.00</div>
	<div>3 MONTHS AGO</div> <div>2342\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>		<div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>Total \$.00</div>
	<div>4 MONTHS AGO</div> <div>2344\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>		<div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>Total \$.00</div>
	<div>CHECK ITEM S10</div> <div>Is "DK" marked in all parts of item 18?</div>		<div>2346</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item S11</div>
<div>19. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)</div>	<div>2348</div>	<div>1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4b</div> <div>2 <input type="checkbox"/> No</div>	
<div>CHECK ITEM S11</div> <div>Refer to item 15a, page 20.</div> <div>Is this business incorporated?</div>	<div>2350</div>	<div>1 <input type="checkbox"/> Yes – SKIP to first ISS Code marked or Check Item P1, page 51</div> <div>2 <input type="checkbox"/> No</div>	
<div>CHECK ITEM S12</div> <div>Has information about the net profit (or loss) for this business already been obtained from another household member?</div>	<div>2352</div>	<div>1 <input type="checkbox"/> Yes – SKIP first ISS Code marked or Check Item P1, page 51</div> <div>2 <input type="checkbox"/> No</div>	
<div>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?</div>	<div>2354</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to first ISS Code marked or Check Item P1, page 51</div>	
<div>b. What was the net profit or loss?</div> <div>If "broke even," enter "\$1" in box.</div>	<div>2356\$. 00</div> <div>2358</div> <div>x4 <input type="checkbox"/> Loss in amount box</div>	<div>} SKIP to first ISS Code marked or Check Item P1, page 51</div>	
<div>21. About how much did . . . earn from this business after expenses during the 4-month period?</div>	<div>2360\$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>} SKIP to first ISS Code marked or Check Item P1, page 51</div>	

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. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code Name of income type <div>3000</div>
CHECK ITEM A1	Mark (X) income type code.	<div>3002</div> <div>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 24 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</div>
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>3004</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</div>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .’s children?		<div>3006</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</div>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3008</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</div>
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>3010</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</div>
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .’s spouse?		<div>3012</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</div>
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .’s spouse?	<div>3014</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</div>
5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.		5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i>
(Last month)	<div>3016</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>3018</div> <div>\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(2 months ago)	<div>3020</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>3022</div> <div>\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(3 months ago)	<div>3024</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>3026</div> <div>\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(4 months ago)	<div>3028</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>3030</div> <div>\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
CHECK ITEM A4.1	Refer to item 5a above. Is the "Yes" box marked for "4" months ago?	<div>8300</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A5</div>
CHECK ITEM A4.2	Refer to item 1 above. Are income types 1–10, 20–35, 40, or 41 marked in item 1?	<div>8302</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A5</div>

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
5c. When did . . . begin to receive <i>(Read name of income type)?</i>		<div>8304<div></div><div></div>Month</div> <div>8306<div>1</div><div>9</div><div></div><div></div>Year</div>	<div>x1<div></div>DK</div> <div>x1<div></div>DK</div>
CHECK ITEM A5	Mark (X) income type code.	<div>3032</div>	<div>1<div></div>ISS Code 1 or 2 – <i>SKIP to 8a</i></div> <div>2<div></div>ISS Code 8 or 20 through 24</div> <div>3<div></div>All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
6a. Were all the people living here covered by . . .’s payments?		<div>3034</div>	<div>1<div></div>Yes – <i>SKIP to Check Item A6</i></div> <div>2<div></div>No</div>
b. Which persons were covered?			<div>Person No.</div> <div>Name</div> <div>3036<div></div><div></div><div></div></div> <div>3038<div></div><div></div><div></div></div> <div>3040<div></div><div></div><div></div></div> <div>3042<div></div><div></div><div></div></div> <div>3044<div></div><div></div><div></div></div> <div>3046<div></div><div></div><div></div></div> <div>3048<div></div><div></div><div></div></div> <div>3050<div></div><div></div><div></div></div> <div>3052<div></div><div></div><div></div></div> <div>3054<div></div><div></div><div></div></div>
CHECK ITEM A6	Is this ISS Code "8"?	<div>3056</div>	<div>1<div></div>Yes</div> <div>2<div></div>No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
7a. What type of Veterans’ payments did . . . receive?		<div>3058</div>	<div>1<div></div>Service-connected disability compensation</div> <div>2<div></div>Survivor benefits</div> <div>3<div></div>Veterans’ pension</div> <div>4<div></div>Other Veterans’ payments</div>
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		<div>3060</div>	<div>1<div></div>Yes</div> <div>2<div></div>No</div> <div>x1<div></div>DK</div> <div><i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
<i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		<div>3064</div>	<div>1<div></div>Blue</div> <div>2<div></div>Buff</div> <div>3<div></div>Direct deposit</div> <div>4<div></div>Other</div> <div>x1<div></div>DK</div>
b. Do . . .’s payments usually come on the first of the month or the third?		<div>3066</div>	<div>1<div></div>First</div> <div>2<div></div>Third</div> <div>3<div></div>Other</div> <div>x1<div></div>DK</div>
CHECK ITEM A7	Refer to item 2, page 22. Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	<div>3068</div>	<div>1<div></div>Yes</div> <div>2<div></div>No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
NOTES			

Section 3 – AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . .’s children in <i>(Read each month)?</i> NOTE – Social Security payments may be adjusted for inflation each January. (Last month)		<div>3070</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	9b. If "Yes" in item 9a – How much was received?	
			<div>3072</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(2 months ago)		<div>3074</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3076</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(3 months ago)		<div>3078</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3080</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(4 months ago)		<div>3082</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3084</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
<div>CHECK ITEM A7.1</div> <div>Refer to item 9a above.</div> <div>Is the "Yes" box marked for "4 months ago"?</div>		<div>8308</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 10a</div>		
9c. When did . . . begin to receive Social Security/Railroad Retirement?		<div>8310</div> <div></div> <div>Month</div> <div>x1 <input type="checkbox"/> DK</div>		
		<div>8312</div> <div>1</div> <div>9</div> <div></div> <div>Year</div> <div>x1 <input type="checkbox"/> DK</div>		
<div>VERIFY IF ONLY ONE CHILD OR ASK –</div> 10a. Were all children living here covered by these payments?		<div>3086</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51</div> <div>2 <input type="checkbox"/> No</div>		
b. Which children were covered?		<div>Person No.</div> <div>Name</div> <div><div>3088</div><div></div><div></div><div></div></div> <div><div>3090</div><div></div><div></div><div></div></div> <div><div>3092</div><div></div><div></div><div></div></div> <div><div>3094</div><div></div><div></div><div></div></div> <div><div>3096</div><div></div><div></div><div></div></div> <div><div>3098</div><div></div><div></div><div></div></div>		
<div>SKIP to next ISS Code or Check Item P1, page 51</div>				
11a. Were all the people living here covered under . . .’s food stamp allotment?		<div>3100</div> <div>1 <input type="checkbox"/> Yes – SKIP to 12a</div> <div>2 <input type="checkbox"/> No</div>		
b. Which persons were covered?		<div>Person No.</div> <div>Name</div> <div><div>3102</div><div></div><div></div><div></div></div> <div><div>3104</div><div></div><div></div><div></div></div> <div><div>3106</div><div></div><div></div><div></div></div> <div><div>3108</div><div></div><div></div><div></div></div> <div><div>3110</div><div></div><div></div><div></div></div> <div><div>3112</div><div></div><div></div><div></div></div> <div><div>3114</div><div></div><div></div><div></div></div> <div><div>3116</div><div></div><div></div><div></div></div>		

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
12a. Did . . . receive food stamps in <i>(Read each month)?</i> NOTE – Food stamp benefits may be adjusted for inflation in July and October. (Last month)		12b. If "Yes" in item 12a, ask – What was the total amount?	
	3122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	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.	
CHECK ITEM A7.2 Refer to item 12a above. Is the "Yes" box marked for "4 months ago"?		8314 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 51	
12c. When did . . . begin to receive food stamps?			
	8316 . . Month x1 <input type="checkbox"/> DK		
	8318 1 9 . . Year x1 <input type="checkbox"/> DK		
SKIP to next ISS Code or Check Item P1, page 51			
13a. Did . . . receive any WIC benefits in <i>(Read each month)?</i> Mark (X) all that apply.		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	
CHECK ITEM A7.3 Refer to item 13a above. Is the "4 months ago" box marked?		8320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 13c	
13b. When did . . . begin to receive WIC?			
	8322 . . Month x1 <input type="checkbox"/> DK		
	8324 1 9 . . Year x1 <input type="checkbox"/> DK		
c. Which persons were covered?		Person No. Name	
	3146		
	3148		
	3150		
	3152		
	3154		
SKIP to next ISS Code or Check Item P1, page 51			
NOTES			

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 <div>3200</div> <div></div>
CHECK ITEM A1	Mark (X) income type code.	<div>3202</div> <div><div><input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</div><div><input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 29</div><div><input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 28</div><div><input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div><div><input type="checkbox"/> Other ISS Codes – SKIP to 5a</div></div>
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>3204</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .’s children?		<div>3206</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3208</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 9a</div></div>
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>3210</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .’s spouse?		<div>3212</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .’s spouse?	<div>3214</div> <div><div><input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51</div><div><input type="checkbox"/> No</div></div>
5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.		5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. For Social Security, code 01, read "after any deductions such as Medicare premiums."
(Last month)	<div>3216</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3218</div> <div><div>\$</div><div></div><div>. 00</div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>
(2 months ago)	<div>3220</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3222</div> <div><div>\$</div><div></div><div>. 00</div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>
(3 months ago)	<div>3224</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3226</div> <div><div>\$</div><div></div><div>. 00</div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>
(4 months ago)	<div>3228</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3230</div> <div><div>\$</div><div></div><div>. 00</div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>
CHECK ITEM A4.1	Refer to item 5a above. Is the "Yes" box marked for "4" months ago?"	<div>8400</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>
CHECK ITEM A4.2	Refer to item 1 above. Are income types 1–10, 20–35, 40, or 41 marked in item 1?	<div>8402</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
5c. When did . . . begin to receive <i>(Read name of income type)?</i>		<div>8404<div></div><div></div>Month</div> <div>8406<div>1</div><div>9</div><div></div><div></div>Year</div>	<div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> DK</div>
CHECK ITEM A5	Mark (X) income type code.	<div>3232</div>	<div><input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i></div> <div><input type="checkbox"/> ISS Code 8 or 20 through 24</div> <div><input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
6a. Were all the people living here covered by . . .’s payments?		<div>3234</div>	<div><input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i></div> <div><input type="checkbox"/> No</div>
b. Which persons were covered?			<div>Person No. Name</div> <div>3236<div></div><div></div><div></div></div> <div>3238<div></div><div></div><div></div></div> <div>3240<div></div><div></div><div></div></div> <div>3242<div></div><div></div><div></div></div> <div>3244<div></div><div></div><div></div></div> <div>3246<div></div><div></div><div></div></div> <div>3248<div></div><div></div><div></div></div> <div>3250<div></div><div></div><div></div></div> <div>3252<div></div><div></div><div></div></div> <div>3254<div></div><div></div><div></div></div>
CHECK ITEM A6	Is this ISS Code "8"?	<div>3256</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
7a. What type of Veterans’ payments did . . . receive?		<div>3258</div>	<div><input type="checkbox"/> Service-connected disability compensation</div> <div><input type="checkbox"/> Survivor benefits</div> <div><input type="checkbox"/> Veterans’ pension</div> <div><input type="checkbox"/> Other Veterans’ payments</div>
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		<div>3260</div>	<div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div></div><div><i>SKIP to next ISS Code or Check Item P1, page 51</i></div></div>
<i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		<div>3264</div>	<div><input type="checkbox"/> Blue</div> <div><input type="checkbox"/> Buff</div> <div><input type="checkbox"/> Direct deposit</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> DK</div>
b. Do . . .’s payments usually come on the first of the month or the third?		<div>3266</div>	<div><input type="checkbox"/> First</div> <div><input type="checkbox"/> Third</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> DK</div>
CHECK ITEM A7	Refer to item 2, page 26. Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	<div>3268</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
NOTES			

Section 3 – AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . .'s children in <i>(Read each month)?</i> NOTE – Social Security payments may be adjusted for inflation each January. (Last month)		<div>3270</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	9b. If "Yes" in item 9a – How much was received?	
			<div>3272</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(2 months ago)		<div>3274</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3276</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(3 months ago)		<div>3278</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3280</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(4 months ago)		<div>3282</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3284</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
<div>CHECK ITEM A7.1</div> <div>Refer to item 9a above.</div> <div>Is the "Yes" box marked for "4 months ago"?</div>		<div>8408</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 10a</div>		
9c. When did . . . begin to receive Social Security/Railroad Retirement?		<div>8410</div> <div></div> <div></div> <div>Month</div>	<div>x1 <input type="checkbox"/> DK</div>	
		<div>8412</div> <div>1</div> <div>9</div> <div></div> <div></div> <div>Year</div>	<div>x1 <input type="checkbox"/> DK</div>	
<div>VERIFY IF ONLY ONE CHILD OR ASK –</div> 10a. Were all children living here covered by these payments?		<div>3286</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51</div> <div>2 <input type="checkbox"/> No</div>		
b. Which children were covered?		<div>Person No.</div> <div>Name</div> <div><div>3288</div><div></div><div></div><div></div></div> <div><div>3290</div><div></div><div></div><div></div></div> <div><div>3292</div><div></div><div></div><div></div></div> <div><div>3294</div><div></div><div></div><div></div></div> <div><div>3296</div><div></div><div></div><div></div></div> <div><div>3298</div><div></div><div></div><div></div></div>		
SKIP to next ISS Code or Check Item P1, page 51				
11a. Were all the people living here covered under . . .'s food stamp allotment?		<div>3300</div> <div>1 <input type="checkbox"/> Yes – SKIP to 12a</div> <div>2 <input type="checkbox"/> No</div>		
b. Which persons were covered?		<div>Person No.</div> <div>Name</div> <div><div>3302</div><div></div><div></div><div></div></div> <div><div>3304</div><div></div><div></div><div></div></div> <div><div>3306</div><div></div><div></div><div></div></div> <div><div>3308</div><div></div><div></div><div></div></div> <div><div>3310</div><div></div><div></div><div></div></div> <div><div>3312</div><div></div><div></div><div></div></div> <div><div>3314</div><div></div><div></div><div></div></div> <div><div>3316</div><div></div><div></div><div></div></div>		

Section 3 - AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)	
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12a. Did . . . receive food stamps in <i>(Read each month)?</i> NOTE – Food stamp benefits may be adjusted for inflation in July and October. (Last month)		3322 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	12b. If "Yes" in item 12a, ask – What was the total amount? 3324 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(2 months ago)		3326 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3328 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(3 months ago)		3330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3332 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(4 months ago)		3334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3336 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

CHECK ITEM A7.2	Refer to item 12a above.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8414</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
	Is the "Yes" box marked for "4 months ago"?	

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

8416	<input type="text"/>	<input type="text"/>	Month	x1 <input type="checkbox"/> DK		
8418	1	9	<input type="text"/>	<input type="text"/>	Year	x1 <input type="checkbox"/> DK

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

13a. Did . . . receive any WIC benefits in <i>(Read each month)?</i> <i>Mark (X) all that apply.</i>	3338	1 <input type="checkbox"/> Last month
	3340	2 <input type="checkbox"/> 2 months ago
	3342	3 <input type="checkbox"/> 3 months ago
	3344	4 <input type="checkbox"/> 4 months ago

CHECK ITEM A7.3	Refer to item 13a above.	8420	1 <input type="checkbox"/> Yes
	Is the "4 months ago" box marked?		2 <input type="checkbox"/> No – <i>SKIP to 13c</i>

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

8422			Month	x1	<input type="checkbox"/> DK
8424	1	9		Year	x1 <input type="checkbox"/> DK

C. Which persons were covered?		Person No.	Name
	3346		
	3348		
	3350		
	3352		
	3354		

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

NOTES

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 <div>3400</div>
CHECK ITEM A1	Mark (X) income type code.	<div>3402</div> <div><div><input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</div><div><input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 33</div><div><input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 32</div><div><input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div><div><input type="checkbox"/> Other ISS Codes – SKIP to 5a</div></div>
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>3404</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .’s children?		<div>3406</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3408</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 9a</div></div>
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>3410</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .’s spouse?		<div>3412</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .’s spouse?	<div>3414</div> <div><div><input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51</div><div><input type="checkbox"/> No</div></div>
5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.		5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. For Social Security, code 01, read "after any deductions such as Medicare premiums."
(Last month)	<div>3416</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3418</div> <div><div>\$</div><div></div><div>. 00</div><div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div></div>
(2 months ago)	<div>3420</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3422</div> <div><div>\$</div><div></div><div>. 00</div><div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div></div>
(3 months ago)	<div>3424</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3426</div> <div><div>\$</div><div></div><div>. 00</div><div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div></div>
(4 months ago)	<div>3428</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3430</div> <div><div>\$</div><div></div><div>. 00</div><div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div></div>
CHECK ITEM A4.1	Refer to item 5a above. Is the "Yes" box marked for "4" months ago?"	<div>8500</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>
CHECK ITEM A4.2	Refer to item 1 above. Are income types 1–10, 20–35, 40, or 41 marked in item 1?	<div>8502</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
5c. When did . . . begin to receive <i>(Read name of income type)?</i>		<div>8504<div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8506<div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>
CHECK ITEM A5	Mark (X) income type code.	<div>3432</div> <div><div><input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i></div><div><input type="checkbox"/> ISS Code 8 or 20 through 24</div><div><input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div></div>
6a. Were all the people living here covered by . . .’s payments?		<div>3434</div> <div><div><input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i></div><div><input type="checkbox"/> No</div></div>
b. Which persons were covered?		<div>Person No. Name</div> <div>3436<div></div><div></div><div></div></div> <div>3438<div></div><div></div><div></div></div> <div>3440<div></div><div></div><div></div></div> <div>3442<div></div><div></div><div></div></div> <div>3444<div></div><div></div><div></div></div> <div>3446<div></div><div></div><div></div></div> <div>3448<div></div><div></div><div></div></div> <div>3450<div></div><div></div><div></div></div> <div>3452<div></div><div></div><div></div></div> <div>3454<div></div><div></div><div></div></div>
CHECK ITEM A6	Is this ISS Code "8"?	<div>3456</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div></div>
7a. What type of Veterans’ payments did . . . receive?		<div>3458</div> <div><div><input type="checkbox"/> Service-connected disability compensation</div><div><input type="checkbox"/> Survivor benefits</div><div><input type="checkbox"/> Veterans’ pension</div><div><input type="checkbox"/> Other Veterans’ payments</div></div>
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		<div>3460</div> <div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div><div><i>SKIP to next ISS Code or Check Item P1, page 51</i></div></div></div>
<i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		<div>3464</div> <div><div><div><input type="checkbox"/> Blue</div><div><input type="checkbox"/> Buff</div><div><input type="checkbox"/> Direct deposit</div><div><input type="checkbox"/> Other</div><div>x1 <input type="checkbox"/> DK</div></div></div>
b. Do . . .’s payments usually come on the first of the month or the third?		<div>3466</div> <div><div><div><input type="checkbox"/> First</div><div><input type="checkbox"/> Third</div><div><input type="checkbox"/> Other</div><div>x1 <input type="checkbox"/> DK</div></div></div>
CHECK ITEM A7	Refer to item 2, page 30. Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	<div>3468</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div></div>
NOTES		

Section 3 – AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . .’s children in <i>(Read each month)?</i>			9b. If "Yes" in item 9a – How much was received?	
NOTE – Social Security payments may be adjusted for inflation each January.				
(Last month)	3470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3472	\$ <input type="text"/>	. <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3474 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3476	\$ <input type="text"/>	. <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3478 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3480	\$ <input type="text"/>	. <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3482 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3484	\$ <input type="text"/>	. <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A7.1	Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?	8508 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a		
9c. When did . . . begin to receive Social Security/Railroad Retirement?	8510 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK 8512 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK			
<i>VERIFY IF ONLY ONE CHILD OR ASK –</i> 10a. Were all children living here covered by these payments?	3486 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No			
b. Which children were covered?	Person No. Name 3488 <input type="text"/> <input type="text"/> <input type="text"/> 3490 <input type="text"/> <input type="text"/> <input type="text"/> 3492 <input type="text"/> <input type="text"/> <input type="text"/> 3494 <input type="text"/> <input type="text"/> <input type="text"/> 3496 <input type="text"/> <input type="text"/> <input type="text"/> 3498 <input type="text"/> <input type="text"/> <input type="text"/>			
SKIP to next ISS Code or Check Item P1, page 51				
11a. Were all the people living here covered under . . .’s food stamp allotment?	3500 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No			
b. Which persons were covered?	Person No. Name 3502 <input type="text"/> <input type="text"/> <input type="text"/> 3504 <input type="text"/> <input type="text"/> <input type="text"/> 3506 <input type="text"/> <input type="text"/> <input type="text"/> 3508 <input type="text"/> <input type="text"/> <input type="text"/> 3510 <input type="text"/> <input type="text"/> <input type="text"/> 3512 <input type="text"/> <input type="text"/> <input type="text"/> 3514 <input type="text"/> <input type="text"/> <input type="text"/> 3516 <input type="text"/> <input type="text"/> <input type="text"/>			

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. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code Name of income type <div>3600</div>
CHECK ITEM A1	Mark (X) income type code.	<div>3602</div> <div><div><input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</div><div><input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 37</div><div><input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 36</div><div><input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div><div><input type="checkbox"/> Other ISS Codes – SKIP to 5a</div></div>
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>3604</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .’s children?		<div>3606</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3608</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 9a</div></div>
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>3610</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .’s spouse?		<div>3612</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .’s spouse?	<div>3614</div> <div><div><input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51</div><div><input type="checkbox"/> No</div></div>
5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.		5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i>
(Last month)	<div>3616</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3618</div> <div><div>\$</div><div></div><div>.</div><div>00</div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>
(2 months ago)	<div>3620</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3622</div> <div><div>\$</div><div></div><div>.</div><div>00</div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>
(3 months ago)	<div>3624</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3626</div> <div><div>\$</div><div></div><div>.</div><div>00</div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>
(4 months ago)	<div>3628</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3630</div> <div><div>\$</div><div></div><div>.</div><div>00</div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>
CHECK ITEM A4.1	Refer to item 5a above. Is the "Yes" box marked for "4" months ago?"	<div>8600</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>
CHECK ITEM A4.2	Refer to item 1 above. Are income types 1–10, 20–35, 40, or 41 marked in item 1?	<div>8602</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
5c. When did . . . begin to receive <i>(Read name of income type)?</i>		<div>8604</div> <div></div> <div>Month</div>	<div>x1</div> <div><input type="checkbox"/> DK</div>
		<div>8606</div> <div>19</div> <div>Year</div>	<div>x1</div> <div><input type="checkbox"/> DK</div>
<div>CHECK ITEM A5</div>	Mark (X) income type code.	<div>3632</div>	<div>1</div> <div><input type="checkbox"/> ISS Code 1 or 2 – SKIP to 8a</div> <div>2</div> <div><input type="checkbox"/> ISS Code 8 or 20 through 24</div> <div>3</div> <div><input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 51</div>
6a. Were all the people living here covered by . . .’s payments?		<div>3634</div>	<div>1</div> <div><input type="checkbox"/> Yes – SKIP to Check Item A6</div> <div>2</div> <div><input type="checkbox"/> No</div>
b. Which persons were covered?			<div>Person No.</div> <div>Name</div> <div>3636</div> <div></div> <div>3638</div> <div></div> <div>3640</div> <div></div> <div>3642</div> <div></div> <div>3644</div> <div></div> <div>3646</div> <div></div> <div>3648</div> <div></div> <div>3650</div> <div></div> <div>3652</div> <div></div> <div>3654</div> <div></div>
<div>CHECK ITEM A6</div>	Is this ISS Code "8"?	<div>3656</div>	<div>1</div> <div><input type="checkbox"/> Yes</div> <div>2</div> <div><input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 51</div>
7a. What type of Veterans’ payments did . . . receive?		<div>3658</div>	<div>1</div> <div><input type="checkbox"/> Service-connected disability compensation</div> <div>2</div> <div><input type="checkbox"/> Survivor benefits</div> <div>3</div> <div><input type="checkbox"/> Veterans’ pension</div> <div>4</div> <div><input type="checkbox"/> Other Veterans’ payments</div>
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		<div>3660</div>	<div>1</div> <div><input type="checkbox"/> Yes</div> <div>2</div> <div><input type="checkbox"/> No</div> <div>x1</div> <div><input type="checkbox"/> DK</div> <div>} SKIP to next ISS Code or Check Item P1, page 51</div>
<i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		<div>3664</div>	<div>1</div> <div><input type="checkbox"/> Blue</div> <div>2</div> <div><input type="checkbox"/> Buff</div> <div>3</div> <div><input type="checkbox"/> Direct deposit</div> <div>4</div> <div><input type="checkbox"/> Other</div> <div>x1</div> <div><input type="checkbox"/> DK</div>
b. Do . . .’s payments usually come on the first of the month or the third?		<div>3666</div>	<div>1</div> <div><input type="checkbox"/> First</div> <div>2</div> <div><input type="checkbox"/> Third</div> <div>3</div> <div><input type="checkbox"/> Other</div> <div>x1</div> <div><input type="checkbox"/> DK</div>
<div>CHECK ITEM A7</div>	Refer to item 2, page 34.	<div>3668</div>	<div>1</div> <div><input type="checkbox"/> Yes</div> <div>2</div> <div><input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 51</div>
Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?			
NOTES			

Section 3 – AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . .’s children in <i>(Read each month)?</i> NOTE – Social Security payments may be adjusted for inflation each January. (Last month)		<div>3670</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	9b. If "Yes" in item 9a – How much was received?	
			<div>3672</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(2 months ago)		<div>3674</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3676</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(3 months ago)		<div>3678</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3680</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(4 months ago)		<div>3682</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3684</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
<div>CHECK ITEM A7.1</div> <div>Refer to item 9a above.</div> <div>Is the "Yes" box marked for "4 months ago"?</div>		<div>8608</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 10a</div>		
9c. When did . . . begin to receive Social Security/Railroad Retirement?		<div>8610</div> <div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div>		
		<div>8612</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>		
<div>VERIFY IF ONLY ONE CHILD OR ASK –</div> 10a. Were all children living here covered by these payments?		<div>3686</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51</div> <div>2 <input type="checkbox"/> No</div>		
b. Which children were covered?		<div>Person No.</div> <div>Name</div> <div><div>3688</div><div><div></div><div></div><div></div></div></div> <div><div>3690</div><div><div></div><div></div><div></div></div></div> <div><div>3692</div><div><div></div><div></div><div></div></div></div> <div><div>3694</div><div><div></div><div></div><div></div></div></div> <div><div>3696</div><div><div></div><div></div><div></div></div></div> <div><div>3698</div><div><div></div><div></div><div></div></div></div>		
SKIP to next ISS Code or Check Item P1, page 51				
11a. Were all the people living here covered under . . .’s food stamp allotment?		<div>3700</div> <div>1 <input type="checkbox"/> Yes – SKIP to 12a</div> <div>2 <input type="checkbox"/> No</div>		
b. Which persons were covered?		<div>Person No.</div> <div>Name</div> <div><div>3702</div><div><div></div><div></div><div></div></div></div> <div><div>3704</div><div><div></div><div></div><div></div></div></div> <div><div>3706</div><div><div></div><div></div><div></div></div></div> <div><div>3708</div><div><div></div><div></div><div></div></div></div> <div><div>3710</div><div><div></div><div></div><div></div></div></div> <div><div>3712</div><div><div></div><div></div><div></div></div></div> <div><div>3714</div><div><div></div><div></div><div></div></div></div> <div><div>3716</div><div><div></div><div></div><div></div></div></div>		

Section 3 – AMOUNTS (Continued)				
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)				
12a. Did . . . receive food stamps in <i>(Read each month)?</i> NOTE – Food stamp benefits may be adjusted for inflation in July and October. (Last month) (2 months ago) (3 months ago) (4 months ago)	<div>3722</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	12b. If "Yes" in item 12a, ask – What was the total amount?		
		<div>3724</div> <div>\$</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>00</div>	
		<div>3726</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3728</div> <div>\$</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>00</div>
		<div>3730</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3732</div> <div>\$</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>00</div>
		<div>3734</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3736</div> <div>\$</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>00</div>
<div>CHECK ITEM A7.2</div> <div>Refer to item 12a above.</div> <div>Is the "Yes" box marked for "4 months ago"?</div>	<div>8614</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 51</div>			
12c. When did . . . begin to receive food stamps?	<div>8616</div> <div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8618</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>			
SKIP to next ISS Code or Check Item P1, page 51				
13a. Did . . . receive any WIC benefits in <i>(Read each month)?</i> <i>Mark (X) all that apply.</i>	<div>3738</div> <div>3740</div> <div>3742</div> <div>3744</div> <div>1 <input type="checkbox"/> Last month</div> <div>2 <input type="checkbox"/> 2 months ago</div> <div>3 <input type="checkbox"/> 3 months ago</div> <div>4 <input type="checkbox"/> 4 months ago</div>			
<div>CHECK ITEM A7.3</div> <div>Refer to item 13a above.</div> <div>Is the "4 months ago" box marked?</div>	<div>8620</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 13c</div>			
13b. When did . . . begin to receive WIC?	<div>8622</div> <div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8624</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>			
c. Which persons were covered?	<div>3746</div> <div>3748</div> <div>3750</div> <div>3752</div> <div>3754</div> <div>Person No.</div> <div>Name</div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div>			
SKIP to next ISS Code or Check Item P1, page 51				
NOTES				

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 <div>3800</div> <div></div>	
CHECK ITEM A1	Mark (X) income type code.	<div>3802</div>	<div><div><input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</div><div><input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 41</div><div><input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 40</div><div><input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div><div><input type="checkbox"/> Other ISS Codes – SKIP to 5a</div></div>
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>3804</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .’s children?		<div>3806</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3808</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 9a</div></div>
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>3810</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .’s spouse?		<div>3812</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .’s spouse?	<div>3814</div>	<div><div><input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51</div><div><input type="checkbox"/> No</div></div>
5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.		5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i>	
(Last month)	<div>3816</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3818</div> <div><div>\$</div><div></div><div>00</div></div> <div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>	
(2 months ago)	<div>3820</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3822</div> <div><div>\$</div><div></div><div>00</div></div> <div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>	
(3 months ago)	<div>3824</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3826</div> <div><div>\$</div><div></div><div>00</div></div> <div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>	
(4 months ago)	<div>3828</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	<div>3830</div> <div><div>\$</div><div></div><div>00</div></div> <div><div>x1 <input type="checkbox"/> DK</div><div>x2 <input type="checkbox"/> Ref.</div></div>	
CHECK ITEM A4.1	Refer to item 5a above. Is the "Yes" box marked for "4" months ago?	<div>8700</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>
CHECK ITEM A4.2	Refer to item 1 above. Are income types 1–10, 20–35, 40, or 41 marked in item 1?	<div>8702</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
5c. When did . . . begin to receive <i>(Read name of income type)?</i>		<div>8704<div></div><div></div>Month</div> <div>8706<div>1</div><div>9</div><div></div><div></div>Year</div>	<div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> DK</div>
CHECK ITEM A5	Mark (X) income type code.	<div>3832</div>	<div><input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i></div> <div><input type="checkbox"/> ISS Code 8 or 20 through 24</div> <div><input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
6a. Were all the people living here covered by . . .’s payments?		<div>3834</div>	<div><input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i></div> <div><input type="checkbox"/> No</div>
b. Which persons were covered?		Person No. Name	
		<div>3836</div>	<div></div> <div></div> <div></div>
		<div>3838</div>	<div></div> <div></div> <div></div>
		<div>3840</div>	<div></div> <div></div> <div></div>
		<div>3842</div>	<div></div> <div></div> <div></div>
		<div>3844</div>	<div></div> <div></div> <div></div>
		<div>3846</div>	<div></div> <div></div> <div></div>
		<div>3848</div>	<div></div> <div></div> <div></div>
		<div>3850</div>	<div></div> <div></div> <div></div>
		<div>3852</div>	<div></div> <div></div> <div></div>
		<div>3854</div>	<div></div> <div></div> <div></div>
CHECK ITEM A6	Is this ISS Code "8"?	<div>3856</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
7a. What type of Veterans’ payments did . . . receive?		<div>3858</div>	<div><input type="checkbox"/> Service-connected disability compensation</div> <div><input type="checkbox"/> Survivor benefits</div> <div><input type="checkbox"/> Veterans’ pension</div> <div><input type="checkbox"/> Other Veterans’ payments</div>
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		<div>3860</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> <div><i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
<i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		<div>3864</div>	<div><input type="checkbox"/> Blue</div> <div><input type="checkbox"/> Buff</div> <div><input type="checkbox"/> Direct deposit</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> DK</div>
b. Do . . .’s payments usually come on the first of the month or the third?		<div>3866</div>	<div><input type="checkbox"/> First</div> <div><input type="checkbox"/> Third</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> DK</div>
CHECK ITEM A7	Refer to item 2, page 38.	<div>3868</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?			
NOTES			

Section 3 – AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . .’s children in <i>(Read each month)?</i> NOTE – Social Security payments may be adjusted for inflation each January. (Last month)		<div>3870</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	9b. If "Yes" in item 9a – How much was received?	
			<div>3872</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(2 months ago)		<div>3874</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3876</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(3 months ago)		<div>3878</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3880</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
(4 months ago)		<div>3882</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3884</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
<div>CHECK ITEM A7.1</div> <div>Refer to item 9a above.</div> <div>Is the "Yes" box marked for "4 months ago"?</div>		<div>8708</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 10a</div>		
9c. When did . . . begin to receive Social Security/Railroad Retirement?		<div>8710</div> <div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div>		
		<div>8712</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>		
<div>VERIFY IF ONLY ONE CHILD OR ASK –</div> 10a. Were all children living here covered by these payments?		<div>3886</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51</div> <div>2 <input type="checkbox"/> No</div>		
b. Which children were covered?		<div>Person No.</div> <div>Name</div> <div><div>3888</div><div><div></div><div></div><div></div></div></div> <div><div>3890</div><div><div></div><div></div><div></div></div></div> <div><div>3892</div><div><div></div><div></div><div></div></div></div> <div><div>3894</div><div><div></div><div></div><div></div></div></div> <div><div>3896</div><div><div></div><div></div><div></div></div></div> <div><div>3898</div><div><div></div><div></div><div></div></div></div>		
SKIP to next ISS Code or Check Item P1, page 51				
11a. Were all the people living here covered under . . .’s food stamp allotment?		<div>3900</div> <div>1 <input type="checkbox"/> Yes – SKIP to 12a</div> <div>2 <input type="checkbox"/> No</div>		
b. Which persons were covered?		<div>Person No.</div> <div>Name</div> <div><div>3902</div><div><div></div><div></div><div></div></div></div> <div><div>3904</div><div><div></div><div></div><div></div></div></div> <div><div>3906</div><div><div></div><div></div><div></div></div></div> <div><div>3908</div><div><div></div><div></div><div></div></div></div> <div><div>3910</div><div><div></div><div></div><div></div></div></div> <div><div>3912</div><div><div></div><div></div><div></div></div></div> <div><div>3914</div><div><div></div><div></div><div></div></div></div> <div><div>3916</div><div><div></div><div></div><div></div></div></div>		

Section 3 – AMOUNTS (Continued)				
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)				
12a. Did . . . receive food stamps in <i>(Read each month)?</i> NOTE – Food stamp benefits may be adjusted for inflation in July and October. (Last month) (2 months ago) (3 months ago) (4 months ago)	<div>3922</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	12b. If "Yes" in item 12a, ask – What was the total amount?		
		<div>3924</div> <div>\$</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>00</div>	
		<div>3926</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3928</div> <div>\$</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>00</div>
		<div>3930</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3932</div> <div>\$</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>00</div>
		<div>3934</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3936</div> <div>\$</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>00</div>
<div>CHECK ITEM A7.2</div> <div>Refer to item 12a above.</div> <div>Is the "Yes" box marked for "4 months ago"?</div>	<div>8714</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 51</div>			
12c. When did . . . begin to receive food stamps?	<div>8716</div> <div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8718</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>			
SKIP to next ISS Code or Check Item P1, page 51				
13a. Did . . . receive any WIC benefits in <i>(Read each month)?</i> <i>Mark (X) all that apply.</i>	<div>3938</div> <div>1 <input type="checkbox"/> Last month</div>			
	<div>3940</div> <div>2 <input type="checkbox"/> 2 months ago</div>			
	<div>3942</div> <div>3 <input type="checkbox"/> 3 months ago</div>			
	<div>3944</div> <div>4 <input type="checkbox"/> 4 months ago</div>			
<div>CHECK ITEM A7.3</div> <div>Refer to item 13a above.</div> <div>Is the "4 months ago" box marked?</div>	<div>8720</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 13c</div>			
13b. When did . . . begin to receive WIC?	<div>8722</div> <div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8724</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>			
c. Which persons were covered?		Person No.	Name	
	<div>3946</div>	<div></div> <div></div> <div></div>		
	<div>3948</div>	<div></div> <div></div> <div></div>		
	<div>3950</div>	<div></div> <div></div> <div></div>		
	<div>3952</div>	<div></div> <div></div> <div></div>		
	<div>3954</div>	<div></div> <div></div> <div></div>		
SKIP to next ISS Code or Check Item P1, page 51				
NOTES				

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 <div>4000</div>
CHECK ITEM A1	Mark (X) income type code.	<div>4002</div> <div><div><input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</div><div><input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 45</div><div><input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 44</div><div><input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div><div><input type="checkbox"/> Other ISS Codes – SKIP to 5a</div></div>
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>4004</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .’s children?		<div>4006</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A3</div></div>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>4008</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 9a</div></div>
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>4010</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .’s spouse?		<div>4012</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 5a</div></div>
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .’s spouse?	<div>4014</div> <div><div><input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51</div><div><input type="checkbox"/> No</div></div>
5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.		5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. For Social Security, code 01, read "after any deductions such as Medicare premiums."
(Last month)	<div>4016</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	
(2 months ago)	<div>4020</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	
(3 months ago)	<div>4024</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	
(4 months ago)	<div>4028</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>x1 <input type="checkbox"/> DK</div></div>	
CHECK ITEM A4.1	Refer to item 5a above. Is the "Yes" box marked for "4" months ago?"	<div>8800</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>
CHECK ITEM A4.2	Refer to item 1 above. Are income types 1–10, 20–35, 40, or 41 marked in item 1?	<div>8802</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item A5</div></div>

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
5c. When did . . . begin to receive <i>(Read name of income type)?</i>		<div>8804<div></div><div></div>Month</div> <div>8806<div>1</div><div>9</div><div></div><div></div>Year</div>	<div><input type="checkbox"/> DK</div> <div><input type="checkbox"/> DK</div>
CHECK ITEM A5	Mark (X) income type code.	4032	<div><input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i></div> <div><input type="checkbox"/> ISS Code 8 or 20 through 24</div> <div><input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
6a. Were all the people living here covered by . . .’s payments?		4034	<div><input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i></div> <div><input type="checkbox"/> No</div>
b. Which persons were covered?			<div>Person No. Name</div> <div>4036<div></div><div></div><div></div></div> <div>4038<div></div><div></div><div></div></div> <div>4040<div></div><div></div><div></div></div> <div>4042<div></div><div></div><div></div></div> <div>4044<div></div><div></div><div></div></div> <div>4046<div></div><div></div><div></div></div> <div>4048<div></div><div></div><div></div></div> <div>4050<div></div><div></div><div></div></div> <div>4052<div></div><div></div><div></div></div> <div>4054<div></div><div></div><div></div></div>
CHECK ITEM A6	Is this ISS Code "8"?	4056	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
7a. What type of Veterans’ payments did . . . receive?		4058	<div><input type="checkbox"/> Service-connected disability compensation</div> <div><input type="checkbox"/> Survivor benefits</div> <div><input type="checkbox"/> Veterans’ pension</div> <div><input type="checkbox"/> Other Veterans’ payments</div>
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		4060	<div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div></div><div><i>SKIP to next ISS Code or Check Item P1, page 51</i></div></div>
<i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		4064	<div><input type="checkbox"/> Blue</div> <div><input type="checkbox"/> Buff</div> <div><input type="checkbox"/> Direct deposit</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> DK</div>
b. Do . . .’s payments usually come on the first of the month or the third?		4066	<div><input type="checkbox"/> First</div> <div><input type="checkbox"/> Third</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> DK</div>
CHECK ITEM A7	<i>Refer to item 2, page 42.</i> Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	4068	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
NOTES			

Section 3 – AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . .’s children in <i>(Read each month)?</i> NOTE – Social Security payments may be adjusted for inflation each January. (Last month)		<div>4070</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	9b. If "Yes" in item 9a – How much was received? <div>4072</div> <div>\$ <div></div> . <div>00</div></div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	
(2 months ago)		<div>4074</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>4076</div> <div>\$ <div></div> . <div>00</div></div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	
(3 months ago)		<div>4078</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>4080</div> <div>\$ <div></div> . <div>00</div></div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	
(4 months ago)		<div>4082</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>4084</div> <div>\$ <div></div> . <div>00</div></div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	
<div>CHECK ITEM A7.1</div> <div>Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?</div>		<div>8808</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</div>		
9c. When did . . . begin to receive Social Security/Railroad Retirement?		<div>8810</div> <div><div></div><div></div> Month x1 <input type="checkbox"/> DK</div> <div>8812</div> <div><div>1</div><div>9</div><div></div><div></div> Year x1 <input type="checkbox"/> DK</div>		
<div>VERIFY IF ONLY ONE CHILD OR ASK –</div> 10a. Were all children living here covered by these payments?		<div>4086</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</div>		
b. Which children were covered?		<div>Person No. Name</div> <div>4088</div> <div><div></div><div></div><div></div></div> <div>4090</div> <div><div></div><div></div><div></div></div> <div>4092</div> <div><div></div><div></div><div></div></div> <div>4094</div> <div><div></div><div></div><div></div></div> <div>4096</div> <div><div></div><div></div><div></div></div> <div>4098</div> <div><div></div><div></div><div></div></div>		
SKIP to next ISS Code or Check Item P1, page 51				
11a. Were all the people living here covered under . . .’s food stamp allotment?		<div>4100</div> <div>1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No</div>		
b. Which persons were covered?		<div>Person No. Name</div> <div>4102</div> <div><div></div><div></div><div></div></div> <div>4104</div> <div><div></div><div></div><div></div></div> <div>4106</div> <div><div></div><div></div><div></div></div> <div>4108</div> <div><div></div><div></div><div></div></div> <div>4110</div> <div><div></div><div></div><div></div></div> <div>4112</div> <div><div></div><div></div><div></div></div> <div>4114</div> <div><div></div><div></div><div></div></div> <div>4116</div> <div><div></div><div></div><div></div></div>		

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
12a. Did . . . receive food stamps in <i>(Read each month)?</i> NOTE – Food stamp benefits may be adjusted for inflation in July and October. (Last month)		<div>4122</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	12b. If "Yes" in item 12a, ask – What was the total amount? <div>4124</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
(2 months ago)		<div>4126</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>4128</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
(3 months ago)		<div>4130</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>4132</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
(4 months ago)		<div>4134</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>4136</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
<div>CHECK ITEM A7.2</div>	Refer to item 12a above. Is the "Yes" box marked for "4 months ago"?	<div>8814</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 51</div>	
12c. When did . . . begin to receive food stamps?		<div>8816</div> <div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8818</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>	
SKIP to next ISS Code or Check Item P1, page 51			
13a. Did . . . receive any WIC benefits in <i>(Read each month)?</i> <i>Mark (X) all that apply.</i>		<div>4138</div> <div>1 <input type="checkbox"/> Last month</div> <div>4140</div> <div>2 <input type="checkbox"/> 2 months ago</div> <div>4142</div> <div>3 <input type="checkbox"/> 3 months ago</div> <div>4144</div> <div>4 <input type="checkbox"/> 4 months ago</div>	
<div>CHECK ITEM A7.3</div>	Refer to item 13a above. Is the "4 months ago" box marked?	<div>8820</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 13c</div>	
13b. When did . . . begin to receive WIC?		<div>8822</div> <div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8824</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>	
c. Which persons were covered?		<div>4146</div> <div><div></div><div></div><div></div>Person No.</div> <div></div> Name	
		<div>4148</div> <div><div></div><div></div><div></div>Person No.</div> <div></div> Name	
		<div>4150</div> <div><div></div><div></div><div></div>Person No.</div> <div></div> Name	
		<div>4152</div> <div><div></div><div></div><div></div>Person No.</div> <div></div> Name	
		<div>4154</div> <div><div></div><div></div><div></div>Person No.</div> <div></div> Name	
SKIP to next ISS Code or Check Item P1, page 51			
NOTES			

Section 3 – AMOUNTS (Continued)		
Part B – SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102 and 103)		
CHECK ITEM A8	Asset types owned. Mark (X) all that apply.	<div>4300</div> 1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook savings accounts <div>4302</div> 2 <input type="checkbox"/> ISS Code 101 – Money market deposit accounts <div>4304</div> 3 <input type="checkbox"/> ISS Code 102 – Certificates of deposit or other savings certificates <div>4306</div> 4 <input type="checkbox"/> ISS Code 103 – Interest-earnings checking accounts (such as NOW OR Super-NOW accounts)
1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.		
CHECK ITEM A9	Interview status of . . . 's spouse.	<div>4308</div> 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)?		<div>4310</div> 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 (including even small amounts credited to . . . 's account(s))?		<div>4312</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★		<div>4314</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		<div>4316</div> 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 5 2 <input type="checkbox"/> No
3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?		<div>4318</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 51
b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?		<div>4320</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> – SKIP to next ISS Code or Check Item P1, page 51 x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 51 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★		<div>4322</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> – SKIP to next ISS Code or Check Item P1, page 51 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		<div>4324</div> 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 6 2 <input type="checkbox"/> No
NOTES		

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

Section 3 – AMOUNTS (Continued)		
Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)		
1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .’s spouse.)		<div>4500</div> <div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div></div><div>} SKIP to 3a</div></div>
<div>CHECK ITEM A12</div>	Interview status of . . .’s spouse.	<div>4502</div> <div><div><input type="checkbox"/> No spouse in household – SKIP to 2a</div><div><input type="checkbox"/> Interview for spouse not yet conducted</div><div><input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a</div></div>
1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .’s (husband/wife)? <div>★</div>		<div>4504</div> <div><div><div>\$</div><div></div><div>.</div><div>00</div></div><div>– SKIP to 2a</div><div><div><input type="checkbox"/> None – SKIP to 2a</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51</div></div></div>
c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)		<div>4506</div> <div><div><input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 9</div><div><input type="checkbox"/> No</div></div>
2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .’s name only)? <div>★</div>		<div>4508</div> <div><div><div>\$</div><div></div><div>.</div><div>00</div></div><div>– SKIP to 3a</div><div><div><input type="checkbox"/> None – SKIP to 3a</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51</div></div></div>
b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)		<div>4510</div> <div><div><input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 10</div><div><input type="checkbox"/> No</div></div>
3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?		<div>4512</div> <div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div></div><div>} SKIP to next ISS Code or Check Item P1, page 51</div></div>
AMOUNTS – PARTS D & E	<div>CHECK ITEM A13</div>	Interview status of . . .’s spouse.
	<div>4514</div> <div><div><input type="checkbox"/> No spouse in household – SKIP to 3c</div><div><input type="checkbox"/> Interview for spouse not yet conducted</div><div><input type="checkbox"/> Interview for spouse already conducted – SKIP to 3c</div></div>	
	3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .’s (husband/wife)?	
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .’s name only)?		<div>4516</div> <div><div><div>\$</div><div></div><div>.</div><div>00</div></div><div><div><input type="checkbox"/> None</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51</div></div></div>
		<div>4518</div> <div><div><div>\$</div><div></div><div>.</div><div>00</div></div><div><div><input type="checkbox"/> None</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div><div>} SKIP to next ISS Code or Check Item P1, page 51</div></div>
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. <div><div>4600</div><div><div><div><div></div></div><div>No spouse in household – <i>SKIP to 3a</i></div></div><div><div><div></div></div><div>Interview for spouse not yet conducted</div></div><div><div><div></div></div><div>Interview for spouse already conducted – <i>SKIP to 3a</i></div></div></div></div>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . .’s (husband/wife) during the last 4 months? <i>Include only property owned entirely by couple.</i>	
<div>4602</div>	<div><div><div></div></div>Yes</div> <div><div><div></div></div>No – <i>SKIP to 3a</i></div>
b. About how much was received in gross rent from this property during the 4-month period?	
<div>4604</div>	<div><div>\$</div><div></div><div>.</div><div><div>00</div></div></div> <div><div>X1</div><div><div></div></div>DK</div> <div><div>X2</div><div><div></div></div>Ref. – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
c. What is your best estimate of the amount that was cleared after expenses?	
<div>4606</div>	<div><div>\$</div><div></div><div>.</div><div><div>00</div></div></div> <div><div>X3</div><div><div></div></div>None</div> <div><div>X1</div><div><div></div></div>DK</div> <div><div>X2</div><div><div></div></div>Ref. – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
<div>4608</div>	<div><div>X4</div><div><div></div></div>Lost money – <i>Enter amount of loss in box</i></div>
3a. Did . . . receive rental income from property owned entirely in . . .’s own name during the last 4 months?	
<div>4610</div>	<div><div><div></div></div>Yes</div> <div><div><div></div></div>No – <i>SKIP to 4a</i></div>
b. About how much was received in gross rent from this property during the 4-month period?	
<div>4612</div>	<div><div>\$</div><div></div><div>.</div><div><div>00</div></div></div> <div><div>X1</div><div><div></div></div>DK</div> <div><div>X2</div><div><div></div></div>Ref. – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
c. What is your best estimate of the amount that was cleared after expenses?	
<div>4614</div>	<div><div>\$</div><div></div><div>.</div><div><div>00</div></div></div> <div><div>X3</div><div><div></div></div>None</div> <div><div>X1</div><div><div></div></div>DK</div> <div><div>X2</div><div><div></div></div>Ref. – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
<div>4616</div>	<div><div>X4</div><div><div></div></div>Lost money – <i>Enter amount of loss in box</i></div>
4a. Did . . . receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . .’s spouse.)	
<div>4618</div>	<div><div><div></div></div>Yes</div> <div><div><div></div></div>No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></div>
b. What is your best estimate of . . .’s share of the amount cleared on this property during the last 4 months?	
<div>4620</div>	<div><div>\$</div><div></div><div>.</div><div><div>00</div></div></div> <div><div>X3</div><div><div></div></div>None</div> <div><div>X1</div><div><div></div></div>DK</div> <div><div>X2</div><div><div></div></div>Ref.</div>
<div>4622</div>	<div><div>X4</div><div><div></div></div>Lost money – <i>Enter amount of loss in box</i></div>
NOTES	

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

Section 4 – PROGRAM QUESTIONS		
CHECK ITEM P1	Refer to cc item 19b. Is this the reference person's questionnaire?	48001 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 52
CHECK ITEM P2	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	48021 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a
1a. What is your monthly rent? Include only the amount the respondent pays for rent. Exclude any subsidized amounts.		4804\$. 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 2a
b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? Exclude telephone.		48061 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?		48161 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
b. Was this assistance received in the form of checks, coupons, or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord? Mark (X) all that apply.		48181 <input type="checkbox"/> Checks sent to household 48202 <input type="checkbox"/> Coupons or vouchers sent to household 48223 <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\$. 00 x1 <input type="checkbox"/> DK
CHECK ITEM P3	Are there any children 5 to 18 years old who live in this household?	48261 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 52
3a. Do any of the children in this household usually eat a complete hot lunch offered at school?		48281 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 52
b. How many children?		4830 . Children
c. How many complete school lunches do all of the children eat per week?		4832 . Number of lunches x1 <input type="checkbox"/> DK
d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?		48341 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f
e. In the past 4 months, were the lunches free, reduced price, or were they full price? Mark (X) only one.		48361 <input type="checkbox"/> Free lunch – SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
f. What was the average price paid by all of the children for a complete school lunch?		4838\$. x1 <input type="checkbox"/> DK
g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?		48401 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 52
h. How many children?		4842 . Children
i. How many complete school breakfasts do all of the children eat per week?		4844 . Number of breakfasts x1 <input type="checkbox"/> DK
j. In the past 4 months, were the breakfasts free, reduced price, or were they full price? Mark (X) only one.		48461 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

Section 5 – TOPICAL MODULES				
Part A – RECIPIENCY HISTORY				
CHECK ITEM T1	Refer to cc item 24. Is . . . 18 years of age or older?	8052	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T12, page 55	
STATEMENT C ➡ Now I have some questions regarding past participation in Government programs.				
CHECK ITEM T2	Refer to the ISS. Is "Food Stamps" (code 27) marked?	8054	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1b	
1a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?		8056	1 <input type="checkbox"/> Yes – SKIP to 1d 2 <input type="checkbox"/> No – SKIP to Check Item T3	
b. Has . . . ever applied for the Federal Government’s Food Stamp Program?		8058	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T3	
c. Has . . . ever been authorized to receive food stamps?		8060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T3	
d. When did . . . first start receiving food stamps?		8062	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8064</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>	
e. For how long did . . . receive food stamps that time?		8066	<div><div></div><div></div>Months</div> <div>8068</div> <div>OR</div> <div>8070</div>	<div><div></div><div></div>Years</div> <div>x1 <input type="checkbox"/> DK</div>
f. How many times in all have there been when . . . received food stamps?		8072	<div><div></div><div></div>Times</div> <div>x1 <input type="checkbox"/> DK</div>	
NOTES				

Section 5 – TOPICAL MODULES (Continued)			
Part A – RECIPIENCY HISTORY (Continued)			
CHECK ITEM T3	Refer to cc item 27. Is . . . a designated parent or guardian of children under 18 years old who live in this household?	8074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
CHECK ITEM T4	Refer to the ISS. Is "AFDC" (code 20) marked?	8076	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
2a. Besides this period of time, have there been any other times when . . . received AFDC (ADC)?		8078	1 <input type="checkbox"/> Yes – SKIP to 2d 2 <input type="checkbox"/> No – SKIP to Check Item T5
b. Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?		8080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
c. Has . . . ever received AFDC (ADC) benefits?		8082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
d. When did . . . first start receiving AFDC (ADC) benefits?		8084	<div><div><div></div><div></div></div>Monthx1 <input type="checkbox"/> DK</div> <div>8086<div><div>1</div><div>9</div><div></div><div></div></div>Yearx1 <input type="checkbox"/> DK</div>
e. For how long did . . . receive AFDC (ADC) that time?		8088	<div><div><div></div><div></div></div>Months</div> <div>8090OR</div> <div>8092<div><div></div><div></div></div>Years</div> <div>x1 <input type="checkbox"/> DK</div>
f. How many times in all have there been when . . . received AFDC (ADC)?		8094	<div><div><div></div><div></div></div>Times</div> <div>x1 <input type="checkbox"/> DK</div>
CHECK ITEM T5	Refer to the ISS. Is "SSI" (codes 3 or 4) marked?	8096	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
3a. Besides this period of time, have there been any other times when . . . received SSI benefits?		8098	1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to Check Item T6
b. Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?		8100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6
c. Has . . . ever received SSI benefits?		8102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6
d. When did . . . first start receiving SSI?		8104	<div><div><div></div><div></div></div>Monthx1 <input type="checkbox"/> DK</div> <div>8106<div><div>1</div><div>9</div><div></div><div></div></div>Yearx1 <input type="checkbox"/> DK</div>
e. For how long did . . . receive SSI that time?		8108	<div><div><div></div><div></div></div>Months</div> <div>OR</div> <div>8110<div><div></div><div></div></div>Years</div> <div>8112x1 <input type="checkbox"/> DK</div>
CHECK ITEM T6	Refer to the ISS. Is "Medicaid" (code 173) marked?	8114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
CHECK ITEM T7	Refer to the ISS. Is "SSI" or "AFDC" (codes 3, 4, or 20) marked?	8116	1 <input type="checkbox"/> Yes – SKIP to Check Item T8 2 <input type="checkbox"/> No
NOTES			

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

Section 5 – TOPICAL MODULES (Continued)			
Part B – EMPLOYMENT HISTORY			
CHECK ITEM T12	Refer to cc item 24. Is . . . 18 to 64 years old?	8200	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 59
STATEMENT D ➡ Now I would like to ask some questions about some of the jobs . . . has held.			
CHECK ITEM T13	Is "Worked" (code 170) marked on the ISS?	8210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a
ASK OR VERIFY – 1. What was the name of . . .'s MAIN employer or business during the past 4 months?		PGM 8 8212	Name of employer or business
CHECK ITEM T14	Refer to Check Item E3, page 14, Check Item E6, page 16, Check Item S1, page 18, or Check Item S7, page 20. What is the ID number of this employer or business?	PGM 7 8214 8216	<input type="checkbox"/> Employer number OR <input type="checkbox"/> Business number
2. When did . . . start working for (Read name of employer or business)? (If worked for more than one period of time, ask about most recent period.)		8218 8220	<div>Month</div> <div>1 9 Year</div> <div>x1 <input type="checkbox"/> DK</div> <div>x1 <input type="checkbox"/> DK</div>
CHECK ITEM T15	Refer to Check Item T14 above. Is an "Employer number" entered?	8222	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
3a. About how many persons were employed by . . .'s employer at the location where . . . works (worked)?		8224	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK } SKIP to 3d
b. Did . . .'s employer operate in more than one location?		8226	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3d
c. About how many persons were employed by . . .'s employer at ALL LOCATIONS?		8228	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK
NOTES			

Section 5 – TOPICAL MODULES (Continued)			
Part B – EMPLOYMENT HISTORY (Continued)			
3d. For how many years has . . . done the kind of work that . . . does on this job?		<div><div>8234</div><div></div><div>Months</div></div> <div>OR</div> <div><div>8236</div><div></div><div>Years</div></div> <div><div>8238</div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div>} SKIP to 5a</div>	
4a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?		<div><div>8240</div><div></div><div>Month</div></div> <div><div>8242</div><div>1</div><div>9</div><div></div><div>Year</div></div> <div><div>8244</div><div>x3</div><div><input type="checkbox"/> Never worked for 2 consecutive weeks or more</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div>} SKIP to Check Item T16</div> <div>} ASK 4b</div>	
b. What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business? Mark (X) only one.		<div><div>8246</div><div>1</div><div><input type="checkbox"/> Taking care of home or family</div></div> <div><div>2</div><div><input type="checkbox"/> Ill or disabled</div></div> <div><div>3</div><div><input type="checkbox"/> Going to school</div></div> <div><div>4</div><div><input type="checkbox"/> Couldn't find work</div></div> <div><div>5</div><div><input type="checkbox"/> Didn't want to work</div></div> <div><div>7</div><div><input type="checkbox"/> Other – Specify</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div>} SKIP to Check Item C1, page 59</div>	
5a. Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?		<div><div>8248</div><div></div><div>Month</div></div> <div><div>8250</div><div>1</div><div>9</div><div></div><div>Year</div></div> <div><div>8252</div><div>x3</div><div><input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div>	
CHECK ITEM T16	Refer to item 4a or 5a above. Is the year 1981 or later?	<div>8254</div>	<div>1</div> <div><input type="checkbox"/> Yes</div> <div>2</div> <div><input type="checkbox"/> No – SKIP to Check Item T18</div>
5b. What was the name of . . .’s employer or business at that time?		<div>PGM 8</div>	Name of employer or business
		<div>8256</div>	
c. What kind of company, business, or industry was (Name of employer or business)?		<div>PGM 8</div>	
		<div>8258</div>	
d. Was that business or industry mainly – (Read categories)		<div>PGM 8</div>	<div>1</div> <div><input type="checkbox"/> Manufacturing?</div>
		<div>8260</div>	<div>2</div> <div><input type="checkbox"/> Wholesale Trade?</div>
			<div>3</div> <div><input type="checkbox"/> Retail Trade?</div>
			<div>4</div> <div><input type="checkbox"/> Some other kind of business?</div>
e. What kind of work was . . . doing on that job?		<div>PGM 8</div>	
		<div>8262</div>	
f. What were . . .’s most important activities or duties?		<div>PGM 8</div>	
		<div>8264</div>	
g. Did . . . work for an employer on that job or was . . . self-employed?		<div>PGM 7</div>	<div>1</div> <div><input type="checkbox"/> Worked for an employer</div>
		<div>8266</div>	<div>2</div> <div><input type="checkbox"/> Self-employed</div>
h. When did . . . START working for (Name of employer or business)?		<div>8268</div> <div></div> <div>Month</div>	<div>x1</div> <div><input type="checkbox"/> DK</div>
		<div>8270</div> <div>1</div> <div>9</div> <div></div> <div>Year</div>	<div>x1</div> <div><input type="checkbox"/> DK</div>
NOTES			

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

NOTES

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

CALLBACK SUMMARY

INCOME SOURCE LIST			
INCOME LIST			
Code	Type	Code	Type
1	Social Security	28	Child support payments
2	U.S. Government Railroad Retirement pay	29	Alimony payments
3	Federal Supplemental Security Income (SSI)	30	Pension from company or union
4	State Supplemental Security Income (State administered SSI only)	31	Federal Civil Service or other Federal civilian employee pensions
5	State unemployment compensation	32	U.S. Military retirement pay
6	Supplemental Unemployment Benefits	33	National Guard or Reserve Forces retirement
7	Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)	34	State government pensions
8	Veterans' compensation or pensions	35	Local government pensions
9	Black Lung payments	36	Income from paid-up life insurance policies or annuities
10	Workers' Compensation	37	Estates and trusts
11	State temporary sickness or disability benefits	38	Other payments for retirement, disability or survivor
12	Employer or union temporary sickness policy	40	GI Bill
13	Payments from a sickness, accident, or disability insurance policy purchased on your own	41	Other Department of Veterans Affairs (VA) Educational Assistance
20	Aid to Families with Dependent Children (AFDC, ADC)	50	Income assistance from a charitable group
21	General Assistance or General Relief	51	Money from relatives or friends
22	Indian, Cuban, or Refugee Assistance	52	Lump sum payments
23	Foster Child Care payments	53	Income from roomers or boarders
24	Other welfare	54	National Guard or Reserve pay
25	WIC (Women, Infants and Children Nutrition Program)	55	Incidental or casual earnings
27	Food Stamps	56	Other cash income not included elsewhere
ASSET LIST		SPECIAL INDICATORS	
Code	Type	Code	Type
100	Regular/Passbook savings accounts in a bank, savings and loan, or credit union	170	Worked
101	Money market deposit accounts	171	Disabled
102	Certificates of deposit or other savings certificates	172	Medicare
103	Interest-earning checking accounts	173	Medicaid
104	Money market funds	174	U.S. Savings Bonds (E, EE)
105	U.S. Government securities	175	College Work Study
106	Municipal or corporate bonds	176	PELL Grant
107	Other interest-earnings assets	177	Supplemental Educational Opportunity Grant (SEOG)
110	Stocks or mutual fund shares	178	Perkins Loan or National Direct Student Loan (NDSL)
120	Rental property	179	Stafford Loan or Guaranteed Student Loan (GSL)
130	Mortgages	180	Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)
140	Royalties	181	Assistance from employer
150	Other financial investments	182	Fellowship/Scholarship
		183	Other financial aid
		200	VA disability rating of 100%
		201	VA disability of less than 100%

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

CALLBACK SUMMARY	
TOPICAL MODULES	
PROGRAM QUESTIONS	
AMOUNTS – PARTS D & E	
AMOUNTS – PARTS B & C	
AMOUNTS – PART A	
EARNINGS AND EMPLOYMENT	
LABOR FORCE AND RECIPIENCY	