

**SURVEY OF INCOME
AND PROGRAM
PARTICIPATION
1993 PANEL
WAVE 5 QUESTIONNAIRE**

P G M	1. Book	2. (cc 1)	3a. (cc 2)					b. (cc 3)
	_____	R.O. code	PSU	Segment	Serial	Sample	Check digit	Add. ID
6	of _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 3	<input type="text"/>	<input type="text"/>

Code			Name

SKIP
to 8

2 ☐ No – *SKIP to section 1, item 1, page 2*

2 ☐ No

Day } Fill start time in item 9a,
then go to Introduction

Minutes

2 ☐ No - SKIP to section 1, item 1, page 2 x2 ☐ Ref. } section 1, item 1, page 2

² ☐ Outside the United States

Minutes

Minutes

1 ☐ Phone interview

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.)

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 RECEIPIENCY (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
1102
1104
1106
1108
1110

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6

1112
1114
1116
1118
1120
1122

☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12

1124
1126
1128
1130
1132
1134

☐ 13
☐ 14
☐ 15
☐ 16
☐ 17
☐ 18

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

1136

- 1 ☐ Yes
2 ☐ No - SKIP to 7a

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

Mark (X) all that apply.

1138
1140
1142
1144
1146
1148

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6

1150
1152
1154
1156
1158
1160

☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12

1162
1164
1166
1168
1170
1172

☐ 13
☐ 14
☐ 15
☐ 16
☐ 17
☐ 18

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

Mark (X) only one.

1174

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

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

1176

- 1 ☐ Yes
2 ☐ No - SKIP to 7e

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

Mark (X) all that apply.

1178
1180
1182
1184
1186
1188
1190

x5 ☐ All weeks without a job

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6

1192
1194
1196
1198
1200
1202

☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12

1204
1206
1208
1210
1212
1214

☐ 13
☐ 14
☐ 15
☐ 16
☐ 17
☐ 18

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

1216

- 1 ☐ Yes - SKIP to 7e
2 ☐ No

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

Mark (X) only one.

1218

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

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

1220

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

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

Mark (X) all that apply.

1222
1224
1226
1228

- 1 ☐ Last month
2 ☐ 2 months ago
3 ☐ 3 months ago
4 ☐ 4 months ago

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1230</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div> <div style="margin-left: 5px;">Hours per week</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">x3 <input type="checkbox"/> None</div> <div style="margin-right: 5px;">x1 <input type="checkbox"/> DK</div> <div style="font-size: 2em;">}</div> <div>SKIP to Check Item R4</div> </div> </div>
<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">CHECK ITEM R3</div> <div style="margin-top: 5px;"> <i>Refer to item 8a.</i> Did . . . usually work 35 or more hours per week? </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1231</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8c </div> </div>
8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1232</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R4 </div> </div>
c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1233</div> <div>x5 <input type="checkbox"/> All weeks</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1234</div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-right: 5px;"></div> <div>Weeks last month</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1235</div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-right: 5px;"></div> <div>Weeks 2 months ago</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1236</div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-right: 5px;"></div> <div>Weeks 3 months ago</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1237</div> <div style="border: 1px solid black; width: 50px; height: 20px; margin-right: 5px;"></div> <div>Weeks 4 months ago</div> </div> </div>
d. What was the main reason . . . worked fewer than 35 hours in those weeks? <i>Mark (X) only one.</i>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1238</div> <div> 1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other – Specify <u> </u> </div> </div>
<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">CHECK ITEM R4</div> <div style="margin-top: 5px;"> <i>Refer to item 5a, page 2.</i> <i>(Absent without pay any full weeks.)</i> The response to item 5a is: </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1239</div> <div> 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – SKIP to Check Item R5 </div> </div>
9a. During this 4-month period, did . . . receive any State unemployment compensation payments?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1240</div> <div> 1 <input type="checkbox"/> Yes – Mark "5" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R5 </div> </div>
b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1242</div> <div> 1 <input type="checkbox"/> Yes – Mark "6" on ISS 2 <input type="checkbox"/> No </div> </div>
<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">CHECK ITEM R5</div> <div style="margin-top: 5px;"> Is "Worked" (code 170) marked on the ISS? </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1244</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R6 </div> </div>
10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1246</div> <div> 1 <input type="checkbox"/> Yes – Mark "10" on ISS 2 <input type="checkbox"/> No </div> </div>
<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">CHECK ITEM R6</div> <div style="margin-top: 5px;"> <i>Refer to cc items 44–47.</i> Was an interview obtained for . . . last reference period? </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1248</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R11, page 6 </div> </div>
<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">CHECK ITEM R7</div> <div style="margin-top: 5px;"> <i>Refer to item 11b, page 5.</i> Are any income types listed in the Income Roster? </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1250</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12a </div> </div>

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1255 <input type="text"/> Month last rec'd x3 <input type="checkbox"/> Never received
2		1256	1258 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1259 <input type="text"/> Month last rec'd x3 <input type="checkbox"/> Never received
3		1260	1262 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1263 <input type="text"/> Month last rec'd x3 <input type="checkbox"/> Never received
4		1264	1266 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1267 <input type="text"/> Month last rec'd x3 <input type="checkbox"/> Never received
5		1268	1270 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1271 <input type="text"/> Month last rec'd x3 <input type="checkbox"/> Never received
6		1272	1274 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1275 <input type="text"/> Month last rec'd x3 <input type="checkbox"/> Never received
7		1276	1278 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1279 <input type="text"/> Month last rec'd x3 <input type="checkbox"/> Never received
8		1280	1282 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No – Fill col. (5).	1283 <input type="text"/> Month last rec'd x3 <input type="checkbox"/> 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 plans
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	<input type="checkbox"/> 1 Yes – Mark "171" on ISS and SKIP to 23a, page 8 <input type="checkbox"/> 2 No
CHECK ITEM R10	Refer to cc item 24. Is ... 65 years of age or older?	1328	<input type="checkbox"/> 1 Yes – SKIP to 23a, page 8 <input type="checkbox"/> 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	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to Check Item R12
14a. How long did ... serve on active duty in the Armed Forces?		1332	<input type="checkbox"/> 1 Less than 6 months <input type="checkbox"/> 2 6 to 23 months <input type="checkbox"/> 3 2 to 19 years <input type="checkbox"/> 4 20 or more years <input type="checkbox"/> X1 DK
b. Does ... have a service connected disability; that is, a health condition or impairment caused or made worse by military service?		1334	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> X1 DK } SKIP to 14d
c. What is ...'s VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		1336	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>Percent</div> </div> <input type="checkbox"/> X3 0% <input type="checkbox"/> X1 DK <input type="checkbox"/> X2 Ref. <input type="checkbox"/> 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	<input type="checkbox"/> 1 Yes – Mark "8" on ISS <input type="checkbox"/> 2 No
CHECK ITEM R12	Refer to cc item 24. Is ... 18 years of age or older?	1340	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 18a
15a. During this 4-month period, did ... receive any Social Security payments?		1342	<input type="checkbox"/> 1 Yes – Mark "1" on ISS <input type="checkbox"/> 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	<input type="checkbox"/> 1 Retired? <input type="checkbox"/> 2 Disabled? <input type="checkbox"/> 3 Widowed or surviving child? <input type="checkbox"/> 4 Spouse or dependent child? <input type="checkbox"/> 5 Some other reason <input type="checkbox"/> X1 DK } SKIP to 16a
c. Sometimes people get Social Security for more than one reason. Is there another reason ... receives Social Security?		1346	<input type="checkbox"/> 1 Retired <input type="checkbox"/> 2 Disabled <input type="checkbox"/> 3 Widowed or surviving child <input type="checkbox"/> 4 Spouse or dependent child <input type="checkbox"/> 5 No other reason <input type="checkbox"/> X1 DK
CHECK ITEM R13	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	1348	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 16a
15d. At what age did ... begin receiving Social Security because of (his/her) disability?		1349	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>Age in years</div> </div> <input type="checkbox"/> X1 DK <input type="checkbox"/> 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	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 16a
15e. During the 4-month period, did ... receive any Social Security payments especially for ...'s children (under 18)?		1352	<input type="checkbox"/> 1 Yes – Mark "1" on ISS <input type="checkbox"/> 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	<input type="checkbox"/> 1 Yes – Mark "3" on ISS <input type="checkbox"/> 2 No – SKIP to Check Item R15
b. Who received the SSI (Supplemental Security Income) payment? Mark (X) only one.		1355	<input type="checkbox"/> 1 Adult(s) <input type="checkbox"/> 2 Child(ren) <input type="checkbox"/> 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	<input type="checkbox"/> 1 Yes – Mark "4" on ISS <input type="checkbox"/> 2 No
CHECK ITEM R15	Refer to cc item 24. Is ... 40 years of age or older?	1358	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 18a

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

17a. Has . . . ever retired from a job or business? (Include retirement from the military.)	1360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R16
b. During the 4-month period, did . . . receive any retirement income other than Social Security?	1362 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 17d
c. What kind of retirement income? Anything else? Mark (X) all that apply.	1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement - Mark "2" on ISS 1366 2 <input type="checkbox"/> Pension from company or union (including income from profit sharing plans) - Mark "30" on ISS 1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension - Mark "31" on ISS 1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) - Mark "32" on ISS 1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement - Mark "33" on ISS 1374 6 <input type="checkbox"/> State government pension - Mark "34" on ISS 1376 7 <input type="checkbox"/> Local government pension - Mark "35" on ISS 1378 8 <input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type not listed or "DK," enter code "38" Z - Mark ISS 1380 <input type="text"/> <input type="text"/>
d. During the 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?	1382 1 <input type="checkbox"/> Yes - Mark "36" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R16 Refer to cc item 24. Is . . . 70 years of age or older?	1384 1 <input type="checkbox"/> Yes - SKIP to Check Item R17 2 <input type="checkbox"/> No
18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	1386 1 <input type="checkbox"/> Yes - Mark "171" on ISS 2 <input type="checkbox"/> No - SKIP to Check Item R17
b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	1388 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17
c. What kind of income? Anything else? Mark (X) all that apply.	1390 1 <input type="checkbox"/> U.S. Government Railroad Retirement - Mark "2" on ISS 1392 2 <input type="checkbox"/> Black Lung payments - Mark "9" on ISS 1394 3 <input type="checkbox"/> Workers' Compensation - Mark "10" on ISS 1396 4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own - Mark "13" on ISS 1398 5 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) - Mark "30" on ISS 1400 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension - Mark "31" on ISS 1402 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) - Mark "32" on ISS 1406 8 <input type="checkbox"/> State government pension - Mark "34" on ISS 1408 9 <input type="checkbox"/> Local government pension - Mark "35" on ISS 1410 10 <input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type not listed or "DK," enter code "38" Z - Mark ISS 1412 <input type="text"/> <input type="text"/>
CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?	1414 1 <input type="checkbox"/> Married - SKIP to 20 2 <input type="checkbox"/> Widowed - SKIP to 22a 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married - SKIP to Check Item R18
19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?	1416 1 <input type="checkbox"/> Yes - Mark "29" on ISS and SKIP to Check Item R18 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R18 x2 <input type="checkbox"/> 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 <input type="checkbox"/> Widowed - SKIP to 22a 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No - SKIP to Check Item R21

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R18	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	1420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R19</i>
21.	Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422 1 <input type="checkbox"/> Yes – <i>Mark "28" on ISS</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R19	Refer to item 20, page 7. Is "Both widowed and divorced" (box 3) marked?	1424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R21</i>
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item R21</i> x1 <input type="checkbox"/> DK
b.	What kind of income was this? Was there anything else? <i>(Read all of Flashcard K if necessary.)</i> <i>Mark (X) all that apply.</i>	1428 1 <input type="checkbox"/> U.S. Government Railroad Retirement – <i>Mark "2" on ISS</i> 1430 2 <input type="checkbox"/> Veterans' compensation or pension – <i>Mark "8" on ISS</i> 1432 3 <input type="checkbox"/> Black Lung payments – <i>Mark "9" on ISS</i> 1434 4 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – <i>Mark "30" on ISS</i> 1436 5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – <i>Mark "31" on ISS</i> 1438 6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – <i>Mark "32" on ISS</i> 1440 7 <input type="checkbox"/> National Guard or Reserve Forces retirement – <i>Mark "33" on ISS</i> 1442 8 <input type="checkbox"/> State government pension – <i>Mark "34" on ISS</i> 1444 9 <input type="checkbox"/> Local government pension – <i>Mark "35" on ISS</i> 1446 10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities – <i>Mark "36" on ISS</i> 1448 11 <input type="checkbox"/> Payments from estate or trust – <i>Mark "37" on ISS</i> 1450 12 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type is not listed or "DK," enter code "38" → Mark ISS</i> 1452 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
CHECK ITEM R20	Refer to item 22b above. Is "Veterans compensation or pension" (box 2) marked?	1454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R21</i>
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456 1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R21	Refer to cc item 24. Is . . . 65 years of age or older?	1458 1 <input type="checkbox"/> Yes – <i>SKIP to 23a</i> 2 <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R23</i>
23a.	Medicare is a health insurance program for disabled persons and persons 65 years old or over. Was . . . covered by Medicare?	1462 1 <input type="checkbox"/> Yes – <i>Mark "172" on ISS</i> 2 <input type="checkbox"/> No } <i>SKIP to Check Item R23</i> x1 <input type="checkbox"/> DK
b.	Could you please read me the claim number and type of coverage indicated on . . . 's Medicare card?	1464 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - 1466 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - 1467 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> TYPE OF COVERAGE 1468 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Types A and B) } <i>SKIP to Check Item R23</i> 4 <input type="checkbox"/> Card not available – <i>ASK 23c</i>
c.	If I were to call later, would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	1470 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 2</i> 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1474 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item R25</i> 2 <input type="checkbox"/> No

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R24	Refer to cc item 24. Is ... 18 years of age or older?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 27a
CHECK ITEM R25	Interview status of ...'s spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - SKIP to Check Item R27
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	1 <input type="checkbox"/> Yes - SKIP to 25a 2 <input type="checkbox"/> No
24.	Was ... (or ...'s spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 <input type="checkbox"/> Yes - Mark "27" on ISS 2 <input type="checkbox"/> No
25a.	(Other than what we have already mentioned,) During the 4-month period, did ... receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for ... or ...'s children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R27
b.	What kind of welfare did ... receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496 1498	1 <input type="checkbox"/> AFDC - Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief - Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance - Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care - Mark "23" on ISS 5 <input type="checkbox"/> WIC - Mark "25" on ISS 6 <input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type not listed or "DK," enter code "24" - Mark ISS <input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM R27	Refer to cc item 47. Is "Medicaid" (code 173) marked for ...?	1500	1 <input type="checkbox"/> Yes - SKIP to 26b 2 <input type="checkbox"/> No
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 <input type="checkbox"/> Yes - Mark "173" on ISS and SKIP to 26c 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes - Mark "173" on ISS 2 <input type="checkbox"/> 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 1506	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 1505 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x3 <input type="checkbox"/> Card not available x2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R29
26d.	Were any of ...'s children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R29
e.	Which children were covered?	1510 1512 1514 1516 1518 1520	x5 <input type="checkbox"/> All children OR Person No. Name <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> _____
CHECK ITEM R29	Refer to items 26a-26d above. Was ... or any of ...'s children under 18 years old covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 27a
26f.	Was (.../and) ...'s children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes - SKIP to 27a 2 <input type="checkbox"/> No
g.	In which months was (.../and) ...'s children) covered? Mark (X) all that apply.	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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?

Mark (X) all that apply.

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

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

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

	Person No.	Name
1575	<input type="text"/>	<input type="text"/>
1576	<input type="text"/>	<input type="text"/>
1577	<input type="text"/>	<input type="text"/>
1578	<input type="text"/>	<input type="text"/>
1579	<input type="text"/>	<input type="text"/>
OR		
1580	x3 <input type="checkbox"/> None – SKIP to Check Item R31, page 12	

m. Were any of these children covered by the plan
of someone who did not live in the household
during the past 4 months?

1581 1 ☐ Yes – Which children?

	Person No.	Name
1582	<input type="text"/>	<input type="text"/>
1583	<input type="text"/>	<input type="text"/>
1584	<input type="text"/>	<input type="text"/>
1585	<input type="text"/>	<input type="text"/>
1586	<input type="text"/>	<input type="text"/>
1587	2 <input type="checkbox"/> 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 <input type="text"/>	1592 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
2		1594 <input type="text"/>	1596 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
3		1598 <input type="text"/>	1600 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
4		1602 <input type="text"/>	1604 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
5		1606 <input type="text"/>	1608 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
6		1610 <input type="text"/>	1612 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
7		1614 <input type="text"/>	1616 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No
8		1618 <input type="text"/>	1620 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> 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** 1 ☐ All months
1660 2 ☐ Last month
1662 3 ☐ 2 months ago
1664 4 ☐ 3 months ago
1666 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 Item R32*
2 ☐ High school grades 9-12 }
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** 1 ☐ GI Bill - *Mark "40" on ISS*
1674 2 ☐ Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) - *Mark "41" on ISS*
1676 3 ☐ College Work Study - *Mark "175" on ISS*
1678 4 ☐ PELL Grant - *Mark "176" on ISS*
1680 5 ☐ Supplemental Educational Opportunity Grant (SEOG) - *Mark "177" on ISS*
1682 6 ☐ Perkins Loan or National Direct Student Loan (NDSL) - *Mark "178" on ISS*
1684 7 ☐ Stafford Loan or Guaranteed Student Loan - *Mark "179" on ISS*
1686 8 ☐ Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Student (SLS) - *Mark "180" on ISS*
1688 9 ☐ Assistance from . . . 's employer - *Mark "181" on ISS*
1690 10 ☐ Fellowship/Scholarship - *Mark "182" on ISS*
1692 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 Check Item P1, page 53*

b. What kind of income did . . . receive? Anything else?

Enter codes from income source list and mark ISS.

1706

1708

1710

NOTES

Section 2 – EARNINGS AND EMPLOYMENT

CHECK ITEM E1	Is "Worked" (code 170) marked on ISS?	1712	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to first ISS Code marked or Check Item P1, page 53</i>
1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)		1714	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only – <i>SKIP to Statement B, page 20</i> 3 <input type="checkbox"/> Both worked for employer and self-employed
b. How many different employers did . . . work for during this 4-month period?		1716	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
CHECK ITEM E2	Refer to item 1a above. Is "Both worked for employer and self-employed" (box 3) marked?	1718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2a, page 16</i>

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

NOTES	
-------	--

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8 2000	Employer name
CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.	PGM 8 2002	Employer I.D. No.
CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?	PGM 8 2003	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2c</i>
2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?	PGM 8 2004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
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	
d. Is it mainly – ASK OR VERIFY –	PGM 8 2006	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8 2008	
f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8 2010	
g. Was . . . an employee of – ASK OR VERIFY –	PGM 8 2012	1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?
3a. Was . . . employed by (Name of employer) during the entire 4-month period? ASK OR VERIFY –	PGM 7 2014	1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No
b. When was . . . employed by (Name of employer) during this 4-month period?	2016 2020	FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?	2023	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4</i>
3c. What is the main reason . . . stopped working for (Name of employer)? Mark (X) only one.	2024	1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended 5 <input type="checkbox"/> Quit to take another job 6 <input type="checkbox"/> Quit for some other reason
4. How many hours per week did . . . usually work at this job? ASK OR VERIFY –	2025	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
5. Was . . . paid by the hour on this job?	2026	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7a</i>
6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?	2028	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 9a</i>
7a. During the 4-month period, how often was . . . paid on this job?	2029	1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – <i>SKIP to Check Item E5</i> 6 <input type="checkbox"/> Some other way – <i>Specify</i> <input type="text"/>
b. On what date was . . . last paid during this 4-month period?	2030	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A1 - EMPLOYER IDENTIFICATION NUMBER 1 (Continued)

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.)



LAST MONTH

2032

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE
USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2034

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2036

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2038

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK
ITEM E4

Is "DK" marked in all parts of 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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8	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	1 <input type="checkbox"/> Yes
	2103	2 <input type="checkbox"/> No – SKIP to 10c
10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?	PGM 8	1 <input type="checkbox"/> Yes
	2104	2 <input type="checkbox"/> No – SKIP to 11a
c. What kind of business or industry was <i>(Name of company or business)?</i> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8	
	2105	
ASK OR VERIFY – d. Is it mainly –	PGM 8	1 <input type="checkbox"/> Manufacturing?
	2106	2 <input type="checkbox"/> Wholesale Trade?
		3 <input type="checkbox"/> Retail Trade?
		4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8	
	2108	
f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8	
	2110	
ASK OR VERIFY – g. Was . . . an employee of –	PGM 8	1 <input type="checkbox"/> A private for-profit company or individual?
	2112	2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?
		3 <input type="checkbox"/> Federal government (exclude Armed Forces)?
		4 <input type="checkbox"/> State government?
		5 <input type="checkbox"/> Local government?
		6 <input type="checkbox"/> Armed Forces?
		7 <input type="checkbox"/> Unpaid in family business or farm?
ASK OR VERIFY – 11a. Was . . . employed by <i>(Name of employer)</i> during the entire 4-month period?	PGM 7	1 <input type="checkbox"/> Yes – SKIP to 12
	2114	2 <input type="checkbox"/> No
b. When was . . . employed by <i>(Name of employer)</i> during this 4-month period?	2116	FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
	2120	TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
CHECK ITEM E6.2 Did . . . stop working for this employer during the reference period?	2123	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 12
11c. What is the main reason . . . stopped working for <i>(Name of employer)?</i> <i>Mark (X) only one.</i>	2124	1 <input type="checkbox"/> Laid off
		2 <input type="checkbox"/> Retired
		3 <input type="checkbox"/> Discharged
		4 <input type="checkbox"/> Job was temporary and ended
		5 <input type="checkbox"/> Quit to take another job
		6 <input type="checkbox"/> Quit for some other reason
ASK OR VERIFY – 12. How many hours per week did . . . usually work at this job?	2125	<input type="text"/> <input type="text"/> Hours
		x3 <input type="checkbox"/> None
		x1 <input type="checkbox"/> DK
13. Was . . . paid by the hour on this job?	2126	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 15a
14. What was . . . 's regular hourly pay rate at the end of <i>(Read last month or "to" date in item 11b)?</i>	2128	\$ <input type="text"/> . <input type="text"/>
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref. – SKIP to 17a
15a. During the 4-month period, how often was . . . paid on this job?	2129	1 <input type="checkbox"/> Once a week
		2 <input type="checkbox"/> Once each 2 weeks
		3 <input type="checkbox"/> Once a month
		4 <input type="checkbox"/> Twice a month
		5 <input type="checkbox"/> Unpaid in family business or farm – SKIP to Check Item E8
		6 <input type="checkbox"/> Some other way – Specify <input type="text"/>
b. On what date was . . . last paid during this 4-month period?	2130	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref.
		x4 <input type="checkbox"/> Not paid during this reference period
	2131	<input type="text"/> <input type="text"/> Day
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref.
		x4 <input type="checkbox"/> Not paid during this reference period

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A2 - EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

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.)



LAST MONTH

2132

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE
USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2134

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2136

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2138

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK
ITEM E7

Is "DK" marked in all parts of 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 Check Item P1, page 53

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

STATEMENT B → You said . . . was (also) self-employed during this 4-month period.

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

Business name

2200

CHECK ITEM S1

Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →

PGM 8

Business I.D. No.

2201

CHECK ITEM S1.1

Is the previous wave box marked for this business in cc item 43?

PGM 8

1 ☐ Yes

2202

2 ☐ No – SKIP to 1c

1b. Have . . . 's main activities or duties for this business changed during the past 8 months?

PGM 8

1 ☐ Yes

2203

2 ☐ No – SKIP to 1g

c. What kind of business was this?

PGM 8

2204

ASK OR VERIFY –

d. Is it mainly –

PGM 8

1 ☐ Manufacturing?

2206

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?

2214

1 ☐ Yes

2 ☐ No – SKIP to 10

x1 ☐ DK

Gross earnings include sales and receipts before expenses.

CHECK ITEM S2

Have questions 3–5b already been answered for this business by another household member?

2216

1 ☐ Yes – SKIP to 6a

2 ☐ No

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

2218

Employees

x1 ☐ DK

Enter 999 if 1,000 or more employees.

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?

Person No. Name

2226

2228

2230

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

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

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

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 Check Item P1, page 53

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

Business name

2300

**CHECK
ITEM S7**

Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →

PGM 8

Business I.D. No.

2301

**CHECK
ITEM S7.1**

Is the previous wave box marked for this business in cc item 43?

PGM 8

1 ☐ Yes

2302

2 ☐ No – SKIP to 12c

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

PGM 8

1 ☐ Yes

2303

2 ☐ No – SKIP to 12g

c. What kind of business was this?

PGM 8

2304

ASK OR VERIFY –

d. Is it mainly –

PGM 8

1 ☐ **Manufacturing?**

2306

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?

2314

1 ☐ Yes

2 ☐ No – SKIP to 21

X1 ☐ DK

Gross earnings include sales and receipts before expenses.

**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 . . .

2318

Employees

X1 ☐ DK

Enter 999 if 1,000 or more employees.

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

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

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

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 Check Item P1, page 53

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 Check Item P1, page 53

2 ☐ No

20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?

2354

1 ☐ Yes

2 ☐ No - SKIP to first ISS Code or Check Item P1, page 53

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 Check Item P1, page 53

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

2360

\$

00

X3 ☐ None

X1 ☐ DK

X2 ☐ Ref.

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

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

3000

**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 Check Item P1, page 53
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.

(Last month)

3016

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

(2 months ago)

3020

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

(3 months ago)

3024

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

(4 months ago)

3028

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

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.

3018

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

3022

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

3026

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

3030

\$. 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.	3032	1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
6a. Were all the people living here covered by . . . 's payments?		3034	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No. Name
		3036	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3038	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3040	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3042	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3044	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3046	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3048	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3050	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3052	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3054	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM A6	Is this ISS Code "8"?	3056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
7a. What type of Veterans' payments did . . . receive?		3058	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3062	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> 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 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 24. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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.

(Last month)

3070 1 ☐ Yes
2 ☐ No
x1 ☐ DK

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

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.

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

VERIFY IF ONLY ONE CHILD OR ASK –

3086 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 53
2 ☐ No

b. Which children were covered?

	Person No.	Name
3088	<input type="text"/>	<input type="text"/>
3090	<input type="text"/>	<input type="text"/>
3092	<input type="text"/>	<input type="text"/>
3094	<input type="text"/>	<input type="text"/>
3096	<input type="text"/>	<input type="text"/>
3098	<input type="text"/>	<input type="text"/>

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

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	<input type="text"/>	<input type="text"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK
ITEM A7.1

Refer to item 11b, page 5.
Is "Food Stamps" (code 27) listed on the
income roster?

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.

(Last month)

3122 1 ☐ Yes
2 ☐ No
X1 ☐ DK

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

3124 \$. 00
X1 ☐ DK
X2 ☐ Ref.

(2 months ago)

3126 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3128 \$. 00
X1 ☐ DK
X2 ☐ Ref.

(3 months ago)

3130 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3132 \$. 00
X1 ☐ DK
X2 ☐ Ref.

(4 months ago)

3134 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3136 \$. 00
X1 ☐ DK
X2 ☐ Ref.

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

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 Check Item P1, page 53

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. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code 3200	Name of income type _____
CHECK ITEM A1	Mark (X) income type code.	3202	1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 31 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 30 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		3208	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 30
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	3210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?		3212	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No
CHECK ITEM A4.1	Refer to item 11b, page 5. Is this income source listed on the income roster?	3215	1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)		3220	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)		3224	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)		3228	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3218	\$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3222	\$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3226	\$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3230	\$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

		Section 3 - AMOUNTS (Continued)	
Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)			
CHECK ITEM A5	Mark (X) income type code.	3232	1 <input type="checkbox"/> ISS Code 1 or 2 - <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
6a. Were all the people living here covered by . . . 's payments?		3234	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No. Name
		3236	<input type="text"/> <input type="text"/> <input type="text"/>
		3238	<input type="text"/> <input type="text"/> <input type="text"/>
		3240	<input type="text"/> <input type="text"/> <input type="text"/>
		3242	<input type="text"/> <input type="text"/> <input type="text"/>
		3244	<input type="text"/> <input type="text"/> <input type="text"/>
		3246	<input type="text"/> <input type="text"/> <input type="text"/>
		3248	<input type="text"/> <input type="text"/> <input type="text"/>
		3250	<input type="text"/> <input type="text"/> <input type="text"/>
		3252	<input type="text"/> <input type="text"/> <input type="text"/>
		3254	<input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM A6	Is this ISS Code "8"?	3256	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
7a. What type of Veterans' payments did . . . receive?		3258	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3260	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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 <input type="checkbox"/> Yes - <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> 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 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3266	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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.

(Last month)

3270 1 ☐ Yes
2 ☐ No
x1 ☐ DK

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

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
Check Item P1, page 53
2 ☐ No

b. Which children were covered?

	Person No.	Name
3288	<input type="text"/>	<input type="text"/>
3290	<input type="text"/>	<input type="text"/>
3292	<input type="text"/>	<input type="text"/>
3294	<input type="text"/>	<input type="text"/>
3296	<input type="text"/>	<input type="text"/>
3298	<input type="text"/>	<input type="text"/>

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

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	<input type="text"/>	<input type="text"/>
3304	<input type="text"/>	<input type="text"/>
3306	<input type="text"/>	<input type="text"/>
3308	<input type="text"/>	<input type="text"/>
3310	<input type="text"/>	<input type="text"/>
3312	<input type="text"/>	<input type="text"/>
3314	<input type="text"/>	<input type="text"/>
3316	<input type="text"/>	<input type="text"/>

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK
ITEM A7.1

Refer to item 11b, page 5.
Is "Food Stamps" code 27) listed on the
income roster?

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.

(Last month)

3322 1 ☐ Yes
2 ☐ No
X1 ☐ DK

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

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 Check Item P1, page 53

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

Mark (X) all that apply.

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

b. Which persons were covered?

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

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

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</p> <p><i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p>Income code Name of income type</p> <p>3400 </p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3402 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 35</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 34</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p>3404 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>3406 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 34</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p>3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3412 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>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?</p>	<p>3414 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i></p> <p>Is this income source listed on the income roster?</p>	<p>3415 1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</p> <p><i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>► For ISS codes 1 or 2 (SS or RR) read –</p> <p>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.</p> <p>► For all other ISS codes read –</p> <p>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.</p> </div>
<p>(Last month)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>3416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="width: 50%;"> <p>3418 \$. 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>
<p>(2 months ago)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>3420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="width: 50%;"> <p>3422 \$. 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>
<p>(3 months ago)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>3424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="width: 50%;"> <p>3426 \$. 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>
<p>(4 months ago)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>3428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="width: 50%;"> <p>3430 \$. 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
CHECK ITEM A5	Mark (X) income type code.	3432 1 <input type="checkbox"/> ISS Code 1 or 2 – SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53
6a. Were all the people living here covered by . . . 's payments?		3434 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
b. Which persons were covered?		Person No. Name 3436 <input type="text"/> <input type="text"/> <input type="text"/> 3438 <input type="text"/> <input type="text"/> <input type="text"/> 3440 <input type="text"/> <input type="text"/> <input type="text"/> 3442 <input type="text"/> <input type="text"/> <input type="text"/> 3444 <input type="text"/> <input type="text"/> <input type="text"/> 3446 <input type="text"/> <input type="text"/> <input type="text"/> 3448 <input type="text"/> <input type="text"/> <input type="text"/> 3450 <input type="text"/> <input type="text"/> <input type="text"/> 3452 <input type="text"/> <input type="text"/> <input type="text"/> 3454 <input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM A6	Is this ISS Code "3"?	3456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
7a. What type of Veterans' payments did . . . receive?		3458 1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3462 1 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes – 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 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3466 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 32. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3468 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
NOTES		

Section 3 – AMOUNTS (Continued)

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

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.

(Last month)

3470 1 ☐ Yes
2 ☐ No
X1 ☐ DK

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

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.

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

3486 1 ☐ Yes – *SKIP to next ISS Code or Check Item P1, page 53*
2 ☐ No

b. Which children were covered?

	Person No.	Name
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

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

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	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>

NOTES

		Section 3 – AMOUNTS (Continued)																
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)																		
CHECK ITEM A7.1	Refer to item 11b, page 5. Is "Food Stamps" (code 27) listed on the income roster?	3521 1 <input type="checkbox"/> Yes – ASK 12b 2 <input type="checkbox"/> 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. (Last month)		3522 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	12c. If "Yes" in item 12b, ask – What was the total amount? 3524 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.															
(2 months ago)		3526 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3528 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.														
(3 months ago)		3530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3532 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.														
(4 months ago)		3534 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3536 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.														
SKIP to next ISS Code or Check Item P1, page 53																		
13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.		3538 1 <input type="checkbox"/> Last month 3540 2 <input type="checkbox"/> 2 months ago 3542 3 <input type="checkbox"/> 3 months ago 3544 4 <input type="checkbox"/> 4 months ago																
b. Which persons were covered?		Person No. Name 3546 <table><tr><td></td><td></td><td></td></tr></table> 3548 <table><tr><td></td><td></td><td></td></tr></table> 3550 <table><tr><td></td><td></td><td></td></tr></table> 3552 <table><tr><td></td><td></td><td></td></tr></table> 3554 <table><tr><td></td><td></td><td></td></tr></table>																
SKIP to next ISS Code or Check Item P1, page 53																		
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

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 Check Item P1, page 53
 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.

		Section 3 - AMOUNTS (Continued)	
Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)			
CHECK ITEM A5	Mark (X) income type code.	3632	1 <input type="checkbox"/> ISS Code 1 or 2 - <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
6a. Were all the people living here covered by . . . 's payments?		3634	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No. Name
		3636	<input type="text"/> <input type="text"/> <input type="text"/>
		3638	<input type="text"/> <input type="text"/> <input type="text"/>
		3640	<input type="text"/> <input type="text"/> <input type="text"/>
		3642	<input type="text"/> <input type="text"/> <input type="text"/>
		3644	<input type="text"/> <input type="text"/> <input type="text"/>
		3646	<input type="text"/> <input type="text"/> <input type="text"/>
		3648	<input type="text"/> <input type="text"/> <input type="text"/>
		3650	<input type="text"/> <input type="text"/> <input type="text"/>
		3652	<input type="text"/> <input type="text"/> <input type="text"/>
		3654	<input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM A6	Is this ISS Code "3"?	3656	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
7a. What type of Veterans' payments did . . . receive?		3658	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3660	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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 <input type="checkbox"/> Yes - <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> 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 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3666	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 36. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3668	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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.

(Last month)

3670 1 ☐ Yes
2 ☐ No
X1 ☐ DK

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

3672 \$.
X1 ☐ DK
X2 ☐ Ref.

(2 months ago)

3674 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3676 \$.
X1 ☐ DK
X2 ☐ Ref.

(3 months ago)

3678 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3680 \$.
X1 ☐ DK
X2 ☐ Ref.

(4 months ago)

3682 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3684 \$.
X1 ☐ DK
X2 ☐ Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK -

3686 1 ☐ Yes - SKIP to next ISS Code or Check Item P1, page 53
2 ☐ No

b. Which children were covered?

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

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

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	<input type="text"/>	<input type="text"/>
3704	<input type="text"/>	<input type="text"/>
3706	<input type="text"/>	<input type="text"/>
3708	<input type="text"/>	<input type="text"/>
3710	<input type="text"/>	<input type="text"/>
3712	<input type="text"/>	<input type="text"/>
3714	<input type="text"/>	<input type="text"/>
3716	<input type="text"/>	<input type="text"/>

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK
ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the
income roster?

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.

(Last month)

3722

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

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

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 Check Item P1, page 53**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?

3746

Person No.

Name

3748

3750

3752

3754

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

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 Check Item P1, page 53
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 <input type="checkbox"/> ISS Code 1 or 2 - SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Check Item P1, page 53
6a. Were all the people living here covered by ...'s payments?		3834 1 <input type="checkbox"/> Yes - SKIP to Check Item A6 2 <input type="checkbox"/> No
b. Which persons were covered?		Person No. Name 3836 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3838 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3840 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3842 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3844 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3846 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3848 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3850 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3852 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3854 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM A6	Is this ISS Code "8"?	3856 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53
7a. What type of Veterans' payments did ... receive?		3858 1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?		3860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	3862 1 <input type="checkbox"/> Yes - SKIP to Check Item A7 2 <input type="checkbox"/> No
8a. (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 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do ...'s payments usually come on the first of the month or the third?		3866 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 40. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3868 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53
NOTES		

Section 3 – AMOUNTS (Continued)

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

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.

(Last month)

3870 1 ☐ Yes
2 ☐ No
X1 ☐ DK

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

3872 \$.
X1 ☐ DK
X2 ☐ Ref.

(2 months ago)

3874 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3876 \$.
X1 ☐ DK
X2 ☐ Ref.

(3 months ago)

3878 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3880 \$.
X1 ☐ DK
X2 ☐ Ref.

(4 months ago)

3882 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3884 \$.
X1 ☐ DK
X2 ☐ Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

3886 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 53
2 ☐ No

b. Which children were covered?

	Person No.	Name
3888	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>

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

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	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>

NOTES

Section 3 - AMOUNTS (Continued)		
Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)		
<div>CHECK ITEM A7.1</div>	Refer to item 11b, page 5. Is "Food Stamps" (code 27) listed on the income roster?	<div>3921</div> <div>1 <input type="checkbox"/> Yes - ASK 12b 2 <input type="checkbox"/> No - ASK 12a</div>
<div>12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)? 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. (Last month) (2 months ago) (3 months ago) (4 months ago)</div>		<div><div><div>3922</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div></div><div><div>3924</div><div>\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div><div><div>3926</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div></div><div><div>3928</div><div>\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div><div><div>3930</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div></div><div><div>3932</div><div>\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div><div><div>3934</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div></div><div><div>3936</div><div>\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div></div>
SKIP to next ISS Code or Check Item P1, page 53		
<div>13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.</div>		<div><div>3938</div><div>1 <input type="checkbox"/> Last month</div><div>3940</div><div>2 <input type="checkbox"/> 2 months ago</div><div>3942</div><div>3 <input type="checkbox"/> 3 months ago</div><div>3944</div><div>4 <input type="checkbox"/> 4 months ago</div></div>
<div>b. Which persons were covered?</div>		<div><div>3946</div><div>Person No. Name</div><div><div></div><div></div><div></div></div><div><div>3948</div><div><div></div><div></div><div></div></div></div><div><div>3950</div><div><div></div><div></div><div></div></div></div><div><div>3952</div><div><div></div><div></div><div></div></div></div><div><div>3954</div><div><div></div><div></div><div></div></div></div></div>
SKIP to next ISS Code or Check Item P1, page 53		
<div>NOTES</div>		

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</p>	<p style="text-align: right;">Income code Name of income type</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4000 <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>4002 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 47 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 46 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	<p>4004 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>4006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>4008 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 46</p>
<p>CHECK ITEM A3 Refer to cc item 26a. Is . . . married?</p>	<p>4010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>4012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>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?</p>	<p>4014 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p>4015 1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</p>
<p>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.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>► For ISS codes 1 or 2 (SS or RR) read –</p> <p>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.</p> <p>► For all other ISS codes read –</p> <p>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.</p> </div>
<p>(Last month)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>4016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="width: 50%;"> <p>4018 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; text-align: center;">00</div></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>
<p>(2 months ago)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>4020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="width: 50%;"> <p>4022 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; text-align: center;">00</div></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>
<p>(3 months ago)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>4024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="width: 50%;"> <p>4026 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; text-align: center;">00</div></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>
<p>(4 months ago)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>4028 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="width: 50%;"> <p>4030 \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; text-align: center;">00</div></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>

		Section 3 – AMOUNTS (Continued)	
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
CHECK ITEM A5	Mark (X) income type code.	4032	1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
6a. Were all the people living here covered by . . . 's payments?		4034	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No. Name
		4036	<input type="text"/> <input type="text"/> <input type="text"/>
		4038	<input type="text"/> <input type="text"/> <input type="text"/>
		4040	<input type="text"/> <input type="text"/> <input type="text"/>
		4042	<input type="text"/> <input type="text"/> <input type="text"/>
		4044	<input type="text"/> <input type="text"/> <input type="text"/>
		4046	<input type="text"/> <input type="text"/> <input type="text"/>
		4048	<input type="text"/> <input type="text"/> <input type="text"/>
		4050	<input type="text"/> <input type="text"/> <input type="text"/>
		4052	<input type="text"/> <input type="text"/> <input type="text"/>
		4054	<input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM A6	Is this ISS Code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
7a. What type of Veterans' payments did . . . receive?		4058	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		4060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	4062	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> 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 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		4066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 44. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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.

(Last month)

4070 1 ☐ Yes
2 ☐ No
x1 ☐ DK

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

4072 \$.
x1 ☐ DK
x2 ☐ Ref.

(2 months ago)

4074 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4076 \$.
x1 ☐ DK
x2 ☐ Ref.

(3 months ago)

4078 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4080 \$.
x1 ☐ DK
x2 ☐ Ref.

(4 months ago)

4082 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4084 \$.
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 Check Item P1, page 53
2 ☐ No

b. Which children were covered?

	Person No.	Name
4088	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4090	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4092	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4094	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4096	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4098	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4104	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4106	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4108	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4110	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4112	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4114	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4116	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NOTES

		Section 3 – AMOUNTS (Continued)	
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
CHECK ITEM A7.1	Refer to item 11b, page 5. Is "Food Stamps" (code 27) listed on the income roster?	4121	1 <input type="checkbox"/> Yes – ASK 12b 2 <input type="checkbox"/> No – ASK 12a
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. (Last month)		4122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)		4126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago)		4130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)		4134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		12c. If "Yes" in item 12b, ask – What was the total amount?	
		4124	\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4128	\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4132	\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4136	\$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
SKIP to next ISS Code or Check Item P1, page 53			
13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.		4138	1 <input type="checkbox"/> Last month
		4140	2 <input type="checkbox"/> 2 months ago
		4142	3 <input type="checkbox"/> 3 months ago
		4144	4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?		Person No. Name	
		4146	
		4148	
		4150	
		4152	
		4154	
SKIP to next ISS Code or Check Item P1, page 53			
NOTES			

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A8**

Asset types owned.
Mark (X) all that apply.

4300

1 ☐ 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 – *SKIP to 3a*

x3 ☐ None – *SKIP to 3a*

x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?

4314

\$. 00 – *SKIP to 3a*

x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

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

4316

1 ☐ Yes – *Mark Reminder Card and Callback Summary, 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 Check Item P1, page 53*

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4320

\$. 00 – *SKIP to next ISS Code or Check Item P1, page 53*

x3 ☐ None – *SKIP to next ISS Code or Check Item P1, page 53*

x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

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

4322

\$. 00 – *SKIP to next ISS Code or Check Item P1, page 53*

x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

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

4324

1 ☐ Yes – *Mark Reminder Card and Callback Summary, Item 6*

2 ☐ No

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

NOTES

		Section 3 - AMOUNTS (Continued)	
Part C - OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106, and 107)			
CHECK ITEM A10	Asset types owned. Mark (X) all that apply.	<div>4400</div> <div>4402</div> <div>4404</div> <div>4406</div>	<div>1 <input type="checkbox"/> ISS Code 104 - Money market funds</div> <div>2 <input type="checkbox"/> ISS Code 105 - U.S. Government securities</div> <div>3 <input type="checkbox"/> ISS Code 106 - Municipal or corporate bonds</div> <div>4 <input type="checkbox"/> ISS Code 107 - Other interest-earning assets - Specify <u>z</u></div>
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.	<div>4408</div>	<div>1 <input type="checkbox"/> No spouse in household - SKIP to 3b</div> <div>2 <input type="checkbox"/> Interview for spouse not yet conducted</div> <div>3 <input type="checkbox"/> Interview for spouse already conducted - SKIP to 3a</div>
2a. Did ... own any of these jointly with ...'s (husband/wife)?		<div>4410</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to 3b</div>
b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?		<div>4412</div>	<div>\$ <div></div> . <div>00</div> - SKIP to 3a</div> <div>x3 <input type="checkbox"/> None - SKIP to 3a</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53</div>
c. What is your best estimate of the average amount that ... and ...'s (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★		<div>4414</div>	<div>\$ <div></div> . <div>00</div> - SKIP to 3a</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53</div>
d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		<div>4416</div>	<div>1 <input type="checkbox"/> Yes - Mark Reminder Card and Callback Summary, Item 7</div> <div>2 <input type="checkbox"/> No</div>
3a. Besides any (Read asset types) owned jointly with ...'s (husband/wife), did ... own any other (Read asset types)?		<div>4418</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53</div>
b. What is your best estimate of the total amount of interest ... earned on these (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?		<div>4420</div>	<div>\$ <div></div> . <div>00</div> - SKIP to next ISS Code or Check Item P1, page 53</div> <div>x3 <input type="checkbox"/> None - SKIP to next ISS Code or Check Item P1, page 53</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53</div>
c. What is the best estimate of the average amount that ... had in these (Read asset types) during the 4-month period? ★		<div>4422</div>	<div>\$ <div></div> . <div>00</div> - SKIP to next ISS Code or Check Item P1, page 53</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53</div>
d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		<div>4424</div>	<div>1 <input type="checkbox"/> Yes - Mark Reminder Card and Callback Summary, Item 8</div> <div>2 <input type="checkbox"/> No</div> <div>} SKIP to next ISS Code or Check Item P1, page 53</div>
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
CHECK ITEM A12 Interview status of . . . 's spouse.	4502 1 <input type="checkbox"/> No spouse in household - <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 2a</i>
1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)? ★	4504 \$ <input type="text"/> . <input type="text"/> 00 - <i>SKIP to 2a</i> x3 <input type="checkbox"/> None - <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4506 1 <input type="checkbox"/> Yes - <i>Mark Reminder Card and Callback Summary, Item 9</i> 2 <input type="checkbox"/> No
2a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)? ★	4508 \$ <input type="text"/> . <input type="text"/> 00 - <i>SKIP to 3a</i> x3 <input type="checkbox"/> None - <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
b. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4510 1 <input type="checkbox"/> Yes - <i>Mark Reminder Card and Callback Summary, Item 10</i> 2 <input type="checkbox"/> No
3a. (Besides the money that . . . received in dividend checks,) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	4512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
CHECK ITEM A13 Interview status of . . . 's spouse.	4514 1 <input type="checkbox"/> No spouse in household - <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 3c</i>
3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?	4516 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?	4518 \$ <input type="text"/> . <input type="text"/> 00 } <i>SKIP to next ISS Code or Check Item P1, page 53</i> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

NOTES

		Section 3 – AMOUNTS (Continued)	
		Part E – RENTAL INCOME (ISS Code 120)	
1. Earlier you told me that . . . owned some rental property.			
CHECK ITEM A14	Interview status of . . . 's spouse.	4600	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months? Include only property owned entirely by couple.		4602	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
b. About how much was received in gross rent from this property during the 4-month period?		4604	\$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. What is your best estimate of the amount that was cleared after expenses?		4606	\$ <input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 4608 X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
3a. Did . . . receive rental income from property owned entirely in . . . 's own name during the last 4 months?		4610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
b. About how much was received in gross rent from this property during the 4-month period?		4612	\$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. What is your best estimate of the amount that was cleared after expenses?		4614	\$ <input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 4616 X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
4a. Did . . . receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . . 's spouse)		4618	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?		4620	\$ <input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. 4622 X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
NOTES			

AMOUNTS – PARTS D & E

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

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A15

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 A16

Refer to Check Item A15.
Is ISS Code 130 marked?

4706

1 ☐ Yes

2 ☐ No – SKIP to 3

CHECK ITEM A17

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 spouse 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 A18

b. (Earlier you said that ... 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 A18

Refer to Check Item A15.
Is ISS Code 140 or 150 marked?

4718

1 ☐ Yes

2 ☐ No – SKIP to Check Item P1

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

4720

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

4722

x4 ☐ Lost money – Enter amount of loss in box

NOTES

Section 4 – PROGRAM QUESTIONS

**CHECK
ITEM P1**

Refer to cc item 19b.

Is this the reference person's
questionnaire?

4800

- 1 ☐ Yes
2 ☐ No – SKIP to Statement C, page 54

**CHECK
ITEM P2**

Refer to cc items 16a and 16b.

Is this residence owned by the local
housing authority OR does the
government pay part of the rent? ("Yes"
marked in cc item 16a or 16b)

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 subsidized amount.

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
2 ☐ Coupons or vouchers sent to household
3 ☐ Payments sent directly to utility company,
fuel dealer, or landlord

4820
4822
**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 Statement C, page 54

**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 Statement C, page 54

b. How many children?
4830

Children

**c. How many complete school lunches do all of
the children eat per week?**
4832

Number of lunches

X1 ☐ 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 Statement C, page 54

h. How many children?
4842

Children

**i. How many complete school breakfasts do all
of the children eat per week?**
4844

Number of breakfasts

X1 ☐ 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

Section 5 - TOPICAL MODULES

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1993. It would be very helpful to refer to records during this part of the interview.

CHECK ITEM T1

Are the names of any businesses listed for . . . on the control card? (cc item 43)

8000

- 1 ☐ Yes - SKIP to 1b
2 ☐ No

CHECK ITEM T2

Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves (cc items 44, 45, 46, and 47)?

8002

- 1 ☐ Yes - SKIP to Statement D, page 57
2 ☐ No

1a. Did . . . own and operate a business at any time during calendar year 1993?

Include farms.

8004

- 1 ☐ Yes
2 ☐ No - SKIP to Statement D, page 57

ASK OR VERIFY -

b. How many different businesses did . . . own and operate during calendar year 1993?

8006

- Businesses
OR
x3 ☐ None - SKIP to Statement D, page 57

ASK OR VERIFY -

c. What were the names of the businesses that . . . owned and operated during calendar year 1993? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)

PGM 8

8008

Business name

PGM 8

8058

Business name

CHECK ITEM T3

Transcribe ID number for this business from the control card (cc item 43).

(Fill items T3-T9 for the first business listed, then fill items T3-T9 if a second business is listed.)

PGM 7

8010

- ☐ Business ID No.
OR
x3 ☐ Not listed on control card

PGM 7

8060

- ☐ Business ID No.
OR
x3 ☐ Not listed on control card

CHECK ITEM T4

Has information about this business already been obtained in an interview for another household member?

8012

- 1 ☐ Yes
2 ☐ No - SKIP to 2a

8062

- 1 ☐ Yes
2 ☐ No - SKIP to 2a

FIELD REPRESENTATIVE INSTRUCTION:

Enter name, person number, and business ID number of the other owner who previously reported the business to indicate the location of the information about this business.

Name

Person number

8014

Business ID number

8016

- OR
x3 ☐ Not listed on control card

SKIP to Check Item T9, page 56

Name

Person number

8064

Business ID number

8066

- OR
x1 ☐ Not listed on control card

SKIP to Check Item T10, page 56

ASK OR VERIFY -

2a. What was the form of this (business/practice) - was it a sole proprietorship, a partnership, or a corporation?

8018

- 1 ☐ Sole proprietorship
2 ☐ Partnership
3 ☐ Corporation
x1 ☐ DK

8068

- 1 ☐ Sole proprietorship
2 ☐ Partnership
3 ☐ Corporation
x1 ☐ DK

b. Was this business primarily located in . . . 's own home or somewhere else?

8020

- 1 ☐ Own home
2 ☐ Somewhere else

8070

- 1 ☐ Own home
2 ☐ Somewhere else

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T5	Is "Sole proprietorship" marked in item 2a?	8104 1 <input type="checkbox"/> Yes – SKIP to 2h 2 <input type="checkbox"/> No	8154 1 <input type="checkbox"/> Yes – SKIP to 2h 2 <input type="checkbox"/> No
2c. Were any other members of this household part owners of this (business/practice)?	8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g	8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g	
d. Which other household members were owners?	8108 Person No. <input type="text"/> Name <input type="text"/> 8110 Person No. <input type="text"/> Name <input type="text"/> 	8158 Person No. <input type="text"/> Name <input type="text"/> 8160 Person No. <input type="text"/> Name <input type="text"/> 	
e. Was this (business/practice) owned entirely by members of this household?	8112 1 <input type="checkbox"/> Yes – SKIP to 2g 2 <input type="checkbox"/> No	8162 1 <input type="checkbox"/> Yes – SKIP to 2g 2 <input type="checkbox"/> No	
f. What percentage of this (business/practice) was owned by members of this household?	8114 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8164 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	
g. What percentage of this (business/practice) did ... own in ...'s own name?	8116 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8166 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	
h. What were the gross RECEIPTS of this (business/practice) in 1993? Please use records if they are available. ★ Obtain estimate, if necessary.	8118 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8168 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
i. What were the total EXPENSES of this (business/practice) in 1993? Please use records if they are available. ★ Obtain estimate, if necessary.	8120 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8170 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
CHECK ITEM T6	Is "DK" marked in either item 2h or 2i?	8122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7	8172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7
2j. If I were to call back later, could you provide me with an estimate of (receipts/expenses)? (This information is especially important for this survey)?	8124 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, items 11a and/or 11b 2 <input type="checkbox"/> No	8174 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, items 11a and/or 11b 2 <input type="checkbox"/> No	
CHECK ITEM T7	Is "Sole proprietorship" marked in item 2a?	8126 1 <input type="checkbox"/> Yes – SKIP to Check Item T9 2 <input type="checkbox"/> No	8176 1 <input type="checkbox"/> Yes – SKIP to Check Item T10 2 <input type="checkbox"/> No

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

2k. What was . . . 's net income from this (business/practice) in 1993? Please use records if they are available. ★	8202 \$. 00 } <i>SKIP to Check Item T8</i> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. x1 <input type="checkbox"/> DK <hr style="border-top: 1px dashed black;"/> 8204 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T8	8252 \$. 00 } <i>SKIP to Check Item T8</i> x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref. x1 <input type="checkbox"/> DK <hr style="border-top: 1px dashed black;"/> 8254 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T8
l. If I were to call back later, could you provide me with an estimate? (This information is especially important for the purposes of this survey.)	8206 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, item 12 2 <input type="checkbox"/> No	8256 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, item 12 2 <input type="checkbox"/> No
CHECK ITEM T8 Refer to item 2d. Were any other household members part owners of this business?	8208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9	8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10
2m. Apart from the net income already reported for . . . , did (Read names of other household owners) receive any net income in 1993 from this (business/practice)?	8210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T9</i>	8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T10</i>
n. What was the amount of net income that was received by (Read names of other household owners)? Obtain estimate, if necessary.	Person No. 8212 <hr style="border-top: 1px dashed black;"/> 8214 \$. 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <hr style="border-top: 1px dashed black;"/> 8216 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box SECOND CO-OWNER Person No. 8218 <hr style="border-top: 1px dashed black;"/> 8220 \$. 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <hr style="border-top: 1px dashed black;"/> 8222 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box	Person No. 8262 <hr style="border-top: 1px dashed black;"/> 8264 \$. 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <hr style="border-top: 1px dashed black;"/> 8266 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box SECOND CO-OWNER Person No. 8268 <hr style="border-top: 1px dashed black;"/> 8270 \$. 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <hr style="border-top: 1px dashed black;"/> 8272 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
CHECK ITEM T9 Is another business listed in item 1c?	8274 1 <input type="checkbox"/> Yes – Complete Check Item T3 for next business 2 <input type="checkbox"/> No – SKIP to Statement D	Go to Check Item T10
CHECK ITEM T10 Is the number of businesses recorded in item 1b three or more?	8276 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement D	
3. What was . . . 's net income from . . . 's other businesses in 1993? Please use records if they are available.	8278 \$. 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <hr style="border-top: 1px dashed black;"/> 8280 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box	

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

STATEMENT D → The next few questions are about personal retirement plans.

4a. Does . . . have an Individual Retirement Account - an IRA - in . . . 's OWN name?

If . . . is only included in . . . 's (husband's/wife's) IRA accounts, mark the "No" box.

9330

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4h

b. Did . . . make any tax-deductible contributions to IRA accounts which applied to . . . 's 1993 tax return?

(Contributions which were deducted from gross income.)

9332

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4d

c. How much were . . . 's tax-deductible contributions to IRA accounts which applied to . . . 's 1993 tax return?

(Form 1040, line 24a)
(Form 1040A, line 15a)

9334

\$. 00
x1 ☐ DK
x2 ☐ Ref.

d. Did . . . make any withdrawals from . . . 's IRA accounts during 1993?

Mark "No" if funds were "rolled over" within 60 days of the withdrawal.

9336

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4f

e. How much did . . . withdraw from IRA accounts during 1993?

9338

\$. 00
x1 ☐ DK
x2 ☐ Ref.

f. Including ALL IRA accounts in . . . 's OWN name, how much did . . . 's IRA accounts earn during 1993?

9340

\$. 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

g. What types of assets did . . . have in . . . 's IRA accounts?

Mark (X) all that apply.

Anything else?

9342

- 1 ☐ Certificates of deposit or other savings certificates
2 ☐ Money market funds
3 ☐ U.S. Government securities
4 ☐ Municipal or corporate bonds
5 ☐ U.S. Savings Bonds
6 ☐ Stocks or mutual fund shares
7 ☐ Other assets - Specify

9344

2 ☐ Money market funds

9346

3 ☐ U.S. Government securities

9348

4 ☐ Municipal or corporate bonds

9350

5 ☐ U.S. Savings Bonds

9352

6 ☐ Stocks or mutual fund shares

9354

7 ☐ Other assets - Specify

9356

x1 ☐ DK

h. Does . . . have a Keogh account in . . . 's OWN name?

9358

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item T11

i. Did . . . make any tax-deductible contributions to a Keogh account which applied to . . . 's 1993 tax return?

9360

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4k

j. How much were . . . 's tax-deductible contributions to Keogh accounts which applied to . . . 's 1993 tax return?

(Form 1040, line 27)

9362

\$. 00
x1 ☐ DK
x2 ☐ Ref.

k. Did . . . make any withdrawals from . . . 's Keogh accounts during 1993?

9364

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4m

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

4l. How much did . . . withdraw from Keogh accounts during 1993?

9366

\$

00

- x1 ☐ DK
x2 ☐ Ref.

m. Including ALL Keogh accounts in . . . 's OWN name, how much did . . . 's Keogh accounts earn during 1993?

9368

\$

00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

n. What types of assets did . . . have in . . . 's Keogh accounts?

Mark (X) all that apply.

Anything else?

9370

1 ☐ Certificates of deposit or other savings certificates

9372

2 ☐ Money market funds

9374

3 ☐ U.S. Government securities

9376

4 ☐ Municipal or corporate bonds

9378

5 ☐ U.S. Savings Bonds

9380

6 ☐ Stocks or mutual fund shares

9382

7 ☐ Other assets – *Specify* ☒

9384

x1 ☐ DK

**CHECK
ITEM T11**

Refer to cc item 42.

Are the names of any employers listed for . . . on the control card?

9385

- 1 ☐ Yes
2 ☐ No – *SKIP to Check Item T12*

40. During 1993, did . . . participate in an employee thrift plan such as a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

9386

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } *SKIP to Check Item T12*

p. How much did . . . contribute to this plan during 1993?

9388

\$

00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES

CHECK ITEM T12	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	9390	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T19, page 61</i> 2 <input type="checkbox"/> No							
1a. Did . . . file a Federal income tax return for 1993? <i>Mark "Yes" if . . . filed alone or jointly.</i>		9392	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T19, page 61</i>							
b. Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?		9394	1 <input type="checkbox"/> Yes – <i>Allow person time to get form</i> 2 <input type="checkbox"/> No							
2. What was . . . 's filing status on . . . 's 1993 Federal tax return? Did . . . file as – <i>Read categories – Mark (X) one.</i>		9396	1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? x1 <input type="checkbox"/> DK							
3a. What were the total number of exemptions claimed on . . . 's tax return?		9398	<input type="text"/> <input type="text"/> Exemptions – <i>If "00" or "01" SKIP to 4</i> x1 <input type="checkbox"/> DK							
CHECK ITEM T13	<i>Refer to cc item 20.</i> Number of current household members.	9400	1 <input type="checkbox"/> One – <i>SKIP to 3c</i> 2 <input type="checkbox"/> Two or more							
3b. Besides . . . , which persons in this household did . . . claim as an exemption?		Person No. Name 9402 <input type="text"/> <input type="text"/> <input type="text"/> 9404 <input type="text"/> <input type="text"/> <input type="text"/> 9406 <input type="text"/> <input type="text"/> <input type="text"/> 9408 <input type="text"/> <input type="text"/> <input type="text"/> 9410 <input type="text"/> <input type="text"/> <input type="text"/> 9412 1 <input type="checkbox"/> None in household								
<i>ASK OR VERIFY –</i> c. Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?		9414	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4</i>							
d. What was the relationship of this (these) person(s) to . . . ? <i>Record for two persons only.</i>		<table border="1"><thead><tr><th colspan="2">FIRST DEPENDENT</th><th colspan="2">SECOND DEPENDENT</th></tr></thead><tbody><tr><td>9416</td><td>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</td><td>9418</td><td>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</td></tr></tbody></table>	FIRST DEPENDENT		SECOND DEPENDENT		9416	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other	9418	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other
FIRST DEPENDENT		SECOND DEPENDENT								
9416	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other	9418	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other							
4. Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ? (Form 1040 is blue) (Form 1040A is pink) (Form 1040EZ is green)		9420	1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T14, page 60</i>							
5. I am going to mention two forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1993 tax return. (1) Schedule A, Itemized Deductions		9422	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK							
(2) Schedule D, Capital Gains and Losses		9424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK							

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES (Continued)

**CHECK
ITEM T14**

Refer to item 1b.

Does the respondent have a copy of
... 's Federal income tax form or a
worksheet to refer to?

9428

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM T15**

Refer to item 4.

Is "Form 1040" marked?

9430

- 1 ☐ Yes
2 ☐ No – *SKIP to 8a*

**CHECK
ITEM T16**

Is "Schedule A, Itemized Deductions"
marked "Yes" in item 5(1)?

9432

- 1 ☐ Yes
2 ☐ No – *SKIP to 6b*

**6a. How much were ... 's (and ... 's
husband's/wife's) itemized deductions for
1993?**

(Schedule A, line 26)

9434

\$. 00

- X1 ☐ DK
X2 ☐ Ref. – *SKIP to Check Item T17*

**b. On ... 's Form 1040, did ... (and ... 's
husband/wife) claim –**

**(1) A child and dependent care
expense credit**

(Form 1040, line 41)

9446

- 1 ☐ Yes
2 ☐ No

(Ask for each credit
claimed.)
**6c. What was the
amount of the (Read
name of credit)
claimed?**

9448

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

(2) A credit for the elderly or the disabled

(Form 1040, line 42)

9450

- 1 ☐ Yes
2 ☐ No

9452

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

**CHECK
ITEM T17**

Refer to item 5(2).

Is "Schedule D, Capital Gains and
Losses" marked "Yes"?

9458

- 1 ☐ Yes
2 ☐ No – *SKIP to 8a*

**7. How much were ... 's (and ... 's
husband's/wife's) capital gains or losses from
the sale or exchange of personal assets for
1993?**

(Form 1040, line 13)

9460

\$. 00

- X3 ☐ None
X1 ☐ DK
X2 ☐ Ref.
9461 X4 ☐ Lost money – Enter amount of loss in box

**8a. Adjusted gross income is total income less
certain types of adjustments and exclusions.
Please look at your tax return or worksheet.
What was ... 's (and ... 's husband's/wife's)
adjusted gross income in 1993?**

(Form 1040, line 31)
(Form 1040A, line 16)
(Form 1040EZ, line 4)

9462

\$. 00

- X3 ☐ None
X1 ☐ DK
X2 ☐ Ref.
9463 X4 ☐ Lost money – Enter
amount of loss in box

SKIP to 9a

**b. Federal income tax liability is the total tax as
determined by the tax table or schedule plus or
minus certain adjustments. What was ... 's
(and ... 's husband's/wife's) net tax liability in
1993?**

(Form 1040, line 53)
(Form 1040A, line 27)
(Form 1040EZ, line 8)

9464

\$. 00

- X3 ☐ None
X1 ☐ DK
X2 ☐ Ref.

**CHECK
ITEM T18**

Refer to item 8a.

What is the amount of adjusted gross
income reported?

9466

- 1 ☐ \$23,050 or more – *SKIP to Check Item T19*
2 ☐ Less than \$23,050

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES (Continued)

9a. Did . . . claim an earned income credit on . . . 's Federal income tax return?	9472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to Check Item T19
b. What was the amount of earned income credit claimed? (Form 1040, line 56) (Form 1040A, line 28c)	9474	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
CHECK ITEM T19 Refer to cc item 15. Tenure of reference person. Are . . . 's living quarters –	9486	1 <input type="checkbox"/> Owned or being bought? 2 <input type="checkbox"/> Rented for cash? 3 <input type="checkbox"/> Occupied without cash payment?	} SKIP to Statement E, page 62
CHECK ITEM T20 Interview status of . . . 's spouse	9488	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to Statement E, page 62	
10a. Did . . . pay any property taxes on . . . 's residence(s) in 1993?	9490	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement E, page 62	
b. Did . . . pay these jointly with someone else living here?	9492	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10d	
c. Who made these joint payments with . . . ?	9494	Person No. Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	9496	Person No. Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
d. What was the property tax bill for . . . 's residence(s) in 1993? Obtain estimate, if necessary. (Schedule A, line 6)	9498	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING

STATEMENT E The next few questions are about school enrollment and financing.

1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)	9610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 64</i>
2. At what level or grade was . . . enrolled? <i>(If enrolled at more than one level in the past 12 months, check level in which the greatest amount of time was spent.)</i>	9612	1 <input type="checkbox"/> Elementary grades 1–8 2 <input type="checkbox"/> High school grades 9–12 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6+ 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school 12 <input type="checkbox"/> Other or DK
CHECK ITEM T21 Was . . . enrolled in elementary or high school?	9614	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4</i>
3. Was . . . enrolled in a public school? <i>(Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)</i>	9616	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item C1, page 64</i> 2 <input type="checkbox"/> No
4. During the past 12 months –		
a. What was the total cost of . . .’s tuition and fees?	9618	\$ <input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK
b. What was the total cost of . . .’s books and supplies?	9620	\$ <input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK
c. Did . . . live away from home while attending school?	9622	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
d. What was the total cost for room and board while away at school?	9624	\$ <input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - SCHOOL ENROLLMENT AND FINANCING (Continued)

5a. Please look at card DD in your pamphlet and tell me if . . . received any of these types of educational assistance during the past 12 months?

Anything else?

(1) The GI Bill?

9626 x3 ☐ None -
SKIP to
Check
Item C1

5b. How much did . . . receive?

9628 1 ☐ Received

9630 \$. 00
x1 ☐ DK

(2) Other Veterans' Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans' assistance.)

9632 1 ☐ Received

9634 \$. 00
x1 ☐ DK

(3) College Work Study Program?

9636 1 ☐ Received

9638 \$. 00
x1 ☐ DK

(4) A Pell Grant?

9640 1 ☐ Received

9642 \$. 00
x1 ☐ DK

(5) A Supplemental Educational Opportunity Grant (SEOG)?

9644 1 ☐ Received

9646 \$. 00
x1 ☐ DK

(6) A National Direct Student Loan (NDSL) (or Perkins Loan)?

9648 1 ☐ Received

9650 \$. 00
x1 ☐ DK

(7) A Stafford Loan or Guaranteed Student Loan (GSL)?

9652 1 ☐ Received

9654 \$. 00
x1 ☐ DK

(8) A Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)?

9656 1 ☐ Received

9658 \$. 00
x1 ☐ DK

(9) Assistance from . . . 's employer?

9660 1 ☐ Received

9662 \$. 00
x1 ☐ DK

(10) A fellowship or scholarship?

9664 1 ☐ Received

9666 \$. 00
x1 ☐ DK

(11) A tuition reduction?

9668 1 ☐ Received

9670 \$. 00
x1 ☐ DK

(12) Anything else (other than assistance from relatives and friends), including the JTPA Training program, Income Contingent Loan, or anything else?

9672 1 ☐ Received

9674 \$. 00
x1 ☐ DK

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

<input type="checkbox"/>	1. Social Security Number (Enter in cc item 33a)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	2. Medicare claim number (Item 23b, page 8)	5002 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 5004 <input type="text"/> <input type="text"/> <input type="text"/> - 5005 <input type="text"/> <input type="text"/>	
<input type="checkbox"/>	3. EMPLOYER a. Employer #1 (Item 8a, page 17) What was the total amount of pay received before deductions on this job in ...?	5006 \$ <input type="text"/> . 00 5008 \$ <input type="text"/> . 00 5010 \$ <input type="text"/> . 00 5012 \$ <input type="text"/> . 00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	b. Employer #2 (Item 16a, page 19) What was the total amount of pay received before deductions on this job in ...?	5014 \$ <input type="text"/> . 00 5016 \$ <input type="text"/> . 00 5018 \$ <input type="text"/> . 00 5020 \$ <input type="text"/> . 00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	4. SELF-EMPLOYMENT a. Self-employment #1 (Item 7, page 21) What was the total amount of income received from this business in ...?	5022 \$ <input type="text"/> . 00 5024 \$ <input type="text"/> . 00 5026 \$ <input type="text"/> . 00 5028 \$ <input type="text"/> . 00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	b. Self-employment #2 (Item 18, page 23) What was the total amount of income received from this business in ...?	5030 \$ <input type="text"/> . 00 5032 \$ <input type="text"/> . 00 5034 \$ <input type="text"/> . 00 5036 \$ <input type="text"/> . 00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	5. What was the average amount in savings/Money market deposit accounts/ CD's/Interest-earning checking accounts held jointly by husband and wife? (Item 2c, page 48)	Amounts for the period of - <input type="text"/> through <input type="text"/> 5038 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<input type="checkbox"/>	6. What was the average amount in savings/Money market deposit accounts/ CD's/Interest-earning checking accounts in own name? (Item 3c, page 48)	5040 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	7. What was the average amount in Money market funds/securities/bonds held jointly by husband and wife? (Item 2c, page 49)	5042 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	8. What was the average amount in Money market funds/securities/bonds in own name? (Item 3c, page 49)	5044 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	9. What was the amount received in dividends by husband and wife jointly? (Item 1b, page 50)	5048 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	10. What was the amount received in dividends in own name? (Item 2a, page 50)	5050 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None

		CALLBACK SUMMARY (Continued)			
<input type="checkbox"/>	11a. What were the gross receipts of this (business/practice) in 1993? (Item 2h, page 55)	Business 1		Business 2	
		9676	\$. 00	9682	\$. 00
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<input type="checkbox"/>	11b. What were the total expenses of this (business/practice) in 1993? (Item 2i, page 55)	9678 \$. 00		9684 \$. 00	
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<input type="checkbox"/>	12. What was the net income from this (business/practice) in 1993? (Item 2k, page 56)	9680 \$. 00		9686 \$. 00	
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
CHECK ITEM C2 Has an interview been conducted for all household members 15+?		5052	1 <input type="checkbox"/> Yes – Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No – Enter finish time for this household member, THEN interview next 15+ household member		
NOTES					

NOTES

NOTES

		INCOME SOURCE LIST	
		INCOME LIST	
Code	Type	Code	Type
1	Social Security	28	Child support payments
2	U.S. Government Railroad Retirement pay	29	Alimony payments
3	Federal Supplemental Security Income (SSI)	30	Pension from company or union
4	State Supplemental Security Income (State administered SSI only)	31	Federal Civil Service or other Federal civilian employee pensions
5	State unemployment compensation	32	U.S. Military retirement pay
6	Supplemental Unemployment Benefits	33	National Guard or Reserve Forces retirement
7	Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)	34	State government pensions
8	Veterans' compensation or pensions	35	Local government pensions
9	Black Lung payments	36	Income from paid-up life insurance policies or annuities
10	Workers' Compensation	37	Estates and trusts
11	State temporary sickness or disability benefits	38	Other payments for retirement, disability, or survivor
12	Employer or union temporary sickness policy	40	GI Bill
13	Payments from a sickness, accident, or disability insurance policy purchased on your own	41	Other Department of Veterans Affairs (VA) Educational Assistance
20	Aid to Families with Dependent Children (AFDC, ADC)	50	Income assistance from a charitable group
21	General Assistance or General Relief	51	Money from relatives or friends
22	Indian, Cuban, or Refugee Assistance	52	Lump sum payments
23	Foster Child Care payments	53	Income from roomers or boarders
24	Other welfare	54	National Guard or Reserve pay
25	WIC (Women, Infants and Children Nutrition Program)	55	Incidental or casual earnings
27	Food Stamps	56	Other cash income not included elsewhere

ASSET LIST		SPECIAL INDICATORS	
Code	Type	Code	Type
100	Regular/Passbook savings accounts in a bank, savings and loan, or credit union	170	Worked
101	Money market deposit accounts	171	Disabled
102	Certificates of deposit or other savings certificates	172	Medicare
103	Interest-earning checking accounts (such as NOW or Super NOW accounts)	173	Medicaid
104	Money market funds	174	U.S. Savings Bonds (E, EE)
105	U.S. Government securities	175	College Work Study
106	Municipal or corporate bonds	176	PELL Grant
107	Other interest-earning assets	177	Supplemental Educational Opportunity Grant (SEOG)
110	Stocks or mutual fund shares	178	Perkins Loan or National Direct Student Loan (NDSL)
120	Rental property	179	Stafford Loan or Guaranteed Student Loan (GSL)
130	Mortgages	180	Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)
140	Royalties	181	Assistance from Employer
150	Other financial investments	182	Fellowship/Scholarship
		183	Other financial aid
		200	VA disability rating of 100%
		201	VA disability of less than 100%

INCOME SOURCE SUMMARY (ISS)

INSTRUCTION – Column (a) shows the income source code. In column (b), mark (X) for all sources from which income was received during the reference period. In column (c), enter the code to indicate whether the respondent used records to verify or provide amounts. Column (d) shows the type of income source. The Amounts section should be filled starting with the page number shown in column (e) for those income sources which have been marked.

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

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
Check Item R8	5
Asset Roster, 28b, columns (2) and (3)	12
Check Item R31	12
Check Item T1	54
Check Item T19	61
11a, Finish time (Cover Page)	1