FORM **SIPP-13400**
(7-27-93)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SURVEY OF INCOME AND PROGRAM PARTICIPATION

1993 PANEL

WAVE 4 QUESTIONNAIRE

PGM 6

1. Book _____ of _____

2. *(cc 1)* R.O. code

3a. *(cc 2)* PSU Segment Serial Sample Check digit **1** **3**

b. *(cc 3)* Add. ID

4. *(cc 17)*
a. Entry Add. ID
b. PERSON Number *(cc 18)*
c. Name *(cc 19a)* First Middle initial

5. PERSON CHARACTERISTICS – *Fill a, b, c, and d using the control card*
a. Relationship code *(cc 19b)*
b. Date of birth *(cc 24)* Month Day Year
c. Sex code *(cc 28)*
d. Marital status code *(cc 26a)*

6. Field representative identification
Code Name

7. PERSON INTERVIEW STATUS
a. Interview
1 ☐ Self
2 ☐ Proxy _____ *(Enter person number)* ⟶ } SKIP to 8

b. Noninterview
1 ☐ Type Z refusal   2 ☐ Type Z other

8. Date of interview for this person
☐☐ Month ☐☐ Day } *Fill start time in item 9a, then go to Introduction*

9a. Interview time for this person

	Initial visit	Callback visit
Start time ⟶	a.m. / p.m.	a.m. / p.m.
Finish time ⟶	a.m. / p.m.	a.m. / p.m.

b. Total interview time for this person ☐☐☐ Minutes

10a. Field representative edit time
Start time ⟶ a.m. / p.m.
Finish time ⟶ a.m. / p.m.
b. Total edit time ☐☐☐ Minutes

11a. Pre-interview transcription time
Start time ⟶ a.m. / p.m.
Finish time ⟶ a.m. / p.m.
b. Total pre-interview time for transcription ☐☐☐ Minutes

12. 1 ☐ Phone interview   2 ☐ Personal interview

INTRODUCTION

FIELD REPRESENTATIVE INSTRUCTIONS – Read introduction once to each respondent.

(As I described during the last interview,) This survey is about the economic situation of people living in the United States. Most of the questions will be about . . .'s activities during _____ , _____ , _____ , **and** _____ .

Do you have the flashcard pamphlet that we included with the letter? *(Allow time for respondent to locate pamphlet.)* **Please look at Card J. Card J is a calendar that shows the 4 months we will be talking about. This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.**

We need the most accurate and complete information possible. Please think carefully about each question, search your memory, and take your time in answering. For some of the questions, it will help to look up the answers by checking whatever records you have available. *(GO TO CHECK ITEM N1.)*

CHECK ITEM N1 Does . . .'s person number begin with a "4"?
PGM 7
0900 1 ☐ Yes
2 ☐ No – *SKIP to section 1, item 1, page 2*

CHECK ITEM N2 Was . . . missed when household members were listed for Wave 1?
0901 1 ☐ Yes – *SKIP to section 1, item 1, page 2*
2 ☐ No

13a. On March 31, 1993, was . . . living in an Armed Forces barracks, outside the United States, or in a nonhousehold setting?
0914 1 ☐ Yes
2 ☐ No – *SKIP to section 1, item 1, page 2*
x1 ☐ DK
x2 ☐ Ref. } *SKIP to section 1, item 1, page 2*

ASK OR VERIFY –
b. Which kind of place?
0916 1 ☐ Armed Forces barracks   3 ☐ Nonhousehold setting
2 ☐ Outside the United States

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY

1. During the 4-month period outlined on the calendar, that is, from *(4 months ago)* **through** *(Last month)*, **did . . . have a job or business, either full time or part time, even for only a few days?**

Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

`PGM 7`
`1000` 1 ☐ Yes – *Mark "Worked" (code 170) on ISS and SKIP to 4*
2 ☐ No

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

`1002` 1 ☐ Yes
2 ☐ No – *SKIP to 3a*

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

Mark (X) all that apply.

`1004` X5 ☐ ALL

`1006`	☐ 1	`1018`	☐ 7	`1030`	☐ 13
`1008`	☐ 2	`1020`	☐ 8	`1032`	☐ 14
`1010`	☐ 3	`1022`	☐ 9	`1034`	☐ 15
`1012`	☐ 4	`1024`	☐ 10	`1036`	☐ 16
`1014`	☐ 5	`1026`	☐ 11	`1038`	☐ 17
`1016`	☐ 6	`1028`	☐ 12	`1040`	☐ 18

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

`1042` 1 ☐ Yes – *SKIP to 3a*
2 ☐ No

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

Mark (X) only one.

`1044` 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other – *Specify* ⤶

_____

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

`1046` 1 ☐ Yes – *Mark "55" on ISS*
2 ☐ No – *SKIP to Check Item R2*

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

Mark (X) all that apply.

`1048` 1 ☐ Last month
`1050` 2 ☐ 2 months ago
`1052` 3 ☐ 3 months ago
`1054` 4 ☐ 4 months ago

CHECK ITEM R2

Refer to item 2a above.
Did . . . spend any time looking for work or on layoff from a job?

`1055` 1 ☐ Yes – *SKIP to 9a, page 4*
2 ☐ No – *SKIP to Check Item R6, page 4*

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

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

`1056` 1 ☐ Yes
2 ☐ No – *SKIP to 6a*

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

`1058` 1 ☐ Yes
2 ☐ No – *SKIP to 8a, page 4*

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

Mark (X) all that apply.

`1060` X5 ☐ ALL

`1062`	☐ 1	`1074`	☐ 7	`1086`	☐ 13
`1064`	☐ 2	`1076`	☐ 8	`1088`	☐ 14
`1066`	☐ 3	`1078`	☐ 9	`1090`	☐ 15
`1068`	☐ 4	`1080`	☐ 10	`1092`	☐ 16
`1070`	☐ 5	`1082`	☐ 11	`1094`	☐ 17
`1072`	☐ 6	`1084`	☐ 12	`1096`	☐ 18

c. What was the main reason . . . was absent without pay from . . .'s job or business during those weeks?

Mark (X) only one.

`1098` 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other – *Specify* ⤶

} *SKIP to 8a, page 4*

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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	☐ 1	1112	☐ 7	1124	☐ 13
1102	☐ 2	1114	☐ 8	1126	☐ 14
1104	☐ 3	1116	☐ 9	1128	☐ 15
1106	☐ 4	1118	☐ 10	1130	☐ 16
1108	☐ 5	1120	☐ 11	1132	☐ 17
1110	☐ 6	1122	☐ 12	1134	☐ 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	☐ 1	1150	☐ 7	1162	☐ 13
1140	☐ 2	1152	☐ 8	1164	☐ 14
1142	☐ 3	1154	☐ 9	1166	☐ 15
1144	☐ 4	1156	☐ 10	1168	☐ 16
1146	☐ 5	1158	☐ 11	1170	☐ 17
1148	☐ 6	1160	☐ 12	1172	☐ 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   x5 ☐ All weeks without a job

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

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

1216   ₁ ☐ Yes – *SKIP to 7e*
      ₂ ☐ No

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

Mark (X) only one.

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

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

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

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

Mark (X) all that apply.

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

NOTES

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

`1230` ☐☐ Hours per week

x3 ☐ None ⎤
x1 ☐ DK ⎦ *SKIP to Check Item R4*

CHECK ITEM R3

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

`1231` 1 ☐ Yes
2 ☐ No – *SKIP to 8c*

8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.

`1232` 1 ☐ Yes
2 ☐ No – *SKIP to Check Item R4*

c. How many weeks did . . . work fewer than 35 hours in the months of *(Read each month)*?

`1233` x5 ☐ All weeks

`1234` ☐ Weeks last month

`1235` ☐ Weeks 2 months ago

`1236` ☐ Weeks 3 months ago

`1237` ☐ Weeks 4 months ago

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

Mark (X) only one.

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

_____

CHECK ITEM R4

Refer to item 5a, page 2.
(Absent without pay any full weeks.)
The response to item 5a is:

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

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

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

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

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

CHECK ITEM R5

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

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

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

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

CHECK ITEM R6

Refer to cc items 44–47.
Was an interview obtained for . . . last reference period?

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

CHECK ITEM R7

Refer to item 11b, page 5.
Are any income types listed in the Income Roster?

`1250` 1 ☐ Yes
2 ☐ No – *SKIP to 12a*

NOTES

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

At any time during the past 4 months, that is _____ , _____ , _____ , and _____ , did . . . get income from *(Read income types in item 11b, column (2))***?**

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

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.*

b. INCOME ROSTER (ISS CODES 1–56)

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	(5)
1		1252	1254 1☐ Yes – *Mark ISS* 2☐ No – *Fill col. (5)*	1255 ☐☐ Month last rec'd x3 ☐ Never received
2		1256	1258 1☐ Yes – *Mark ISS* 2☐ No – *Fill col. (5)*	1259 ☐☐ Month last rec'd x3 ☐ Never received
3		1260	1262 1☐ Yes – *Mark ISS* 2☐ No – *Fill col. (5)*	1263 ☐☐ Month last rec'd x3 ☐ Never received
4		1264	1266 1☐ Yes – *Mark ISS* 2☐ No – *Fill col. (5)*	1267 ☐☐ Month last rec'd x3 ☐ Never received
5		1268	1270 1☐ Yes – *Mark ISS* 2☐ No – *Fill col. (5)*	1271 ☐☐ Month last rec'd x3 ☐ Never received
6		1272	1274 1☐ Yes – *Mark ISS* 2☐ No – *Fill col. (5)*	1275 ☐☐ Month last rec'd x3 ☐ Never received
7		1276	1278 1☐ Yes – *Mark ISS* 2☐ No – *Fill col. (5)*	1279 ☐☐ Month last rec'd x3 ☐ Never received
8		1280	1282 1☐ Yes – *Mark ISS* 2☐ No – *Fill col. (5)*	1283 ☐☐ Month last rec'd x3 ☐ Never received

12a. **At any time during this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?**

1284   1☐ Yes
 2☐ No – *SKIP to 13a*

b. **What was it called?**

Anything else?

Mark (X) all that apply.

1286   1☐ Social Security – *Mark "1" on ISS*
1288   2☐ Federal Supplemental Security Income (Federal SSI) – *Mark "3" on ISS*
1290   3☐ A serviceman's or widow's pension from the Department of Veterans Affairs (VA) – *Mark "8" on ISS*
1292   4☐ Anything else – *Mark appropriate code on ISS and specify* ⤵
1294   ☐☐

13a. **At any time during this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?**

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

b. **What was the source of this income?**

Anything else?

Mark (X) all that apply.

1298   1☐ U.S. Government Railroad Retirement – *Mark "2" on ISS*
1300   2☐ Black Lung payments – *Mark "9" on ISS*
1302   3☐ Workers' Compensation – *Mark "10" on ISS*
1304   4☐ Payments from a sickness, accident or disability insurance policy purchased on your own – *Mark "13" on ISS*
1306   5☐ Pension from company or union (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   ☐☐

CHECK ITEM R8   *Refer to cc item 47.* Is "Medicare" (code 172) marked for . . . ?

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 . . .?	1326	1 ☐ Yes – *Mark "171" on ISS and SKIP to 23a, page 8* 2 ☐ No
CHECK ITEM R10	*Refer to cc item 24.* Is . . . 65 years of age or older?	1328	1 ☐ Yes – *SKIP to 23a, page 8* 2 ☐ 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.)*	1330	1 ☐ Yes 2 ☐ No – *SKIP to Check Item R12*

14a. How long did . . . serve on active duty in the Armed Forces?

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

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

1334
1 ☐ Yes
2 ☐ No } *SKIP to 14d*
x1 ☐ DK

c. What is . . .'s VA percent disability rating?
Use the following probe if needed: **(Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)**

1336 ☐☐☐ Percent
x3 ☐ 0%
x1 ☐ DK
x2 ☐ Ref.

} *Mark "200" on ISS if rating is 100%; otherwise, mark "201"*

101 ☐ No rating

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.)

1338
1 ☐ Yes – *Mark "8" on ISS*
2 ☐ No

CHECK ITEM R12	*Refer to cc item 24.* Is . . . 18 years of age or older?	1340	1 ☐ Yes 2 ☐ No – *SKIP to 18a*

15a. During this 4-month period, did . . . receive any Social Security payments?

1342
1 ☐ Yes – *Mark "1" on ISS*
2 ☐ 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.

1344
1 ☐ **Retired?**
2 ☐ **Disabled?**
3 ☐ **Widowed or surviving child?**
4 ☐ **Spouse or dependent child?**
5 ☐ Some other reason } *SKIP to 16a*
x1 ☐ DK

c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?

1346
1 ☐ Retired
2 ☐ Disabled
3 ☐ Widowed or surviving child
4 ☐ Spouse or dependent child
5 ☐ No other reason
x1 ☐ DK

CHECK ITEM R13	*Refer to item 15b and 15c above.* Is "Disabled" (box 2) marked in either item?	1348	1 ☐ Yes 2 ☐ No – *SKIP to 16a*

15d. At what age did . . . begin receiving Social Security because of (his/her) disability?

1349 ☐☐ Age in years
x1 ☐ DK
x2 ☐ Ref.

} *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?	1350	1 ☐ Yes 2 ☐ No – *SKIP to 16a*

15e. During the 4-month period, did . . . receive any Social Security payments especially for . . .'s children (under 18)?

1352
1 ☐ Yes – *Mark "1" on ISS*
2 ☐ 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?

1354
1 ☐ Yes – *Mark "3" on ISS*
2 ☐ No – *SKIP to Check Item R15*

b. Who received the SSI (Supplemental Security Income) payment?
Mark (X) only one.

1355
1 ☐ Adult(s)
2 ☐ Child(ren)
3 ☐ Both adult(s) and child(ren)

c. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?

1356
1 ☐ Yes – *Mark "4" on ISS*
2 ☐ No

CHECK ITEM R15	*Refer to cc item 24.* Is . . . 40 years of age or older?	1358	1 ☐ Yes 2 ☐ No – *SKIP to 18a*

17a. Has . . . ever retired from a job or business? (Include retirement from the military.)

`1360` 1 ☐ Yes
2 ☐ No – *SKIP to Check Item R16*

b. During the 4-month period, did . . . receive any retirement income other than Social Security?

`1362` 1 ☐ Yes
2 ☐ No – *SKIP to 17d*

c. What kind of retirement income?

Anything else?

Mark (X) all that apply.

`1364` 1 ☐ U.S. Government Railroad Retirement – *Mark "2" on ISS*
`1366` 2 ☐ Pension from company or union (including income from profit sharing plans) – *Mark "30" on ISS*
`1368` 3 ☐ Federal Civil Service or other Federal civilian employee pension – *Mark "31" on ISS*
`1370` 4 ☐ U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – *Mark "32" on ISS*
`1372` 5 ☐ National Guard or Reserve Forces retirement – *Mark "33" on ISS*
`1374` 6 ☐ State government pension – *Mark "34" on ISS*
`1376` 7 ☐ Local government pension – *Mark "35" on ISS*
`1378` 8 ☐ 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?

`1382` 1 ☐ Yes – *Mark "36" on ISS*
2 ☐ No

CHECK ITEM R16   *Refer to cc item 24.*
Is . . . 70 years of age or older?

`1384` 1 ☐ Yes – *SKIP to Check Item R17*
2 ☐ No

18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?

`1386` 1 ☐ Yes – *Mark "171" on ISS*
2 ☐ 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?)

`1388` 1 ☐ Yes
2 ☐ No ⎤ *SKIP to Check Item R17*
X1 ☐ DK ⎦

c. What kind of income?

Anything else?

Mark (X) all that apply.

`1390` 1 ☐ U.S. Government Railroad Retirement – *Mark "2" on ISS*
`1392` 2 ☐ Black Lung payments – *Mark "9" on ISS*
`1394` 3 ☐ Workers' Compensation – *Mark "10" on ISS*
`1396` 4 ☐ Payments from a sickness, accident, or disability insurance policy purchased on your own – *Mark "13" on ISS*
`1398` 5 ☐ Pension from company or union (including income from profit-sharing plans) – *Mark "30" on ISS*
`1400` 6 ☐ Federal Civil Service or other Federal civilian employee pension – *Mark "31" on ISS*
`1402` 7 ☐ U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – *Mark "32" on ISS*
`1406` 8 ☐ State government pension – *Mark "34" on ISS*
`1408` 9 ☐ Local government pension – *Mark "35" on ISS*
`1410` 10 ☐ Other or DK – *Specify and enter code from income source list. If income type not listed or "DK," enter code "38"* – *Mark ISS*

`1412` ☐☐☐

CHECK ITEM R17   *Refer to cc item 26a.*
What is . . .'s marital status?

`1414` 1 ☐ Married – *SKIP to 20*
2 ☐ Widowed – *SKIP to 22a, page 8*
3 ☐ Divorced
4 ☐ Separated
5 ☐ Never married – *SKIP to Check Item R18, page 8*

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

`1416` 1 ☐ Yes – *Mark "29" on ISS and SKIP to Check Item R18, page 8*
2 ☐ No ⎤
X1 ☐ DK ⎬ *SKIP to Check Item R18, page 8*
X2 ☐ Ref. ⎦

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.

`1418` 1 ☐ Widowed – *SKIP to 22a, page 8*
2 ☐ Divorced
3 ☐ Both widowed and divorced
4 ☐ No – *SKIP to Check Item R21, page 8*

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 ☐ Yes 2 ☐ 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 ☐ Yes – *Mark "28" on ISS*
2 ☐ No
X1 ☐ DK
X2 ☐ Ref.

CHECK ITEM R19	*Refer to item 20, page 7.* Is "Both widowed and divorced" (box 3) marked?	1424	1 ☐ Yes 2 ☐ No – *SKIP to Check Item R21*

22a. (Please look at Card K in the flashcard pamphlet.) During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?

1426   1 ☐ Yes
2 ☐ No
X1 ☐ DK } *SKIP to Check Item R21*

b. What kind of income was this?

Was there anything else?

(Read all of Flashcard K if necessary.)

Mark (X) all that apply.

1428   1 ☐ U.S. Government Railroad Retirement – *Mark "2" on ISS*

1430   2 ☐ Veterans' compensation or pension – *Mark "8" on ISS*

1432   3 ☐ Black Lung payments – *Mark "9" on ISS*

1434   4 ☐ Pension from company or union (including income from profit-sharing plans) – *Mark "30" on ISS*

1436   5 ☐ Federal Civil Service or other Federal civilian employee pension – *Mark "31" on ISS*

1438   6 ☐ U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – *Mark "32" on ISS*

1440   7 ☐ National Guard or Reserve Forces retirement – *Mark "33" on ISS*

1442   8 ☐ State government pension – *Mark "34" on ISS*

1444   9 ☐ Local government pension – *Mark "35" on ISS*

1446   10 ☐ Income from paid-up life insurance policies or annuities – *Mark "36" on ISS*

1448   11 ☐ Payments from estate or trust – *Mark "37" on ISS*

1450   12 ☐ Other or DK – *Specify and enter code from income source list. If income type is not listed or "DK," enter code "38"* ⨯ *Mark ISS*

1452   ☐☐☐

CHECK ITEM R20	*Refer to item 22b above.* Is "Veterans compensation or pension" (box 2) marked?	1454	1 ☐ Yes 2 ☐ No – *SKIP to Check Item R21*

22c. Did . . .'s late spouse die while in the service or from a service-related injury?

1456   1 ☐ Yes, in the service
2 ☐ Yes, from service-related injury
3 ☐ No

CHECK ITEM R21	*Refer to cc item 24.* Is . . . 65 years of age or older?	1458	1 ☐ Yes – *SKIP to 23a* 2 ☐ No
CHECK ITEM R22	*Refer to item 18a, page 7.* Does . . . have a work disability?	1460	1 ☐ Yes 2 ☐ No – *SKIP to Check Item R23*

23a. Medicare is a health insurance program for disabled persons and persons 65 years old or over. Was . . . covered by Medicare?

1462   1 ☐ Yes – *Mark "172" on ISS*
2 ☐ No
X1 ☐ DK } *SKIP to Check Item R23*

b. Could you please read me the claim number and type of coverage indicated on . . .'s Medicare card?

★

1464 ☐☐☐ – ☐☐ – 1466 ☐☐☐☐ – 1467 ☐☐

TYPE OF COVERAGE

1468   1 ☐ Hospital only (Type A)
2 ☐ Medical only (Type B)
3 ☐ Both hospital and medical (Types A and B)
4 ☐ 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 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 2*
2 ☐ 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 ☐ Yes
2 ☐ No
X1 ☐ 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 ☐ Yes – *SKIP to Check Item R25* 2 ☐ 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 ☐ Yes 2 ☐ No – *SKIP to 27a, page 10*
CHECK ITEM R25	Interview status of . . .'s spouse.	1480	1 ☐ No spouse in household 2 ☐ Interview for spouse not yet conducted 3 ☐ 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 ☐ Yes – *SKIP to 25a* 2 ☐ 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 ☐ Yes – *Mark "27" on ISS*
2 ☐ 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 ☐ Yes
2 ☐ No – *SKIP to Check Item R27*

b. What kind of welfare did . . . receive?

Anything else?

Mark (X) all that apply.

1486	1 ☐ AFDC – *Mark "20" on ISS*
1488	2 ☐ General Assistance or General Relief – *Mark "21" on ISS*
1490	3 ☐ Indian, Cuban, or Refugee Assistance – *Mark "22" on ISS*
1492	4 ☐ Foster Child Care – *Mark "23" on ISS*
1494	5 ☐ WIC – *Mark "25" on ISS*
1496	6 ☐ Other or DK – *Specify and enter code from income source list. If income type not listed or "DK," enter code "24" ⟵ – Mark ISS*
1498	☐☐

CHECK ITEM R27	*Refer to cc item 47.* Is "Medicaid" (code 173) marked for . . .?	1500	1 ☐ Yes – *SKIP to 26b* 2 ☐ No

26a. *(Refer to FLASHCARD M for Medicaid name.)* **During the 4-month period, was . . . covered by** *(Use local name for Medicaid)* **or another public assistance program that pays for medical care?**

1502   1 ☐ Yes – *Mark "173" on ISS and SKIP to 26c*
2 ☐ No – *SKIP to Check Item R28*

b. *(Refer to FLASHCARD M for Medicaid name.)* **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 ☐ Yes – *Mark "173" on ISS*
2 ☐ No – *SKIP to Check Item R28*

c. Could you please read me the claim number indicated on . . .'s *(Use local name for Medicaid)* **card?**

1504   ☐☐☐ – ☐☐ – 1505 ☐☐☐☐
1506   ☐☐☐☐☐☐
x3 ☐ Card not available   x2 ☐ Ref.

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 ☐ Yes 2 ☐ No – *SKIP to Check Item R29*

26d. Were any of . . .'s children (under 18) covered by *(Use local name for Medicaid)***?**

1508   1 ☐ Yes
2 ☐ No – *SKIP to Check Item R29*

e. Which children were covered?

1510	x5 ☐ All children

OR

Person No.   Name

1512 ☐☐
1514 ☐☐
1516 ☐☐
1518 ☐☐
1520 ☐☐

CHECK ITEM R29	*Refer to items 26a–26d above.* Was . . . or any of . . .'s children under 18 years old covered by Medicaid?	1524	1 ☐ Yes 2 ☐ No – *SKIP to 27a, page 10*

26f. Was (. . ./(and) . . .'s children) covered during the entire 4-month period?

1526   1 ☐ Yes – *SKIP to 27a, page 10*
2 ☐ No

g. In which months was (. . ./(and) . . .'s children) covered?

Mark (X) all that apply.

1528	1 ☐ Last month
1530	2 ☐ 2 months ago
1532	3 ☐ 3 months ago
1534	4 ☐ 4 months ago

27a. Was . . . covered by a health insurance plan at any time during the past 4 months?

(Include CHAMPUS, CHAMPVA, and military coverage.)

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

`1536` 1 ☐ Yes
2 ☐ No – *SKIP to Check Item R30*

ASK OR VERIFY

b. Was . . . covered by a health insurance plan during the entire 4-month period?

`1538` 1 ☐ Yes – *SKIP to 27d*
2 ☐ No

---

c. In which months was . . . covered?

Mark (X) all that apply.

`1540` 1 ☐ Last month
`1542` 2 ☐ 2 months ago
`1544` 3 ☐ 3 months ago
`1546` 4 ☐ 4 months ago

---

d. Was . . .'s health insurance coverage from a plan in . . .'s own name (primary policy holder), or was . . . covered as a family member on someone else's plan?

`1547` 1 ☐ Plan in own name – *SKIP to 27f*
2 ☐ Someone else's plan
3 ☐ Both – *SKIP to 27f*

---

e. Whose plan covered . . .?

Household member

Person No.   Name

`1548`

x4 ☐ Not a Household member

} *SKIP to Check Item R30*

---

f. Was . . .'s policy obtained through . . .'s current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?

`1549` 1 ☐ Current employer or union
2 ☐ Former employer
3 ☐ CHAMPUS
4 ☐ CHAMPVA
5 ☐ Military
6 ☐ Other
x1 ☐ DK

} *SKIP to 27h*

---

g. Did . . .'s employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?

`1550` 1 ☐ All
2 ☐ Part
3 ☐ None

---

h. Was . . .'s plan an individual plan or a family plan?

`1552` 1 ☐ Individual – *SKIP to Check Item R30*
2 ☐ Family

---

i. Other than . . ., which persons in this household were covered by . . .'s plan?

(Include children as well as adults.)

`1554` x5 ☐ All persons

Person No.   Name

`1556`
`1558`
`1560`
`1562`
`1564`
`1566` x3 ☐ None

---

j. Did . . .'s plan cover anyone who did not live in this household during the past 4 months?

If "Yes," **"Who did the plan cover?"**

Mark (X) all that apply.

`1567` 1 ☐ Yes, spouse
`1568` 2 ☐ Yes, child(ren)
`1569` 3 ☐ Yes, someone else
`1570` 4 ☐ No

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R30	*Refer to cc items 24 and 27.* Is . . . the designated parent or guardian of children under 15 years old who live in this household?	**1572**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item R31, page 12*

ASK OR VERIFY –

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.)

1574   1 ☐ Yes – *SKIP to 27m*
        2 ☐ No

l. Which children were covered by a health insurance plan?

Person No.   Name

1575 ☐☐☐

1576 ☐☐☐

1577 ☐☐☐

1578 ☐☐☐

1579 ☐☐☐

OR

1580   x3 ☐ 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 ☐ Yes – **Which children?**

Person No.   Name

1582 ☐☐☐

1583 ☐☐☐

1584 ☐☐☐

1585 ☐☐☐

1586 ☐☐☐

1587   2 ☐ No

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R31	*Refer to item 28b.* Are any assets listed in the Asset Roster?	`1588`	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)
1		`1590`	`1592` 1 ☐ Yes – *Mark ISS* 2 ☐ No
2		`1594`	`1596` 1 ☐ Yes – *Mark ISS* 2 ☐ No
3		`1598`	`1600` 1 ☐ Yes – *Mark ISS* 2 ☐ No
4		`1602`	`1604` 1 ☐ Yes – *Mark ISS* 2 ☐ No
5		`1606`	`1608` 1 ☐ Yes – *Mark ISS* 2 ☐ No
6		`1610`	`1612` 1 ☐ Yes – *Mark ISS* 2 ☐ No
7		`1614`	`1616` 1 ☐ Yes – *Mark ISS* 2 ☐ No
8		`1618`	`1620` 1 ☐ Yes – *Mark ISS* 2 ☐ No

29a. (Please look at Card N in the flashcard pamphlet.) (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 Card N? (Exclude assets held in IRA, Keogh, and 401K accounts.)

(Read all of Flashcard N if necessary.)

`1622` 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref. } *SKIP to 30a*

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

Any others?

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

`1626` 1 ☐ Regular or passbook savings accounts – *Mark "100" on ISS*

`1628` 2 ☐ Money market deposit accounts – *Mark "101" on ISS*

`1630` 3 ☐ Certificates of deposit or other savings certificates – *Mark "102" on ISS*

`1632` 4 ☐ Interest-earning checking accounts (such as NOW or Super NOW accounts) – *Mark "103" on ISS*

`1636` 5 ☐ Money market funds – *Mark "104" on ISS*

`1638` 6 ☐ U.S. Government securities – *Mark "105" on ISS*

`1640` 7 ☐ Municipal or corporate bonds – *Mark "106" on ISS*

`1642` 8 ☐ Mortgages – *Mark "130" on ISS*

`1644` 9 ☐ U.S. Saving Bonds (E, EE) – *Mark "174" on ISS*

`1646` 10 ☐ Other interest-earning assets – *Mark "107" on ISS and specify* ↙

`1648` 11 ☐ Stocks or mutual fund shares – *Mark "110" on ISS*

`1650` 12 ☐ Rental property – *Mark "120" on ISS*

`1652` 13 ☐ Royalties – *Mark "140" on ISS*

`1654` 14 ☐ Other financial investments – *Mark "150" on ISS and specify* ↙

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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.)	1656	1 ☐ Yes, full time 2 ☐ Yes, part time 3 ☐ No – *SKIP to Check Item R32*
b. During which months was . . . enrolled? *Mark (X) all that apply.*	1658 1660 1662 1664 1666	1 ☐ All months 2 ☐ Last month 3 ☐ 2 months ago 4 ☐ 3 months ago 5 ☐ 4 months ago
c. At what level or grade was . . . enrolled? *(If enrolled at more than one level during this period, check most recent level.)*	1668	1 ☐ Elementary grades 1–8 ⎫ *SKIP to Check* 2 ☐ High school grades 9–12 ⎭ *Item R32* 3 ☐ College year 1 4 ☐ College year 2 5 ☐ College year 3 6 ☐ College year 4 7 ☐ College year 5 8 ☐ College year 6 9 ☐ Vocational school 10 ☐ Technical school 11 ☐ Business school
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?	1670	1 ☐ Yes 2 ☐ No – *SKIP to Check Item R32*
b. What kind of educational assistance did . . . receive? Anything else? *Mark (X) all that apply.*	1672 1674 1676 1678 1680 1682 1684 1686 1688 1690 1692	1 ☐ GI Bill – *Mark "40" on ISS* 2 ☐ Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – *Mark "41" on ISS* 3 ☐ College Work Study – *Mark "175" on ISS* 4 ☐ PELL Grant – *Mark "176" on ISS* 5 ☐ Supplemental Educational Opportunity Grant (SEOG) – *Mark "177" on ISS* 6 ☐ Perkins Loan or National Direct Student Loan (NDSL) – *Mark "178" on ISS* 7 ☐ Stafford Loan or Guaranteed Student Loan – *Mark "179" on ISS* 8 ☐ Parent Loan to Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) – *Mark "180" on ISS* 9 ☐ Assistance from . . .'s employer – *Mark "181" on ISS* 10 ☐ Fellowship/Scholarship – *Mark "182" on ISS* 11 ☐ Other financial aid – *Mark "183" on ISS*
CHECK ITEM R32 *Refer to cc item 26a.* Is code 2 (married, spouse absent) the current entry?	1694	1 ☐ Yes 2 ☐ No – *SKIP to Check Item R33*
ASK OR VERIFY – **32.** Is . . .'s spouse in the Armed Forces?	1696	1 ☐ Yes 2 ☐ No
CHECK ITEM R33 Are any codes (excluding codes 171–173, 200–201) marked on the ISS?	1698	1 ☐ Yes 2 ☐ No – *SKIP to 34a*
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?**	1700	1 ☐ Yes 2 ☐ No – *Probe and resolve (Make corrections to ISS if necessary)*
b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?	1702	1 ☐ Yes – *SKIP to 34b* 2 ☐ No – *SKIP to Check Item E1, page 15*
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?	1704	1 ☐ Yes 2 ☐ No – *SKIP to Topical Module Statement A, page 56*
b. What kind of income did . . . receive? **Anything else?**	*Enter codes from income source list and mark ISS.* 1706 ☐☐☐ 1708 ☐☐☐ 1710 ☐☐☐	

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT

CHECK ITEM E1	Is "Worked" (code 170) marked on ISS?	1712	1 ☐ Yes 2 ☐ No – *SKIP to first ISS Code marked or Topical Module Statement A, page 56*
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 ☐ Worked for employer only 2 ☐ Self-employed only – *SKIP to Statement B, page 20* 3 ☐ Both worked for employer and self-employed
b.	**How many different employers did . . . work for during this 4-month period?**	1716	1 ☐ 1 employer 2 ☐ 2 employers 3 ☐ 3 or more employers
CHECK ITEM E2	*Refer to item 1a above.* Is "Both worked for employer and self-employed" (box 3) marked?	1718	1 ☐ Yes 2 ☐ 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

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? *(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.)*	**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.
CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?	**PGM 8** **2003**	₁ ☐ Yes ₂ ☐ No – *SKIP to 2c*
2b. Have . . .'s main activities or duties for this employer changed during the past 8 months?	**PGM 8** **2004**	₁ ☐ Yes ₂ ☐ No – *SKIP to 3a*
c. What kind of business or industry was *(Name of company or business)*? **For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.**	**PGM 8** **2005**	
ASK OR VERIFY – d. Is it mainly –	**PGM 8** **2006**	₁ ☐ **Manufacturing?** ₂ ☐ **Wholesale Trade?** ₃ ☐ **Retail Trade?** ₄ ☐ **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 ☐ **A private for-profit company or individual?** ₂ ☐ **A private not-for-profit, tax exempt, or charitable organization?** ₃ ☐ **Federal government (exclude Armed Forces)?** ₄ ☐ **State government?** ₅ ☐ **Local government?** ₆ ☐ **Armed Forces?** ₇ ☐ **Unpaid in family business or farm?**
ASK OR VERIFY – 3a. Was . . . employed by *(Name of employer)* during the entire 4-month period?	**PGM 7** **2014**	₁ ☐ Yes – *SKIP to 4* ₂ ☐ No
b. When was . . . employed by *(Name of employer)* during this 4-month period?	**2016** **2020**	FROM ☐☐ Month **2018** ☐☐ Day TO ☐☐ Month **2022** ☐☐ Day
CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?	**2023**	₁ ☐ Yes ₂ ☐ No – *SKIP to 4*
3c. What is the main reaason . . . stopped working for *(Name of employer)*? *Mark (X) only one.*	**2024**	₁ ☐ Laid off ₄ ☐ Job was temporary and ended ₂ ☐ Retired ₅ ☐ Quit to take another job ₃ ☐ Discharged ₆ ☐ Quit for some other reason
ASK OR VERIFY – 4. How many hours per week did . . . usually work at this job?	**2025**	☐☐ Hours ₓ₃ ☐ None ₓ₁ ☐ DK
5. Was . . . paid by the hour on this job?	**2026**	₁ ☐ Yes ₂ ☐ No – *SKIP to 7a*
6. What was . . .'s regular hourly pay rate at the end of *(Read last month or "to" date in item 3b)*?	**2028**	$ ☐☐☐ . ☐☐ ₓ₁ ☐ DK ₓ₂ ☐ Ref. – *SKIP to 9a*
7a. During the 4-month period, how often was . . . paid on this job?	**2029**	₁ ☐ Once a week ₆ ☐ Some other way – ₂ ☐ Once each 2 weeks *Specify ↙* ₃ ☐ Once a month ₄ ☐ Twice a month ₅ ☐ Unpaid in family business or farm – *SKIP to Check Item E5*
b. On what date was . . . last paid during this 4-month period?	**2030**	☐☐ Month **2031** ☐☐ Day ₓ₁ ☐ DK ₓ₁ ☐ DK ₓ₂ ☐ Ref. ₓ₂ ☐ Ref. ₓ₄ ☐ Not paid during this reference period – *SKIP to 9a* ₓ₄ ☐ Not paid during this reference period – *SKIP to 9a*

8a. *READ STATEMENT ONLY ONCE PER RESPONDENT*

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

What was the total amount of pay that . . . received BEFORE deductions on this job in *(Read each month)***?**

FOR MEMBERS OF THE ARMED FORCES – *(Be sure to include cash housing allowances and any other special types of pay.)*

★

FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2032 | $ _____ . 00

- x3 ☐ None
- x1 ☐ DK
- x2 ☐ Ref.

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

2 MONTHS AGO

2034 | $ _____ . 00

- x3 ☐ None
- x1 ☐ DK
- x2 ☐ Ref.

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

3 MONTHS AGO

2036 | $ _____ . 00

- x3 ☐ None
- x1 ☐ DK
- x2 ☐ Ref.

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

4 MONTHS AGO

2038 | $ _____ . 00

- x3 ☐ None
- x1 ☐ DK
- x2 ☐ Ref.

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

CHECK ITEM E4 — Is "DK" marked in all parts of item 8a?

2040 | 1 ☐ Yes
2 ☐ No – *SKIP to 9a*

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.)

2042 | 1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 3a*
2 ☐ No

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?

2044 | 1 ☐ Yes – *SKIP to Check Item E5*
2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2046 | 1 ☐ Yes
2 ☐ No

CHECK ITEM E5 — Number of employers in item 1b, page 15?

2048 | 1 ☐ 1 employer – *SKIP to Check Item E8, page 19*
2 ☐ 2 or more employers

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

10a. What is the name of the other employer for whom . . . worked during this 4-month period?
(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)

`PGM 8` Employer name
`2100` _____

CHECK ITEM E6 — Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. ⟶

`PGM 8` Employer I.D. No.
`2102` ☐

CHECK ITEM E6.1 — Is the previous wave box marked for this employer in cc item 42?

`PGM 8`
`2103` 1 ☐ Yes   2 ☐ No – *SKIP to 10c*

10b. Have . . .'s main activities or duties for this employer changed during the past 8 months?

`PGM 8`
`2104` 1 ☐ Yes   2 ☐ No – *SKIP to 11a*

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

`PGM 8`
`2105` _____
_____

ASK OR VERIFY –
d. Is it mainly –

`PGM 8`
`2106` 1 ☐ **Manufacturing?**
2 ☐ **Wholesale Trade?**
3 ☐ **Retail Trade?**
4 ☐ **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 ☐ **A private for-profit company or individual?**
2 ☐ **A private not-for-profit, tax exempt, or charitable organization?**
3 ☐ **Federal government (exclude Armed Forces)?**
4 ☐ **State government?**
5 ☐ **Local government?**
6 ☐ **Armed Forces?**
7 ☐ **Unpaid in family business or farm?**

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

`PGM 7`
`2114` 1 ☐ Yes – *SKIP to 12*   2 ☐ No

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

`2116` FROM ☐☐ Month   `2118` ☐☐ Day
`2120` TO ☐☐ Month   `2122` ☐☐ Day

CHECK ITEM E6.2 — Did . . . stop working for this employer during the reference period?

`2123` 1 ☐ Yes   2 ☐ No – *SKIP to 12*

11c. What is the main reason . . . stopped working for *(Name of employer)*?
Mark (X) only one.

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

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

`2125` ☐☐ Hours
x3 ☐ None
x1 ☐ DK

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

`2126` 1 ☐ Yes   2 ☐ No – *SKIP to 15a*

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

`2128` $ ☐☐☐ . ☐☐
x1 ☐ DK
x2 ☐ Ref. – *SKIP to 17a*

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

`2129`
1 ☐ Once a week   6 ☐ Some other way – *Specify* ↙
2 ☐ Once each 2 weeks
3 ☐ Once a month   _____
4 ☐ Twice a month
5 ☐ Unpaid in family business or farm – *SKIP to Check Item E8*

b. On what date was . . . last paid during this 4-month period?

`2130` ☐☐ Month   `2131` ☐☐ Day
x1 ☐ DK   x1 ☐ DK
x2 ☐ Ref.   x2 ☐ Ref.
x4 ☐ Not paid during this reference period – *SKIP to 17a*   x4 ☐ Not paid during this reference period – *SKIP to 17a*

16a. *READ STATEMENT ONLY ONCE PER RESPONDENT*

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

What was the total amount of pay that . . . received BEFORE deductions on this job in *(Read each month)***?**

FOR MEMBERS OF THE ARMED FORCES – *(Be sure to include cash housing allowances and any other special types of pay.)*

★

FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2132 | $ _____ . 00

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

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

2 MONTHS AGO

2134 | $ _____ . 00

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

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

3 MONTHS AGO

2136 | $ _____ . 00

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

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

4 MONTHS AGO

2138 | $ _____ . 00

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

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

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

2140 | 1 ☐ Yes
2 ☐ No – *SKIP to 17a*

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.)

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

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?

2144 | 1 ☐ Yes – *SKIP to Check Item E8*
2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2146 | 1 ☐ Yes
2 ☐ No

CHECK ITEM E8 — Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?

2148 | 1 ☐ Yes – *Read Statement B, page 20*
2 ☐ No – *SKIP to first ISS Code or Topical Module Statement A, page 56*

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? *(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.)*	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 ☐ Yes 2 ☐ No – *SKIP to 1c*
1b. Have . . .'s main activities or duties for this business changed during the past 8 months?	PGM 8 / 2203	1 ☐ Yes 2 ☐ 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 ☐ **Manufacturing?** 2 ☐ **Wholesale Trade?** 3 ☐ **Retail Trade?** 4 ☐ **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	☐☐ Hours x3 ☐ None x1 ☐ DK
2. Do you think that the gross earnings of this business will be $1,000 or more during the next 12 months? *Gross earnings include sales and receipts before expenses.*	2214	1 ☐ Yes 2 ☐ No – *SKIP to 10* x1 ☐ DK
CHECK ITEM S2 Have questions 3–5b already been answered for this business by another household member?	2216	1 ☐ Yes – *SKIP to 6a* 2 ☐ No
3. What was the total number of employees working for this business? Be sure to include . . .. *Enter 999 if 1,000 or more employees.*	2218	☐☐☐ Employees x1 ☐ DK
4a. Was . . .'s business incorporated?	2220	1 ☐ Yes – *SKIP to 5a* 2 ☐ No
b. Was . . .'s business a sole proprietorship or a partnership?	2222	1 ☐ Sole proprietorship – *SKIP to 6a* 2 ☐ Partnership
5a. Aside from . . . were any other members of this household owners or partners in this business?	2224	1 ☐ Yes 2 ☐ No – *SKIP to 6a*
b. Which members?	2226 2228 2230	Person No. Name ☐☐☐ ☐☐☐ ☐☐☐
6a. Was . . . paid a regular salary from this business during the 4-month period?	2232	1 ☐ Yes 2 ☐ No
b. Did . . . receive any (other) income from the business during this 4-month period?	2234	1 ☐ Yes 2 ☐ No
CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?	2236	1 ☐ Yes 2 ☐ No – *SKIP to Check Item S5*

FORM SIPP-13400 (7-27-93)

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

		FIELD REPRESENTATIVE USE ONLY

7. *READ STATEMENT ONLY ONCE PER RESPONDENT.*

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

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

NOTE – Include total gross earnings before any deductions.

★

LAST MONTH

2238 | $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

FIELD REPRESENTATIVE USE ONLY:
$ _____ .00
$ _____ .00
$ _____ .00
$ _____ .00
Total $ _____ .00

2 MONTHS AGO

2240 | $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

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

3 MONTHS AGO

2242 | $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

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

4 MONTHS AGO

2244 | $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

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

CHECK ITEM S4 | Is "DK" marked in all parts of item 7? | 2246 | 1 ☐ Yes
2 ☐ No – *SKIP to Check Item S5*

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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.)** | 2248 | 1 ☐ Yes – *Mark Reminder Card and Callback Summary, Item 4a*
2 ☐ No

CHECK ITEM S5 | *Refer to item 4a, page 20.*
Is this business incorporated? | 2250 | 1 ☐ Yes – *SKIP to 11*
2 ☐ No

CHECK ITEM S6 | Has information about the net profit (or loss) for this business already been obtained from another household member? | 2252 | 1 ☐ Yes – *SKIP to 11*
2 ☐ No

9a. **Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?** | 2254 | 1 ☐ Yes
2 ☐ No – *SKIP to 11*

b. **What was the net profit or loss?**
If "broke even," enter $1 in box. | 2256 | $ _____ . 00
2258 | x4 ☐ Loss in amount box | } *SKIP to 11*

---

10. **About how much did . . . earn from this business after expenses during the 4-month period?** | 2260 | $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

---

11. **Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?** | 2262 | 1 ☐ Yes
2 ☐ No – *SKIP to first ISS Code or Statement A, page 56*

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

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

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 ☐ Yes 2 ☐ No – *SKIP to 12c*

12b. Have . . .'s main activities or duties for this business changed during the past 8 months?

PGM 8 | 2303 | 1 ☐ Yes 2 ☐ 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 ☐ **Manufacturing?** 2 ☐ **Wholesale Trade?** 3 ☐ **Retail Trade?** 4 ☐ **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 | ☐☐ Hours x3 ☐ None x1 ☐ DK

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

Gross earnings include sales and receipts before expenses.

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

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

2316 | 1 ☐ Yes – *SKIP to 17a* 2 ☐ No

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

Enter 999 if 1,000 or more employees.

2318 | ☐☐☐ Employees x1 ☐ DK

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

2320 | 1 ☐ Yes – *SKIP to 16a* 2 ☐ No

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

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

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

2324 | 1 ☐ Yes 2 ☐ No – *SKIP to 17a*

b. Which members?

	Person No.	Name
2326	☐☐☐	
2328	☐☐☐	
2330	☐☐☐	

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

2332 | 1 ☐ Yes 2 ☐ No

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

2334 | 1 ☐ Yes 2 ☐ No

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

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

18. *READ STATEMENT ONLY ONCE PER RESPONDENT.*

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

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

NOTE – Include total gross earnings before any deductions.

★

FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2338 | $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

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

2 MONTHS AGO

2340 | $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

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

3 MONTHS AGO

2342 | $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

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

4 MONTHS AGO

2344 | $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

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

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

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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.)** | 2348 | 1 ☐ Yes – *Mark Reminder Card and Callback Summary, Item 4b*
2 ☐ No

CHECK ITEM S11 | *Refer to item 15a, page 22.*

Is this business incorporated? | 2350 | 1 ☐ Yes – *SKIP to first ISS Code or Statement A, page 56*
2 ☐ No

CHECK ITEM S12 | Has information about the net profit (or loss) for this business already been obtained from another household member? | 2352 | 1 ☐ Yes – *SKIP to first ISS Code or Statement A, page 56*
2 ☐ No

20a. **Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?** | 2354 | 1 ☐ Yes
2 ☐ No – *SKIP to first ISS Code or Statement A, page 56*

b. **What was the net profit or loss?**

If "broke even," enter $1 in box. | 2356 | $ _____ . 00
2358 | x4 ☐ Loss in amount box | } *SKIP to first ISS Code or Statement A, page 56*

---

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

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. | } *SKIP to first ISS Code or Statement A, page 56*

Section 3 – AMOUNTS

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

1.	**You said . . . received (was authorized to receive)** *(Read name of income type)* **during the 4-month period.** *(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)*	Income code [3000] ⬚⬚	Name of income type

CHECK ITEM A1	*Mark (X) income type code.*	[3002] ₁ ☐ ISS Code 1 or 2 (SS or RR) ₂ ☐ ISS Code 25 (WIC) – *SKIP to 13a, page 27* ₃ ☐ ISS Code 27 (Food Stamps) – *SKIP to 11a, page 26* ₄ ☐ ISS Codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4* ₅ ☐ Other ISS Codes – *SKIP to Check Item A4.1*
CHECK ITEM A2	*Refer to cc item 27.* Is . . . a designated parent or guardian of children under age 18?	[3004] ₁ ☐ Yes ₂ ☐ No – *SKIP to Check Item A3*
2.	**During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?**	[3006] ₁ ☐ Yes ₂ ☐ No – *SKIP to Check Item A3*
3.	**Did . . . also receive a separate payment for (himself/herself) during any of these months?**	[3008] ₁ ☐ Yes ₂ ☐ No – *SKIP to 9a, page 26*
CHECK ITEM A3	*Refer to cc item 26a.* Is . . . married?	[3010] ₁ ☐ Yes ₂ ☐ No – *SKIP to Check Item A4.1*
4.	**Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?**	[3012] ₁ ☐ Yes ₂ ☐ No – *SKIP to Check Item A4.1*
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	[3014] ₁ ☐ Yes – *SKIP to next ISS Code or Statement A, page 56* ₂ ☐ No
CHECK ITEM A4.1	*Refer to item 11b, page 5.* Is this income source listed on the income roster?	[3015] ₁ ☐ Yes – *ASK 5b* ₂ ☐ No – *ASK 5a*

5a. In which month, during the 4-month reference period, did . . . begin to receive *(Read name of income type)*?

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.

b. Did . . . receive any *(Read name of income type)* **in** *(Read each month)*?

NOTE – Social Security and SSI payments may be adjusted for inflation each January.

5c. Some persons receive more than one payment per month for certain income types.

▶ For ISS codes 1 or 2 (SS or RR) read –

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.**

▶ For all other ISS codes read –

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.**

(Last month)	[3016] ₁ ☐ Yes ₂ ☐ No ₓ₁ ☐ DK	[3018] $ _____ . 00 ₓ₁ ☐ DK ₓ₂ ☐ Ref.
(2 months ago)	[3020] ₁ ☐ Yes ₂ ☐ No ₓ₁ ☐ DK	[3022] $ _____ . 00 ₓ₁ ☐ DK ₓ₂ ☐ Ref.
(3 months ago)	[3024] ₁ ☐ Yes ₂ ☐ No ₓ₁ ☐ DK	[3026] $ _____ . 00 ₓ₁ ☐ DK ₓ₂ ☐ Ref.
(4 months ago)	[3028] ₁ ☐ Yes ₂ ☐ No ₓ₁ ☐ DK	[3030] $ _____ . 00 ₓ₁ ☐ DK ₓ₂ ☐ Ref.

AMOUNTS – PART A

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

CHECK ITEM A5	*Mark (X) income type code.*	3032	1 ☐ ISS Code 1 or 2 – *SKIP to Check Item A6.1* 2 ☐ ISS Code 8 or 20 through 24 3 ☐ All other income codes – *SKIP to next ISS Code or Statement A, page 56*

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

3034   1 ☐ Yes – *SKIP to Check Item A6*   2 ☐ No

b. Which persons were covered?

	Person No.	Name
3036		
3038		
3040		
3042		
3044		
3046		
3048		
3050		
3052		
3054		

CHECK ITEM A6	Is this ISS Code "8"?	3056	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

7a. What type of Veterans' payments did . . . receive?

3058   1 ☐ Service-connected disability compensation
   2 ☐ Survivor benefits
   3 ☐ Veterans' pension
   4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3060   1 ☐ Yes   2 ☐ No   x1 ☐ DK   } *SKIP to next ISS Code or Statement A, page 56*

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 ☐ Yes – *SKIP to Check Item A7* 2 ☐ No

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes – blue and buff. Which color envelope does . . .'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)

3064   1 ☐ Blue
   2 ☐ Buff
   3 ☐ Direct deposit
   4 ☐ Other
   x1 ☐ DK

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

3066   1 ☐ First
   2 ☐ Third
   3 ☐ Other
   x1 ☐ DK

CHECK ITEM A7	*Refer to item 2, page 24.* Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	3068	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

NOTES

AMOUNTS – PART A

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

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

NOTE – Social Security payments may be adjusted for inflation each January.

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

(Last month)	3070 1 ☐ Yes 2 ☐ No x1 ☐ DK	3072 $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	
(2 months ago)	3074 1 ☐ Yes 2 ☐ No x1 ☐ DK	3076 $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	
(3 months ago)	3078 1 ☐ Yes 2 ☐ No x1 ☐ DK	3080 $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	
(4 months ago)	3082 1 ☐ Yes 2 ☐ No x1 ☐ DK	3084 $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	

VERIFY IF ONLY ONE CHILD OR ASK –

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

3086   1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56*   2 ☐ No

b. Which children were covered?

	Person No.	Name
3088		
3090		
3092		
3094		
3096		
3098		

SKIP to next ISS Code or Statement A, page 56

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

3100   1 ☐ Yes – *SKIP to Check Item A7.1*   2 ☐ No

b. Which persons were covered?

	Person No.	Name
3102		
3104		
3106		
3108		
3110		
3112		
3114		
3116		

NOTES

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?	3121	1 ☐ Yes – *ASK 12b* 2 ☐ No – *ASK 12a*	

12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in *(Read each month)*?

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.

b. Did . . . receive food stamps in *(Read each month)*?

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

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

(Last month)	3122	1 ☐ Yes 2 ☐ No x1 ☐ DK	3124	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.
(2 months ago)	3126	1 ☐ Yes 2 ☐ No x1 ☐ DK	3128	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.
(3 months ago)	3130	1 ☐ Yes 2 ☐ No x1 ☐ DK	3132	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.
(4 months ago)	3134	1 ☐ Yes 2 ☐ No x1 ☐ DK	3136	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

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

Mark (X) all that apply.

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

b. Which persons were covered?

	Person No.	Name
3146		
3148		
3150		
3152		
3154		

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS

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

1. You said . . . received (was authorized to receive) *(Read name of income type)* **during the 4-month period.**

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

	Income code	Name of income type
`3200`	☐☐	

CHECK ITEM A1 — *Mark (X) income type code.*

`3202`
- 1 ☐ ISS Code 1 or 2 (SS or RR)
- 2 ☐ ISS Code 25 (WIC) – *SKIP to 13a, page 31*
- 3 ☐ ISS Code 27 (Food Stamps) – *SKIP to 11a, page 30*
- 4 ☐ ISS Codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
- 5 ☐ Other ISS Codes – *SKIP to Check Item A4.1*

CHECK ITEM A2 — *Refer to cc item 27.*

Is . . . a designated parent or guardian of children under age 18?

`3204`
- 1 ☐ Yes
- 2 ☐ No – *SKIP to Check Item A3*

---

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

`3206`
- 1 ☐ Yes
- 2 ☐ No – *SKIP to Check Item A3*

---

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

`3208`
- 1 ☐ Yes
- 2 ☐ No – *SKIP to 9a, page 30*

CHECK ITEM A3 — *Refer to cc item 26a.*

Is . . . married?

`3210`
- 1 ☐ Yes
- 2 ☐ No – *SKIP to Check Item A4.1*

---

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

`3212`
- 1 ☐ Yes
- 2 ☐ No – *SKIP to Check Item A4.1*

CHECK ITEM A4 — Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?

`3214`
- 1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56*
- 2 ☐ No

CHECK ITEM A4.1 — *Refer to item 11b, page 5.*

Is this income source listed on the income roster?

`3215`
- 1 ☐ Yes – *ASK 5b*
- 2 ☐ No – *ASK 5a*

5a. In which month, during the 4-month reference period, did . . . begin to receive *(Read name of income type)***?**

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.

b. Did . . . receive any *(Read name of income type)* **in** *(Read each month)***?**

NOTE – Social Security and SSI payments may be adjusted for inflation each January.

5c. Some persons receive more than one payment per month for certain income types.

▶ *For ISS codes 1 or 2 (SS or RR) read –*

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.**

▶ *For all other ISS codes read –*

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.**

(Last month)	`3216` 1 ☐ Yes 2 ☐ No X1 ☐ DK	`3218` $ ____ . 00 X1 ☐ DK X2 ☐ Ref.
(2 months ago)	`3220` 1 ☐ Yes 2 ☐ No X1 ☐ DK	`3222` $ ____ . 00 X1 ☐ DK X2 ☐ Ref.
(3 months ago)	`3224` 1 ☐ Yes 2 ☐ No X1 ☐ DK	`3226` $ ____ . 00 X1 ☐ DK X2 ☐ Ref.
(4 months ago)	`3228` 1 ☐ Yes 2 ☐ No X1 ☐ DK	`3230` $ ____ . 00 X1 ☐ DK X2 ☐ Ref.

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

CHECK ITEM A5	*Mark (X) income type code.*	3232	1 ☐ ISS Code 1 or 2 – *SKIP to Check Item A6.1* 2 ☐ ISS Code 8 or 20 through 24 3 ☐ All other income codes – *SKIP to next ISS Code or Statement A, page 56*

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

3234 1 ☐ Yes – *SKIP to Check Item A6*
　　　 2 ☐ 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"?	3256	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

7a. What type of Veterans' payments did . . . receive?

3258 1 ☐ Service-connected disability compensation
　　　 2 ☐ Survivor benefits
　　　 3 ☐ Veterans' pension
　　　 4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3260 1 ☐ Yes ⎫
　　　 2 ☐ No ⎬ *SKIP to next ISS Code or Statement A, page 56*
　　　 X1 ☐ DK ⎭

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?	3262	1 ☐ Yes – *SKIP to Check Item A7* 2 ☐ No

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes – blue and buff. Which color envelope does . . .'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)

3264 1 ☐ Blue
　　　 2 ☐ Buff
　　　 3 ☐ Direct deposit
　　　 4 ☐ Other
　　　 X1 ☐ DK

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

3266 1 ☐ First
　　　 2 ☐ Third
　　　 3 ☐ Other
　　　 X1 ☐ DK

CHECK ITEM A7	*Refer to item 2, page 28.* Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	3268	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

NOTES

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

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

NOTE – Social Security payments may be adjusted for inflation each January.

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

(Last month) . . . .
`3270` 1 ☐ Yes 2 ☐ No x1 ☐ DK
`3272` $ ____ . `00` x1 ☐ DK x2 ☐ Ref.

(2 months ago) . . . .
`3274` 1 ☐ Yes 2 ☐ No x1 ☐ DK
`3276` $ ____ . `00` x1 ☐ DK x2 ☐ Ref.

(3 months ago) . . . .
`3278` 1 ☐ Yes 2 ☐ No x1 ☐ DK
`3280` $ ____ . `00` x1 ☐ DK x2 ☐ Ref.

(4 months ago) . . . .
`3282` 1 ☐ Yes 2 ☐ No x1 ☐ DK
`3284` $ ____ . `00` x1 ☐ DK x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK –
10a. Were all children living here covered by these payments?
`3286` 1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56* 2 ☐ No

b. Which children were covered?

	Person No.	Name
`3288`		
`3290`		
`3292`		
`3294`		
`3296`		
`3298`		

SKIP to next ISS Code or Statement A, page 56

11a. Were all the people living here covered under . . .'s food stamp allotment?
`3300` 1 ☐ Yes – *SKIP to Check Item A7.1* 2 ☐ No

b. Which persons were covered?

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

NOTES

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?	3321	₁ ☐ Yes – ASK 12b ₂ ☐ No – ASK 12a

12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?

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.

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

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

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

(Last month)	3322 ₁ ☐ Yes ₂ ☐ No x₁ ☐ DK	3324	$. 00 x₁ ☐ DK x₂ ☐ Ref.
(2 months ago)	3326 ₁ ☐ Yes ₂ ☐ No x₁ ☐ DK	3328	$. 00 x₁ ☐ DK x₂ ☐ Ref.
(3 months ago)	3330 ₁ ☐ Yes ₂ ☐ No x₁ ☐ DK	3332	$. 00 x₁ ☐ DK x₂ ☐ Ref.
(4 months ago)	3334 ₁ ☐ Yes ₂ ☐ No x₁ ☐ DK	3336	$. 00 x₁ ☐ DK x₂ ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

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

Mark (X) all that apply.

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

b. Which persons were covered?

	Person No.	Name
3346		
3348		
3350		
3352		
3354		

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS

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

1. You said . . . received (was authorized to receive) *(Read name of income type)* **during the 4-month period.**

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

3400	Income code	Name of income type

CHECK ITEM A1 — *Mark (X) income type code.*

3402	
	1 ☐ ISS Code 1 or 2 (SS or RR)
	2 ☐ ISS Code 25 (WIC) – *SKIP to 13a, page 35*
	3 ☐ ISS Code 27 (Food Stamps) – *SKIP to 11a, page 34*
	4 ☐ ISS Codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
	5 ☐ Other ISS Codes – *SKIP to Check Item A4.1*

CHECK ITEM A2 — *Refer to cc item 27.*

Is . . . a designated parent or guardian of children under age 18?

3404	1 ☐ Yes
	2 ☐ No – *SKIP to Check Item A3*

---

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

3406	1 ☐ Yes
	2 ☐ No – *SKIP to Check Item A3*

---

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

3408	1 ☐ Yes
	2 ☐ No – *SKIP to 9a, page 34*

CHECK ITEM A3 — *Refer to cc item 26a.*

Is . . . married?

3410	1 ☐ Yes
	2 ☐ No – *SKIP to Check Item A4.1*

---

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

3412	1 ☐ Yes
	2 ☐ No – *SKIP to Check Item A4.1*

CHECK ITEM A4 — Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?

3414	1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56*
	2 ☐ No

CHECK ITEM A4.1 — *Refer to item 11b, page 5.*

Is this income source listed on the income roster?

3415	1 ☐ Yes – *ASK 5b*
	2 ☐ No – *ASK 5a*

5a. In which month, during the 4-month reference period, did . . . begin to receive *(Read name of income type)?*

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.

b. Did . . . receive any *(Read name of income type)* **in** *(Read each month)?*

NOTE – Social Security and SSI payments may be adjusted for inflation each January.

5c. Some persons receive more than one payment per month for certain income types.

▶ *For ISS codes 1 or 2 (SS or RR) read –*

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.**

▶ *For all other ISS codes read –*

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.**

	5b	5c
(Last month)	3416 1 ☐ Yes / 2 ☐ No / x1 ☐ DK	3418 $ ____ . 00 x1 ☐ DK x2 ☐ Ref.
(2 months ago)	3420 1 ☐ Yes / 2 ☐ No / x1 ☐ DK	3422 $ ____ . 00 x1 ☐ DK x2 ☐ Ref.
(3 months ago)	3424 1 ☐ Yes / 2 ☐ No / x1 ☐ DK	3426 $ ____ . 00 x1 ☐ DK x2 ☐ Ref.
(4 months ago)	3428 1 ☐ Yes / 2 ☐ No / x1 ☐ DK	3430 $ ____ . 00 x1 ☐ DK x2 ☐ Ref.

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

CHECK ITEM A5	*Mark (X) income type code.*	`3432`	1 ☐ ISS Code 1 or 2 – *SKIP to Check Item A6.1* 2 ☐ ISS Code 8 or 20 through 24 3 ☐ All other income codes – *SKIP to next ISS Code or Statement A, page 56*

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

`3434` 1 ☐ Yes – *SKIP to Check Item A6*
2 ☐ No

b. Which persons were covered?

Person No.   Name

`3436` ☐☐☐
`3438` ☐☐☐
`3440` ☐☐☐
`3442` ☐☐☐
`3444` ☐☐☐
`3446` ☐☐☐
`3448` ☐☐☐
`3450` ☐☐☐
`3452` ☐☐☐
`3454` ☐☐☐

CHECK ITEM A6	Is this ISS Code "8"?	`3456`	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

7a. What type of Veterans' payments did . . . receive?

`3458` 1 ☐ Service-connected disability compensation
2 ☐ Survivor benefits
3 ☐ Veterans' pension
4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

`3460` 1 ☐ Yes ⎫
2 ☐ No ⎬ *SKIP to next ISS Code or Statement A, page 56*
x1 ☐ DK ⎭

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?	`3462`	1 ☐ Yes – *SKIP to Check Item A7* 2 ☐ No

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes – blue and buff. Which color envelope does . . .'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)

`3464` 1 ☐ Blue
2 ☐ Buff
3 ☐ Direct deposit
4 ☐ Other
x1 ☐ DK

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

`3466` 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK ITEM A7	*Refer to item 2, page 32.* Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	`3468`	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

NOTES

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

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

NOTE – Social Security payments may be adjusted for inflation each January.

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

(Last month) . . . .

| 3470 | 1 ☐ Yes
2 ☐ No
x1 ☐ DK | 3472 | $. 00
x1 ☐ DK
x2 ☐ Ref. |

(2 months ago) . . . .

| 3474 | 1 ☐ Yes
2 ☐ No
x1 ☐ DK | 3476 | $. 00
x1 ☐ DK
x2 ☐ Ref. |

(3 months ago) . . . .

| 3478 | 1 ☐ Yes
2 ☐ No
x1 ☐ DK | 3480 | $. 00
x1 ☐ DK
x2 ☐ Ref. |

(4 months ago) . . . .

| 3482 | 1 ☐ Yes
2 ☐ No
x1 ☐ DK | 3484 | $. 00
x1 ☐ DK
x2 ☐ Ref. |

VERIFY IF ONLY ONE CHILD OR ASK –

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

| 3486 | 1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56*
2 ☐ No |

b. Which children were covered?

	Person No.	Name
3488		
3490		
3492		
3494		
3496		
3498		

SKIP to next ISS Code or Statement A, page 56

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

| 3500 | 1 ☐ Yes – *SKIP to Check Item A7.1*
2 ☐ No |

b. Which persons were covered?

	Person No.	Name
3502		
3504		
3506		
3508		
3510		
3512		
3514		
3516		

NOTES

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?	**3521** 1 ☐ Yes – *ASK 12b* 2 ☐ No – *ASK 12a*

12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in *(Read each month)*?

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.

b. Did . . . receive food stamps in *(Read each month)*?

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

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

(Last month)	**3522** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**3524** $ ____ . 00 x ☐ DK x ☐ Ref.
(2 months ago)	**3526** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**3528** $ ____ . 00 x ☐ DK x ☐ Ref.
(3 months ago)	**3530** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**3532** $ ____ . 00 x ☐ DK x ☐ Ref.
(4 months ago)	**3534** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**3536** $ ____ . 00 x ☐ DK x ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

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

Mark (X) all that apply.

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

b. Which persons were covered?

	Person No.	Name
3546		
3548		
3550		
3552		
3554		

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS

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

		Income code	Name of income type
1.	**You said . . . received (was authorized to receive)** (Read name of income type) **during the 4-month period.** (Read "was authorized to receive" if asking about "Food Stamps" – code 27.)	**3600** [ ][ ]	

CHECK ITEM A1	Mark (X) income type code.	**3602**	1 ☐ ISS Code 1 or 2 (SS or RR) 2 ☐ ISS Code 25 (WIC) – *SKIP to 13a, page 39* 3 ☐ ISS Code 27 (Food Stamps) – *SKIP to 11a, page 38* 4 ☐ ISS Codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4* 5 ☐ Other ISS Codes – *SKIP to Check Item A4.1*
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	**3604**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item A3*
2.	**During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?**	**3606**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item A3*
3.	**Did . . . also receive a separate payment for (himself/herself) during any of these months?**	**3608**	1 ☐ Yes 2 ☐ No – *SKIP to 9a, page 38*
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	**3610**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item A4.1*
4.	**Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?**	**3612**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item A4.1*
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	**3614**	1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56* 2 ☐ No
CHECK ITEM A4.1	Refer to item 11b, page 5. Is this income source listed on the income roster?	**3615**	1 ☐ Yes – *ASK 5b* 2 ☐ No – *ASK 5a*

5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)**?**

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.

b. Did . . . receive any (Read name of income type) **in** (Read each month)**?**

NOTE – Social Security and SSI payments may be adjusted for inflation each January.

5c. Some persons receive more than one payment per month for certain income types.

▶ *For ISS codes 1 or 2 (SS or RR) read –*

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.**

▶ *For all other ISS codes read –*

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.**

(Last month)	**3616** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**3618** $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	
(2 months ago)	**3620** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**3622** $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	
(3 months ago)	**3624** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**3626** $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	
(4 months ago)	**3628** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**3630** $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	

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

CHECK ITEM A5	*Mark (X) income type code.*	3632	1 ☐ ISS Code 1 or 2 – *SKIP to Check Item A6.1* 2 ☐ ISS Code 8 or 20 through 24 3 ☐ All other income codes – *SKIP to next ISS Code or Statement A, page 56*

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

3634   1 ☐ Yes – *SKIP to Check Item A6*
        2 ☐ 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"?	3656	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

7a. What type of Veterans' payments did . . . receive?

3658   1 ☐ Service-connected disability compensation
        2 ☐ Survivor benefits
        3 ☐ Veterans' pension
        4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3660   1 ☐ Yes ⎱
        2 ☐ No   ⎰ *SKIP to next ISS Code or*
        X1 ☐ DK   *Statement A, page 56*

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?	3662	1 ☐ Yes – *SKIP to Check Item A7* 2 ☐ No

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes – blue and buff. Which color envelope does . . .'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)

3664   1 ☐ Blue
        2 ☐ Buff
        3 ☐ Direct deposit
        4 ☐ Other
        X1 ☐ DK

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

3666   1 ☐ First
        2 ☐ Third
        3 ☐ Other
        X1 ☐ DK

CHECK ITEM A7	*Refer to item 2, page 36.* Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	3668	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

NOTES

Section 3 – AMOUNTS (Continued)

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

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

NOTE – Social Security payments may be adjusted for inflation each January.

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

(Last month)	3670 1 ☐ Yes 2 ☐ No x1 ☐ DK	3672 $ _____ . 00 x1 ☐ DK x2 ☐ Ref.
(2 months ago)	3674 1 ☐ Yes 2 ☐ No x1 ☐ DK	3676 $ _____ . 00 x1 ☐ DK x2 ☐ Ref.
(3 months ago)	3678 1 ☐ Yes 2 ☐ No x1 ☐ DK	3680 $ _____ . 00 x1 ☐ DK x2 ☐ Ref.
(4 months ago)	3682 1 ☐ Yes 2 ☐ No x1 ☐ DK	3684 $ _____ . 00 x1 ☐ DK x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

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

3686 1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56*
2 ☐ No

b. Which children were covered?

	Person No.	Name
3688		
3690		
3692		
3694		
3696		
3698		

SKIP to next ISS Code or Statement A, page 56

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

3700 1 ☐ Yes – *SKIP to Check Item A7.1*
2 ☐ No

b. Which persons were covered?

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

NOTES

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?	3721	1 ☐ Yes – *ASK 12b* 2 ☐ No – *ASK 12a*

12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in *(Read each month)***?**

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.

b. Did . . . receive food stamps in *(Read each month)***?**

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

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

(Last month)	3722	1 ☐ Yes 2 ☐ No x1 ☐ DK	3724	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.
(2 months ago)	3726	1 ☐ Yes 2 ☐ No x1 ☐ DK	3728	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.
(3 months ago)	3730	1 ☐ Yes 2 ☐ No x1 ☐ DK	3732	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.
(4 months ago)	3734	1 ☐ Yes 2 ☐ No x1 ☐ DK	3736	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

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

Mark (X) all that apply.

3738	1 ☐ Last month
3740	2 ☐ 2 months ago
3742	3 ☐ 3 months ago
3744	4 ☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
3746		
3748		
3750		
3752		
3754		

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS

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

1. **You said . . . received (was authorized to receive)** *(Read name of income type)* **during the 4-month period.**

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

		Income code	Name of income type
	3800	☐ ☐	

CHECK ITEM A1 — *Mark (X) income type code.*

3802
- 1 ☐ ISS Code 1 or 2 (SS or RR)
- 2 ☐ ISS Code 25 (WIC) – *SKIP to 13a, page 43*
- 3 ☐ ISS Code 27 (Food Stamps) – *SKIP to 11a, page 42*
- 4 ☐ ISS Codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
- 5 ☐ Other ISS Codes – *SKIP to Check Item A4.1*

CHECK ITEM A2 — *Refer to cc item 27.*

Is . . . a designated parent or guardian of children under age 18?

3804
- 1 ☐ Yes
- 2 ☐ No – *SKIP to Check Item A3*

---

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

3806
- 1 ☐ Yes
- 2 ☐ No – *SKIP to Check Item A3*

---

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

3808
- 1 ☐ Yes
- 2 ☐ No – *SKIP to 9a, page 42*

CHECK ITEM A3 — *Refer to cc item 26a.*

Is . . . married?

3810
- 1 ☐ Yes
- 2 ☐ No – *SKIP to Check Item A4.1*

---

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

3812
- 1 ☐ Yes
- 2 ☐ No – *SKIP to Check Item A4.1*

CHECK ITEM A4 — Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?

3814
- 1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56*
- 2 ☐ No

CHECK ITEM A4.1 — *Refer to item 11b, page 5.*

Is this income source listed on the income roster?

3815
- 1 ☐ Yes – *ASK 5b*
- 2 ☐ No – *ASK 5a*

5a. **In which month, during the 4-month reference period, did . . . begin to receive** *(Read name of income type)*?

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.

b. **Did . . . receive any** *(Read name of income type)* **in** *(Read each month)*?

NOTE – Social Security and SSI payments may be adjusted for inflation each January.

5c. **Some persons receive more than one payment per month for certain income types.**

▶ *For ISS codes 1 or 2 (SS or RR) read –*

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.**

▶ *For all other ISS codes read –*

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.**

(Last month)	**3816** 1 ☐ Yes / 2 ☐ No / x1 ☐ DK	**3818** $. 00	x1 ☐ DK / x2 ☐ Ref.
(2 months ago)	**3820** 1 ☐ Yes / 2 ☐ No / x1 ☐ DK	**3822** $. 00	x1 ☐ DK / x2 ☐ Ref.
(3 months ago)	**3824** 1 ☐ Yes / 2 ☐ No / x1 ☐ DK	**3826** $. 00	x1 ☐ DK / x2 ☐ Ref.
(4 months ago)	**3828** 1 ☐ Yes / 2 ☐ No / x1 ☐ DK	**3830** $. 00	x1 ☐ DK / x2 ☐ Ref.

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	*Mark (X) income type code.*	**3832**	1 ☐ ISS Code 1 or 2 – *SKIP to Check Item A6.1* 2 ☐ ISS Code 8 or 20 through 24 3 ☐ All other income codes – *SKIP to next ISS Code or Statement A, page 56*

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

3834   1 ☐ Yes – *SKIP to Check Item A6*
        2 ☐ No

b. Which persons were covered?

Person No.   Name

3836
3838
3840
3842
3844
3846
3848
3850
3852
3854

CHECK ITEM A6	Is this ISS Code "8"?	**3856**	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

7a. What type of Veterans' payments did . . . receive?

3858   1 ☐ Service-connected disability compensation
        2 ☐ Survivor benefits
        3 ☐ Veterans' pension
        4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3860   1 ☐ Yes ⎫
        2 ☐ No   ⎬ *SKIP to next ISS Code or Statement A, page 56*
       x1 ☐ DK ⎭

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 ☐ Yes – *SKIP to Check Item A7* 2 ☐ No

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes – blue and buff. Which color envelope does . . .'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)

3864   1 ☐ Blue
        2 ☐ Buff
        3 ☐ Direct deposit
        4 ☐ Other
       x1 ☐ DK

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

3866   1 ☐ First
        2 ☐ Third
        3 ☐ Other
       x1 ☐ DK

CHECK ITEM A7	*Refer to item 2, page 40.* Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	**3868**	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

NOTES

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

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

NOTE – Social Security payments may be adjusted for inflation each January.

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

(Last month) .... | 3870 | 1 ☐ Yes 2 ☐ No x1 ☐ DK
| 3872 | $ _____ . 00
x1 ☐ DK
x2 ☐ Ref.

(2 months ago) .... | 3874 | 1 ☐ Yes 2 ☐ No x1 ☐ DK
| 3876 | $ _____ . 00
x1 ☐ DK
x2 ☐ Ref.

(3 months ago) .... | 3878 | 1 ☐ Yes 2 ☐ No x1 ☐ DK
| 3880 | $ _____ . 00
x1 ☐ DK
x2 ☐ Ref.

(4 months ago) .... | 3882 | 1 ☐ Yes 2 ☐ No x1 ☐ DK
| 3884 | $ _____ . 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

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

| 3886 | 1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56*
2 ☐ No

b. **Which children were covered?**

Person No.   Name

| 3888 | ☐☐☐
| 3890 | ☐☐☐
| 3892 | ☐☐☐
| 3894 | ☐☐☐
| 3896 | ☐☐☐
| 3898 | ☐☐☐

SKIP to next ISS Code or Statement A, page 56

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

| 3900 | 1 ☐ Yes – *SKIP to Check Item A7.1*
2 ☐ No

b. **Which persons were covered?**

Person No.   Name

| 3902 | ☐☐☐
| 3904 | ☐☐☐
| 3906 | ☐☐☐
| 3908 | ☐☐☐
| 3910 | ☐☐☐
| 3912 | ☐☐☐
| 3914 | ☐☐☐
| 3916 | ☐☐☐

NOTES

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? | 3921 | 1 ☐ Yes – *ASK 12b*
2 ☐ No – *ASK 12a* | |

12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in *(Read each month)***?**

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.

b. Did . . . receive food stamps in *(Read each month)***?**

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

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

(Last month)	3922	1 ☐ Yes 2 ☐ No x1 ☐ DK	3924	$ _____ . 00 x ☐ DK x ☐ Ref.	
(2 months ago)	3926	1 ☐ Yes 2 ☐ No x1 ☐ DK	3928	$ _____ . 00 x ☐ DK x ☐ Ref.	
(3 months ago)	3930	1 ☐ Yes 2 ☐ No x1 ☐ DK	3932	$ _____ . 00 x ☐ DK x ☐ Ref.	
(4 months ago)	3934	1 ☐ Yes 2 ☐ No x1 ☐ DK	3936	$ _____ . 00 x ☐ DK x ☐ Ref.	

SKIP to next ISS Code or Statement A, page 56

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

Mark (X) all that apply.

3938	1 ☐ Last month
3940	2 ☐ 2 months ago
3942	3 ☐ 3 months ago
3944	4 ☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
3946		
3948		
3950		
3952		
3954		

SKIP to next ISS Code or Statement A, page 56

NOTES

Section 3 – AMOUNTS

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

		Income code	Name of income type
1.	**You said . . . received (was authorized to receive)** (Read name of income type) **during the 4-month period.** (Read "was authorized to receive" if asking about "Food Stamps" – code 27.)	**4000** ☐☐	

CHECK ITEM A1	Mark (X) income type code.	**4002**

1 ☐ ISS Code 1 or 2 (SS or RR)
2 ☐ ISS Code 25 (WIC) – SKIP to 13a, page 47
3 ☐ ISS Code 27 (Food Stamps) – SKIP to 11a, page 46
4 ☐ ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4
5 ☐ Other ISS Codes – SKIP to Check Item A4.1

CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	**4004** 1 ☐ Yes 2 ☐ No – SKIP to Check Item A3

2.	**During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?**	**4006** 1 ☐ Yes 2 ☐ No – SKIP to Check Item A3

3.	**Did . . . also receive a separate payment for (himself/herself) during any of these months?**	**4008** 1 ☐ Yes 2 ☐ No – SKIP to 9a, page 46

CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	**4010** 1 ☐ Yes 2 ☐ No – SKIP to Check Item A4.1

4.	**Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?**	**4012** 1 ☐ Yes 2 ☐ No – SKIP to Check Item A4.1

CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	**4014** 1 ☐ Yes – SKIP to next ISS Code or Statement A, page 56 2 ☐ No

CHECK ITEM A4.1	Refer to item 11b, page 5. Is this income source listed on the income roster?	**4015** 1 ☐ Yes – ASK 5b 2 ☐ No – ASK 5a

5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?

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.

b. Did . . . receive any (Read name of income type) **in** (Read each month)?

NOTE – Social Security and SSI payments may be adjusted for inflation each January.

5c. Some persons receive more than one payment per month for certain income types.

▶ For ISS codes 1 or 2 (SS or RR) read –

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.**

▶ For all other ISS codes read –

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.**

(Last month)	**4016** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**4018** $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	
(2 months ago)	**4020** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**4022** $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	
(3 months ago)	**4024** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**4026** $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	
(4 months ago)	**4028** 1 ☐ Yes 2 ☐ No x1 ☐ DK	**4030** $ _____ . 00 x1 ☐ DK x2 ☐ Ref.	

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	*Mark (X) income type code.*	`4032`	1 ☐ ISS Code 1 or 2 – *SKIP to Check Item A6.1* 2 ☐ ISS Code 8 or 20 through 24 3 ☐ All other income codes – *SKIP to next ISS Code or Statement A, page 56*

6a. Were all the people living here covered by . . .'s payments?   `4034`   1 ☐ Yes – *SKIP to Check Item A6*
                                                      2 ☐ No

b. Which persons were covered?

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

CHECK ITEM A6	Is this ISS Code "8"?	`4056`	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

7a. What type of Veterans' payments did . . . receive?   `4058`   1 ☐ Service-connected disability compensation
                                                       2 ☐ Survivor benefits
                                                       3 ☐ Veterans' pension
                                                       4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?   `4060`   1 ☐ Yes ⎫
                                                       2 ☐ No ⎬ *SKIP to next ISS Code or Statement A, page 56*
                                                       X1 ☐ DK ⎭

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 ☐ Yes – *SKIP to Check Item A7* 2 ☐ No

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes – blue and buff. Which color envelope does . . .'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)   `4064`   1 ☐ Blue
                                                       2 ☐ Buff
                                                       3 ☐ Direct deposit
                                                       4 ☐ Other
                                                       X1 ☐ DK

b. Do . . .'s payments usually come on the first of the month or the third?   `4066`   1 ☐ First
                                                       2 ☐ Third
                                                       3 ☐ Other
                                                       X1 ☐ DK

CHECK ITEM A7	*Refer to item 2, page 44.* Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	`4068`	1 ☐ Yes 2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

NOTES

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

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

NOTE – Social Security payments may be adjusted for inflation each January.

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

(Last month) . . . .

4070	1 ☐ Yes
	2 ☐ No
	x1 ☐ DK

4072 $ _____ . 00
x1 ☐ DK
x2 ☐ Ref.

(2 months ago) . . . .

4074	1 ☐ Yes
	2 ☐ No
	x1 ☐ DK

4076 $ _____ . 00
x1 ☐ DK
x2 ☐ Ref.

(3 months ago) . . . .

4078	1 ☐ Yes
	2 ☐ No
	x1 ☐ DK

4080 $ _____ . 00
x1 ☐ DK
x2 ☐ Ref.

(4 months ago) . . . .

4082	1 ☐ Yes
	2 ☐ No
	x1 ☐ DK

4084 $ _____ . 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

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

4086 1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 56*
2 ☐ No

b. Which children were covered?

	Person No.	Name
4088		
4090		
4092		
4094		
4096		
4098		

SKIP to next ISS Code or Statement A, page 56

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

4100 1 ☐ Yes – *SKIP to Check Item A7.1*
2 ☐ No

b. Which persons were covered?

	Person No.	Name
4102		
4104		
4106		
4108		
4110		
4112		
4114		
4116		

NOTES

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 ☐ Yes – *ASK 12b* 2 ☐ No – *ASK 12a*

12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in *(Read each month)*?

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.

b. Did . . . receive food stamps in *(Read each month)*?

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

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

(Last month)	**4122**	1 ☐ Yes 2 ☐ No x1 ☐ DK	**4124**	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.
(2 months ago)	**4126**	1 ☐ Yes 2 ☐ No x1 ☐ DK	**4128**	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.
(3 months ago)	**4130**	1 ☐ Yes 2 ☐ No x1 ☐ DK	**4132**	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.
(4 months ago)	**4134**	1 ☐ Yes 2 ☐ No x1 ☐ DK	**4136**	$ ___ . 00 x1 ☐ DK x2 ☐ Ref.

SKIP to next ISS Code or Statement A, page 56

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

Mark (X) all that apply.

4138	1 ☐ Last month
4140	2 ☐ 2 months ago
4142	3 ☐ 3 months ago
4144	4 ☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
4146		
4148		
4150		
4152		
4154		

SKIP to next ISS Code or Statement A, page 56

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 ☐ ISS Code 100 – Regular/Passbook savings accounts
`4302` 2 ☐ ISS Code 101 – Money market deposit accounts
`4304` 3 ☐ ISS Code 102 – Certificates of deposit or other savings certificates
`4306` 4 ☐ 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 ☐ No spouse in household – *SKIP to 3b*
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – *SKIP to 3a*

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

`4310` 1 ☐ Yes
2 ☐ 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` $ ___ . 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

c. As of (*Read last day of reference period*), **what was the total amount that . . . and . . .'s (husband/wife) had in these jointly held** (*Read asset types*)? ★

`4314` $ ___ . 00 – *SKIP to 3a*
x3 ☐ None – *SKIP to 3a*
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

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

`4316` 1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 5*
2 ☐ No

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

`4318` 1 ☐ Yes
2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

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` $ ___ . 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

c. As of (*Read last day of reference period*), **what was the total amount that . . . had in these** (*Read asset types*)? ★

`4322` $ ___ . 00 } *SKIP to next ISS Code or Statement A, page 56*
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

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 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 6* } *SKIP to next ISS Code or Statement A, page 56*
2 ☐ No

NOTES

AMOUNTS – PARTS B & C

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

CHECK ITEM A10	Asset types owned. *Mark (X) all that apply.*		
		4400	1 ☐ ISS Code 104 – Money market funds
		4402	2 ☐ ISS Code 105 – U.S. Government securities
		4404	3 ☐ ISS Code 106 – Municipal or corporate bonds
		4406	4 ☐ ISS Code 107 – Other interest-earning assets – *Specify* ⟍

1. Earlier you said that . . . owned *(Read names of owned assets)* **which excluded IRA, Keogh, and 401K accounts.**

CHECK ITEM A11	Interview status of . . .'s spouse.	**4408**	1 ☐ No spouse in household – *SKIP to 3b* 2 ☐ Interview for spouse not yet conducted 3 ☐ Interview for spouse already conducted – *SKIP to 3a*

2a. Did . . . own any of these jointly with . . .'s **(husband/wife)?**
4410 1 ☐ Yes   2 ☐ 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))?
4412 $ _____ . 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

c. As of *(Read last day of reference period),* what was the total amount that . . . and . . .'s **(husband/wife)** had in these jointly held *(Read asset types)?* ★
4414 $ _____ . 00 – *SKIP to 3a*
x3 ☐ None – *SKIP to 3a*
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

d. If I were to call back later, would you be able to provide me with an estimate of the total amount? (This information is especially important for the purposes of this survey.)
4416 1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 7*
2 ☐ No

3a. Besides any *(Read asset types)* owned jointly with . . .'s **(husband/wife), did** . . . **own any other** *(Read asset types)?*
4418 1 ☐ Yes   2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

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))?
4420 $ _____ . 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

c. As of *(Read last day of reference period),* what was the total amount that . . . had in these *(Read asset types)?* ★
4422 $ _____ . 00 } *SKIP to next ISS Code or Statement A, page 56*
x3 ☐ None
- - - - - - - - - -
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

d. If I were to call back later, would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)
4424 1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 8* } *SKIP to next ISS Code or Statement A, page 56*
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)

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

1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)

`4500` 1 ☐ Yes
2 ☐ No }
x1 ☐ DK } SKIP to 3a

CHECK ITEM A12   Interview status of . . .'s spouse.

`4502` 1 ☐ No spouse in household – SKIP to 2a
2 ☐ Interview for spouse not yet conducted
3 ☐ 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` $ ☐ . `00` – SKIP to 2a
x3 ☐ None – SKIP to 2a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 56

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 ☐ Yes – Mark Callback Summary and Reminder Card, Item 9
2 ☐ No

2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)? ★

`4508` $ ☐ . `00` – SKIP to 3a
x3 ☐ None – SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 56

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 ☐ Yes – Mark Callback Summary and Reminder Card, Item 10
2 ☐ 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 ☐ Yes
2 ☐ No }
x1 ☐ DK } SKIP to Check Item A14

CHECK ITEM A13   Interview status of . . .'s spouse.

`4514` 1 ☐ No spouse in household – SKIP to 3c
2 ☐ Interview for spouse not yet conducted
3 ☐ 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` $ ☐ . `00`
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 56

c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?

`4518` $ ☐ . `00`
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 56

CHECK ITEM A14   Interview status of . . .'s spouse.

`8032` 1 ☐ No spouse in household – SKIP to 5b
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 5a

4a. As of (Read last day of reference period), what was the market value of the stocks or mutual funds held jointly by . . . and . . .'s (husband/wife)? ★

(Exclude stock in own corporation.)

`8034` $ ☐ . `00` – SKIP to 5a
x3 ☐ None – SKIP to 5a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 56

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

`8036` 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 11
2 ☐ No

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

5a. Besides the stocks or mutual fund shares held jointly with . . .'s (husband/wife), did . . . hold any other stocks or mutual fund shares?

| 8042 |

1 ☐ Yes

2 ☐ No – *SKIP to next ISS Code or Statement A, page 56*

b. **As of** *(Read last day of reference period)*, **what was the market value of the stocks or mutual funds . . . held in (his/her) OWN name?**

(Exclude stock in own corporation.)

★

| 8044 | $ [   ] . [00] } *SKIP to next ISS Code or Statement A, page 56*

x2 ☐ Ref.

x1 ☐ DK

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

| 8046 |

1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 12*

2 ☐ No

} *SKIP to next ISS Code or Statement A, page 56*

NOTES

AMOUNTS – PARTS D & E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

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

CHECK ITEM A15	Interview status of . . .'s spouse.	`4600` 1 ☐ No spouse in household – *SKIP to 3a* 2 ☐ Interview for spouse not yet conducted 3 ☐ Interview for spouse already conducted – *SKIP to 3a*

2a. Did . . . receive any rental income from property owned jointly by . . . and . . .'s (husband/wife) during the last 4 months?

Include only property owned entirely by couple.

`4602` 1 ☐ Yes
2 ☐ No – *SKIP to 2d*

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

`4604` $ _____ . 00

x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

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

`4606` $ _____ . 00 } *SKIP to 2e*

x3 ☐ None
x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

`4608` x4 ☐ Lost money – *Enter amount of loss in box – SKIP to 2e*

d. As of *(Read last day of reference period)*, did . . . own any rental property jointly with . . .'s (husband/wife)? (Include only property owned entirely by . . and . . .'s (husband/wife).)

`8052` 1 ☐ Yes
2 ☐ No ⎱ *SKIP to 3a*
x1 ☐ DK ⎰

e. How many properties did . . . own jointly with . . .'s (husband/wife) as of *(Read last day of reference period)*?

`8054` ☐☐ Number of properties

x3 ☐ None – *SKIP to 3a*
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

f. Were any of these properties attached to or located on the same land as . . .'s own residence?

`8056` 1 ☐ Yes – All rental properties on residence – *SKIP to 3a*
2 ☐ Yes – Some rental properties on residence
3 ☐ No

g. (Excluding properties attached to or located on . . .'s own residence,) as of *(Read last day of reference period)*, what was the total market value of the property(ies)?

★

`8068` $ _____ . 00 } *SKIP to 2i*

x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

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

`8070` 1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 13*
2 ☐ No

i. (Excluding properties attached to or located on . . .'s own residence,) was there a mortgage, deed of trust, or other debt on the property(ies)?

`8072` 1 ☐ Yes
2 ☐ No ⎱ *SKIP to 3a*
x1 ☐ DK ⎰

j. As of *(Read last day of reference period)*, how much principal was owed on the property(ies)?

`8074` $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

NOTES

Part E – RENTAL INCOME (ISS Code 120) (Continued)

3a. Did . . . receive rental income from property owned entirely in . . .'s OWN name during the last 4 four months?

`4610`   1 ☐ Yes
2 ☐ No – *SKIP to 3d*

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

`4612` $ _____ . 00

x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

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

`4614` $ _____ . 00 ⎫ *SKIP to 3e*

x3 ☐ None
x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

`4616`   x4 ☐ Lost money – *Enter amount of loss in box – SKIP to 3e*

d. As of *(Read last day of reference period)*, did . . . own any rental property in . . .'s OWN name?

`8076`   1 ☐ Yes
2 ☐ No ⎫ *SKIP to 4a, page 54*
x1 ☐ DK ⎭

e. How many properties did . . . own in . . .'s OWN name as of *(Read last day of reference period)*?

`8078`   ☐☐ Number of properties

x3 ☐ None – *SKIP to 4a, page 54*
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

f. Were any of these properties attached to or located on the same land as . . .'s own residence?

`8080`   1 ☐ Yes – All rental properties on residence – *SKIP to 4a, page 54*
2 ☐ Yes – Some rental properties on residence
3 ☐ No

g. (Excluding properties attached to or located on . . .'s own residence,) as of *(Read last day of reference period)*, what was the total market value of the property(ies)?

★

`8092` $ _____ . 00 ⎫ *SKIP to 3i*

x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

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

`8094`   1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 14*
2 ☐ No

i. (Excluding properties attached to or located on . . .'s own residence,) was there a mortgage, deed of trust, or other debt on the property(ies)?

`8096`   1 ☐ Yes
2 ☐ No ⎫ *SKIP to 4a, page 54*
x1 ☐ DK ⎭

j. As of *(Read last day of reference period)*, how much principal was owed on the property(ies)?

`8098` $ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

NOTES

Part E – RENTAL INCOME (ISS Code 120) (Continued)

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.)

`4618` 1 ☐ Yes
2 ☐ No – *SKIP to 4c*

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

`4620` $ _____ . `00` } *SKIP to 4d*
x3 ☐ None
x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

`4622` x4 ☐ Lost money – *Enter amount of loss in box – SKIP to 4d*

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c. Did . . . own any rental property jointly with others as of *(Read last day of reference period)*? (Not including property owned entirely by . . . and . . .'s spouse.)

`8100` 1 ☐ Yes
2 ☐ No } *SKIP to next ISS Code or Statement A, page 56*
x1 ☐ DK

---

d. How many properties did . . . own jointly with others as of *(Read last day of reference period)*?

`8102` ☐☐ Number of properties
x3 ☐ None – *SKIP to next ISS Code or Statement A, page 56*
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

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e. As of *(Read last day of reference period)*, what was the total market value of the property(ies)?

`8116` $ _____ . `00`
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

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f. Was there a mortgage, deed of trust, or other debt on the property(ies)?

`8118` 1 ☐ Yes
2 ☐ No } *SKIP to 4h*
x1 ☐ DK

---

g. As of *(Read last day of reference period)*, how much principal was owed on the property(ies)?

`8120` $ _____ . `00`
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

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h. As of *(Read last day of reference period)*, what was the total value of . . .'s SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.)

★

`8122` $ _____ . `00` – *SKIP to next ISS Code for Statement A, page 56*
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 56*

---

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

`8124` 1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 15* } *SKIP to next ISS Code or Statement A, page 56*
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A16	Asset types owned. *Mark (X) all that apply.*	`4700`	1 ☐ ISS Code 130 – Mortgages
		`4702`	2 ☐ ISS Code 140 – Royalties
		`4704`	3 ☐ ISS Code 150 – Other financial investments

CHECK ITEM A17	Is ISS Code 130 marked in Check Item A16	`4706`	1 ☐ Yes 2 ☐ No – *SKIP to 3*

CHECK ITEM A18	Interview status of . . .'s spouse.	`4708`	1 ☐ No spouse in household – *SKIP to 2b* 2 ☐ Interview for spouse not yet conducted 3 ☐ Interview for spouse already conducted – *SKIP to 2a*

1a. Earlier you said . . . held a mortgage. Did . . . own this jointly with . . .'s spouse?

`4710`   1 ☐ Yes   2 ☐ No – *SKIP to 2b*

b. During the past 4 months, how much interest was paid to . . . and . . .'s (husband/wife) by the borrower?

`4712` $ [_____] . [00]

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

2a. (Besides any jointly held mortgages,) did . . . hold any mortgages in . . .'s own name?

`4714`   1 ☐ Yes   2 ☐ No – *SKIP to Check Item A19*

b. (Earlier you said . . . held a mortgage.) During the past 4 months, how much interest was paid to . . . by the borrower?

`4716` $ [_____] . [00]

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM A19	Is ISS Code 140 or 150 marked in Check Item A16?	`4718`	1 ☐ Yes 2 ☐ No – *SKIP to Statement A, page 56*

3. Earlier you said . . . had (Read asset types). During the past 4 months, how much income did . . . receive from these (Read asset types)?

If income was shared, count only . . .'s share.

`4720` $ [_____] . [00]

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – *SKIP to Statement A, page 56*

`4722`   x4 ☐ Lost money – *Enter amount of loss in box*

CHECK ITEM A20	Is ISS Code 150 marked in Check Item A16?	`8130`	1 ☐ Yes 2 ☐ No – *SKIP to Statement A, page 56*

4. As of (Read last day of reference period), what was . . .'s equity in other financial investments? (By equity we mean the total market value less any debts held against it.)

If investment is jointly owned, count only . . .'s share of equity.

`8132` $ [_____] . [00]

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

} *SKIP to Statement A, page 56*

NOTES

Section 4 – TOPICAL MODULES

Part A – SELECTED FINANCIAL ASSETS

STATEMENT A ▶ These next questions concern various assets.

ASK OR VERIFY – **1a. Did . . . own any U.S. Savings Bonds as of** *(Read last day of reference period)?* *(Type E or EE bonds only.)*	**8204** 1 ☐ Yes 2 ☐ No – *SKIP to Check Item T1*

b. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned?
(If ownership was shared, count only . . .'s share.)
	8206 $ ☐☐☐☐ . 00
	     x1 ☐ DK
	     x2 ☐ Ref.

CHECK ITEM T1	Interview status of . . .'s spouse.	**8208** 1 ☐ No spouse in household – *SKIP to 2c*
		     2 ☐ Interview for spouse not yet conducted
		     3 ☐ Interview for spouse already conducted –
		        SKIP to 2c

2a. As of *(Read last day of reference period),* **did . . . own jointly with . . .'s (husband/wife) any checking accounts which did NOT earn interest?**	**8209** 1 ☐ Yes
	     2 ☐ No
	     x1 ☐ DK } *SKIP to 2c*
	     x2 ☐ Ref.

b. What is your best estimate of the amount of money . . . and . . .'s (husband/wife) had in those checking accounts as of *(Read last day of reference period)?*	**8210** $ ☐☐☐☐ . 00
	     x3 ☐ None
	     x1 ☐ DK
	     x2 ☐ Ref.

c. (Besides any checking accounts owned jointly with . . .'s spouse,) as of *(Read last day of reference period),* **did . . . own any (other) checking accounts which did NOT earn interest?**	**8232** 1 ☐ Yes
	     2 ☐ No
	     x1 ☐ DK } *SKIP to Check Item T2*
	     x2 ☐ Ref.

d. What is your best estimate of the amount of money . . . had in those checking accounts as of *(Read last day of reference period)?*
(If account was shared, count only . . .'s share.)
	8233 $ ☐☐☐☐ . 00
	     x3 ☐ None
	     x1 ☐ DK
	     x2 ☐ Ref.

CHECK ITEM T2	*Refer to cc item 24.* Is . . . 21 years of age or older?	**8258** 1 ☐ Yes 2 ☐ No – *SKIP to Statement B, page 58*

3a. Does . . . have any Individual Retirement Accounts – any IRAs – in . . .'s OWN name?
(If . . . is only included in spouse's IRA account, mark the "No" box.)
	8260 1 ☐ Yes
	     2 ☐ No
	     x1 ☐ DK } *SKIP to 4a*
	     x2 ☐ Ref.

b. For how many years has . . . contributed to . . .'s IRA accounts?	**8262** ☐☐ Years
	     x1 ☐ DK
	     x2 ☐ Ref. – *SKIP to 4a*

c. As of *(Read last day of reference period),* **what is the total balance or market value (including interest earned) of . . .'s IRA accounts?** ★	**8264** $ ☐☐☐☐ . 00 – *SKIP to 4a*
	     x1 ☐ DK
	     x2 ☐ Ref. – *SKIP to 4a*

d. If I were to call back later, would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	**8266** 1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 16* 2 ☐ No

NOTES

4a. Does . . . have a KEOGH account in . . .'s OWN name?

`8284`
1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.
} *SKIP to 5a*

b. For how many years has . . . contributed to . . .'s KEOGH account?

`8286` ☐☐ Years
x1 ☐ DK
x2 ☐ Ref. – *SKIP to 5a*

c. As of *(Read last day of reference period),* **what was the total balance or market value of assets in . . .'s KEOGH account(s)?**

★

`8288` $ ☐ . 00 – *SKIP to 5a*
x1 ☐ DK
x2 ☐ Ref. – *SKIP to 5a*

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

`8290`
1 ☐ Yes – *Mark Callback Summary and Reminder Card, Item 17*
2 ☐ No

5a. Does . . . have any life insurance? *(Include group policies provided by employers.)*

`8308`
1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.
} *SKIP to Statement B, page 58*

b. What is the FACE VALUE of ALL life insurance policies that . . . has?

`8310` $ ☐ . 00
x1 ☐ DK
x2 ☐ Ref.

c. What types of life insurance does . . . have – is it "term insurance", "whole life", or does . . . have both of these types?

`8312`
1 ☐ Term only
2 ☐ Whole life only
3 ☐ Both types
x1 ☐ DK

NOTES

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part B – MEDICAL EXPENSES AND WORK DISABILITY

STATEMENT B ➤	These next questions concern payments that . . . may have made last month for medical bills for himself/herself or his/her family.

1. During (Read last month), **did . . . pay any of the following:**

a. **Doctor bills?** . . . . 〔8400〕 1 ☐ Yes 2 ☐ No x1 ☐ DK

b. **Dentist bills?** . . . . 〔8402〕 1 ☐ Yes 2 ☐ No x1 ☐ DK

c. **Hospital bills?** . . . . 〔8404〕 1 ☐ Yes 2 ☐ No x1 ☐ DK

d. **Expenses for prescription medicine?** . . . . 〔8406〕 1 ☐ Yes 2 ☐ No x1 ☐ DK

CHECK ITEM T3	Is one or more "Yes" boxes marked in item 1?	〔8408〕 1 ☐ Yes 2 ☐ No – *SKIP to Check Item T4*

2. Not counting amounts already reported by another family member or amounts that will be reimbursed by insurance, how much did . . . pay for medical expenses in the month of (Read last month)**?**
〔8410〕 $ ☐☐☐☐ . 〔00〕
x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T4	Refer to cc item 24. What is . . .'s age?	〔8412〕 1 ☐ 15 years old – *SKIP to Check Item T8* 2 ☐ 16 to 67 years old 3 ☐ 68 years old or older – *SKIP to Check Item T8*

CHECK ITEM T5	Refer to item 18a on page 7. What is marked in item 18a?	〔8413〕 1 ☐ Item 18a is blank 2 ☐ "Yes" in item 18a – *SKIP to 3a* 3 ☐ "No" in item 18a – *Skip to Check Item T8*

STATEMENT C ➤	Now I want to ask about any health or physical condition . . . may have that affected . . .'s ability to work.

CHECK ITEM T6	Refer to cc item 47. Is "Disabled" (code 171) marked on the control card for . . .?	〔8416〕 1 ☐ Yes 2 ☐ No – *SKIP to 3b*

3a. We have recorded that . . .'s health or condition limits the kind or amount of work . . . can do. Is that correct?
〔8418〕 1 ☐ Yes – *SKIP to Check Item T7*
2 ☐ No – *SKIP to Check Item T8*

b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?
〔8420〕 1 ☐ Yes – *Mark "171" on ISS*
2 ☐ No – *SKIP to Check Item T8*

CHECK ITEM T7	Is "Worked" (code 170) marked on the ISS?	〔8422〕 1 ☐ Yes – *SKIP to Check Item T8* 2 ☐ No

4a. Does . . .'s health or condition prevent . . . from working at a job or business?
〔8424〕 1 ☐ Yes
2 ☐ No – *SKIP to Check Item T8*

b. Has . . . been prevented from working for the past 12 months or longer?
〔8426〕 1 ☐ Yes – *SKIP to Check Item T8*
2 ☐ No

c. Is it likely that . . . will be able to work at some time in the next 12 months?
〔8428〕 1 ☐ Yes
2 ☐ No
x1 ☐ DK

Go to Check Item T8

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES

CHECK ITEM T8	Is this the reference person's questionnaire?	8526	1 ☐ Yes 2 ☐ No – *SKIP to Check Item P1, page 62*

STATEMENT D ➤ **These next questions concern housing cost and automobile ownership.**

CHECK ITEM T9	*Refer to cc item 15.* Tenure	8530	1 ☐ Owned or being bought 2 ☐ Rented for cash – *SKIP to 2* 3 ☐ Occupied without cash payment – *SKIP to 3*

ASK OR VERIFY –

1. Which persons in this household are the owners of this home?

Person No.　　　　　　　　　Name

8532	☐☐☐
8534	☐☐☐
8536	☐☐☐

2. How much was this household's (rent/mortgage payment) last month?

(Include any condominium or association fees.)

8538　$ _____ . 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. } *SKIP to Check Item T11*

3. How much did this household pay for electricity, gas, and other utilities last month?

(Other utilities include other fuels, water, and basic telephone service. Include only payments made in addition to those reported in item 2.)

8540　$ _____ . 00

x3 ☐ Nothing or included in rent
x1 ☐ DK
x2 ☐ Ref. } *SKIP to Check Item T11*

CHECK ITEM T10	*Refer to cc items 19b, 23, and 24.* Composition of household	8542	1 ☐ One person household 2 ☐ Married-couple household, no other person 18 or older 3 ☐ Single parent household, no other person 18 or older } *SKIP to Check Item T11* 4 ☐ Other composition

4. Did more than one of the persons living here pay for the (rent/mortgage payment) and utilities last month?

8544　1 ☐ Yes – *SKIP to 6*
　　　 2 ☐ No

5. Which person paid?

Person No.　　　　　　　Name

8546　☐☐☐　　　} *SKIP to Check Item T11*

6. Which persons paid and how Much did each pay?

	Person 1	Person 2	Person 3
Person No.	8548 ☐☐☐	8550 ☐☐☐	8552 ☐☐☐
Name	_____	_____	_____
	8554 $ _____ . 00	8556 $ _____ . 00	8558 $ _____ . 00
	x1 ☐ DK x2 ☐ Ref.	x1 ☐ DK x2 ☐ Ref.	x1 ☐ DK x2 ☐ Ref.

CHECK ITEM T11	*Refer to cc items 18, and 23.* Number of persons in household	8560	1 ☐ One – *SKIP to Check Item T12* 2 ☐ Two or more

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

7a. Last month, did anyone here pay for the care of a child or a disabled person so that a household member could work, attend training, or look for a job?

`8562` 1 ☐ Yes
2 ☐ No – *SKIP to Check Item T12*

b. What was the total cost of these care arrangements for the month of *(Read last month)*?

`8564` $ [_____] . 00

x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T12 *Refer to cc items 16a and 16b.* Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?

`8658` 1 ☐ In a public housing project } *SKIP to 9a*
2 ☐ Subsidized
3 ☐ Neither public nor subsidized

8a. Does . . . or anyone else in this household own any (other) real estate such as a vacation home or undeveloped lot? Exclude rental property previously reported or rental property attached to or located on the same land as . . .'s own residence.

`8660` 1 ☐ Yes
2 ☐ No }
x1 ☐ DK } *SKIP to 9a*

b. Which persons in this household are the owners of this (these) property(ies)?

Person No.   Name
`8662` [___]
`8664` [___]

c. What is the total value of *(Read persons' names)* equity in this (these) property(ies)? (By equity, we mean the amount that could be obtained by selling the property and paying off any debts.)

Count only share owned by household members.

`8666` $ [_____] . 00

x1 ☐ DK
x2 ☐ Ref.

9a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?

`8714` 1 ☐ Yes
2 ☐ No – *SKIP to 10a*

b. How many cars, trucks, or vans are owned by members of this household?

`8716` [__] Number of motor vehicles

(Ask items 9c–9g for vehicle 1 and then return to 9c for additional vehicles.)	Vehicle 1	Vehicle 2	Vehicle 3
c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?	Person No. `8718` [___] Name _____	Person No. `8720` [___] Name _____	Person No. `8722` [___] Name _____
	Person No. `8724` [___] Name _____	Person No. `8726` [___] Name _____	Person No. `8728` [___] Name _____
d. What is the year, make, and model of this vehicle?	`8730` 1 9 [__] x1 ☐ DK	`8732` 1 9 [__] x1 ☐ DK	`8734` 1 9 [__] x1 ☐ DK
	PGM 8 Make `8735` _____ `8736` x1 ☐ DK	PGM 8 Make `8737` _____ `8738` x1 ☐ DK	PGM 8 Make `8739` _____ `8740` x1 ☐ DK
	Model `8741` _____ `8742` x1 ☐ DK	Model `8743` _____ `8744` x1 ☐ DK	Model `8745` _____ `8746` x1 ☐ DK
	OFFICE USE ONLY PGM 7 `8748` [____]	**OFFICE USE ONLY** PGM 7 `8750` [____]	**OFFICE USE ONLY** PGM 7 `8752` [____]

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

	Vehicle 1	Vehicle 2	Vehicle 3
9e. Is this vehicle owned free and clear, or is there still money owed on it?	**8754** 1 ☐ Money owed 2 ☐ Free and clear } *SKIP to 9g* x1 ☐ DK	**8756** 1 ☐ Money owed 2 ☐ Free and clear } *SKIP to 9g* x1 ☐ DK	**8758** 1 ☐ Money owed 2 ☐ Free and clear } *SKIP to 9g* x1 ☐ DK
f. How much is currently owed for this vehicle?	**8760** $ ___ . 00 x1 ☐ DK – *Probe* x2 ☐ Ref.	**8761** $ ___ . 00 x1 ☐ DK – *Probe* x2 ☐ Ref.	**8762** $ ___ . 00 x1 ☐ DK – *Probe* x2 ☐ Ref.
g. Is this vehicle used primarily for either business purposes or for the transportation of a disabled person?	**8763** 1 ☐ Yes 2 ☐ No	**8764** 1 ☐ Yes 2 ☐ No	**8765** 1 ☐ Yes 2 ☐ No
CHECK ITEM T13 Is there another vehicle which has not been asked about?	**8766** 1 ☐ Yes – *Ask 9c for next vehicle* 2 ☐ No – *Go to 10a*	**8768** 1 ☐ Yes – *Ask 9c for next vehicle* 2 ☐ No – *Go to 10a*	*Go to 10a*

10a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?

Mark (X) all that apply.

- **8770** 1 ☐ Motorcycle
- **8772** 2 ☐ Boat
- **8774** 3 ☐ Recreational vehicle (RV)
- **8776** 4 ☐ Other – *Specify* _____
- **8778** 5 ☐ No – *SKIP to Check Item P1, page 62*

Ask items 10b–10e for each category of vehicle.	Category 1	Category 2
b. Who is (are) the owner(s) of the *(Read first/second category marked in 10a)***?**	Person No. Name **8780** [ ] Person No. Name **8784** [ ]	Person No. Name **8782** [ ] Person No. Name **8786** [ ]
c. If this vehicle were sold, what would it sell for in its present condition?	**8788** $ ___ . 00 x1 ☐ DK – *Probe* x2 ☐ Ref. – *SKIP to Check Item T14*	**8790** $ ___ . 00 x1 ☐ DK – *Probe* x2 ☐ Ref. – *SKIP to Check Item P1, page 62*
d. Is (are) this (these) vehicle(s) owned free and clear, or is there still money owed on it (them)?	**8792** 1 ☐ Money owed 2 ☐ Free and clear } *SKIP to Check Item T14* x1 ☐ DK	**8794** 1 ☐ Money owed 2 ☐ Free and clear } *SKIP to Check Item P1, page 62* x1 ☐ DK
e. How much is currently owed for this (these) vehicle(s)?	**8796** $ ___ . 00 x1 ☐ DK – *Probe* x2 ☐ Ref.	**8798** $ ___ . 00 x1 ☐ DK – *Probe* x2 ☐ Ref.
CHECK ITEM T14 Is there another vehicle which has not been asked about?	**8800** 1 ☐ Yes – *Ask 10b for next vehicle* 2 ☐ No – *Go to Check Item P1, page 62*	*Go to Check Item P1, page 62*

NOTES

Section 5 – PROGRAM QUESTIONS

CHECK ITEM P1	*Refer to cc item 19b.* Is this the reference person's questionnaire?	**4800**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item C1, page 64*
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)	**4802**	1 ☐ Yes 2 ☐ No – *SKIP to 2a*

1a. What is your monthly rent?

Include only the amount the respondent pays for rent.

Exclude any amount paid by the government.

4804 $ ____ . 00

x3 ☐ None
x1 ☐ DK ⎫
x2 ☐ Ref. ⎭ *SKIP to 2a*

b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?

Exclude telephone.

4806 1 ☐ Yes
2 ☐ No
x1 ☐ 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?

4816 1 ☐ Yes
2 ☐ No ⎫
x1 ☐ 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.

4818 1 ☐ Checks sent to household
4820 2 ☐ Coupons or vouchers sent to household
4822 3 ☐ 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 ☐ DK

CHECK ITEM P3	Are there any children 5 to 18 years old who live in this household?	**4826**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item C1, page 64*

3a. Do any of the children in this household usually eat a complete hot lunch offered at school?

4828 1 ☐ Yes
2 ☐ No – *SKIP to Check Item C1, page 64*

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 ☐ 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?

4834 1 ☐ Yes
2 ☐ 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.

4836 1 ☐ Free lunch – *SKIP to 3g*
2 ☐ Reduced-price lunch
3 ☐ Full-price lunch

f. What was the average price paid by all of the children for a complete school lunch?

4838 $ ____ . ____
x1 ☐ DK

g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?

4840 1 ☐ Yes
2 ☐ No – *SKIP to Check Item C1, page 64*

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 ☐ DK

j. In the past 4 months, were the breakfasts free, reduced price, or were they full price?

Mark (X) only one.

4846 1 ☐ Free breakfast
2 ☐ Reduced-price breakfast
3 ☐ Full-price breakfast

PROGRAM QUESTIONS

NOTES

CALLBACK SUMMARY

CHECK ITEM C1	Are any items marked on Reminder Card for . . .?	5000	1 ☐ Yes – *Mark appropriate item(s) below, then SKIP to Check Item C2* 2 ☐ No – *SKIP to Check Item C2*

☐ **1.** Social Security Number *(Enter in cc item 33a)*

☐☐☐ - ☐☐ - ☐☐☐☐ x1 ☐ DK x2 ☐ Ref. x3 ☐ None

☐ **2.** Medicare claim number *(Item 23b, page 8)*

5002 ☐☐☐☐ - ☐☐ - 5004 ☐☐☐☐ - 5005 ☐☐

3. EMPLOYER

☐ **a.** Employer #1 *(Item 8a, page 17)*

What was the total amount of pay received before deductions on this job in . . .?

5006	$	. 00	Last month	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5008	$	. 00	2 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5010	$	. 00	3 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5012	$	. 00	4 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None

☐ **b.** Employer #2 *(Item 16a, page 19)*

What was the total amount of pay received before deductions on this job in . . .?

5014	$	. 00	Last month	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5016	$	. 00	2 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5018	$	. 00	3 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5020	$	. 00	4 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None

4. SELF-EMPLOYMENT

☐ **a.** Self-employment #1 *(Item 7, page 21)*

What was the total amount of income received from this business in . . .?

5022	$	. 00	Last month	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5024	$	. 00	2 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5026	$	. 00	3 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5028	$	. 00	4 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None

☐ **b.** Self-employment #2 *(Item 18, page 23)*

What was the total amount of income received from this business in . . .?

5030	$	. 00	Last month	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5032	$	. 00	2 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5034	$	. 00	3 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None
5036	$	. 00	4 months ago	x1 ☐ DK	x2 ☐ Ref.	x3 ☐ None

Amounts as of [Month/Day/Year] (the last day of the reference period)

☐ **5.** What was the total amount in savings/Money market deposit accounts/CD's/Interest-earning checking accounts held jointly by husband and wife? *(Item 2c, page 48)*

5038 $. 00
x1 ☐ DK
x2 ☐ Ref.
x3 ☐ None

☐ **6.** What was the total amount in savings/Money market deposit accounts/CD's/Interest-earning checking accounts in *own* name? *(Item 3c, page 48)*

5040 $. 00
x1 ☐ DK
x2 ☐ Ref.
x3 ☐ None

☐ **7.** What was the total amount in Money market funds/securities/bonds held jointly by husband and wife? *(Item 2c, page 49)*

5042 $. 00
x1 ☐ DK
x2 ☐ Ref.
x3 ☐ None

☐ **8.** What was the total amount in Money market funds/securities/bonds in own name? *(Item 3c, page 49)*

5044 $. 00
x1 ☐ DK
x2 ☐ Ref.
x3 ☐ None

CALLBACK SUMMARY

CALLBACK SUMMARY (Continued)

Amounts for the 4-month period of [Month_____] through [Month_____]

9. What was the amount received in dividends jointly by husband and wife during the 4-month period? *(Item 1b, page 50)*

`5048` $ _____ . `00`
- x1 ☐ DK
- x2 ☐ Ref.
- x3 ☐ None

10. What was the amount received in dividends in own name during the 4-month period? *(Item 2a, page 50)*

`5050` $ _____ . `00`
- x1 ☐ DK
- x2 ☐ Ref.
- x3 ☐ None

Amounts as of [Month/day/year_____] (the last day of the reference period)

11. What was the market value of stocks and mutual funds held jointly by husband and wife? *(Item 4a, page 50)*

`8858` $ _____ . `00`
- x1 ☐ DK
- x2 ☐ Ref.
- x3 ☐ None

12. What was the market value of stocks and mutual funds held in own name? *(Item 5b, page 51)*

`8860` $ _____ . `00`
- x1 ☐ DK
- x2 ☐ Ref.

13. What was the market value of rental property owned jointly by husband and wife? *(Item 2g, page 52)*

`8862` $ _____ . `00`
- x1 ☐ DK
- x2 ☐ Ref.

14. What was the market value of rental property owned in own name? *(Item 3g, page 53)*

`8864` $ _____ . `00`
- x1 ☐ DK
- x2 ☐ Ref.

15. What was the share of equity in rental property held jointly with others? *(Item 4h, page 54)*

`8866` $ _____ . `00`
- x1 ☐ DK
- x2 ☐ Ref.

16. What was the total balance or market value (including interest earned) of IRA accounts? *(Item 3c, page 56)*

`8868` $ _____ . `00`
- x1 ☐ DK
- x2 ☐ Ref.

17. What was the total balance or market value of assets in KEOGH account(s)? *(Item 4c, page 57)*

`8870` $ _____ . `00`
- x1 ☐ DK
- x2 ☐ Ref.

CHECK ITEM C2 | Has an interview been conducted for all household members 15+?

`5052`
- 1 ☐ Yes – *Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW*
- 2 ☐ No – *Enter finish time for this household member, THEN interview next 15+ household member*

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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
		35	Local government pensions
8	Veterans' compensation or pensions	36	Income from paid-up life insurance policies or annuities
9	Black Lung payments	37	Estates and trusts
10	Workers' Compensation	38	Other payments for retirement, disability, or survivor
11	State temporary sickness or disability benefits		
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
		56	Other cash income not included elsewhere
27	Food Stamps		

ASSET LIST / SPECIAL INDICATORS

Code	Type	Code	Type
ASSET LIST		**SPECIAL INDICATORS**	
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
		174	U.S. Savings Bonds (E, EE)
104	Money market funds	175	College Work Study
105	U.S. Government securities	176	PELL Grant
106	Municipal or corporate bonds	177	Supplemental Educational Opportunity Grant (SEOG)
107	Other interest-earning assets	178	Perkins Loan or National Direct Student Loan (NDSL)
110	Stocks or mutual fund shares	179	Stafford Loan or Guaranteed Student Loan (GSL)
120	Rental property	180	Parent Loan to Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)
130	Mortgages		
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 (a)	Mark (X) (b)	Record use code 1 = Yes 2 = No 3 = Ref. 4 = Sp. Q. (c)	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. Current reference period: _____ , _____ , _____ , and _____ Previous reference Period: _____ , _____ , _____ , and _____ Month and year of next interview: _____ , 19 ____ (d)	Amounts section page number (e)
1			INCOME CODES 1–7 Social Security	
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)	A – 24
27			Food Stamps	28
28			Child support payments	32
29			Alimony payments	36 40 44
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	
101			Money market deposit accounts	(B) – 48
102			Certificates of deposit or other savings certificates	
103			Interest-earning checking accounts (such as NOW or Super-NOW accounts)	
104			Money market funds	
105			U.S. Government securities	(C) – 49
106			Municipal or corporate bonds	
107			Other interest-earning assets	
110			Stocks or mutual fund shares	(D) – 50
120			Rental property	(E) – 52
130			Mortgages	
140			Royalties	(F) – 55
150			Other financial investments	
170			SPECIAL INDICATOR CODES 170–183, 200, 201 Worked	Section 2
171			Disabled	
172			Medicare	
173			Medicaid	
174			U.S. Savings Bonds	DO NOT FILL
200			VA disability rating of 100%	
201			VA disability rating of less than 100%	

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
Check Item R31	12
11a, Finish time (Cover Page)	1

LABOR FORCE AND RECIPIENCY

EARNINGS AND EMPLOYMENT

AMOUNTS – PART A

AMOUNTS – PARTS B & C

AMOUNTS – PARTS D & E

TOPICAL MODULES

PROGRAM QUESTIONS

CALLBACK SUMMARY