

Section 3 – AMOUNTS (Continued)

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

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| <p>1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA and KEOGH accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)</p> | 4500 | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } SKIP to 3a</p> <p>x1 <input type="checkbox"/> DK }</p> |
| <p>CHECK ITEM A13 Interview status of . . .'s spouse.</p> | 4502 | <p>1 <input type="checkbox"/> No spouse in household – SKIP to 2a</p> <p>2 <input type="checkbox"/> Interview for spouse not yet conducted</p> <p>3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a</p> |
| <p>1b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)?</p> <p align="right">★</p> | 4504 | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – SKIP to 2a</p> <p>x3 <input type="checkbox"/> None – SKIP to 2a</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> |
| <p>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.)</p> | 4506 | <p>1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 10</p> <p>2 <input type="checkbox"/> No</p> |
| <p>2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)?</p> <p align="right">★</p> | 4508 | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – SKIP to 3a</p> <p>x3 <input type="checkbox"/> None – SKIP to 3a</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> |
| <p>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.)</p> | 4510 | <p>1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 11</p> <p>2 <input type="checkbox"/> No</p> |
| <p>3a. (Besides the money that . . . received in dividends) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?</p> | 4512 | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } SKIP to Check Item A15</p> <p>x1 <input type="checkbox"/> DK }</p> |
| <p>CHECK ITEM A14 Interview status of . . .'s spouse.</p> | 4514 | <p>1 <input type="checkbox"/> No spouse in household – SKIP to 3c</p> <p>2 <input type="checkbox"/> Interview for spouse not yet conducted</p> <p>3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3c</p> |
| <p>3b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?</p> | 4516 | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> |
| <p>C. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?</p> | 4518 | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> |
| <p>CHECK ITEM A15 Interview status of . . .'s spouse.</p> | 8032 | <p>1 <input type="checkbox"/> No spouse in household – SKIP to 5b</p> <p>2 <input type="checkbox"/> Interview for spouse not yet conducted</p> <p>3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 5a</p> |
| <p>4a. As of (read last day of reference period), what was the market value of the stocks or mutual funds held jointly by . . . and . . .'s (husband/wife)? (Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.)</p> <p align="right">★</p> | 8034 | <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – SKIP to 4c</p> <p>x3 <input type="checkbox"/> None – SKIP to 5a</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> |
| <p>b. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p> | 8035 | <p>1 <input type="checkbox"/> Office Use Only</p> |
| <p>b. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p> | 8036 | <p>1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 12</p> <p>2 <input type="checkbox"/> No</p> |

AMOUNTS – PARTS D & E

Section 3 – AMOUNTS (Continued)

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

| | |
|---|---|
| <p>4c. Was any debt or margin account held against these jointly held stocks or mutual funds as of (Read last day of reference period)?</p> | <p align="center">8038</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p> |
| <p>d. As of (Read last day of reference period), what was the amount of the debt or margin account?</p> | <p align="center">8040</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> |
| <p>5a. Besides the stocks or mutual fund shares held jointly with . . . 's (husband/wife), did . . . hold any other stocks or mutual fund shares?</p> | <p align="center">8042</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS code or Statement A, page 50</p> |
| <p>b. As of (Read last day of reference period), what was the market value of the stocks or mutual funds . . . held in (his/her) OWN name? <i>(Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.)</i> ★</p> | <p align="center">8044</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/> – SKIP to 5d</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p align="center">8045 1 <input type="checkbox"/> Office Use Only</p> |
| <p>c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p> | <p align="center">8046</p> <p>1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 13 2 <input type="checkbox"/> No</p> |
| <p>d. Was any debt or margin account held against . . . 's stocks or mutual funds as of (Read last day of reference period)?</p> | <p align="center">8048</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50</p> |
| <p>e. As of (Read last day of reference period), what was the amount of the debt or margin account?</p> | <p align="center">8050</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/> } SKIP to next ISS Code or Statement A, page 50</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> |

NOTES

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

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| 1. Earlier you told me that . . . owned some rental property. | |
| CHECK ITEM A16 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? <i>Include only property owned entirely by couple.</i> | 4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2d</i> |
| b. About how much was received in gross rent from this property during the 4-month period? | 4604 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i> |
| c. What is your best estimate of the amount that was cleared after expenses? <i>Enter \$1 in amount box if respondent reports "broke even."</i> | 4606 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 } <i>SKIP to 2e</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i> 4608 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box – SKIP to 2e</i> |
| d. As of (Read last day of reference period), did . . . own any rental property jointly with . . . 's (husband/wife)? (Include only property owned entirely by . . . and . . . 's (husband/wife).) | 8052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK |
| e. How many properties did . . . own jointly with . . . 's (husband/wife) as of (Read last day of reference period)? | 8054 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Number of properties 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 Statement A, page 50</i> |
| f. What type of property(ies) (was it/were they)? <i>Mark (X) all that apply.</i> | 8056 1 <input type="checkbox"/> Vacation home 8058 2 <input type="checkbox"/> Other residential property 8060 3 <input type="checkbox"/> Farm property 8062 4 <input type="checkbox"/> Commercial property 8064 5 <input type="checkbox"/> Equipment 8066 6 <input type="checkbox"/> Other – <i>Specify _____</i> |
| g. As of (Read last day of reference period), what was the total market value of the property(ies) ? | 8068 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 – <i>SKIP to 2i</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i> 8069 1 <input type="checkbox"/> Office Use Only |
| h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.) | 8070 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 14</i> 2 <input type="checkbox"/> No |
| i. Was there a mortgage, deed of trust, or other debt on the property(ies)? | 8072 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK |
| j. As of (Read last day of reference period), how much principal was owed on the property(ies)? | 8074 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref. 8075 1 <input type="checkbox"/> Office Use Only |
| 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 3d</i> |

Section 3 – AMOUNTS (Continued)

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

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| <p>3b. About how much was received in gross rent from this property during the 4-month period?</p> | <p>4612 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> |
| <p>c. What is your best estimate of the amount that was cleared after expenses?</p> <p><i>Enter \$1 in amount box if respondent reports "broke even."</i></p> | <p>4614 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/> } SKIP to 3e</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>4616 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 3e</p> |
| <p>d. As of (Read last day of reference period), did ... own any rental property in ...'s OWN name?</p> | <p>8076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4a x1 <input type="checkbox"/> DK</p> |
| <p>e. How many properties did ... own in ...'s OWN name as of (Read last day of reference period)?</p> | <p>8078 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number of properties</p> <p>x3 <input type="checkbox"/> None – SKIP to 4a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> |
| <p>f. What type of property(ies) (was it/were they)?</p> <p><i>Mark (X) all that apply.</i></p> | <p>8080 1 <input type="checkbox"/> Vacation home 8082 2 <input type="checkbox"/> Other residential property 8084 3 <input type="checkbox"/> Farm property 8086 4 <input type="checkbox"/> Commercial property 8088 5 <input type="checkbox"/> Equipment 8090 6 <input type="checkbox"/> Other – Specify _____</p> |
| <p>g. As of (Read last day of reference period), what was the total market value of the property(ies)?</p> <p align="right">★</p> | <p>8092 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/> – SKIP to 3i</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>8093 1 <input type="checkbox"/> Office Use Only</p> |
| <p>h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p> | <p>8094 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 15 2 <input type="checkbox"/> No</p> |
| <p>i. Was there a mortgage, deed of trust, or other debt on the property(ies)?</p> | <p>8096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4a x1 <input type="checkbox"/> DK</p> |
| <p>j. As of (Read last day of reference period), how much principal was owed on the property(ies)?</p> | <p>8098 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/></p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>8099 1 <input type="checkbox"/> Office Use Only</p> |
| <p>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.)</p> | <p>4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c</p> |
| <p>b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?</p> <p><i>Enter \$1 in amount box if respondent reports "broke even."</i></p> | <p>4620 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/> } SKIP to 4d</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>4622 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 4d</p> |

Section 3 — AMOUNTS (Continued)

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

| | |
|---|--|
| <p>4c. Did . . . own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by . . . and . . . 's spouse.)</p> | <p>8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK }</p> |
| <p>d. How many properties did . . . own jointly with others as of (Read last day of reference period)?</p> | <p>8102 <input type="text"/> Number of properties x3 <input type="checkbox"/> None — SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> |
| <p>e. What type of property(ies) (was it/were they)? Mark (X) all that apply.</p> | <p>8104 1 <input type="checkbox"/> Vacation home 8106 2 <input type="checkbox"/> Other residential property 8108 3 <input type="checkbox"/> Farm property 8110 4 <input type="checkbox"/> Commercial property 8112 5 <input type="checkbox"/> Equipment 8114 6 <input type="checkbox"/> Other — Specify)</p> |
| <p>f. As of (Read last day of reference period), what was the total market value of the property(ies)?</p> | <p>8116 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 8117 1 <input type="checkbox"/> Office Use Only</p> |
| <p>g. Was there a mortgage, deed of trust, or other debt on the property(ies)?</p> | <p>8118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4i x1 <input type="checkbox"/> DK }</p> |
| <p>h. As of (Read last day of reference period), how much principal was owed on the property(ies)?</p> | <p>8120 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 8121 1 <input type="checkbox"/> Office Use Only</p> |
| <p>i. As of (Read last day of reference period), what was the total value of . . . 's SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.)</p> | <p>8122 \$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 8123 1 <input type="checkbox"/> Office Use Only</p> |
| <p>j. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p> | <p>8124 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 16 } SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No }</p> |

NOTES

Section 3 – AMOUNTS (Continued)

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

| | | | |
|-----------------------|---|----------------------|--|
| CHECK ITEM A17 | Asset types owned. <i>Mark (X) all that apply.</i> | 4700 4702 4704 | <input type="checkbox"/> ISS Code 130 – Mortgages <input type="checkbox"/> ISS Code 140 – Royalties <input type="checkbox"/> ISS Code 150 – Other financial investments |
| CHECK ITEM A18 | Is ISS Code 130 marked in Check Item A17? | 4706 | <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 3</i> |
| CHECK ITEM A19 | Interview status of . . . 's spouse. | 4708 | <input type="checkbox"/> No spouse in household – <i>SKIP to 2b</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i> |
| 1a. | Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse? | 4710 | <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 2b</i> |
| b. | During the past 4 months how much interest was paid to . . . and . . . 's (husband/wife) by the borrower? | 4712 | \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. |
| C. | As of (Read last day of reference period), how much principal was owed to . . . and . . . 's (husband/wife) on this (these) mortgage(s)? | 8126 | \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to Check Item A20</i> |
| | | 8127 | <input type="checkbox"/> Office Use Only |
| 2a. | (Besides any jointly held mortgages,) did . . . hold any mortgages in . . . 's own name? | 4714 | <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A20</i> |
| b. | (Earlier you said that . . . held a mortgage.) During the past 4 months how much interest was paid to . . . by the borrower? | 4716 | \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to Check Item A20</i> |
| C. | As of (Read last day of reference period), how much principal was owed to . . . on this (these) mortgage(s)? | 8128 | \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. |
| | | 8129 | <input type="checkbox"/> Office Use Only |
| CHECK ITEM A20 | Is ISS Code 140 or 150 marked in Check Item A17? | 4718 | <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Statement A, page 50</i> |
| 3. | Earlier you said . . . had (Read asset types). During the past 4 months, how much income did . . . receive from these (Read asset types)? <i>If income was shared, count only . . . 's share.</i> | 4720 | \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to Statement A, page 50</i> |
| | | 4722 | <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i> |
| CHECK ITEM A21 | Is ISS Code 150 marked in Check Item A17? | 8130 | <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Statement A, page 50</i> |
| 4. | As of (Read last day of reference period), what was . . . 's equity in other financial investments? (By equity we mean the total market value less any debts held against it.) <i>If investment is jointly owned, count only . . . 's share of equity.</i> | 8132 | \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. |
| | | 8133 | <input type="checkbox"/> Office Use Only |

SKIP to Statement A, page 50

Section 4 – TOPICAL MODULES

Part A – ASSETS AND LIABILITIES

Statement A

Read to respondent: **These next questions concern various assets and liabilities.**

1 a. As of (Read last day of reference period), did anyone outside of this household owe money to . . . as the result of the sale of a business or property? (Exclude mortgages owed to . . . which have already been reported.)

8200 1 Yes
 2 No
 x1 DK
 x2 Ref. } *SKIP to 2a*

b. How much was owed to . . . ?
(If shared, count only . . . 's share.)

8202 \$. 00
 x1 DK
 x2 Ref.

8203 1 Office Use Only

ASK OR VERIFY –

2 a. Did . . . own any U.S. Savings Bonds as of (Read last day of reference period)?

8204 1 Yes
 2 No – *SKIP to Check Item T1*

b. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned?
(If ownership was shared, count only . . . 's share.)

8206 \$. 00
 x1 DK
 x2 Ref.

CHECK ITEM T1 Interview status of . . . 's spouse

8208 1 No spouse in household – *SKIP to 4a*
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted – *SKIP to 4a*

2 c. As of (Read last day of reference period), did . . . own jointly with . . . 's (husband/wife) any checking accounts which do NOT earn interest?

8209 1 Yes
 2 No
 x1 DK
 x2 Ref. } *SKIP to 3a*

d. What is your best estimate of the amount of money . . . and . . . 's (husband/wife) had in those checking accounts as of (Read last day of reference period)?

8210 \$. 00
 x3 None
 x1 DK
 x2 Ref.

| | |
|--|---|
| <p>3 a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for –</p> <p>(1) Store bills or credit card bills?</p> <p style="text-align: right;">8212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?</p> <p style="text-align: right;">8216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>(3) Any other debt we have not yet mentioned (Include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered)?</p> <p style="text-align: right;">8220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> | <p style="text-align: center;"><i>If "Yes" to 3a ask –</i></p> <p>3 b. How much was owed as of (Read last day of reference period)?</p> <p style="text-align: right;">8214 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref.</p> <p style="text-align: right;">8218 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref.</p> <p style="text-align: right;">8222 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref.</p> |
|--|---|

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

| | |
|---|--|
| <p>4a. (Besides any checking accounts owned jointly with ...'s spouse,) as of (Read last day of reference period), did ... own any (other) checking accounts which do NOT earn interest?</p> | <p>8232 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to 4c</p> <p>x2 <input type="checkbox"/> Ref.</p> |
| <p>b. What is your best estimate of the amount of money ... had in those checking accounts as of (Read last day of reference period)? <i>(If account was shared, count only ...'s share.)</i></p> | <p>8233 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/></p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> |
| <p>c. Did ... have any debts, such as credit card bills, loans from a financial institution, or educational loans, in ...'s OWN name?</p> | <p>8234 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item T2</p> <p>x2 <input type="checkbox"/> Ref.</p> |
| <p>d. As of (Read last day of reference period), did ... owe any money (in ...'s OWN name) for –</p> | <p align="right">4e. How much was owed as of (Read last day of reference period)?</p> |
| <p>(1) Store bills or credit card bills?</p> | <p>8236 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> |
| <p>(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?</p> | <p>8240 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> |
| <p>(3) Any other debt we have not yet mentioned (Include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered)?</p> | <p>8244 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p> |
| <p>CHECK ITEM T2 Refer to cc item 24. Is ... 21 years of age or older?</p> | <p>8258 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T11, page 59</p> |
| <p>5a. Does ... have an Individual Retirement Account – an IRA – in ...'s OWN name? <i>(Do not mark "Yes" if ... is only included in spouse's IRA account.)</i></p> | <p>8260 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to 6a</p> <p>x2 <input type="checkbox"/> Ref.</p> |
| <p>b. For how many years has ... contributed to ...'s IRA accounts?</p> | <p>8262 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Years</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to 6a</p> |
| <p>c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of ...'s IRA accounts? ★</p> | <p>8264 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/> – SKIP to 5e</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to 6a</p> |
| <p>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p> | <p>8266 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 17</p> <p>2 <input type="checkbox"/> No – SKIP to 6a</p> |
| <p><i>(SHOW FLASHCARD AA)</i></p> <p>e. As of (Read last day of reference period), which kinds of assets did ... hold in ...'s IRA accounts? <i>Mark (X) all that apply.</i> Anything else?</p> | <p>8268 1 <input type="checkbox"/> Certificates of deposit or other saving certificates</p> <p>8270 2 <input type="checkbox"/> Money Market Funds</p> <p>8272 3 <input type="checkbox"/> U.S. Government Securities</p> <p>8274 4 <input type="checkbox"/> Municipal or Corporate Bonds</p> <p>8276 5 <input type="checkbox"/> U.S. Savings Bonds</p> <p>8278 6 <input type="checkbox"/> Stocks or Mutual Fund Shares</p> <p>8280 7 <input type="checkbox"/> Other assets – Specify _____</p> <p>8282 x1 <input type="checkbox"/> DK</p> |

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

| | |
|--|---|
| <p>6a. Does . . . have a KEOGH account in . . . 's OWN name?</p> | <p>8284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 7a</i> x2 <input type="checkbox"/> Ref. }</p> |
| <p>b. For how many years has . . . contributed to . . . 's KEOGH account?</p> | <p>8286 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to 7a</i></p> |
| <p>c. As of (Read last day of reference period), what was the total balance or market value of assets in . . . 's KEOGH account(s)?</p> <p align="right">★</p> | <p>8288 \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to 6e</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to 7a</i></p> |
| <p>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p> | <p>8290 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 18</i> 2 <input type="checkbox"/> No — <i>SKIP to 7a</i></p> |
| <p><i>(SHOW FLASHCARD AA)</i> e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's KEOGH account(s)? <i>Mark (X) all that apply.</i> Anything else?</p> | <p>8292 1 <input type="checkbox"/> Certificates of deposit or other savings certificates 8294 2 <input type="checkbox"/> Money Market Funds 8296 3 <input type="checkbox"/> U.S. Government Securities 8298 4 <input type="checkbox"/> Municipal or Corporate Bonds 8300 5 <input type="checkbox"/> U.S. Savings Bonds 8302 6 <input type="checkbox"/> Stocks or Mutual Fund Shares 8304 7 <input type="checkbox"/> Other assets — <i>Specify</i> ↓ _____</p> <p>8306 x1 <input type="checkbox"/> DK</p> |
| <p>7a. Does . . . have any life insurance? (Include group policies provided by employers.)</p> | <p>8308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Statement B, page 53</i> x2 <input type="checkbox"/> Ref. }</p> |
| <p>b. What is the current FACE VALUE of ALL life insurance policies that . . . has?</p> | <p>8309 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>8310 1 <input type="checkbox"/> Office Use Only</p> |
| <p>CHECK ITEM T3 Is "Worked" (code 170) marked on the ISS?</p> | <p>8311 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Statement B, page 53</i></p> |
| <p>7c. Are any of . . . 's life insurance policies provided through . . . 's current employer(s)?</p> | <p>8312 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Statement B, page 53</i></p> |
| <p>d. What is the FACE VALUE of the life insurance policies provided through . . . 's employer(s)?</p> | <p>8313 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> |

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE

Statement B →

Read to respondent: **These next questions concern . . . 's retirement expectations and pension plan coverage.**

CHECK ITEM T4

Are any employers entered in question 2a on page 14 or question 10a on page 16?

- 8324** 1 Yes – Enter name(s) and job number(s) below
 2 No – SKIP to Check Item T7, page 56

| Employer 1 | Employer 2 |
|-------------------------------------|-------------------------------------|
| Employer name | Employer name |
| Job number <input type="checkbox"/> | Job number <input type="checkbox"/> |

(For each employer ask through item 3m on page 55, and then return for next employer.)

1 a. About how many persons are employed by (Read employer's name) at the location where . . . works – would you say (Read categories)?

- 8330** 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1000 or more } *SKIP to 2a*
 x1 DK

- 8332** 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1000 or more } *SKIP to 2a*
 x1 DK

b. Does (Read employer's name) operate in more than one location?

- 8334** 1 Yes
 2 No } *SKIP to 2a*
 x1 DK

- 8336** 1 Yes
 2 No } *SKIP to 2a*
 x1 DK

c. About how many persons are employed by (Read employer's name) at all locations – would you say (Read categories)?

- 8338** 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1000 or more
 x1 DK

- 8340** 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1000 or more
 x1 DK

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

| | Employer 1 | Employer 2 |
|---|---|---|
| <p>2a. Does . . . 's employer or union have a retirement plan for any of its employees?</p> <p><i>(Exclude Social Security and Railroad Retirement.)</i></p> | <p>8342 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } <i>SKIP to Check Item T5</i></p> <p>x1 <input type="checkbox"/> DK }</p> | <p>8344 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } <i>SKIP to Check Item T7, page 56</i></p> <p>x1 <input type="checkbox"/> DK }</p> |
| <p>b. Is . . . included in such a plan?</p> | <p>8346 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T5</i></p> | <p>8348 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T7, page 56</i></p> |
| <p>c. Why isn't . . . included in such a plan?</p> <p><i>Mark (X) all that apply.</i></p> | <p>8350 1 <input type="checkbox"/> Chose not to belong</p> <p>8354 2 <input type="checkbox"/> No one in . . . 's type of job can belong</p> <p>8358 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year</p> <p>8362 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date</p> <p>8366 5 <input type="checkbox"/> . . . is too young</p> <p>8370 6 <input type="checkbox"/> . . . has not worked for this employer long enough</p> <p>8374 7 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>8378 x1 <input type="checkbox"/> DK</p> | <p>8352 1 <input type="checkbox"/> Chose not to belong</p> <p>8356 2 <input type="checkbox"/> No one in . . . 's type of job can belong</p> <p>8360 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year</p> <p>8364 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date</p> <p>8368 5 <input type="checkbox"/> . . . is too young</p> <p>8372 6 <input type="checkbox"/> . . . has not worked for this employer long enough</p> <p>8376 7 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>8380 x1 <input type="checkbox"/> DK</p> |
| <p>CHECK ITEM T5</p> <p>Is another employer listed in Check Item T4, page 53?</p> | <p>8382 1 <input type="checkbox"/> Yes – <i>Ask item 1a, page 53 for next employer</i></p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item T7, page 56</i></p> | <p><i>SKIP to Check Item T7, page 56</i></p> |
| <p>3a. Is . . . included in more than one retirement or pension plan on this job?</p> | <p>8384 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> | <p>8386 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> |
| <p>b. Is . . . 's (basic) retirement plan a profit sharing plan?</p> | <p>8388 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> | <p>8390 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> |
| <p>c. Are the retirement benefits of . . . 's (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan?</p> <p><i>Mark (X) only one.</i></p> | <p>8392 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p> | <p>8394 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p> |
| <p>d. Does (Read employer's name) make payments towards . . . 's (basic) plan?</p> | <p>8396 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> | <p>8398 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> |

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

| | Employer 1 | Employer 2 |
|---|--|--|
| 3e. Does ... make payments toward ...'s (basic) plan? (Include payments deducted from ...'s pay.) | 8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3g</i> | 8402 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3g</i> |
| f. How much does ... contribute toward ...'s (basic) plan? | 8404 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 8408 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8412 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8416 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. | 8406 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 8410 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8414 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8418 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. |
| g. How long has ... been included in this (basic) plan? (Include only the years that count toward ...'s retirement benefits.) <i>(If respondent reports years and months, round to full years)</i> | 8420 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK | 8422 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK |
| h. If ... were to leave (Read employer's name) now or in the next few months, could ... eventually receive some benefits from this plan upon reaching retirement age? | 8424 1 <input type="checkbox"/> Yes – <i>SKIP to 3j</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to 3j</i> | 8426 1 <input type="checkbox"/> Yes – <i>SKIP to 3j</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to 3j</i> |
| i. Is that because ... has not been included in the plan enough years? | 8428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | 8430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK |
| j. Under this plan, could ...'s retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of ...'s contributions to the plan.) | 8432 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | 8436 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK |
| k. Does (Read employer's name) offer a salary reduction plan, sometimes called a 401K plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire or withdraw the money. | 8438 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T6</i> x1 <input type="checkbox"/> DK | 8440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T7</i> x1 <input type="checkbox"/> DK |
| l. Does ... participate in this plan? | 8442 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T6</i> x1 <input type="checkbox"/> DK | 8444 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T7</i> x1 <input type="checkbox"/> DK |
| m. As of (Read last day of reference period), what was the total amount ... had in this plan? | 8443 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. | 8445 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. |
| CHECK ITEM T6 Is another employer listed in Check Item T4, page 53? | 8446 1 <input type="checkbox"/> Yes – <i>Ask item 1a, page 53 for next employer</i> 2 <input type="checkbox"/> No – <i>Go to Check Item T7</i> | <i>Go to Check Item T7</i> |

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

| | | | | | | | | | | | | |
|---|--|---|---|---|--|--|--|--|----------------------|----------------------|----------------------------------|----------------------------------|
| CHECK ITEM T7 | Is . . . self employed? (Are any businesses entered in question 1a on page 18 or question 12a on page 21?) | 8448 1 <input type="checkbox"/> Yes — <i>Enter names and business I.D. numbers below</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i> | | | | | | | | | | |
| Ask item 4 for each business owned. | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name of first business</td> <td style="width:50%;">Name of second business</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Business I.D. Number</td> <td>Business I.D. Number</td> </tr> <tr> <td>8450 <input type="text"/></td> <td>8452 <input type="text"/></td> </tr> </table> | Name of first business | Name of second business | | | | | Business I.D. Number | Business I.D. Number | 8450 <input type="text"/> | 8452 <input type="text"/> |
| Name of first business | Name of second business | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Business I.D. Number | Business I.D. Number | | | | | | | | | | | |
| 8450 <input type="text"/> | 8452 <input type="text"/> | | | | | | | | | | | |
| 4. | Not counting Social Security, IRA, or KEOGH accounts, is . . . covered by a pension or retirement plan in (Read name of business)? | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width:50%;"> 8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> </tr> </table> | 8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | 8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | | | | | | | | |
| 8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | 8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | | | | | | | | | | | |
| CHECK ITEM T8 | Refer to cc item 24. Is . . . 55 to 64 years of age? | 8458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T9</i> | | | | | | | | | | |
| 5a. | (Other than the plans we have already talked about) did . . . hold a job in the past from which . . . eventually expects to receive retirement benefits, either as a series of regular payments or as a lump-sum payment at retirement? (Exclude Social Security, Railroad Retirement, and other plans already reported.) | 8460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to Check Item T9</i> | | | | | | | | | | |
| b. | Is this pension plan from — (Read categories) Mark (X) all that apply. | 8462 1 <input type="checkbox"/> A private employer? 8464 2 <input type="checkbox"/> Military? 8466 3 <input type="checkbox"/> Federal Government (civilian)? 8468 4 <input type="checkbox"/> State or local governments? 8470 5 <input type="checkbox"/> A union? 8472 6 <input type="checkbox"/> Other — <i>Specify</i> _____ | | | | | | | | | | |
| c. | How many years (altogether) did . . . work on (that job/those jobs)? | 8474 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK | | | | | | | | | | |
| CHECK ITEM T9 | Refer to cc item 24. Is . . . 62 years of age or older? | 8475 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T10</i> | | | | | | | | | | |
| 6a. | Did . . . ever receive a lump sum payment from a pension or retirement plan provided by . . . 's employer or union? (Include refunds of . . . 's own contributions to the plan.) | 8476 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to Check Item T10</i> | | | | | | | | | | |
| b. | How many times did . . . receive a lump sum payment? | 8477 <input type="text"/> <input type="text"/> Number of times x1 <input type="checkbox"/> DK | | | | | | | | | | |
| c. | When did . . . receive the (most recent) lump sum payment? | 8478 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK | | | | | | | | | | |
| d. | Approximately how much did . . . receive? | 8479 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. | | | | | | | | | | |
| e. | At the time . . . received the (most recent) lump sum payment, did . . . roll over the funds into an IRA or put them into another (or same) pension or retirement plan? | 8480 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T10</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to Check Item T10</i> | | | | | | | | | | |

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

6f. At the time . . . received the lump sum payment, what did . . . do with those funds?

Mark (X) all that apply.

Anything else?

8481

- 1 Purchased a home or paid off a mortgage
- 2 Used it for children's education
- 3 Used it for a period of unemployment
- 4 Paid off loans, bills, or spent it on other items
- 5 Other – *Specify* _____

x1 DK

CHECK ITEM T10

Are codes 30, 31, 32, 33, 34, or 35 marked on the ISS?

8482

- 1 Yes
- 2 No – *SKIP to Check Item T11, page 59*

Earlier you said . . . received some retirement income other than Social Security.

7a. Did . . . receive these benefits because . . . retired from a job or business or for some other reason?

8483

- 1 Retired from job
- 2 Some other reason
- x1 DK
- x2 Ref.

} *SKIP to Check Item T11, page 59*

The next few questions refer to the job in the past from which . . . received the retirement income.

If . . . received a pension from more than 1 source, ask about source of largest retirement income.

b. What kind of business or industry was . . . 's employer?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

8484

ASK OR VERIFY –

c. Was it mainly –

PGM 8

8486

- 1 **Manufacturing?**
- 2 **Wholesale trade?**
- 3 **Retail trade?**
- 4 **Some other kind of business?**

d. What kind of work was . . . doing on that job?

For example: Electrical engineer, stock clerk, typist, farmer.

PGM 8

8488

e. What were . . . 's main activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

8490

ASK OR VERIFY –

f. Was . . . an employee of –

PGM 8

8492

- 1 **A private company or union?**
- 2 **Federal Government (exclude Armed Forces)?**
- 3 **State Government?**
- 4 **Local Government?**
- 5 **Armed Forces?**
- 6 **Unpaid in family business or farm? – *SKIP to Check Item T11, page 59***

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

| | |
|---|--|
| <p>8a. About how many persons were employed by that employer at the location . . . worked?</p> | <p align="center">PGM 7</p> <p>8494 1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK } <i>SKIP to 8d</i></p> |
| <p>b. Did that employer operate in more than one location?</p> | <p>8496 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 8d</i></p> |
| <p>c. About how many persons were employed by that employer at ALL LOCATIONS?</p> | <p>8498 1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK</p> |
| <p>d. How many HOURS a week did . . . usually work at that job?</p> | <p>8500 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Hours per week x1 <input type="checkbox"/> DK</p> |
| <p>e. How many WEEKS a year did . . . usually work at that job? <i>(Include paid vacations and sick leave.)</i></p> | <p>8502 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Weeks per year x1 <input type="checkbox"/> DK</p> |
| <p>f. How many YEARS did . . . work at that job?</p> | <p>8504 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Years x1 <input type="checkbox"/> DK</p> |
| <p>g. In what year did . . . leave that job?</p> | <p>8506 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p> |
| <p>h. When . . . left that job, how much was . . . earning (before deductions for taxes or anything else)? <i>(If self-employed, show NET business income.)</i></p> | <p>8508 \$ <input style="width:60px;" type="text"/> . <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></p> <p align="center">PER —</p> <p>8510 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year</p> <p align="center">OR</p> <p>8512 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item T11</i></p> |
| <p>i. In what year did . . . begin receiving this pension?</p> | <p>8514 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> |
| <p>j. Was the amount of . . . 's (basic) retirement benefits based on . . . 's years of service and pay, or on the amount of . . . 's contributions to the plan?</p> | <p>8516 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to plan x1 <input type="checkbox"/> DK</p> |
| <p>k. Did . . . take reduced benefits in order to elect a survivor option?</p> | <p>8518 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> |
| <p>l. Has . . . 's retirement pension ever been increased for cost-of-living changes?</p> | <p>8520 1 <input type="checkbox"/> Yes — <i>SKIP to 8n</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> |
| <p>m. Does . . . 's pension plan include a cost-of-living adjustment provision?</p> | <p>8522 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> |
| <p><i>ASK OR VERIFY —</i></p> <p>n. Is . . . now covered by a health plan provided through . . . 's former employer?</p> | <p>8524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> |

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES

CHECK ITEM T11

Is this the reference person's questionnaire?

8526 1 Yes
2 No – SKIP to Check Item P1, page 63

Statement C

Read to respondent: **These next questions concern housing costs and automobile ownership.**

CHECK ITEM T12

Refer to cc item 14.
Is this housing unit a mobile home?

8528 1 Yes – SKIP to Check Item T16
2 No

CHECK ITEM T13

Refer to cc item 15.
Tenure

8530 1 Owned or being bought
2 Rented for cash
3 Occupied without cash payment } SKIP to Check Item T17

1 a. ASK OR VERIFY –
Which persons in this household are the owners of this home?

| Person No. | Name |
|--------------------|------|
| 8532 [][] | |
| 8534 [][] | |
| 8536 [][] | |

b. In what month and year was this home purchased?

8538 Month [][] **8539** Year **1** **9** [][]
x1 DK x1 DK

c. Is there a mortgage, home equity loan, or other debt on this home?

8540 1 Yes
2 No
x1 DK } SKIP to 2
x2 Ref.

d. How many mortgages, home equity loans, or other debts are there?

8542 [] Number
x1 DK

(Ask questions 1e – 1k for first mortgage and then return to 1e again for any second mortgage or other loan.)

e. How much principal is currently owed on this (first/other) mortgage (debt)? (If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.)

| First mortgage | Second mortgage or other loan |
|--|--|
| 8564 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. | 8566 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. |
| 8565 1 <input type="checkbox"/> Office Use Only | 8567 1 <input type="checkbox"/> Office Use Only |

f. In what year was this mortgage (loan) obtained? (If mortgage was assumed, give the original date of the mortgage.)

| First mortgage | Second mortgage or other loan |
|--|--|
| 8568 Year 1 9 [][] x1 <input type="checkbox"/> DK <i>Year – If 1985, 1986, or 1987, ask month</i> | 8570 Year 1 9 [][] x1 <input type="checkbox"/> DK <i>Year – If 1985, 1986, or 1987, ask month</i> |
| 8569 Month [][] x1 <input type="checkbox"/> DK | 8571 Month [][] x1 <input type="checkbox"/> DK |

g. What was the amount of the mortgage (loan) when it was obtained or last refinanced? (If mortgage was assumed, give the original amount of the mortgage.)

| First mortgage | Second mortgage or other loan |
|--|--|
| 8572 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2 | 8574 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2 |
| 8573 1 <input type="checkbox"/> Office Use Only | 8575 1 <input type="checkbox"/> Office Use Only |

h. What is the total number of years over which payments are to be made?

| First mortgage | Second mortgage or other loan |
|--|--|
| 8576 [] [] Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK | 8578 [] [] Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK |

i. What is the current annual interest rate on this mortgage (loan)?

| First mortgage | Second mortgage or other loan |
|---|---|
| 8580 [][] . [][] Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. | 8582 [][] . [][] Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. |

j. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?

| First mortgage | Second mortgage or other loan |
|---|---|
| 8584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | 8586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK |

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

| | | |
|--|--|---|
| <p>1k. Was this mortgage obtained through an FHA or VA mortgage program?</p> | <p>8587 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> | <p>8589 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> |
| <p>CHECK ITEM T14 Refer to item 1d, page 59. Is there another loan or mortgage?</p> | <p>8592 1 <input type="checkbox"/> Yes – Ask item 1e, page 59 for next loan or mortgage 2 <input type="checkbox"/> No – SKIP to 2</p> | <p align="center">Go to Check Item T15</p> |
| <p>CHECK ITEM T15 Refer to item 1d, page 59. Are there 3 or more mortgages or loans on this home?</p> | <p>8594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2</p> | |
| <p>1l. How much principal is currently owed on all the remaining mortgages or loans not reported previously?</p> | <p>8596 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>8597 1 <input type="checkbox"/> Office Use Only</p> | |
| <p>2. What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale?</p> | <p>8598 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>8599 1 <input type="checkbox"/> Office Use Only</p> | <p align="right">} SKIP to 5a</p> |
| <p>CHECK ITEM T16 Refer to cc item 15. Tenure of mobile home</p> | <p>8608 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Occupied without cash rent</p> | <p align="right">} SKIP to Check Item T17</p> |
| <p>3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?</p> | <p>8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> | <p align="right">} SKIP to 4</p> |
| <p>b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?</p> | <p>8612 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home</p> | |
| <p>c. How much principal is currently owed on this (these) mortgage(s)?</p> | <p>8624 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> | |
| <p>4. How much do you think this mobile home (and SITE) would sell for today if it were for sale?</p> | <p>8630 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> | <p align="right">} SKIP to 5a</p> |
| <p>CHECK ITEM T17 Refer to cc items 16a and 16b – Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?</p> | <p>8658 1 <input type="checkbox"/> In a public housing project 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Neither public nor subsidized</p> | <p align="right">} SKIP to 6a</p> |
| <p>5a. Do you or anyone in this household own any (other) real estate, such as a vacation home or undeveloped lot? Exclude rental property previously reported.</p> | <p>8660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> | <p align="right">} SKIP to 6a</p> |
| <p>b. Which persons in this household are the owners of this (these) property(ies)?</p> | <p>Person No. <input style="width: 40px;" type="text"/> Name <input style="width: 150px;" type="text"/></p> <p>8662</p> <p>Person No. <input style="width: 40px;" type="text"/> Name <input style="width: 150px;" type="text"/></p> <p>8664</p> | |

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

5c. What is the total value of (Read persons' names) **equity in this (these) property(ies)?** (By equity we mean the amount that could be obtained by selling the property and paying off any debts.)
 Count only share owned by household members.

8666 \$. **00**

x1 DK – Probe
 x2 Ref.

8667 1 Office Use Only

6a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?

8714 1 Yes
 2 No – SKIP to 7a

b. How many cars, trucks, or vans are owned by members of this household?

8716 Number of motor vehicles

(Ask items 6c–6f for vehicle 1 and then return to 6c for additional vehicles.)

| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|---|---|---|
| c. Who is (are) the owners(s) of the (newest, next newest) motor vehicle? | Person No. 8718 <input type="text"/> <input type="text"/> <input type="text"/> Name _____ | Person No. 8720 <input type="text"/> <input type="text"/> <input type="text"/> Name _____ | Person No. 8722 <input type="text"/> <input type="text"/> <input type="text"/> Name _____ |
| | Person No. 8724 <input type="text"/> <input type="text"/> <input type="text"/> Name _____ | Person No. 8726 <input type="text"/> <input type="text"/> <input type="text"/> Name _____ | Person No. 8728 <input type="text"/> <input type="text"/> <input type="text"/> Name _____ |

| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--|--|--|--|
| d. What is the year, make, and model of this vehicle? | 8730 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK Make _____ 8736 x1 <input type="checkbox"/> DK Model _____ 8742 x1 <input type="checkbox"/> DK | 8732 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK Make _____ 8738 x1 <input type="checkbox"/> DK Model _____ 8744 x1 <input type="checkbox"/> DK | 8734 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK Make _____ 8740 x1 <input type="checkbox"/> DK Model _____ 8746 x1 <input type="checkbox"/> DK |
| | OFFICE USE ONLY 8748 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | OFFICE USE ONLY 8750 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | OFFICE USE ONLY 8752 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | | | |
|---|---|---|---|
| e. Is this vehicle owned free and clear, or is there still money owed on it? | 8754 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK | 8756 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK | 8758 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 7a x1 <input type="checkbox"/> DK |
|---|---|---|---|

| | | | |
|--|--|--|--|
| f. How much is currently owed for this vehicle? | 8760 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. | 8762 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. | 8764 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. |
|--|--|--|--|

| | | | |
|-----------------------|--|--|----------|
| CHECK ITEM T18 | 8766 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a | 8768 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a | Go to 7a |
|-----------------------|--|--|----------|

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

7a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?

- 8770** 1 Motorcycle
- 8772** 2 Boat
- 8774** 3 Recreational vehicle (RV)
- 8776** 4 Other – *Specify* _____
- 8778** 5 No – *SKIP to Check Item P1, page 63*

Mark (X) all that apply.

Ask items 7b–7e for each vehicle –

b. Who is (are) the owner(s) of the (first/second) (Read category marked in 7a)?

| | Vehicle 1 | Vehicle 2 |
|-------------|----------------------|-----------------------------|
| | Person No. Name | Person No. Name |
| 8780 | [] [] [] [] | 8782 [] [] [] [] |
| | Person No. Name | Person No. Name |
| 8784 | [] [] [] [] | 8786 [] [] [] [] |

c. If this vehicle were sold, what would it sell for in its present condition?

| | |
|--|--|
| 8788 \$ [] [] [] [] . 00 | 8790 \$ [] [] [] [] . 00 |
| x1 <input type="checkbox"/> DK – <i>Probe</i> | x1 <input type="checkbox"/> DK – <i>Probe</i> |
| x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item T19</i> | x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item P1, page 63</i> |

d. Is this vehicle owned free and clear, or is there still money owed on it?

| | |
|--|--|
| 8792 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear x1 <input type="checkbox"/> DK | 8794 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear x1 <input type="checkbox"/> DK |
| } <i>SKIP to Check Item T19</i> | |
| } <i>SKIP to Check Item P1, page 63</i> | |

e. How much is currently owed for this vehicle?

| | |
|---|---|
| 8796 \$ [] [] [] [] . 00 | 8798 \$ [] [] [] [] . 00 |
| x1 <input type="checkbox"/> DK – <i>Probe</i> | x1 <input type="checkbox"/> DK – <i>Probe</i> |
| x2 <input type="checkbox"/> Ref. | x2 <input type="checkbox"/> Ref. |

CHECK ITEM T19

Are there any other vehicles which have not been asked about?

- 8800** 1 Yes – *Ask 7b for next vehicle*
- 2 No – *Go to Check Item P1, page 63*

Go to Check Item P1, page 63

NOTES