





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

☐ 3

☐ 4

☐ 5

☐ 6

1112

1114

1116

1118

1120

1122

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

1124

1126

1128

1130

1132

1134

☐ 13

☐ 14

☐ 15

☐ 16

☐ 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

1140

1142

1144

1146

1148

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

1150

1152

1154

1156

1158

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☐ 7

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☐ 12

1162

1164

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1168

1170

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.

1178

1180

1182

1184

1186

1188

1190

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

xs ☐ All weeks without a job

1192

1194

1196

1198

1200

1202

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

1204

1206

1208

1210

1212

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

1 ☐ Last month

2 ☐ 2 months ago

3 ☐ 3 months ago

4 ☐ 4 months ago

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?		<div>1230</div> <div><div></div><div></div>Hours per week</div> <div><div>x3</div><div><input type="checkbox"/> None</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div>} SKIP to Check Item R4</div>
CHECK ITEM R3	Refer to item 8a. Did . . . usually work 35 or more hours per week?	<div>1231</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> 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>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item R4</div>
c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?		<div>1233</div> <div>x5 <input type="checkbox"/> All weeks</div> <div>1234 <div><div></div></div>Weeks last month</div> <div>1235 <div><div></div></div>Weeks 2 months ago</div> <div>1236 <div><div></div></div>Weeks 3 months ago</div> <div>1237 <div><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>1 <input type="checkbox"/> Could not find a full-time job</div> <div>2 <input type="checkbox"/> Wanted to work part time</div> <div>3 <input type="checkbox"/> Health condition or disability</div> <div>4 <input type="checkbox"/> Normal working hours are fewer than 35 hours</div> <div>5 <input type="checkbox"/> Slack work or material shortage</div> <div>6 <input type="checkbox"/> Other – Specify ↴</div> <div></div>
CHECK ITEM R4	Refer to item 5a, page 2. (Absent without pay any full weeks.) The response to item 5a is:	<div>1239</div> <div>1 <input type="checkbox"/> Yes (or blank)</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item R5</div>
9a. During this 4-month period, did . . . receive any State unemployment compensation payments?		<div>1240</div> <div>1 <input type="checkbox"/> Yes – Mark "5" on ISS</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item R5</div>
b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?		<div>1242</div> <div>1 <input type="checkbox"/> Yes – Mark "6" on ISS</div> <div>2 <input type="checkbox"/> No</div>
CHECK ITEM R5	Is "Worked" (code 170) marked on the ISS?	<div>1244</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item R6</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>1 <input type="checkbox"/> Yes – Mark "10" on ISS</div> <div>2 <input type="checkbox"/> No</div>
CHECK ITEM R6	Refer to cc items 44–47. Was an interview obtained for . . . last reference period?	<div>1248</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item R11, page 6</div>
CHECK ITEM R7	Refer to item 11b, page 5. Are any income types listed in the Income Roster?	<div>1250</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 12a</div>
NOTES		

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)									
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**c. If "No" in column (4) – In which month did . . . last receive (Read income type)?**

**Note** – The month entered in 11c must be within the previous reference period. Otherwise, if last received in a month within the reference period, change the entry in column (4) to "Yes" and mark ISS.

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(5)

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

**1284** 1 ☐ Yes  
2 ☐ No – *SKIP to 13a*

1286 1 ☐ Social Security – Mark "1" on ISS

**1288** 2 ☐ Federal Supplemental Security Income (Federal SSI) –  
Mark "3" on ISS

**1290** 3 ☐ A serviceman's or widow's pension from the Department of Veterans Affairs (VA) – *Mark "8" on ISS*

[illegible]

1296 1 ☐ Yes  
2 ☐ No – *SKIP to Check Item R8*

1298 ☐ U.S. Government Railroad Retirement – Mark "2" on ISS

1300	2 <input type="checkbox"/> Black Lung payments – <i>Mark "9" on ISS</i>
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1302	3 <input type="checkbox"/> Workers' Compensation – Mark "10" on ISS
1304	4 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own – Mark "13" on ISS

**1306** 5 ☐ Pension from company or union (including income from profit-sharing plans) – *Mark "30" on ISS*

**1308** 6 ☐ Federal Civil Service or other Federal civilian employee pension – *Mark "31" on ISS*

**1310** 7 ☐ U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS

**1312** 8 ☐ National Guard or Reserve Forces retirement – *Mark "33" on ISS*

**1314** 9 ☐ State government pension – *Mark "34" on ISS*

**1316** 10 ☐ Local government pension – *Mark "35" on ISS*

**1318** 11 ☐ Income from paid-up life insurance policies or annuities –  
*Mark "36" on ISS*

**1320** 12 ☐ Other or DK – Specify and enter code from income source list.  
If income type is not listed or "DK," enter code "38" ☐ – Mark ISS

1322	
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**1324** 1 ☐ Yes – Mark "172" on ISS and SKIP to Check Item R23, page 8  
2 ☐ No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
CHECK ITEM R9	Refer to cc item 47. Is "Disabled" (code 171) marked for . . . ?	13261 <input type="checkbox"/> Yes – Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Refer to cc item 24. Is . . . 65 years of age or older?	13281 <input type="checkbox"/> Yes – SKIP to 23a, page 8 2 <input type="checkbox"/> No – SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	13301 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R12
14a. How long did . . . serve on active duty in the Armed Forces?		13321 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK
b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?		13341 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
c. What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		1336 <div><div><div></div><div></div><div></div></div>Percent x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.  101 <input type="checkbox"/> No rating</div> } Mark "200" on ISS if rating is 100%; otherwise, mark "201"
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.)		13381 <input type="checkbox"/> Yes – Mark "8" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R12	Refer to cc item 24. Is . . . 18 years of age or older?	13401 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a
15a. During this 4-month period, did . . . receive any Social Security payments?		13421 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R14
b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) – Mark (X) only one.		13441 <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 x1 <input type="checkbox"/> DK } SKIP to 16a
c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?		13461 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK
CHECK ITEM R13	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	13481 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
15d. At what age did . . . begin receiving Social Security because of (his/her) disability?		1349 <div><div><div></div><div></div></div>Age in years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div> } SKIP to 16a
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	13501 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
15e. During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?		13521 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No
16a. During this 4-month period did . . . (or any of . . . 's children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?		13541 <input type="checkbox"/> Yes – Mark "3" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R15
b. Who received the SSI (Supplemental Security Income) payment? Mark (X) only one.		13551 <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?		13561 <input type="checkbox"/> Yes – Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R15	Refer to cc item 24. Is . . . 40 years of age or older?	13581 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
17a. Has . . . ever retired from a job or business? (Include retirement from the military.)		13601 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R16
b. During the 4-month period did . . . receive any retirement income other than Social Security?		13621 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17d
c. What kind of retirement income? Anything else? Mark (X) all that apply.		13641 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 13662 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS 13683 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS 13704 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS 13725 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS 13746 <input type="checkbox"/> State government pension – Mark "34" on ISS 13767 <input type="checkbox"/> Local government pension – Mark "35" on ISS 13788 <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 1380
d. During the 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?		13821 <input type="checkbox"/> Yes – Mark "36" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R16	Refer to cc item 24. Is . . . 70 years of age or older?	13841 <input type="checkbox"/> Yes – SKIP to Check Item R17 2 <input type="checkbox"/> No
18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?		13861 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R17
b. During this 4-month period, did . . . receive any income because of . . .’s health condition or disability? (Other than Social Security, SSI, or VA?)		13881 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17
c. What kind of income? Anything else? Mark (X) all that apply.		13901 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 13922 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS 13943 <input type="checkbox"/> Workers’ Compensation – Mark "10" on ISS 13964 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – Mark "13" on ISS 13985 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS 14006 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS 14027 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS 14068 <input type="checkbox"/> State government pension – Mark "34" on ISS 14089 <input type="checkbox"/> Local government pension – Mark "35" on ISS 141010 <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
CHECK ITEM R17	Refer to cc item 26a. What is . . .’s marital status?	14141 <input type="checkbox"/> Married – SKIP to 20 2 <input type="checkbox"/> Widowed – SKIP to 22a 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – SKIP to Check Item R18
19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?		14161 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R18 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item R18
20. (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.		14181 <input type="checkbox"/> Widowed – SKIP to 22a 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – SKIP to Check Item R21

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



Section 1 – LABOR FORCE AND RECIPIENCY (Continued)															
CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a												
CHECK ITEM R25	Interview status of . . .’s spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to Check Item R27												
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	1 <input type="checkbox"/> Yes – SKIP to 25a 2 <input type="checkbox"/> No												
24. Was . . . (or . . .’s spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)		1482	1 <input type="checkbox"/> Yes – Mark "27" on ISS 2 <input type="checkbox"/> No												
25a. (Other than what we have already mentioned) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . .’s children)? (Exclude energy assistance.)		1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R27												
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 <div><div></div><div></div></div>												
CHECK ITEM R27	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . .?	1500	1 <input type="checkbox"/> Yes – SKIP to 26b 2 <input type="checkbox"/> No												
(Refer to FLASHCARD M for Medicaid name.) 26a. 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 and SKIP to 26c 2 <input type="checkbox"/> No – SKIP to Check Item R28												
(Refer to FLASHCARD M for Medicaid name.) b. According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?		1503	1 <input type="checkbox"/> Yes – Mark "173" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R28												
c. May I see . . .’s (Use local name for Medicaid) card to record claim number?		1504 1506	<div><div></div><div></div><div></div></div> – <div><div></div><div></div></div> – 1505 <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>x3 <input type="checkbox"/> Card not available      x2 <input type="checkbox"/> Ref.</div>												
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1507	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R29												
26d. Were any of . . .’s children (under 18) covered by (Use local name for Medicaid)?		1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R29												
e. Which children were covered?		1510 1512 1514 1516 1518 1520	x5 <input type="checkbox"/> All children OR <table><tr><th>Person No.</th><th>Name</th></tr><tr><td><div><div></div><div></div><div></div></div></td><td></td></tr><tr><td><div><div></div><div></div><div></div></div></td><td></td></tr><tr><td><div><div></div><div></div><div></div></div></td><td></td></tr><tr><td><div><div></div><div></div><div></div></div></td><td></td></tr><tr><td><div><div></div><div></div><div></div></div></td><td></td></tr></table>	Person No.	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>	
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<div><div></div><div></div><div></div></div>															
CHECK ITEM R29	Refer to items 26a–26d above. Was . . . or any of . . .’s children under 18 years old covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a												
26f. Was (. . ./(and) . . .’s children) covered during the entire 4-month period?		1526	1 <input type="checkbox"/> Yes – SKIP to 27a 2 <input type="checkbox"/> No												
g. 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												

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
<b>27a. Was . . . covered by a health insurance plan at any time during the past 4 months?</b> <b>(Include CHAMPUS, CHAMPVA, and military coverage.)</b> <b>(Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)</b>	<b>1536</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R30</i>
<i>ASK OR VERIFY</i> <b>b. Was . . . covered by a health insurance plan during the entire 4-month period?</b>	<b>1538</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 27d</i> 2 <input type="checkbox"/> No
<b>c. In which months was . . . covered?</b> <i>Mark (X) all that apply.</i>	<b>1540</b> <b>1542</b> <b>1544</b> <b>1546</b>	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
<b>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?</b>	<b>1547</b>	1 <input type="checkbox"/> Plan in own name – <i>SKIP to 27f</i> 2 <input type="checkbox"/> Someone else’s plan 3 <input type="checkbox"/> Both – <i>SKIP to 27f</i>
<b>e. Whose plan covered . . . ?</b>	<div>Household member Person No.      Name <b>1548</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>x4 <input type="checkbox"/> Not a Household member</div>	<div>} <i>SKIP to Check Item R30</i></div>
<b>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?</b>	<b>1549</b>	1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK } <i>SKIP to 27h</i>
<b>g. Did . . . ’s employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?</b>	<b>1550</b>	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None
<b>h. Was . . . ’s plan an individual plan or a family plan?</b>	<b>1552</b>	1 <input type="checkbox"/> Individual – <i>SKIP to Check Item R30</i> 2 <input type="checkbox"/> Family
<b>i. Other than . . . , which persons in this household were covered by . . . ’s plan?</b> <b>(Include children as well as adults.)</b>	<div><b>1554</b> x5 <input type="checkbox"/> All persons</div> <div>Person No.      Name <b>1556</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div><b>1558</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div><b>1560</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div><b>1562</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div><b>1564</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div><b>1566</b> x3 <input type="checkbox"/> None</div>	
<b>j. Did . . . ’s plan cover anyone who did not live in this household during the past 4 months?</b> <i>Mark (X) all that apply.</i> <i>If "Yes," "Who did the plan cover?"</i>	<b>1567</b> <b>1568</b> <b>1569</b> <b>1570</b>	1 <input type="checkbox"/> Yes, spouse 2 <input type="checkbox"/> Yes, child(ren) 3 <input type="checkbox"/> Yes, someone else 4 <input type="checkbox"/> No

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)			
<div>CHECK ITEM R30</div>	Refer to cc items 24 and 27.	1572	1 <input type="checkbox"/> Yes
	Is . . . the designated parent or guardian of children under 15 years old who live in this household?		2 <input type="checkbox"/> No – SKIP to Check Item R31, page 12
ASK OR VERIFY –		1574	1 <input type="checkbox"/> Yes – SKIP to 27m
27k. Were all of . . .’s children under 15 years old covered by a health insurance plan? (Include CHAMPUS, CHAMPVA, and military plans.) (Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)			2 <input type="checkbox"/> No
I. Which children were covered by a health insurance plan?			Person No.      Name
		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
		1580	x3 <input type="checkbox"/> None – SKIP to Check Item R31, page 12
m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?		1581	1 <input type="checkbox"/> Yes – Which children?
			Person No.      Name
		1582	<div><div></div><div></div><div></div></div>
		1583	<div><div></div><div></div><div></div></div>
		1584	<div><div></div><div></div><div></div></div>
		1585	<div><div></div><div></div><div></div></div>
		1586	<div><div></div><div></div><div></div></div>
		1587	2 <input type="checkbox"/> No

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)									
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## CHECK ITEM R31

Are any assets listed in the Asset Roster?

1 ☐ Yes

2 ☐ No – *SKIP to 29a*

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

**At any time during the past 4 months, that is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, did . . . still own (have) (Read asset types in item 28b, column (2))?**  
**(Exclude IRA, Keogh, and 401K accounts.)**

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

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

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

(SHOW FLASHCARD N)

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

1 ☐ Yes

2 ☐ No

x1 ☐ DK } *SKIP to 30a*  
x2 ☐ Ref.

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

## Any others?

**(Exclude IRA, Keogh, and 401K accounts.)**

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

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

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

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

5 ☐ Money market funds – Mark "104" on ISS

<sup>6</sup> ☐ U.S. Government securities – *Mark "105" on ISS*

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

8 ☐ Mortgages – Mark "130" on ISS

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

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

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

<sup>12</sup> ☐ Rental property – Mark "120" on ISS

13 ☐ Royalties = Mark "140" on ISS

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
<b>30a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</b>	<div>1656</div>	<div><div><input type="checkbox"/> Yes, full time</div><div><input type="checkbox"/> Yes, part time</div><div><input type="checkbox"/> No – SKIP to Check Item R32</div></div>
<b>b. During which months was . . . enrolled?</b>  <i>Mark (X) all that apply.</i>	<div>1658</div> <div>1660</div> <div>1662</div> <div>1664</div> <div>1666</div>	<div><div><input type="checkbox"/> All months</div><div><input type="checkbox"/> Last month</div><div><input type="checkbox"/> 2 months ago</div><div><input type="checkbox"/> 3 months ago</div><div><input type="checkbox"/> 4 months ago</div></div>
<b>c. At what level or grade was . . . enrolled?</b>  <i>(If enrolled at more than one level during this period, check most recent level.)</i>	<div>1668</div>	<div><div><div><div><input type="checkbox"/> Elementary grades 1–8</div><div><input type="checkbox"/> High school grades 9–12</div><div><input type="checkbox"/> College year 1</div><div><input type="checkbox"/> College year 2</div><div><input type="checkbox"/> College year 3</div><div><input type="checkbox"/> College year 4</div><div><input type="checkbox"/> College year 5</div><div><input type="checkbox"/> College year 6</div><div><input type="checkbox"/> Vocational school</div><div><input type="checkbox"/> Technical school</div><div><input type="checkbox"/> Business school</div></div><div><div>SKIP to Check Item R32</div></div></div></div>
<b>31a. Were any of . . .’s educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?</b>	<div>1670</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item R32</div></div>
<b>b. What kind of educational assistance did . . . receive? Anything else?</b>  <i>Mark (X) all that apply.</i>	<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><div><div><div><input type="checkbox"/> GI Bill – Mark "40" on ISS</div><div><input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – Mark "41" on ISS</div><div><input type="checkbox"/> College Work Study – Mark "175" on ISS</div><div><input type="checkbox"/> PELL Grant – Mark "176" on ISS</div><div><input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – Mark "177" on ISS</div><div><input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – Mark "178" on ISS</div><div><input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – Mark "179" on ISS</div><div><input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Student (SLS) – Mark "180" on ISS</div><div><input type="checkbox"/> Assistance from . . .’s employer – Mark "181" on ISS</div><div><input type="checkbox"/> Fellowship/Scholarship – Mark "182" on ISS</div><div><input type="checkbox"/> Other financial aid – Mark "183" on ISS</div></div></div></div>
<div>CHECK ITEM R32</div> <div>Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?</div>	<div>1694</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item R33</div></div>
<div>ASK OR VERIFY –</div> <div><b>32. Is . . .’s spouse in the Armed Forces?</b></div>	<div>1696</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>
<div>CHECK ITEM R33</div> <div>Are any codes (excluding codes 171–173, 200–201) marked on the ISS?</div>	<div>1698</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 34a</div></div>
<b>33a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171–173, 200–201). Is that correct?</b>	<div>1700</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – Probe and resolve (Make corrections to ISS if necessary)</div></div>
<b>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?</b>	<div>1702</div>	<div><div><input type="checkbox"/> Yes – SKIP to 34b</div><div><input type="checkbox"/> No – SKIP to Check Item E1, page 15</div></div>
<b>34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government, or anything else?</b>	<div>1704</div>	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to Check Item P1, page 53</div></div>
<b>b. What kind of income did . . . receive? Anything else?</b>	<div>1706</div> <div>1708</div> <div>1710</div>	<div><div>Enter codes from income source list and mark ISS.</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></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 53
1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?  (Include unpaid worker in family business or farm as working for an employer.)		1714	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only – SKIP to Statement B, page 20 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	Refer to item 1a above. Is "Both worked for employer and self-employed" (box 3) marked?	1718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a, page 16

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT (Continued)			
Part A1 – EMPLOYER IDENTIFICATION NUMBER 1			
2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>		PGM 8 2000	Employer name
CHECK ITEM E3	Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.	PGM 8 2002	Employer I.D. No. <div></div>
CHECK ITEM E3.1	Is the previous wave box marked for this employer in cc item 42?	PGM 8 2003	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2c
2b. Have . . .’s main activities or duties for this employer changed during the past 8 months?		PGM 8 2004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a
c. What kind of business or industry was <i>(Name of company or business)?</i> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.		PGM 8 2005	
ASK OR VERIFY – d. Is it mainly –		PGM 8 2006	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.		PGM 8 2008	
f. What were . . .’s main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.		PGM 8 2010	
ASK OR VERIFY – g. Was . . . an employee of –		PGM 8 2012	1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?
ASK OR VERIFY – 3a. Was . . . employed by <i>(Name of employer)</i> during the entire 4-month period?		PGM 7 2014	1 <input type="checkbox"/> Yes – SKIP to 4 2 <input type="checkbox"/> No
b. When was . . . employed by <i>(Name of employer)</i> during this 4-month period?		2016 2020	FROM <div></div> Month <div></div> Day TO <div></div> Month <div></div> Day
CHECK ITEM E3.2	Did . . . stop working for this employer during the reference period?	2023	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4
3c. What is the main reason . . . stopped working for <i>(Name of employer)?</i> <i>Mark (X) only one.</i>		2024	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 – 4. How many hours per week did . . . usually work at this job?		2025	<div></div> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
5. Was . . . paid by the hour on this job?		2026	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a
6. What was . . .’s regular hourly pay rate at the end of <i>(Read last month or "to" date in item 3b)?</i>		2028	\$ <div></div> . <div></div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 9a
7a. During the 4-month period, how often was . . . paid on this job?		2029	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 E5 6 <input type="checkbox"/> Some other way – Specify <div></div>
b. On what date was . . . last paid during this 4-month period?		2030 2031	<div></div> Month <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>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.</div> <div>What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?</div> <div>FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)</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>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>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>.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>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>.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>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>.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>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – SKIP to 9a</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>1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 3a</div><div>2 <input type="checkbox"/> No</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>1 <input type="checkbox"/> Yes – SKIP to Check Item E5</div><div>2 <input type="checkbox"/> No</div></div>	
<div>b. Was . . . covered by a union or employee association contract during the 4-month period?</div>	<div><div>2046</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div>	
<div>CHECK ITEM E5</div> <div>Number of employers in item 1b, page 15?</div>	<div><div>2048</div><div>1 <input type="checkbox"/> 1 employer – SKIP to Check Item E8, page 19</div><div>2 <input type="checkbox"/> 2 or more employers</div></div>	

Section 2 – EARNINGS AND EMPLOYMENT (Continued)			
Part A2 – EMPLOYER IDENTIFICATION NUMBER 2			
10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>		PGM 8 2100	Employer name
CHECK ITEM E6	Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →	PGM 8 2102	Employer I.D. No. <div></div>
CHECK ITEM E6.1	Is the previous wave box marked for this employer in cc item 42?	PGM 8 2103	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10c
10b. Have . . .’s main activities or duties for this employer changed during the past 8 months?		PGM 8 2104	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11a
c. What kind of business or industry was <i>(Name of company or business)</i> ? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.		PGM 8 2105	
ASK OR VERIFY – d. Is it mainly –		PGM 8 2106	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.		PGM 8 2108	
f. What were . . .’s main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.		PGM 8 2110	
ASK OR VERIFY – g. Was . . . an employee of –		PGM 8 2112	1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?
ASK OR VERIFY – 11a. Was . . . employed by <i>(Name of employer)</i> during the entire 4-month period?		PGM 7 2114	1 <input type="checkbox"/> Yes – 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 <div></div> Month <div>2118</div> <div></div> Day TO <div></div> Month <div>2122</div> <div></div> Day
CHECK ITEM E6.2	Did . . . stop working for this employer during the reference period?	2123	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – 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	<div></div> 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 11b)</i> ?		2128	\$ <div></div> . <div></div> 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	<div></div> Month <div>2131</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 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><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>	<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>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><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>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><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>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><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><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>
<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><div>1</div><div><input type="checkbox"/></div><div>Yes – Mark Callback Summary and Reminder Card, Item 3b</div></div><div><div>2</div><div><input type="checkbox"/></div><div>No</div></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><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>	
<div>b. Was . . . covered by a union or employee association contract during the 4-month period?</div>	<div><div>2146</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 E8</div> <div>Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?</div>	<div><div>2148</div><div><div>1</div><div><input type="checkbox"/></div><div>Yes – Read Statement B, page 20</div></div><div><div>2</div><div><input type="checkbox"/></div><div>No – SKIP to first ISS Code or Check Item P1, page 53</div></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.			
1a. What was the name of . . .’s business/ professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 22. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>		PGM 8 2200	Business name
CHECK ITEM S1	Enter business ID number from cc item 43, or if a new business, enter the next available ID number.	PGM 8 2201	Business I.D. No.
CHECK ITEM S1.1	Is the previous wave box marked for this business in cc item 43?	PGM 8 2202	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1c
1b. Have . . .’s main activities or duties for this business changed during the past 8 months?		PGM 8 2203	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1g
c. What kind of business was this?		PGM 8 2204	
ASK OR VERIFY – d. Is it mainly –		PGM 8 2206	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing at this business?		PGM 8 2208	
f. What were . . .’s most important activities or duties at this business?		PGM 8 2210	
ASK OR VERIFY – g. How many hours per week did . . . usually work at this business?		PGM 7 2212	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?  <i>Gross earnings include sales and receipts before expenses.</i>		2214	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10 x1 <input type="checkbox"/> DK
CHECK ITEM S2	Have questions 3–5b already been answered for this business by another household member?	2216	1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
3. What was the total number of employees working for this business? Be sure to include . . .  <i>Enter 999 if 1,000 or more employees.</i>		2218	<input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK
4a. Was . . .’s business incorporated?		2220	1 <input type="checkbox"/> Yes – SKIP to 5a 2 <input type="checkbox"/> No
b. Was . . .’s business a sole proprietorship or a partnership?		2222	1 <input type="checkbox"/> Sole proprietorship – SKIP to 6a 2 <input type="checkbox"/> Partnership
5a. Aside from . . . were any other members of this household owners or partners in this business?		2224	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a
b. Which members?		2226 2228 2230	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"/>
6a. Was . . . paid a regular salary from this business during the 4-month period?		2232	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Did . . . receive any (other) income from the business during this 4-month period?		2234	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM S3	Is "Yes" marked in either item 6a or 6b?	2236	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S5

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 20.</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 or Check Item P1, page 53</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>	PGM 8 2300	Business name
CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →	PGM 8 2301	Business I.D. No.
CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?	PGM 8 2302	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c
12b. Have . . .’s main activities or duties for this business changed during the past 8 months?	PGM 8 2303	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g
c. What kind of business was this?	PGM 8 2304	
ASK OR VERIFY – d. Is it mainly –	PGM 8 2306	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing at this business?	PGM 8 2308	
f. What were . . .’s most important activities or duties at this business?	PGM 8 2310	
ASK OR VERIFY – g. How many hours per week did . . . usually work at this business?	PGM 7 2312	<div><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>	2314	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21 x1 <input type="checkbox"/> DK
CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?	2316	1 <input type="checkbox"/> Yes – SKIP to 17a 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>	2318	<div><div></div><div></div><div></div></div> Employees x1 <input type="checkbox"/> DK
15a. Was . . .’s business incorporated?	2320	1 <input type="checkbox"/> Yes – SKIP to 16a 2 <input type="checkbox"/> No
b. Was . . .’s business a sole proprietorship or a partnership?	2322	1 <input type="checkbox"/> Sole proprietorship – SKIP to 17a 2 <input type="checkbox"/> Partnership
16a. Aside from . . . were any other members of this household owners or partners in this business?	2324	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17a
b. Which members?	2326 2328 2330	Person No.      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>
17a. Was . . . paid a regular salary from this business during the 4-month period?	2332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Did . . . receive any (other) income from the business during this 4-month period?	2334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?	2336	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S11

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>2338</div> <div>LAST MONTH</div> <div>\$ <div></div> . <div>00</div></div> <div><div>x3</div><div><input type="checkbox"/> None</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x2</div><div><input type="checkbox"/> Ref.</div></div>	<div>FIELD REPRESENTATIVE USE ONLY</div> <div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>Total \$ <div></div> .00</div>
	<div>2340</div> <div>2 MONTHS AGO</div> <div>\$ <div></div> . <div>00</div></div> <div><div>x3</div><div><input type="checkbox"/> None</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x2</div><div><input type="checkbox"/> Ref.</div></div>	<div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>Total \$ <div></div> .00</div>
	<div>2342</div> <div>3 MONTHS AGO</div> <div>\$ <div></div> . <div>00</div></div> <div><div>x3</div><div><input type="checkbox"/> None</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x2</div><div><input type="checkbox"/> Ref.</div></div>	<div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>Total \$ <div></div> .00</div>
	<div>2344</div> <div>4 MONTHS AGO</div> <div>\$ <div></div> . <div>00</div></div> <div><div>x3</div><div><input type="checkbox"/> None</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x2</div><div><input type="checkbox"/> Ref.</div></div>	<div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>\$ <div></div> .00</div> <div>Total \$ <div></div> .00</div>
	<div>CHECK ITEM S10</div> <div>Is "DK" marked in all parts of item 18?</div> <div>2346</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No – SKIP to Check Item S11</div></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><div>1</div><div><input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4b</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div>	
<div>CHECK ITEM S11</div> <div>Refer to item 15a, page 22.</div> <div>Is this business incorporated?</div>	<div>2350</div> <div><div>1</div><div><input type="checkbox"/> Yes – SKIP to first ISS Code or Check Item P1, page 53</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></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><div>1</div><div><input type="checkbox"/> Yes – SKIP to first ISS Code or Check Item P1, page 53</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></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><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No – SKIP to first ISS Code or Check Item P1, page 53</div></div>	
<div>b. What was the net profit or loss?</div> <div>If "broke even," enter \$1 in box?</div>	<div>2356</div> <div>\$ <div></div> . <div>00</div></div> <div>2358</div> <div><div>x4</div><div><input type="checkbox"/> Loss in amount box</div></div>	<div>SKIP to first ISS Code or Check Item P1, page 53</div>
<div>21. About how much did . . . earn from this business after expenses during the 4-month period?</div>	<div>2360</div> <div>\$ <div></div> . <div>00</div></div> <div><div>x3</div><div><input type="checkbox"/> None</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x2</div><div><input type="checkbox"/> Ref.</div></div>	<div>SKIP to first ISS Code or Check Item P1, page 53</div>

Section 3 – AMOUNTS			
Part A – GENERAL AMOUNTS (ISS Codes 1–56)			
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b>  <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code      Name of income type <div>3000</div>	
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<div>3002</div>	<div>1</div> <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) <div>2</div> <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 27 <div>3</div> <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 26 <div>4</div> <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 <div>5</div> <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1
<b>CHECK ITEM A2</b>	Refer to cc item 27.  Is . . . a designated parent or guardian of children under age 18?	<div>3004</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</b>		<div>3006</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<div>3008</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to 9a, page 26
<b>CHECK ITEM A3</b>	Refer to cc item 26a.  Is . . . married?	<div>3010</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to Check Item A4.1
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b>		<div>3012</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to Check Item A4.1
<b>CHECK ITEM A4</b>	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</div> <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 <div>2</div> <input type="checkbox"/> No
<b>CHECK ITEM A4.1</b>	Refer to item 11b, page 5.  Is this income source listed on the income roster?	<div>3015</div>	<div>1</div> <input type="checkbox"/> Yes – ASK 5b <div>2</div> <input type="checkbox"/> No – ASK 5a
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b>  <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i>  <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Social Security and SSI payments may be adjusted for inflation each January.		<b>5c. Some persons receive more than one payment per month for certain income types.</b>  ► For ISS codes 1 or 2 (SS or RR) read – <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b>  ► For all other ISS codes read – <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b>	
(Last month)	<div>3016</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No <div>x1</div> <input type="checkbox"/> DK	<div>3018</div> <div>\$</div> <div>x1</div> <input type="checkbox"/> DK <div>x2</div> <input type="checkbox"/> Ref.
(2 months ago)	<div>3020</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No <div>x1</div> <input type="checkbox"/> DK	<div>3022</div> <div>\$</div> <div>x1</div> <input type="checkbox"/> DK <div>x2</div> <input type="checkbox"/> Ref.
(3 months ago)	<div>3024</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No <div>x1</div> <input type="checkbox"/> DK	<div>3026</div> <div>\$</div> <div>x1</div> <input type="checkbox"/> DK <div>x2</div> <input type="checkbox"/> Ref.
(4 months ago)	<div>3028</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No <div>x1</div> <input type="checkbox"/> DK	<div>3030</div> <div>\$</div> <div>x1</div> <input type="checkbox"/> DK <div>x2</div> <input type="checkbox"/> Ref.



Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
CHECK ITEM A5	Mark (X) income type code.	3032	1 <input type="checkbox"/> ISS Code 1 or 2 – SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53
6a. Were all the people living here covered by . . .’s payments?		3034	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No.      Name
		3036	<div></div>
		3038	<div></div>
		3040	<div></div>
		3042	<div></div>
		3044	<div></div>
		3046	<div></div>
		3048	<div></div>
		3050	<div></div>
		3052	<div></div>
		3054	<div></div>
CHECK ITEM A6	Is this ISS Code "8"?	3056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
7a. What type of Veterans’ payments did . . . receive?		3058	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans’ pension 4 <input type="checkbox"/> Other Veterans’ payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A6.1	Refer to cc item 45.  Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3062	1 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		3064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . .’s payments usually come on the first of the month or the third?		3066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 24.  Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	3068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
NOTES			

Section 3 – AMOUNTS (Continued)

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

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

<b>10a. Were all children living here covered by these payments?</b>	<div>3086</div> <div>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</div>																					
<b>b. Which children were covered?</b>	<table><tr><td></td><td>Person No.</td><td>Name</td></tr><tr><td>3088</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3090</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3092</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3094</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3096</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3098</td><td><div></div><div></div><div></div></td><td></td></tr></table>		Person No.	Name	3088	<div></div> <div></div> <div></div>		3090	<div></div> <div></div> <div></div>		3092	<div></div> <div></div> <div></div>		3094	<div></div> <div></div> <div></div>		3096	<div></div> <div></div> <div></div>		3098	<div></div> <div></div> <div></div>	
	Person No.	Name																				
3088	<div></div> <div></div> <div></div>																					
3090	<div></div> <div></div> <div></div>																					
3092	<div></div> <div></div> <div></div>																					
3094	<div></div> <div></div> <div></div>																					
3096	<div></div> <div></div> <div></div>																					
3098	<div></div> <div></div> <div></div>																					

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

<b>11a. Were all the people living here covered under . . .’s food stamp allotment?</b>	<div>3100</div> <div>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7.1</i> 2 <input type="checkbox"/> No</div>																											
<b>b. Which persons were covered?</b>	<table><tr><td></td><td>Person No.</td><td>Name</td></tr><tr><td>3102</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3104</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3106</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3108</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3110</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3112</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3114</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>3116</td><td><div></div><div></div><div></div></td><td></td></tr></table>		Person No.	Name	3102	<div></div> <div></div> <div></div>		3104	<div></div> <div></div> <div></div>		3106	<div></div> <div></div> <div></div>		3108	<div></div> <div></div> <div></div>		3110	<div></div> <div></div> <div></div>		3112	<div></div> <div></div> <div></div>		3114	<div></div> <div></div> <div></div>		3116	<div></div> <div></div> <div></div>	
	Person No.	Name																										
3102	<div></div> <div></div> <div></div>																											
3104	<div></div> <div></div> <div></div>																											
3106	<div></div> <div></div> <div></div>																											
3108	<div></div> <div></div> <div></div>																											
3110	<div></div> <div></div> <div></div>																											
3112	<div></div> <div></div> <div></div>																											
3114	<div></div> <div></div> <div></div>																											
3116	<div></div> <div></div> <div></div>																											

NOTES

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<div>CHECK ITEM A7.1</div>	Refer to item 11b, page 5.  Is "Food Stamps" (code 27) listed on the income roster?	<div>3121</div> <div>1 <input type="checkbox"/> Yes – ASK 12b</div> <div>2 <input type="checkbox"/> No – ASK 12a</div>
<div>12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?</div> <div>Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.</div> <div>b. Did . . . receive food stamps in (Read each month)?</div> <div>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</div>		
(Last month) . . . . .	<div>3122</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>12c. If "Yes" in item 12b, ask – What was the total amount?</div> <div><div>3124</div><div>\$</div><div>.</div><div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
(2 months ago) . . . . .	<div>3126</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3128</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>3130</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3132</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>3134</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3136</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
SKIP to next ISS Code or Check Item P1, page 53		
<div>13a. Did . . . receive any WIC benefits in (Read each month)?</div> <div>Mark (X) all that apply.</div>	<div>3138</div> <div>1 <input type="checkbox"/> Last month</div> <div>3140</div> <div>2 <input type="checkbox"/> 2 months ago</div> <div>3142</div> <div>3 <input type="checkbox"/> 3 months ago</div> <div>3144</div> <div>4 <input type="checkbox"/> 4 months ago</div>	
<div>b. Which persons were covered?</div>	<div>Person No.</div> <div>Name</div> <div><div>3146</div><div></div><div></div><div></div></div> <div><div>3148</div><div></div><div></div><div></div></div> <div><div>3150</div><div></div><div></div><div></div></div> <div><div>3152</div><div></div><div></div><div></div></div> <div><div>3154</div><div></div><div></div><div></div></div>	
SKIP to next ISS Code or Check Item P1, page 53		
NOTES		

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)			
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b>  <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code <div>3200</div> <div></div> <div></div>	
<b>CHECK ITEM A1</b> Mark (X) income type code.		<div>3202</div> <div><div><div><div><div></div></div></div><div>1</div><div>ISS Code 1 or 2 (SS or RR)</div></div><div><div><div><div></div></div></div><div>2</div><div>ISS Code 25 (WIC) – SKIP to 13a, page 31</div></div><div><div><div><div></div></div></div><div>3</div><div>ISS Code 27 (Food Stamps) – SKIP to 11a, page 30</div></div><div><div><div><div></div></div></div><div>4</div><div>ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div></div><div><div><div><div></div></div></div><div>5</div><div>Other ISS Codes – SKIP to Check Item A4.1</div></div></div>	

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
CHECK ITEM A5	Mark (X) income type code.	32321 <input type="checkbox"/> ISS Code 1 or 2 – SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53
6a. Were all the people living here covered by . . .’s payments?		32341 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
b. Which persons were covered?		Person No. Name 3236 3238 3240 3242 3244 3246 3248 3250 3252 3254
CHECK ITEM A6	Is this ISS Code "8"?	32561 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
7a. What type of Veterans’ payments did . . . receive?		32581 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans’ pension 4 <input type="checkbox"/> Other Veterans’ payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		32601 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	32621 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		32641 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . .’s payments usually come on the first of the month or the third?		32661 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	32681 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
NOTES		

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<div>9a. Were (Social Security/Railroad Retirement) payments received for . . .’s children in (Read each month)?</div> <div>NOTE – Social Security payments may be adjusted for inflation each January.</div> <div>(Last month) . . . . .</div> <div>(2 months ago) . . . . .</div> <div>(3 months ago) . . . . .</div> <div>(4 months ago) . . . . .</div>	<div>32701 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>9b. If "Yes" in item 9a – How much was received?</div> <div>3272\$ . 00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>32741 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3276\$ . 00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>32781 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3280\$ . 00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>32821 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3284\$ . 00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>VERIFY IF ONLY ONE CHILD OR ASK –</div> <div>10a. Were all children living here covered by these payments?</div> <div>b. Which children were covered?</div>	
<div>32861 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53</div> <div>2 <input type="checkbox"/> No</div>	<div>Person No. Name</div> <div>3288</div> <div>3290</div> <div>3292</div> <div>3294</div> <div>3296</div> <div>3298</div>	
SKIP to next ISS Code or Check Item P1, page 53		
<div>11a. Were all the people living here covered under . . .’s food stamp allotment?</div> <div>b. Which persons were covered?</div>	<div>33001 <input type="checkbox"/> Yes – SKIP to Check Item A7.1</div> <div>2 <input type="checkbox"/> No</div>	<div>Person No. Name</div> <div>3302</div> <div>3304</div> <div>3306</div> <div>3308</div> <div>3310</div> <div>3312</div> <div>3314</div> <div>3316</div>
	NOTES	

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<div>CHECK ITEM A7.1</div>	Refer to item 11b, page 5.  Is "Food Stamps" (code 27) listed on the income roster?	<div>3321</div> <div>1 <input type="checkbox"/> Yes – ASK 12b</div> <div>2 <input type="checkbox"/> No – ASK 12a</div>
<div>12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?</div> <div>Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.</div> <div>b. Did . . . receive food stamps in (Read each month)?</div> <div>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</div>		
(Last month) . . . . .	<div>3322</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>12c. If "Yes" in item 12b, ask – What was the total amount?</div> <div><div>3324</div><div>\$</div><div>.</div><div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
(2 months ago) . . . . .	<div>3326</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3328</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>3330</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3332</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>3334</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3336</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
SKIP to next ISS Code or Check Item P1, page 53		
<div>13a. Did . . . receive any WIC benefits in (Read each month)?</div> <div>Mark (X) all that apply.</div>	<div>3338</div> 1 <input type="checkbox"/> Last month	
	<div>3340</div> 2 <input type="checkbox"/> 2 months ago	
	<div>3342</div> 3 <input type="checkbox"/> 3 months ago	
	<div>3344</div> 4 <input type="checkbox"/> 4 months ago	
<div>b. Which persons were covered?</div>	<div>Person No.</div> <div>Name</div> <div><div>3346</div><div></div><div></div><div></div></div> <div><div>3348</div><div></div><div></div><div></div></div> <div><div>3350</div><div></div><div></div><div></div></div> <div><div>3352</div><div></div><div></div><div></div></div> <div><div>3354</div><div></div><div></div><div></div></div>	
SKIP to next ISS Code or Check Item P1, page 53		
NOTES		

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)			
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b>  <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code <div>3400</div> <div></div> <div></div>	
<b>CHECK ITEM A1</b> Mark (X) income type code.		<div>3402</div> <div>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</div> <div>2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 35</div> <div>3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 34</div> <div>4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div> <div>5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</div>	
<b>CHECK ITEM A2</b> Refer to cc item 27.  Is . . . a designated parent or guardian of children under age 18?		<div>3404</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item A3</div>	
<b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</b>		<div>3406</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item A3</div>	
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<div>3408</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 9a, page 34</div>	
<b>CHECK ITEM A3</b> Refer to cc item 26a.  Is . . . married?		<div>3410</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item A4.1</div>	
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b>		<div>3412</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item A4.1</div>	
<b>CHECK ITEM A4</b> 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>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53</div> <div>2 <input type="checkbox"/> No</div>	
<b>CHECK ITEM A4.1</b> Refer to item 11b, page 5.  Is this income source listed on the income roster?		<div>3415</div> <div>1 <input type="checkbox"/> Yes – ASK 5b</div> <div>2 <input type="checkbox"/> No – ASK 5a</div>	
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b>  <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i>  <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Social Security and SSI payments may be adjusted for inflation each January.		<b>5c. Some persons receive more than one payment per month for certain income types.</b>  ▶ For ISS codes 1 or 2 (SS or RR) read –  <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b>  ▶ For all other ISS codes read –  <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b>	
(Last month) . . . . .	<div>3416</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3418</div> <div>\$</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>3420</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3422</div> <div>\$</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>3424</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3426</div> <div>\$</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>3428</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3430</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	



Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<b>9a. Were (Social Security/Railroad Retirement) payments received for . . .’s children in</b> <i>(Read each month)?</i>  NOTE – Social Security payments may be adjusted for inflation each January.  (Last month) . . . . .   (2 months ago) . . . . .   (3 months ago) . . . . .   (4 months ago) . . . . .	<div>3470</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div><b>9b. If "Yes" in item 9a – How much was received?</b></div> <div><div>3472</div><div>\$</div><div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>3474</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div><div>3476</div><div>\$</div><div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>3478</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div><div>3480</div><div>\$</div><div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>3482</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div><div>3484</div><div>\$</div><div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>3486</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53</div> <div>2 <input type="checkbox"/> No</div>	
<b>b. Which children were covered?</b>	<div>Person No. Name</div> <div><div>3488</div><div></div><div></div><div></div></div> <div><div>3490</div><div></div><div></div><div></div></div> <div><div>3492</div><div></div><div></div><div></div></div> <div><div>3494</div><div></div><div></div><div></div></div> <div><div>3496</div><div></div><div></div><div></div></div> <div><div>3498</div><div></div><div></div><div></div></div>	
SKIP to next ISS Code or Check Item P1, page 53		
<b>11a. Were all the people living here covered under . . .’s food stamp allotment?</b>  <b>b. Which persons were covered?</b>	<div>3500</div> <div>1 <input type="checkbox"/> Yes – SKIP to Check Item A7.1</div> <div>2 <input type="checkbox"/> No</div>	
	<div>Person No. Name</div> <div><div>3502</div><div></div><div></div><div></div></div> <div><div>3504</div><div></div><div></div><div></div></div> <div><div>3506</div><div></div><div></div><div></div></div> <div><div>3508</div><div></div><div></div><div></div></div> <div><div>3510</div><div></div><div></div><div></div></div> <div><div>3512</div><div></div><div></div><div></div></div> <div><div>3514</div><div></div><div></div><div></div></div> <div><div>3516</div><div></div><div></div><div></div></div>	
	NOTES	

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<div>CHECK ITEM A7.1</div>	Refer to item 11b, page 5.  Is "Food Stamps" (code 27) listed on the income roster?	<div>3521</div> <div>1 <input type="checkbox"/> Yes – ASK 12b</div> <div>2 <input type="checkbox"/> No – ASK 12a</div>
<div>12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?</div> <div>Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.</div> <div>b. Did . . . receive food stamps in (Read each month)?</div> <div>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</div>	(Last month) . . . . .	<div>3522</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>
	(2 months ago) . . . . .	<div>3526</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>
	(3 months ago) . . . . .	<div>3530</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>
	(4 months ago) . . . . .	<div>3534</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>
		<div>12c. If "Yes" in item 12b, ask – What was the total amount?</div> <div>3524</div> <div>\$</div> <div>. 00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
		<div>3528</div> <div>\$</div> <div>. 00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
		<div>3532</div> <div>\$</div> <div>. 00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
		<div>3536</div> <div>\$</div> <div>. 00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
SKIP to next ISS Code or Check Item P1, page 53		
<div>13a. Did . . . receive any WIC benefits in (Read each month)?</div> <div>Mark (X) all that apply.</div>	<div>3538</div>	1 <input type="checkbox"/> Last month
	<div>3540</div>	2 <input type="checkbox"/> 2 months ago
	<div>3542</div>	3 <input type="checkbox"/> 3 months ago
	<div>3544</div>	4 <input type="checkbox"/> 4 months ago
<div>b. Which persons were covered?</div>	<div>3546</div>	Person No. Name
		<div></div> <div></div> <div></div>
	<div>3548</div>	<div></div> <div></div> <div></div>
	<div>3550</div>	<div></div> <div></div> <div></div>
	<div>3552</div>	<div></div> <div></div> <div></div>
	<div>3554</div>	<div></div> <div></div> <div></div>
SKIP to next ISS Code or Check Item P1, page 53		
<div>NOTES</div>		

Section 3 – AMOUNTS

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

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
CHECK ITEM A5	Mark (X) income type code.	36321 <input type="checkbox"/> ISS Code 1 or 2 – SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53
6a. Were all the people living here covered by . . .’s payments?		36341 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
b. Which persons were covered?		Person No.      Name 3636 3638 3640 3642 3644 3646 3648 3650 3652 3654
CHECK ITEM A6	Is this ISS Code "8"?	36561 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
7a. What type of Veterans’ payments did . . . receive?		36581 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans’ pension 4 <input type="checkbox"/> Other Veterans’ payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		36601 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A6.1	Refer to cc item 45.  Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	36621 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		36641 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . .’s payments usually come on the first of the month or the third?		36661 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 36.  Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	36681 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
NOTES		

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<b>9a. Were (Social Security/Railroad Retirement) payments received for . . .'s children in</b> <i>(Read each month)?</i>  NOTE – Social Security payments may be adjusted for inflation each January.  (Last month) . . . . .   (2 months ago) . . . . .   (3 months ago) . . . . .   (4 months ago) . . . . .	<div>3670</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>9b. If "Yes" in item 9a – How much was received?</div> <div><div>3672</div><div>\$</div><div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<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>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<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>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<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>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>VERIFY IF ONLY ONE CHILD OR ASK –</div> <div>10a. Were all children living here covered by these payments?</div>	<div>3686</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53</div> <div>2 <input type="checkbox"/> No</div>
<div>b. Which children were covered?</div>	<div>Person No.      Name</div> <div><div>3688</div><div></div><div></div><div></div></div> <div><div>3690</div><div></div><div></div><div></div></div> <div><div>3692</div><div></div><div></div><div></div></div> <div><div>3694</div><div></div><div></div><div></div></div> <div><div>3696</div><div></div><div></div><div></div></div> <div><div>3698</div><div></div><div></div><div></div></div>	
<div>SKIP to next ISS Code or Check Item P1, page 53</div>		
<div>11a. Were all the people living here covered under . . .'s food stamp allotment?</div>	<div>3700</div> <div>1 <input type="checkbox"/> Yes – SKIP to Check Item A7.1</div> <div>2 <input type="checkbox"/> No</div>	
<div>b. Which persons were covered?</div>	<div>Person No.      Name</div> <div><div>3702</div><div></div><div></div><div></div></div> <div><div>3704</div><div></div><div></div><div></div></div> <div><div>3706</div><div></div><div></div><div></div></div> <div><div>3708</div><div></div><div></div><div></div></div> <div><div>3710</div><div></div><div></div><div></div></div> <div><div>3712</div><div></div><div></div><div></div></div> <div><div>3714</div><div></div><div></div><div></div></div> <div><div>3716</div><div></div><div></div><div></div></div>	
<div>NOTES</div>		

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<div>CHECK ITEM A7.1</div>	Refer to item 11b, page 5.  Is "Food Stamps" (code 27) listed on the income roster?	<div>3721</div> <div>1 <input type="checkbox"/> Yes – ASK 12b 2 <input type="checkbox"/> No – ASK 12a</div>
<div>12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?</div> <div>Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.</div> <div>b. Did . . . receive food stamps in (Read each month)?</div> <div>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</div>		
(Last month) . . . . .	<div>3722</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>3724</div> <div>\$ . 00</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(2 months ago) . . . . .	<div>3726</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>3728</div> <div>\$ . 00</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(3 months ago) . . . . .	<div>3730</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>3732</div> <div>\$ . 00</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(4 months ago) . . . . .	<div>3734</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>3736</div> <div>\$ . 00</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>

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

<div>13a. Did . . . receive any WIC benefits in (Read each month)?</div> <div>Mark (X) all that apply.</div>	<div>3738</div> <div>3740</div> <div>3742</div> <div>3744</div> <div>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</div>
<div>b. Which persons were covered?</div>	<div>Person No.      Name</div> <div><div>3746</div><div></div><div></div><div></div></div> <div><div>3748</div><div></div><div></div><div></div></div> <div><div>3750</div><div></div><div></div><div></div></div> <div><div>3752</div><div></div><div></div><div></div></div> <div><div>3754</div><div></div><div></div><div></div></div>

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

NOTES

Section 3 – AMOUNTS		
Part A – GENERAL AMOUNTS (ISS Codes 1–56)		
<div>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</div> <div>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</div>	<div>Income code</div> <div>3800</div> <div></div> <div></div> <div>Name of income type</div> <div></div>	
<div>CHECK ITEM A1</div> <div>Mark (X) income type code.</div>	<div>3802</div> <div>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</div> <div>2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 43</div> <div>3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 42</div> <div>4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div> <div>5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</div>	
<div>CHECK ITEM A2</div> <div>Refer to cc item 27.</div> <div>Is . . . a designated parent or guardian of children under age 18?</div>	<div>3804</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <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>	<div>3806</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <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>	<div>3808</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 9a, page 42</div>	
<div>CHECK ITEM A3</div> <div>Refer to cc item 26a.</div> <div>Is . . . married?</div>	<div>3810</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item A4.1</div>	
<div>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</div>	<div>3812</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item A4.1</div>	
<div>CHECK ITEM A4</div> <div>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>	<div>3814</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53</div> <div>2 <input type="checkbox"/> No</div>	
<div>CHECK ITEM A4.1</div> <div>Refer to item 11b, page 5.</div> <div>Is this income source listed on the income roster?</div>	<div>3815</div> <div>1 <input type="checkbox"/> Yes – ASK 5b</div> <div>2 <input type="checkbox"/> No – ASK 5a</div>	
<div>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</div> <div>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</div> <div>b. Did . . . receive any (Read name of income type) in (Read each month)?</div> <div>NOTE – Social Security and SSI payments may be adjusted for inflation each January.</div> <div>(Last month) . . . . .</div> <div>(2 months ago) . . . . .</div> <div>(3 months ago) . . . . .</div> <div>(4 months ago) . . . . .</div>	<div>3816</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>3820</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>3824</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>3828</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>5c. Some persons receive more than one payment per month for certain income types.</div> <div>► For ISS codes 1 or 2 (SS or RR) read –</div> <div>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</div> <div>► For all other ISS codes read –</div> <div>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</div> <div>3818</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> <div>3822</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> <div>3826</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> <div>3830</div> <div>\$</div> <div>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3832	1 <input type="checkbox"/> ISS Code 1 or 2 – SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53
6a. Were all the people living here covered by . . .’s payments?		3834	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No.      Name
		3836	<input type="text"/> <input type="text"/> <input type="text"/>
		3838	<input type="text"/> <input type="text"/> <input type="text"/>
		3840	<input type="text"/> <input type="text"/> <input type="text"/>
		3842	<input type="text"/> <input type="text"/> <input type="text"/>
		3844	<input type="text"/> <input type="text"/> <input type="text"/>
		3846	<input type="text"/> <input type="text"/> <input type="text"/>
		3848	<input type="text"/> <input type="text"/> <input type="text"/>
		3850	<input type="text"/> <input type="text"/> <input type="text"/>
		3852	<input type="text"/> <input type="text"/> <input type="text"/>
		3854	<input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM A6	Is this ISS Code "8"?	3856	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
7a. What type of Veterans’ payments did . . . receive?		3858	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans’ pension 4 <input type="checkbox"/> Other Veterans’ payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3860	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A6.1	Refer to cc item 45.  Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3862	1 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
8a. (SHOW FLASHCARD O) (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		3864	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . .’s payments usually come on the first of the month or the third?		3866	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 40.  Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	3868	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53

NOTES



Section 3 – AMOUNTS (Continued)

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

<b>9a. Were (Social Security/Railroad Retirement) payments received for . . .’s children in</b> <i>(Read each month)?</i>  NOTE – Social Security payments may be adjusted for inflation each January.  (Last month) . . . . .   (2 months ago) . . . . .   (3 months ago) . . . . .   (4 months ago) . . . . .	<div>3870</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>9b. If "Yes" in item 9a – How much was received?</div> <div><div>3872</div><div>\$</div><div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
	<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>00</div>	<div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<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>00</div>	<div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<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>00</div>	<div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>3886</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53</div> <div>2 <input type="checkbox"/> No</div>		
<b>b. Which children were covered?</b>	<div>Person No.      Name</div> <div><div>3888</div><div></div><div></div><div></div></div> <div><div>3890</div><div></div><div></div><div></div></div> <div><div>3892</div><div></div><div></div><div></div></div> <div><div>3894</div><div></div><div></div><div></div></div> <div><div>3896</div><div></div><div></div><div></div></div> <div><div>3898</div><div></div><div></div><div></div></div>		

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

<b>11a. Were all the people living here covered under . . .’s food stamp allotment?</b>	<div>3900</div> <div>1 <input type="checkbox"/> Yes – SKIP to Check Item A7.1</div> <div>2 <input type="checkbox"/> No</div>	
	<div>b. Which persons were covered?</div>	<div>Person No.      Name</div> <div><div>3902</div><div></div><div></div><div></div></div> <div><div>3904</div><div></div><div></div><div></div></div> <div><div>3906</div><div></div><div></div><div></div></div> <div><div>3908</div><div></div><div></div><div></div></div> <div><div>3910</div><div></div><div></div><div></div></div> <div><div>3912</div><div></div><div></div><div></div></div> <div><div>3914</div><div></div><div></div><div></div></div> <div><div>3916</div><div></div><div></div><div></div></div>

NOTES

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<div>CHECK ITEM A7.1</div>	Refer to item 11b, page 5.  Is "Food Stamps" (code 27) listed on the income roster?	<div>3921</div> <div>1 <input type="checkbox"/> Yes – ASK 12b</div> <div>2 <input type="checkbox"/> No – ASK 12a</div>
<div>12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?</div> <div>Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.</div> <div>b. Did . . . receive food stamps in (Read each month)?</div> <div>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</div>		
(Last month) . . . . .	<div>3922</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>12c. If "Yes" in item 12b, ask – What was the total amount?</div> <div><div>3924</div><div>\$</div><div>.</div><div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
(2 months ago) . . . . .	<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>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
(3 months ago) . . . . .	<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>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
(4 months ago) . . . . .	<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>.</div> <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
SKIP to next ISS Code or Check Item P1, page 53		
<div>13a. Did . . . receive any WIC benefits in (Read each month)?</div> <div>Mark (X) all that apply.</div>	<div>3938</div> <div>3940</div> <div>3942</div> <div>3944</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>b. Which persons were covered?</div>	<div>3946</div> <div>3948</div> <div>3950</div> <div>3952</div> <div>3954</div>	<div>Person No.      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> <div><div><div></div><div></div><div></div></div></div>
SKIP to next ISS Code or Check Item P1, page 53		
NOTES		

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)			
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b>  <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code <div>4000</div> <div></div> <div></div>	
Name of income type <div></div>			
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<div>4002</div>	<div>1</div> <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) <div>2</div> <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 47 <div>3</div> <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 46 <div>4</div> <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 <div>5</div> <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1
<b>CHECK ITEM A2</b>	Refer to cc item 27.  Is . . . a designated parent or guardian of children under age 18?	<div>4004</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</b>		<div>4006</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<div>4008</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to 9a, page 46
<b>CHECK ITEM A3</b>	Refer to cc item 26a.  Is . . . married?	<div>4010</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to Check Item A4.1
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b>		<div>4012</div>	<div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No – SKIP to Check Item A4.1
<b>CHECK ITEM A4</b>	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>1</div> <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 <div>2</div> <input type="checkbox"/> No
<b>CHECK ITEM A4.1</b>	Refer to item 11b, page 5.  Is this income source listed on the income roster?	<div>4015</div>	<div>1</div> <input type="checkbox"/> Yes – ASK 5b <div>2</div> <input type="checkbox"/> No – ASK 5a
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b>  <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i>  <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Social Security and SSI payments may be adjusted for inflation each January.		<b>5c. Some persons receive more than one payment per month for certain income types.</b>  ► For ISS codes 1 or 2 (SS or RR) read –  <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b>  ► For all other ISS codes read –  <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b>	
(Last month) . . . . .	<div>4016</div> <div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No <div>x1</div> <input type="checkbox"/> DK	<div>4018</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>x1</div> <input type="checkbox"/> DK <div>x2</div> <input type="checkbox"/> Ref.	
(2 months ago) . . . . .	<div>4020</div> <div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No <div>x1</div> <input type="checkbox"/> DK	<div>4022</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>x1</div> <input type="checkbox"/> DK <div>x2</div> <input type="checkbox"/> Ref.	
(3 months ago) . . . . .	<div>4024</div> <div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No <div>x1</div> <input type="checkbox"/> DK	<div>4026</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>x1</div> <input type="checkbox"/> DK <div>x2</div> <input type="checkbox"/> Ref.	
(4 months ago) . . . . .	<div>4028</div> <div>1</div> <input type="checkbox"/> Yes <div>2</div> <input type="checkbox"/> No <div>x1</div> <input type="checkbox"/> DK	<div>4030</div> <div>\$</div> <div></div> <div>.</div> <div>00</div> <div>x1</div> <input type="checkbox"/> DK <div>x2</div> <input type="checkbox"/> Ref.	

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
CHECK ITEM A5	Mark (X) income type code.	4032 1 <input type="checkbox"/> ISS Code 1 or 2 – SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53
6a. Were all the people living here covered by . . .’s payments?		4034 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
b. Which persons were covered?		Person No. Name 4036 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4038 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4040 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4042 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4044 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4046 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4048 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4050 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4052 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4054 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM A6	Is this ISS Code "8"?	4056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
7a. What type of Veterans’ payments did . . . receive?		4058 1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans’ pension 4 <input type="checkbox"/> Other Veterans’ payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		4060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	4062 1 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		4064 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . .’s payments usually come on the first of the month or the third?		4066 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 44. Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?	4068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
NOTES		

Section 3 – AMOUNTS (Continued)

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

<b>9a. Were (Social Security/Railroad Retirement) payments received for . . .'s children in</b> <i>(Read each month)?</i>  NOTE – Social Security payments may be adjusted for inflation each January.  (Last month) . . . . .   (2 months ago) . . . . .   (3 months ago) . . . . .   (4 months ago) . . . . .	<div>4070</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<b>9b. If "Yes" in item 9a – How much was received?</b> <div>4072<div>\$</div>.<div>00</div></div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>4074</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>4076</div> <div>\$</div> . <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>4078</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>4080</div> <div>\$</div> . <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
	<div>4082</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>4084</div> <div>\$</div> . <div>00</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>

<i>VERIFY IF ONLY ONE CHILD OR ASK –</i> <b>10a. Were all children living here covered by these payments?</b>	<div>4086</div> <div>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i></div> <div>2 <input type="checkbox"/> No</div>																					
<b>b. Which children were covered?</b>	<table><tr><td></td><td>Person No.</td><td>Name</td></tr><tr><td>4088</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4090</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4092</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4094</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4096</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4098</td><td><div></div><div></div><div></div></td><td></td></tr></table>		Person No.	Name	4088	<div></div> <div></div> <div></div>		4090	<div></div> <div></div> <div></div>		4092	<div></div> <div></div> <div></div>		4094	<div></div> <div></div> <div></div>		4096	<div></div> <div></div> <div></div>		4098	<div></div> <div></div> <div></div>	
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SKIP to next ISS Code or Check Item P1, page 53

<b>11a. Were all the people living here covered under . . .'s food stamp allotment?</b>	<div>4100</div> <div>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7.1</i></div> <div>2 <input type="checkbox"/> No</div>																											
<b>b. Which persons were covered?</b>	<table><tr><td></td><td>Person No.</td><td>Name</td></tr><tr><td>4102</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4104</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4106</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4108</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4110</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4112</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4114</td><td><div></div><div></div><div></div></td><td></td></tr><tr><td>4116</td><td><div></div><div></div><div></div></td><td></td></tr></table>		Person No.	Name	4102	<div></div> <div></div> <div></div>		4104	<div></div> <div></div> <div></div>		4106	<div></div> <div></div> <div></div>		4108	<div></div> <div></div> <div></div>		4110	<div></div> <div></div> <div></div>		4112	<div></div> <div></div> <div></div>		4114	<div></div> <div></div> <div></div>		4116	<div></div> <div></div> <div></div>	
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NOTES

Section 3 – AMOUNTS (Continued)					
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)					
CHECK ITEM A7.1	Refer to item 11b, page 5.  Is "Food Stamps" (code 27) listed on the income roster?	4121	1 <input type="checkbox"/> Yes – ASK 12b 2 <input type="checkbox"/> No – ASK 12a		
<b>12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in</b> <i>(Read each month)?</i>  <i>Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.</i>  <b>b. Did . . . receive food stamps in</b> <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) . . . . .					
		4122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4124	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4128	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4132	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4136	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
SKIP to next ISS Code or Check Item P1, page 53					
<b>13a. Did . . . receive any WIC benefits in</b> <i>(Read each month)?</i>  <i>Mark (X) all that apply.</i>  _____		4138	1 <input type="checkbox"/> Last month		
		4140	2 <input type="checkbox"/> 2 months ago		
		4142	3 <input type="checkbox"/> 3 months ago		
		4144	4 <input type="checkbox"/> 4 months ago		
		<b>b. Which persons were covered?</b>			
		4146	Person No.    Name 		
		4148			
		4150			
		4152			
		4154			
SKIP to next ISS Code or Check Item P1, page 53					
NOTES					

Section 3 – AMOUNTS (Continued)			
Part B – SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102, and 103)			
CHECK ITEM A8	Asset types owned.  Mark (X) all that apply.	4300	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook savings accounts
		4302	2 <input type="checkbox"/> ISS Code 101 – Money market deposit accounts
		4304	3 <input type="checkbox"/> ISS Code 102 – Certificates of deposit or other savings certificates
		4306	4 <input type="checkbox"/> ISS Code 103 – Interest-earning checking accounts (such as NOW or Super-NOW accounts)
1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.			
CHECK ITEM A9	Interview status of . . . 's spouse.	4308	1 <input type="checkbox"/> No spouse in household – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
AMOUNTS – PARTS B & C	2a. Did . . . own any of these jointly with . . . 's (husband/wife)?	4310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
	b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	4312	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
	c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	4314	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
	d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4316	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)?	4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
	b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	4320	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 53 x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
	c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	4322	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
	d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4324	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 – 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>4410</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 <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> – 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 53
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> – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		<div>4416</div> 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 7 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 – SKIP to next ISS Code or Check Item P1, page 53
b. What is your best estimate of the total amount of interest . . . earned on these <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> – SKIP to next ISS Code or Check Item P1, page 53 x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
c. What is your best estimate of the average amount that . . . had in these <i>(Read asset types)</i> during the 4-month period? ★		<div>4422</div> \$ <div></div> . <div>00</div> – SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		<div>4424</div> 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 8 2 <input type="checkbox"/> No } SKIP to next ISS Code or Check Item P1, page 53
NOTES		

AMOUNTS – PARTS B & C



Section 3 – AMOUNTS (Continued)		
Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)		
1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .’s spouse.)	4500	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3a
CHECK ITEM A12 Interview status of . . .’s spouse.	4502	1 <input type="checkbox"/> No spouse in household – SKIP to 2a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .’s (husband/wife)? ★	4504	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 2a x3 <input type="checkbox"/> None – SKIP to 2a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4506	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 9 2 <input type="checkbox"/> No
2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .’s name only)? ★	4508	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4510	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 10 2 <input type="checkbox"/> No
3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	4512	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A13 Interview status of . . .’s spouse.	4514	1 <input type="checkbox"/> No spouse in household – SKIP to 3c 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3c
3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .’s (husband/wife)?	4516	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .’s name only)?	4518	\$ <input type="text"/> . <input type="text"/> 00 } SKIP to next ISS Code or Check Item P1, page 53 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
NOTES		

Section 3 – AMOUNTS (Continued)		
Part E – RENTAL INCOME (ISS Code 120)		
1. Earlier you told me that . . . owned some rental property.		
CHECK ITEM A14	Interview status of . . .’s spouse.	46001 <input type="checkbox"/> No spouse in household – SKIP to 3a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
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>		46021 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a
b. About how much was received in gross rent from this property during the 4-month period?		4604\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
c. What is your best estimate of the amount that was cleared after expenses?		4606\$ . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53 4608x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
3a. Did . . . receive rental income from property owned entirely in . . .’s own name during the last 4 four months?		46101 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a
b. About how much was received in gross rent from this property during the 4-month period?		4612\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
c. What is your best estimate of the amount that was cleared after expenses?		4614\$ . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53 4616x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
4a. Did . . . receive rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . .’s spouse.)		46181 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
b. What is your best estimate of . . .’s share of the amount cleared on this property during the last 4 months?		4620\$ . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 4622x4 <input type="checkbox"/> Lost money – Enter amount of loss in box SKIP to next ISS Code or Check Item P1, page 53
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	Refer to Check Item A15.	4706	1 <input type="checkbox"/> Yes
	Is ISS Code 130 marked?		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>
			x3 <input type="checkbox"/> None
			x1 <input type="checkbox"/> DK
			x2 <input type="checkbox"/> Ref.
2a. (Besides any jointly held mortgages) did . . . hold any mortgages in . . .’s own name?		4714	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No – 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>
			x3 <input type="checkbox"/> None
			x1 <input type="checkbox"/> DK
			x2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Refer to Check Item A15.	4718	1 <input type="checkbox"/> Yes
	Is ISS Code 140 or 150 marked?		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)?		4720	<div>\$ <input type="text"/> . <input type="text"/> 00</div>
If income was shared, count only . . .’s share.			
		4722	x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
NOTES			

PROGRAM QUESTIONS

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 54
CHECK ITEM P2	Refer to cc items 16a and 16b.  Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	48021 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a
1a. What was . . .’s monthly rent?  Include only the amount the respondent pays for rent.  Exclude any amount paid by the government.		4804\$ . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 2a
b. (In addition to rent,) does . . . pay for any utilities such as water, electricity, gas, or oil?  Exclude telephone.		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 54
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 54
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 54
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 – WORK DISABILITY HISTORY			
CHECK ITEM T1	Refer to cc item 24. What is . . .’s age?	8300	1 <input type="checkbox"/> 15 years old – SKIP to Statement D, page 56 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – SKIP to Statement D, page 56
STATEMENT C		Now I want to talk about any health or physical condition . . . may have that affected . . .’s ability to work.	
CHECK ITEM T2	Is "Disabled" (code 171) marked on the ISS for . . .?	8302	1 <input type="checkbox"/> Yes – SKIP to 1a 2 <input type="checkbox"/> No
CHECK ITEM T3	Refer to cc item 47. Is "Disabled" (code 171) marked on the control card for . . .?	8304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1b
1a. We have recorded that . . .’s health or condition limits the kind or amount of work . . . can do. Is that correct?		8306	1 <input type="checkbox"/> Yes – SKIP to 1c 2 <input type="checkbox"/> No – SKIP to Statement D, page 56
b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?		8308	1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Statement D, page 56
c. When did . . . become limited in the kind or amount of work that . . . could do at a job?		8310	<div><div></div><div></div>Month</div> x1 <input type="checkbox"/> DK
		8312	<div><div>1</div><div>9</div><div></div><div></div>Year</div> x1 <input type="checkbox"/> DK
		8314	OR x3 <input type="checkbox"/> Person was limited before person became of working age – SKIP to 2a x5 <input type="checkbox"/> Person became limited after retiring – SKIP to Statement D, page 56
d. Was . . . employed at the time . . .’s work limitation began?		8316	1 <input type="checkbox"/> Yes – SKIP to 2a 2 <input type="checkbox"/> No
e. When was the last time . . . worked before . . .’s work limitation began?		8318	<div><div></div><div></div>Month</div> x1 <input type="checkbox"/> DK
		8320	<div><div>1</div><div>9</div><div></div><div></div>Year</div> x1 <input type="checkbox"/> DK
		8322	OR x3 <input type="checkbox"/> Had never been employed before work limitation began
ASK OR VERIFY – (SHOW FLASHCARD EE) 2a. What health condition is the main reason for . . .’s work limitation?		8324	<div>Code</div> <div><div></div><div></div></div> <div>Name of health condition</div> <div></div>
ASK OR VERIFY – b. Was this condition caused by an accident or injury?		8326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T4
c. Where did the accident or injury take place – was it (Read categories) – Mark (X) only one.		8328	1 <input type="checkbox"/> On the job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In the home? 4 <input type="checkbox"/> Somewhere else?
CHECK ITEM T4	Is "Worked" (code 170) marked on the ISS?	8330	1 <input type="checkbox"/> Yes – SKIP to Check Item T5 2 <input type="checkbox"/> No
3a. Does . . .’s health or condition prevent . . . from working at a job or business?		8332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a
b. When did . . . become unable to work at a job?		8334	<div><div></div><div></div>Month</div> x1 <input type="checkbox"/> DK
		8336	<div><div>1</div><div>9</div><div></div><div></div>Year</div> x1 <input type="checkbox"/> DK
		8338	OR x3 <input type="checkbox"/> Has never been able to work at a job – SKIP to Statement D, page 56

Section 5 – TOPICAL MODULES (Continued)	
Part A – WORK DISABILITY HISTORY (Continued)	
<div>CHECK ITEM T5</div> <div>Refer to item 8a, page 4.</div> <div>Did . . . usually work 35 or more hours per week during the reference period?</div>	<div>8340</div> <div>1 <input type="checkbox"/> Yes – SKIP to 4b</div> <div>2 <input type="checkbox"/> No</div>
<div>4a. Is . . . now able to work at a full-time job or is . . . only able to work part time?</div>	<div>8342</div> <div>1 <input type="checkbox"/> Full-time</div> <div>2 <input type="checkbox"/> Part-time</div> <div>3 <input type="checkbox"/> Not able to work – SKIP to Statement D, page 56</div>
<div>b. Is . . . now able to work regularly or is . . . only able to work occasionally or irregularly?</div>	<div>8344</div> <div>1 <input type="checkbox"/> Regularly</div> <div>2 <input type="checkbox"/> Only occasionally or irregularly</div> <div>3 <input type="checkbox"/> Not able to work – SKIP to Statement D, page 56</div>
<div>c. Is . . . now able to do the same kind of work . . . did before . . .’s work limitation began?</div>	<div>8346</div> <div>1 <input type="checkbox"/> Yes, able to do same kind of work</div> <div>2 <input type="checkbox"/> No, not able to do same kind of work</div> <div>3 <input type="checkbox"/> Did not work before limitation began</div>
<div>NOTES</div>	

Section 5 – TOPICAL MODULES (Continued)			
Part B – EDUCATION AND TRAINING HISTORY			
STATEMENT D		Now I would like to ask you a few questions about . . .’s education and any work training . . . may have received.	
CHECK ITEM T6	Refer to cc items 31b and 31c. Has . . . completed the 12th grade?	8400	1 <input type="checkbox"/> No, has not completed 12th grade 2 <input type="checkbox"/> Yes, has completed 12th grade – SKIP to Item 3a
1. When did . . . last attend elementary or high school?		8402	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8404</div> <div>19<div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div> <div>8406</div> <div>1 <input type="checkbox"/> Curently attending – SKIP to Check Item T10 page 59</div> <div>2 <input type="checkbox"/> Never attended</div>
2. Has . . . received a high school diploma? (Include GED’s.)		8408	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9
3a. When did . . . receive a high school diploma?		8410	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8412</div> <div>19<div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>
b. Was the high school that . . . attended public; private, church-related; or private, not church-related?		8414	1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private, church-related 3 <input type="checkbox"/> Private, not church-related 4 <input type="checkbox"/> Did not attend high school x1 <input type="checkbox"/> DK
CHECK ITEM T7	Refer to cc item 31b. Was . . .’s highest grade attended at least one year of college? (Codes 21–26 in cc item 31b)	8416	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9
4a. When did . . . first attend college, a university, or a technical, business, or vocational school beyond high school?		8418	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8420</div> <div>19<div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>
b. What is the highest degree beyond a high school diploma that . . . has earned?		8422	1 <input type="checkbox"/> PhD or equivalent 2 <input type="checkbox"/> Professional degree such as Dentistry, Medicine, Law, or Theology 3 <input type="checkbox"/> Master’s degree 4 <input type="checkbox"/> Bachelor’s degree 5 <input type="checkbox"/> Associate degree 6 <input type="checkbox"/> Vocational, technical, or business certificate or diploma 7 <input type="checkbox"/> Has not earned a degree x1 <input type="checkbox"/> DK } SKIP to 4f
c. When did . . . receive that degree?		8424	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8426</div> <div>19<div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>
(SHOW FLASHCARD FF)		CodeField of study	
d. In what field of study did . . . receive that degree?		8428	<div><div></div><div></div></div> <div>x1 <input type="checkbox"/> DK</div>
CHECK ITEM T8	Refer to item 4b above. Did . . . receive a degree higher than a Bachelor’s degree? (Box 1, 2, or 3 marked in item 4b.)	8430	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9
4e. When did . . . receive his/her Bachelor’s degree?		8432	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8434</div> <div>19<div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div> } SKIP to Check Item T9
(SHOW FLASHCARD FF)		CodeField of study	
f. In what field of study were the courses that . . . took at college or university?		8436	<div><div></div><div></div></div> <div>x1 <input type="checkbox"/> DK</div>
g. When was the last time that . . . was a student at a college or university?		8438	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8440</div> <div>19<div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div> <div>OR</div> <div>8442</div> <div>1 <input type="checkbox"/> Is still a student</div>

Section 5 – TOPICAL MODULES (Continued)			
Part B – EDUCATION AND TRAINING HISTORY (Continued)			
CHECK ITEM T9	Refer to cc item 24. Is . . . 65 years of age or older?	8444	1 <input type="checkbox"/> Yes – SKIP to Check Item T10, page 59 2 <input type="checkbox"/> No
5a. Has . . . ever received training designed to help find a job, improve job skills or learn a new job?		8446	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T10, page 59
b. Was any of this training sponsored by any of the following programs (Read categories)? Mark (X) all that apply.		8448	1 <input type="checkbox"/> Job Training Partnership Act (JTPA) or Comprehensive Employment Training Act (CETA)
		8450	2 <input type="checkbox"/> Job Opportunities and Basic Skills (JOBS) or Work Incentive Program (WIN)
		8452	3 <input type="checkbox"/> Food Stamps Work Program
		8454	4 <input type="checkbox"/> Other program sponsored by the Welfare Program or AFDC
		8456	5 <input type="checkbox"/> Veterans’ Training Programs
		8458	6 <input type="checkbox"/> No
c. What type of training program is (was) this? Mark (X) all that apply.		8460	1 <input type="checkbox"/> Classroom training – job skills
		8462	2 <input type="checkbox"/> Classroom training – basic education
		8464	3 <input type="checkbox"/> On-the-job training
		8466	4 <input type="checkbox"/> Job search assistance
		8468	5 <input type="checkbox"/> Work experience
		8470	6 <input type="checkbox"/> Other
d. Where did . . . receive this training? Mark (X) all that apply.		8472	1 <input type="checkbox"/> Apprenticeship program
		8474	2 <input type="checkbox"/> Business, commercial, or vocational school
		8476	3 <input type="checkbox"/> Junior or community college
		8478	4 <input type="checkbox"/> Program completed at a 4 year college or graduate school
		8480	5 <input type="checkbox"/> High school vocational program
		8482	6 <input type="checkbox"/> Training program at work
		8484	7 <input type="checkbox"/> Military (exclude basic training)
		8486	8 <input type="checkbox"/> Correspondence course
		8488	9 <input type="checkbox"/> Training or experience received on previous job
		8490	10 <input type="checkbox"/> Sheltered workshop
		8492	11 <input type="checkbox"/> Vocational rehabilitation centers
		8494	12 <input type="checkbox"/> Other
e. Does . . . use this training on . . .’s (most recent) job?		8496	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. When did . . . start this (most recent) training? (If more than one training occurred, ask about the most recent one.)		8498	<div><div></div><div></div></div> Month x1 <input type="checkbox"/> DK
		8500	<div>19<div></div><div></div></div> Year x1 <input type="checkbox"/> DK
g. For how many weeks did . . . attend this (most recent) training program?		8502	<div><div></div><div></div><div></div></div> Weeks
		8504	x3 <input type="checkbox"/> Currently attending x4 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK
h. Who paid for this (most recent) program? Mark (X) all that apply.		8506	1 <input type="checkbox"/> Self or family
		8508	2 <input type="checkbox"/> Employer
		8510	3 <input type="checkbox"/> Federal, State, or local government
		8512	4 <input type="checkbox"/> Someone else
GO to Check Item T10, page 59			
NOTES			



NOTES

Section 5 – TOPICAL MODULES (Continued)			
Part C – MARITAL HISTORY			
CHECK ITEM T10	Refer to cc item 26a. What is . . .’s current marital status?	8600	1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married – SKIP to Statement F, page 61
STATEMENT E ➡ Now I have a few questions about . . .’s marital history.			
1. How many times has . . . been married?		8602	1 <input type="checkbox"/> 1 – SKIP to Check Item T14, page 60 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 +
2a. In what month and year did . . . get married for the first time?		8604	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8606</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>
b. Did . . .’s first marriage end in widowhood or in divorce?		8608	1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
c. In what month and year was . . . (widowed/divorced)?		8610	<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>
CHECK ITEM T11	Refer to item 2b above. Is "Widowhood" marked in item 2b?	8614	1 <input type="checkbox"/> Yes – SKIP to Check Item T12 2 <input type="checkbox"/> No
2d. In what month and year did . . . actually stop living with . . .’s spouse?		8616	<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>
CHECK ITEM T12	Refer to item 1 above. How many times has . . . been married?	8620	1 <input type="checkbox"/> 2 – SKIP to Check Item T14, page 60 2 <input type="checkbox"/> 3 +
3a. In what month and year did . . . get married for the second time?		8622	<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>
b. Did . . .’s second marriage end in widowhood or in divorce?		8626	1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
c. In what month and year was . . . (widowed/divorced)?		8628	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8630</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>
CHECK ITEM T13	Refer to item 3b above. Is "Widowhood" marked?	8632	1 <input type="checkbox"/> Yes – SKIP to Check Item T14, page 60 2 <input type="checkbox"/> No
3d. In what month and year did . . . actually stop living with . . .’s second spouse?		8634	<div><div></div><div></div>Month</div> <div>x1 <input type="checkbox"/> DK</div> <div>8636</div> <div><div>1</div><div>9</div><div></div><div></div>Year</div> <div>x1 <input type="checkbox"/> DK</div>
NOTES			

Section 5 – TOPICAL MODULES (Continued)									
Part C – MARITAL HISTORY (Continued)									
CHECK ITEM T14	Has a Wave 2 interview been obtained for . . .’s spouse?				8638	1 <input type="checkbox"/> Yes – SKIP to Statement F 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, no spouse in household			
4a. In what month and year did . . . get married (most recently)?					8640	<input type="text"/> <input type="text"/>	Month		x1 <input type="checkbox"/> DK
					8642	1	9	<input type="text"/> <input type="text"/>	Year x1 <input type="checkbox"/> DK
CHECK ITEM T15	Refer to Check Item T10. What is . . .’s current marital status?				8644	1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated – SKIP to item 4c			
4b. In what month and year was . . . (widowed/divorced)?					8646	<input type="text"/> <input type="text"/>	Month		x1 <input type="checkbox"/> DK
					8648	1	9	<input type="text"/> <input type="text"/>	Year x1 <input type="checkbox"/> DK
CHECK ITEM T16	Refer to Check Item T15. Is "Widowed" marked?				8650	1 <input type="checkbox"/> Yes – SKIP to Statement F 2 <input type="checkbox"/> No			
4c. When did . . . actually stop living with . . .’s (most recent) spouse?					8652	<input type="text"/> <input type="text"/>	Month		x1 <input type="checkbox"/> DK
					8654	1	9	<input type="text"/> <input type="text"/>	Year x1 <input type="checkbox"/> DK
GO to Statement F									
NOTES									

Section 5 – TOPICAL MODULES (Continued)	
Part D – MIGRATORY HISTORY	
<div>STATEMENT F</div> <div>Now I have some questions about places where . . . has lived in the past, and where . . . was born.</div>	
1. When did . . . move into this home/apartment/mobile home?	<div>8700<div>Month</div><div>x1 <input type="checkbox"/> DK</div></div> <div>8702<div>19<div>Year</div></div><div>x1 <input type="checkbox"/> DK</div></div> <div><div>x4 <input type="checkbox"/> Always lived here – SKIP to Check Item T18, page 62</div></div>
2. Before living here, where did . . . live? (Refer to Flashcard GG for State or country code.)	<div>8704<div>1 <input type="checkbox"/> Same State, same county</div><div>2 <input type="checkbox"/> Same State, different county</div><div><input type="checkbox"/> Different State – Specify code</div></div> <div>8706<div><div>x1 <input type="checkbox"/> DK</div></div><div><input type="checkbox"/> Different country – Specify code</div></div> <div>8708<div><div>x1 <input type="checkbox"/> DK</div></div><div>SKIP to Item 6</div></div>
3. During what period of time did . . . live there?	<div>8709<div><div>x4 <input type="checkbox"/> Lived there since birth – SKIP to Check Item T18, page 62</div></div></div> <div>FROM</div> <div>8710<div>Month</div><div>x1 <input type="checkbox"/> DK</div></div> <div>8712<div>19<div>Year</div></div><div>x1 <input type="checkbox"/> DK</div></div> <div>TO</div> <div>8714<div>Month</div><div>x1 <input type="checkbox"/> DK</div></div> <div>8716<div>19<div>Year</div></div><div>x1 <input type="checkbox"/> DK</div></div>
4. Has . . . ever lived in another State or foreign country?	<div>8718<div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – SKIP to item 7</div></div>
5. What State or foreign country was that? (If more than one, ask for most recent.) (Enter code from Flashcard GG.)	<div>Specify code</div> <div>8720<div><div>x1 <input type="checkbox"/> DK</div></div></div>
6. During what period of time did . . . live there?	<div>FROM</div> <div>8722<div>Month</div><div>x1 <input type="checkbox"/> DK</div></div> <div>8724<div>19<div>Year</div></div><div>x1 <input type="checkbox"/> DK</div></div> <div>TO</div> <div>8726<div>Month</div><div>x1 <input type="checkbox"/> DK</div></div> <div>8728<div>19<div>Year</div></div><div>x1 <input type="checkbox"/> DK</div></div>
7. In what State or foreign country was . . . born? (Enter code from Flashcard GG.)	<div>Specify code</div> <div>8730<div></div></div>
<div>CHECK ITEM T17</div> <div>Refer to item 7 above. Does the code in item 7 equal a foreign country code of 62–92 or 99?</div>	<div>8732<div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – SKIP to Check Item T18, page 62</div></div>
8. Is . . . a naturalized citizen of the United States?	<div>8734<div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> No, born abroad of American parent or parents – SKIP to Check Item T18, page 62</div></div>
9. When did . . . come to the United States to stay?	<div>8736<div>19<div>Year</div></div><div>x5 <input type="checkbox"/> Before 1901</div></div>
NOTES	

Section 5 – TOPICAL MODULES (Continued)			
Part E – FERTILITY HISTORY			
CHECK ITEM T18	Refer to cc item 24 and 28. What is . . . 's age and sex?	8750	1 <input type="checkbox"/> Female – Read Statement G and then SKIP to item 2a 2 <input type="checkbox"/> Male, 18 + years old 3 <input type="checkbox"/> Male, 15–17 years old – SKIP to Check Item T26, page 64
STATEMENT G Now I have a few questions about the number of children, if any, that have been born to . . .			
1. How many children, IF ANY, is . . . the father of? (If previously married, include all children born in previous and current marriages. Do not count adopted, foster, or stepchildren.)		8752	<div><div><div></div><div></div></div>Number x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</div> <div>SKIP to Check Item T26, page 64</div>
2a. How many children, if any, has . . . ever had? (Do not count stillbirths, adopted, foster, or stepchildren.)		8754	<div><div><div></div><div></div></div>Number x3 <input type="checkbox"/> None – SKIP to Check Item T26, page 64</div>
CHECK ITEM T19	Refer to cc item 24. Is . . . 65 years of age or older?	8756	1 <input type="checkbox"/> Yes – SKIP to Check Item T26, page 64 2 <input type="checkbox"/> No
2b. Are all of . . . 's children currently living in this household?		8758	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T21
CHECK ITEM T20	Refer to cc item 24.  Verify the birth date of . . . 's first born and last child born (if more than one child ever born) and enter the person number of the child(ren).  Note: If only 1 child born, use the boxes for first child. Use the last child boxes only when there are 2 or more children.	<div><div><div>First child</div><div>8760</div><div><div></div><div></div></div>Month 8762<div><div></div><div></div></div>Year 8764<div><div></div><div></div><div></div></div>Child's number</div><div><div>Last child</div><div>8766</div><div><div></div><div></div></div>Month 8768<div><div></div><div></div></div>Year 8770<div><div></div><div></div><div></div></div>Child's number</div><div>SKIP to Check Item T26, Page 64</div></div>	
CHECK ITEM T21	Refer to item 2a. How many children has . . . ever had?	8778	1 <input type="checkbox"/> One child –SKIP to 4a 2 <input type="checkbox"/> 2 + children
3a. When was . . . 's last child born?		8780	<div><div><div></div><div></div></div>Month x1 <input type="checkbox"/> DK</div> <div>8782<div><div>1</div><div>9</div><div></div><div></div></div>Year x1 <input type="checkbox"/> DK</div>
CHECK ITEM T22	Refer to item 3a. Was . . . 's last child born on or after January 1, 1970?	8784	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a
ASK OR VERIFY – 3b. With whom does the child live now?		8786	<div><div>1 <input type="checkbox"/> Resides in this household – Go to Check Item T23</div><div>Resides elsewhere</div><div>2 <input type="checkbox"/> In his/her own household</div><div>With relatives</div><div>3 <input type="checkbox"/> With own father</div><div>4 <input type="checkbox"/> With own grandparent(s)</div><div>5 <input type="checkbox"/> With adoptive parent(s)</div><div>6 <input type="checkbox"/> With other relative(s)</div><div>With nonrelatives</div><div>7 <input type="checkbox"/> In foster care/foster family</div><div>8 <input type="checkbox"/> In an institution (hospital)</div><div>9 <input type="checkbox"/> In school</div><div>10 <input type="checkbox"/> In correctional facility</div><div>11 <input type="checkbox"/> Other</div><div>12 <input type="checkbox"/> Deceased</div><div>13 <input type="checkbox"/> DK</div><div>SKIP to 4a</div></div>
CHECK ITEM T23	Write the person number of the last child.	8788	<div><div><div></div><div></div><div></div></div>Person number of last child</div>

Section 5 – TOPICAL MODULES (Continued)			
Part E – FERTILITY HISTORY (Continued)			
4a. When was . . .’s first child born?		8792	<div><div></div><div></div></div> Month x1 <input type="checkbox"/> DK
		8794	<div>19</div> Year x1 <input type="checkbox"/> DK
CHECK ITEM T24	Refer to item 4a. Was . . .’s first child born on or after January 1, 1970?	8796	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T26, page 64
ASK OR VERIFY – 4b. With whom does the child live now?		8798	<div>1 <input type="checkbox"/> Resides in this household – Go to Check Item T25</div> <div><div>Resides elsewhere</div><div>2 <input type="checkbox"/> In his/her own household</div><div>With relatives</div><div>3 <input type="checkbox"/> With own father</div><div>4 <input type="checkbox"/> With own grandparent(s)</div><div>5 <input type="checkbox"/> With adoptive parent(s)</div><div>6 <input type="checkbox"/> With other relative(s)</div><div>With nonrelatives</div><div>7 <input type="checkbox"/> In foster care/foster family</div><div>8 <input type="checkbox"/> In an institution (hospital)</div><div>9 <input type="checkbox"/> In school</div><div>10 <input type="checkbox"/> In correctional facility</div><div>11 <input type="checkbox"/> Other</div><div>12 <input type="checkbox"/> Deceased</div><div>13 <input type="checkbox"/> DK</div></div> <div>SKIP to Check Item T26, page 64</div>
CHECK ITEM T25	Write the person number of the first child.	8800	<div><div></div><div></div><div></div></div> Person number of first child
NOTES			

Section 5 – TOPICAL MODULES (Continued)

Part F – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T26

What is the composition of this household?

9266

1 ☐ One person HH . . . . .

2 ☐ Two person HH consisting of husband and wife

3 ☐ Two person HH consisting of non-relatives

4 ☐ Other

SKIP to Check Item C1, page 67

CHECK ITEM T27

Is this the Reference Person’s questionnaire?

9268

1 ☐ Yes

2 ☐ No – SKIP to Check Item C1, page 67

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

AT TIME OF INTERVIEW

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

STATEMENT H

Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate.

For each person number listed on the left side of this page, ask question 1 and enter codes from Flashcard HH.

ASK OR VERIFY –

1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a–n)?

ROSTER

	Name	Name	Name	Name	Name	Name
	9272 a.	9274 b.	9276 c.	9278 d.	9280 e.	9282 f.
	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
9300						
9330						
9360						
9390						
9420						
9450						
9480						
9510						
9540						
9570						
9600						
9630						
9660						
9690						

GO to Check Item C1, page 67

Page 64

FORM SIPP-13200 (11-12-92)

Section 5 – TOPICAL MODULES (Continued)							
Part F – HOUSEHOLD RELATIONSHIPS (Continued)							
NOTES							
Name	Name	Name	Name	Name	Name	Name	Name
9284 Person No. <div></div>	9286 Person No. <div></div>	9288 Person No. <div></div>	9290 Person No. <div></div>	9292 Person No. <div></div>	9294 Person No. <div></div>	9296 Person No. <div></div>	9298 Person No. <div></div>
9524							
9554	9556						
9584	9586	9588					
9614	9616	9618	9620				
9644	9646	9648	9650	9652			
9674	9676	9678	9680	9682	9684		
9704	9706	9708	9710	9712	9714	9716	



NOTES

CALLBACK SUMMARY									
<b>CHECK ITEM C1</b>		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></div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div>						
<input type="checkbox"/>	2. Medicare claim number (Item 23b, page 8)		<div><div>5002</div><div><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></div> - <div>5005</div><div><div></div><div></div></div></div>						
<input type="checkbox"/>	3. EMPLOYER  a. Employer #1 (Item 8a, page 17)  What was the total amount of pay received before deductions on this job in . . . ?		<div><div>5006</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5008</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5010</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5012</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div>						
<input type="checkbox"/>	b. Employer #2 (Item 16a, page 19)  What was the total amount of pay received before deductions on this job in . . . ?		<div><div>5014</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5016</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5018</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5020</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div>						
<input type="checkbox"/>	4. SELF-EMPLOYMENT  a. Self-employment #1 (Item 7, page 21)  What was the total amount of income received from this business in . . . ?		<div><div>5022</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5024</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5026</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5028</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div>						
<input type="checkbox"/>	b. Self-employment #2 (Item 18, page 23)  What was the total amount of income received from this business in . . . ?		<div><div>5030</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5032</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5034</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div> <div><div>5036</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div>						
<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 48)		<div>Amounts for the period – <div><div></div><div></div></div> through <div><div></div><div></div></div></div> <div><div>5038</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>						
<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 48)		<div><div>5040</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>						
<input type="checkbox"/>	7. What was the average amount in money market funds/securities/bonds held jointly by husband and wife? (Item 2c, page 49)		<div><div>5042</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>						
<input type="checkbox"/>	8. What was the average amount in money market funds/securities/bonds in own name? (Item 3c, page 49)		<div><div>5044</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>						
<input type="checkbox"/>	9. What was the amount received in dividends jointly by husband and wife? (Item 1b, page 50)		<div><div>5048</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div>						
<input type="checkbox"/>	10. What was the amount received in dividends in own name? (Item 2a, page 50)		<div><div>5050</div><div>\$</div><div><div></div><div></div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None</div>						
<b>CHECK ITEM C2</b>		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					

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

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

LABOR FORCE AND RECIPIENCY	PRE-INTERVIEW TRANSCRIPTION ITEMS	
	Fill the following items with a red pencil.	
	Item	Page
	11a, Start time (Cover Page) . . . . .	1
	2–4, 5b, 5c, 6 . . . . .	1
	Check Item N1 . . . . .	1
	Check Item R6 . . . . .	4
	Income Roster, 11b, columns (2) and (3) . . . . .	5
	Check Item R7 . . . . .	4
	Asset Roster, 28b, columns (2) and (3) . . . . .	12
EARNINGS AND EMPLOYMENT	Check Item R31 . . . . .	12
	Check Item T1 . . . . .	54
	Check Item T18 . . . . .	62
	Household members’ names and person numbers in roster and columns (on reference person’s questionnaire) . . . . .	64, 65
AMOUNTS – PART A	11a, Finish time (Cover Page) . . . . .	1
AMOUNTS – PARTS B & C		
AMOUNTS – PARTS D & E		
PROGRAM QUESTIONS		
TOPICAL MODULES		
CALLBACK SUMMARY		