

Section 1 – LABOR FORCE AND RECEIPIENCY

(SHOW FLASHCARD J)

1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (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?
 Mark (X) all that apply.

1004 x5 ALL

1006 <input type="checkbox"/> 1	1018 <input type="checkbox"/> 7	1030 <input type="checkbox"/> 13
1008 <input type="checkbox"/> 2	1020 <input type="checkbox"/> 8	1032 <input type="checkbox"/> 14
1010 <input type="checkbox"/> 3	1022 <input type="checkbox"/> 9	1034 <input type="checkbox"/> 15
1012 <input type="checkbox"/> 4	1024 <input type="checkbox"/> 10	1036 <input type="checkbox"/> 16
1014 <input type="checkbox"/> 5	1026 <input type="checkbox"/> 11	1038 <input type="checkbox"/> 17
1016 <input type="checkbox"/> 6	1028 <input type="checkbox"/> 12	1040 <input type="checkbox"/> 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 9a, page 4

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

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

} SKIP to 9a, page 4

4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?
 Note that the person did **not** have to work each week.

1056 1 Yes
 2 No – SKIP to 6a

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

1058 1 Yes
 2 No – SKIP to 8a, page 4

b. Please look at the calendar. In which weeks was . . . absent without pay?
 Mark (X) all that apply.

1060 x5 ALL

1062 <input type="checkbox"/> 1	1074 <input type="checkbox"/> 7	1086 <input type="checkbox"/> 13
1064 <input type="checkbox"/> 2	1076 <input type="checkbox"/> 8	1088 <input type="checkbox"/> 14
1066 <input type="checkbox"/> 3	1078 <input type="checkbox"/> 9	1090 <input type="checkbox"/> 15
1068 <input type="checkbox"/> 4	1080 <input type="checkbox"/> 10	1092 <input type="checkbox"/> 16
1070 <input type="checkbox"/> 5	1082 <input type="checkbox"/> 11	1094 <input type="checkbox"/> 17
1072 <input type="checkbox"/> 6	1084 <input type="checkbox"/> 12	1096 <input type="checkbox"/> 18

c. What was the main reason . . . was absent from . . . 's job or business during those weeks?
 Mark (X) only one.

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

} SKIP to 8a, page 4

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

6a. Please look at the calendar. In which weeks did ... have a job or business?

1100	<input type="checkbox"/>	1	1112	<input type="checkbox"/>	7	1124	<input type="checkbox"/>	13
1102	<input type="checkbox"/>	2	1114	<input type="checkbox"/>	8	1126	<input type="checkbox"/>	14
1104	<input type="checkbox"/>	3	1116	<input type="checkbox"/>	9	1128	<input type="checkbox"/>	15
1106	<input type="checkbox"/>	4	1118	<input type="checkbox"/>	10	1130	<input type="checkbox"/>	16
1108	<input type="checkbox"/>	5	1120	<input type="checkbox"/>	11	1132	<input type="checkbox"/>	17
1110	<input type="checkbox"/>	6	1122	<input type="checkbox"/>	12	1134	<input type="checkbox"/>	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?

1138	<input type="checkbox"/>	1	1150	<input type="checkbox"/>	7	1162	<input type="checkbox"/>	13
1140	<input type="checkbox"/>	2	1152	<input type="checkbox"/>	8	1164	<input type="checkbox"/>	14
1142	<input type="checkbox"/>	3	1154	<input type="checkbox"/>	9	1166	<input type="checkbox"/>	15
1144	<input type="checkbox"/>	4	1156	<input type="checkbox"/>	10	1168	<input type="checkbox"/>	16
1146	<input type="checkbox"/>	5	1158	<input type="checkbox"/>	11	1170	<input type="checkbox"/>	17
1148	<input type="checkbox"/>	6	1160	<input type="checkbox"/>	12	1172	<input type="checkbox"/>	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?

1178 x5 All weeks without a job

1180	<input type="checkbox"/>	1	1192	<input type="checkbox"/>	7	1204	<input type="checkbox"/>	13
1182	<input type="checkbox"/>	2	1194	<input type="checkbox"/>	8	1206	<input type="checkbox"/>	14
1184	<input type="checkbox"/>	3	1196	<input type="checkbox"/>	9	1208	<input type="checkbox"/>	15
1186	<input type="checkbox"/>	4	1198	<input type="checkbox"/>	10	1210	<input type="checkbox"/>	16
1188	<input type="checkbox"/>	5	1200	<input type="checkbox"/>	11	1212	<input type="checkbox"/>	17
1190	<input type="checkbox"/>	6	1202	<input type="checkbox"/>	12	1214	<input type="checkbox"/>	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?

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?

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

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</p>	<p>1230 <input type="text"/> <input type="text"/> Hours per week x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK } SKIP to 9a</p>
<p>CHECK ITEM R3 Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	<p>1231 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8c</p>
<p>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, vacation, days off or sickness.</p>	<p>1232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</p>
<p>C. How many weeks did . . . work fewer than 35 hours in the months of _____, _____, and _____?</p>	<p>1233 x5 <input type="checkbox"/> All weeks 1234 <input type="checkbox"/> Weeks Last month 1235 <input type="checkbox"/> Weeks 2 months ago 1236 <input type="checkbox"/> Weeks 3 months ago 1237 <input type="checkbox"/> Weeks 4 months ago</p>
<p>d. What was the main reason . . . worked fewer than 35 hours in those weeks? Mark (X) only one.</p>	<p>1238 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 _____</p>
<p>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p>1240 1 <input type="checkbox"/> Yes – Mark "5" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R4</p>
<p>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p>1242 1 <input type="checkbox"/> Yes – Mark "6" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R4 Is "Worked" marked on the ISS?</p>	<p>1244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R5</p>
<p>10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?</p>	<p>1246 1 <input type="checkbox"/> Yes – Mark "10" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R5 Refer to cc item 32a. Is . . . a veteran of the U.S. Armed Forces? Mark "No" if currently in Armed Forces. ("Yes" marked in cc item 32c)</p>	<p>1330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R6</p>
<p>11a. How long did . . . serve on active duty in the Armed Forces?</p>	<p>1332 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK</p>
<p>b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</p>	<p>1334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 11d</p>
<p>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%)</p>	<p>1336 <input type="text"/> <input type="text"/> <input type="text"/> Percent } Mark "200" on ISS if rating is 100%; otherwise, mark "201" x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating</p>
<p>d. During this 4-month period did . . . receive pension or compensation payments from the Veterans Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)</p>	<p>1338 1 <input type="checkbox"/> Yes – Mark "8" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R6 Is . . . 18 years of age or over?</p>	<p>1340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 15a</p>

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

12a. During this 4-month period, did . . . receive any Social Security payments?	1342	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R8
CHECK ITEM R7 Is . . . 65 years of age or over?	1344	1 <input type="checkbox"/> Yes – SKIP to 13a 2 <input type="checkbox"/> No
12b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) – <i>Mark (X) only one.</i>	1346	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widow(ed) or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } SKIP to 13a x1 <input type="checkbox"/> DK
C. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	1348	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widow(ed) or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK } SKIP to 13a
CHECK ITEM R8 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 13a
12d. During the 4-month period did . . . receive any Social Security payments especially for . . .'s children (under 18)?	1352	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No
13a. During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?	1354	1 <input type="checkbox"/> Yes – Mark "3" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R9
b. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?	1356	1 <input type="checkbox"/> Yes – Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R9 Is . . . 40 years of age or over?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 15a
14a. Has . . . ever retired from a job or business? (Include retirement from the military.)	1360	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R10
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 14d
C. What kind of retirement income? Anything else? <i>Mark (X) all that apply.</i>	1364	1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS
	1366	2 <input type="checkbox"/> Pension from company or union – 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 Veterans Administration) – 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 is not listed or DK, enter code "38" – Mark ISS.
	1380	<input type="checkbox"/> <input type="checkbox"/>
d. During this 4-month period did . . . receive any regular income from a paid-up life insurance policy or any other annuities?	1382	1 <input type="checkbox"/> Yes – Mark "36" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R10 Is . . . 70 years of age or over?	1384	1 <input type="checkbox"/> Yes – SKIP to Check Item R11 2 <input type="checkbox"/> No
15a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	1386	1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R11
b. During this 4-month period, did . . . receive any income because of . . .'s health condition or disability? (Other than Social Security, SSI, or VA?)	1388	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R11

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

15c. What kind of income? Anything else?

Mark (X) all that apply.

- 1390 U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392 Black Lung benefits — Mark "9" on ISS
- 1394 Worker's Compensation — Mark "10" on ISS
- 1396 Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398 Pension from company or union — Mark "30" on ISS
- 1400 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402 U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1406 State government pension — Mark "34" on ISS
- 1408 Local government pension — Mark "35" on ISS
- 1410 Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1412

CHECK ITEM R11

Refer to cc item 26a.
What is ...'s marital status?

- 1414 1 Married — SKIP to 17
- 2 Widowed — SKIP to 19a
- 3 Divorced
- 4 Separated
- 5 Never married — SKIP to Check Item R12

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

- 1416 1 Yes — Mark "29" on ISS and SKIP to Check Item R12
- 2 No
- x1 DK } SKIP to Check Item R12
- x2 Ref. }

17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has ... ever been widowed or divorced?

- 1418 1 Widowed — SKIP to 19a
- 2 Divorced
- 3 Both widowed and divorced
- 4 No — SKIP to Check Item R15

CHECK ITEM R12

Refer to cc item 27.
Is ... the designated parent or guardian of children under 18 who live in this household?

- 1420 1 Yes
- 2 No — SKIP to Check Item R13

18. Did ... receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)

- 1422 1 Yes — Mark "28" on ISS
- 2 No
- x1 DK
- x2 Ref.

CHECK ITEM R13

Is "Both widowed and divorced" box marked in item 17?

- 1424 1 Yes
- 2 No — SKIP to Check Item R15

19a. During this 4-month period, did ... receive any pensions or annuities as a widow(er) (other than Social Security)?

- 1426 1 Yes
- 2 No
- x1 DK } SKIP to Check Item R15

b. What kind of income was this? Was there anything else?

(SHOW FLASHCARD K)
Mark (X) all that apply.

- 1428 1 U.S. Government Railroad Retirement — Mark "2" on ISS
- 1430 2 Veterans Compensation or pension — Mark "8" on ISS
- 1432 3 Black Lung benefits — Mark "9" on ISS
- 1434 4 Pension from company or union — Mark "30" on ISS
- 1436 5 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1438 6 U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1440 7 National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1442 8 State government pension — Mark "34" on ISS
- 1444 9 Local government pension — Mark "35" on ISS
- 1446 10 Income from paid up life insurance policies or annuities — Mark "36" on ISS
- 1448 11 Payments from estate or trust — Mark "37" on ISS
- 1450 12 Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1452

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R14	Is "Veterans Compensation or pension" marked in item 19b?	1454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R15
19c.	Did . . . 's late spouse die while in the service or from a service-related injury?	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 R15	Is . . . 65 years of age or over?	1458	1 <input type="checkbox"/> Yes — SKIP to 20a 2 <input type="checkbox"/> No
CHECK ITEM R16	Refer to item 15a, page 5 Does . . . have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R17
20a.	Medicare is a health insurance program for disabled persons and persons 65 or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L).	1462	1 <input type="checkbox"/> Yes — Mark "172" on ISS 2 <input type="checkbox"/> No } SKIP to Check Item R17 x1 <input type="checkbox"/> DK }
	Was . . . covered by Medicare?		
b.	May I see . . . 's Medicare card to record the claim number and type of coverage?	1464	<input type="text"/> - <input type="text"/> - 1466 <input type="text"/> - <input type="text"/>
	★	1468	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Type A and B) 4 <input type="checkbox"/> Card not available — ASK 20c } SKIP to Check Item R17
c.	If I were to call later would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	1470	1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 2 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R17	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1474	1 <input type="checkbox"/> Yes — SKIP to 21 2 <input type="checkbox"/> No
CHECK ITEM R18	Is . . . 18 years of age or over?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 24a
21.	Was . . . 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.)	1480	1 <input type="checkbox"/> Yes — Mark "27" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R19	Interview status of . . . 's spouse.	1482	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 23a
22a.	During the 4-month period, did . . . receive any welfare such as AFDC, WIC, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 23a
b.	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496	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. Enter "24" if not listed or DK. — Mark ISS
		1498	<input type="text"/>
	(Refer to FLASHCARD M for Medicaid name.)	1502	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
23a.	During the 4-month period was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?		
CHECK ITEM R20	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1506	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R21
23b.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R21

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

23c. Which children were covered?

1510 x5 All

OR

Person No.	Name
1512	
1514	
1516	
1518	
1520	

CHECK ITEM R21

Was ... or ...'s children under 18 covered by Medicaid?

1524 1 Yes
2 No – SKIP to 24a

23d. Was (. . ./(and) . . .'s children) covered during the entire 4-month period?

1526 1 Yes – SKIP to 24a
2 No

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

Mark (X) all that apply.

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

24a. During the 4-month period, did ... have group or individual health insurance in ...'s own name?

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

1536 1 Yes – SKIP to 24c
2 No

ASK OR VERIFY –

b. Was ... covered by a health insurance plan in somebody else's name?

1537 1 Yes } SKIP to Check Item R22
2 No }

c. Did ... have this health insurance plan during the entire 4-month period?

1538 1 Yes – SKIP to 24e
2 No

d. In which months did ... have the plan?

Mark (X) all that apply.

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

e. Did ... have a health plan provided through an employer or union (or through a former employer or a pension plan)?

1548 1 Yes
2 No – SKIP to 24g

f. Did the employer or union (former employer or pension plan) pay for part OR all of the cost of this plan?

1550 1 All
2 Part
3 None

g. Was this an individual plan or a family plan?

1552 1 Individual – SKIP to Check Item R22
2 Family

h. Did ...'s health plan cover all the persons living here?

1554 1 Yes – SKIP to 25
2 No

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

Person No.	Name
1556	
1558	
1560	
1562	
1564	
1566	x3 <input type="checkbox"/> None

CHECK ITEM R22

Refer to cc item 27.

Is ... the designated parent or guardian of children under 18 who live in this household?

1568 1 Yes
2 No – SKIP to 25

CHECK ITEM R23

Have each of these children already been identified as members of a family health insurance plan?

1570 1 Yes
2 No } SKIP to 24k
x1 DK }

24j. I have recorded that all of ...'s children were covered by a health insurance plan – is that correct?

1572 1 Yes – SKIP to 25
2 No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>24k. Were any of (Which of) . . . 's children (were) covered by a health insurance plan?</p> <p>(Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)</p>	<p>1574</p> <p>1576</p> <p>1578</p> <p>1580</p> <p>1582</p> <p>1584</p> <p>1586</p>	<p>x5 <input type="checkbox"/> All children OR</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%; text-align: left;">Person No.</th> <th style="width:40%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table> <p>x3 <input type="checkbox"/> None</p>	Person No.	Name										
Person No.	Name													
<p>25. Excluding IRA and Keogh accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?</p>	<p>1624</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a</p>												
<p>26. Did . . . have any —</p> <p>a. Regular or passbook savings accounts?</p>	<p>1626</p>	<p>1 <input type="checkbox"/> Yes — Mark "100" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
<p>b. Money market deposit accounts?</p>	<p>1628</p>	<p>1 <input type="checkbox"/> Yes — Mark "101" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
<p>c. Certificates of deposit or other savings certificates?</p>	<p>1630</p>	<p>1 <input type="checkbox"/> Yes — Mark "102" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
<p>d. NOW, Super NOW, or other interest-earning checking accounts?</p>	<p>1632</p>	<p>1 <input type="checkbox"/> Yes — Mark "103" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
<p>27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA and Keogh accounts.)</p> <p><i>(SHOW FLASHCARD N)</i></p>	<p>1634</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 28</p>												
<p>b. Which kinds of these assets did . . . own? Any others? (Exclude IRA and Keogh accounts.)</p> <p>Mark (X) all that apply.</p>	<p>1636 1638 1640 1642 1644 1646</p>	<p>1 <input type="checkbox"/> Money market funds — Mark "104" on ISS 2 <input type="checkbox"/> U.S. Government securities — Mark "105" on ISS 3 <input type="checkbox"/> Municipal or corporate bonds — Mark "106" on ISS 4 <input type="checkbox"/> Mortgages — Mark "130" on ISS 5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) — Mark "174" on ISS 6 <input type="checkbox"/> Other — Specify and mark "107" on ISS</p>												
<p>28. During the 4-month period did . . . have any — (Exclude IRA and Keogh accounts.)</p> <p>a. Stocks or mutual fund shares?</p>	<p>1648</p>	<p>1 <input type="checkbox"/> Yes — Mark "110" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
<p>b. Rental property?</p>	<p>1650</p>	<p>1 <input type="checkbox"/> Yes — Mark "120" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
<p>c. Royalties?</p>	<p>1652</p>	<p>1 <input type="checkbox"/> Yes — Mark "140" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
<p>d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?</p>	<p>1654</p>	<p>1 <input type="checkbox"/> Yes — Specify and mark "150" on ISS</p> <p>2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

EARNINGS AND EMPLOYMENT

<p>29a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</p>	<p>1656 1 <input type="checkbox"/> Yes, full time 2 <input type="checkbox"/> Yes, part time 3 <input type="checkbox"/> No – SKIP to Check Item R24</p>
<p>b. During which months was . . . enrolled? Mark (X) all that apply.</p>	<p>1658 1 <input type="checkbox"/> All months 1660 2 <input type="checkbox"/> Last month 1662 3 <input type="checkbox"/> 2 months ago 1664 4 <input type="checkbox"/> 3 months ago 1666 5 <input type="checkbox"/> 4 months ago</p>
<p>c. At what level or grade was . . . enrolled? (If enrolled at more than one level during this period, check most recent level.)</p>	<p>1668 1 <input type="checkbox"/> Elementary grades 1–8 } SKIP to Check 2 <input type="checkbox"/> High school grades 9–12 } Item R24 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</p>
<p>30a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any other type of scholarship or grant?</p>	<p>1670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R24</p>
<p>b. What kind of educational assistance did . . . receive? Anything else? Mark (X) all that apply.</p>	<p>1672 1 <input type="checkbox"/> GI Bill – Mark "40" on ISS 1674 2 <input type="checkbox"/> Other Veteran's Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – Mark "41" on ISS 1676 3 <input type="checkbox"/> College Work Study – Mark "175" on ISS 1678 4 <input type="checkbox"/> PELL Grant – Mark "176" on ISS 1680 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – Mark "177" on ISS 1682 6 <input type="checkbox"/> National Direct Student Loan (NSL) – Mark "178" on ISS 1684 7 <input type="checkbox"/> Guaranteed Student Loan – Mark "179" on ISS 1686 8 <input type="checkbox"/> JTPA Training – Mark "180" on ISS 1688 9 <input type="checkbox"/> Employer Assistance – Mark "181" on ISS 1690 10 <input type="checkbox"/> Fellowship/Scholarship – Mark "182" on ISS 1692 11 <input type="checkbox"/> Other financial aid – Mark "183" on ISS</p>
<p>CHECK ITEM R24 Refer to cc item 26a What is . . . 's marital status?</p>	<p>1694 1 <input type="checkbox"/> Married, spouse absent 2 <input type="checkbox"/> Other – SKIP to Check Item R25</p>
<p>ASK OR VERIFY – 31. Is . . . 's spouse in the Armed Forces?</p>	<p>1696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R25 Are any income types, assets, "worked" or "other educational assistance" (ISS codes 175-183) marked on the ISS?</p>	<p>1698 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 33a</p>
<p>32a. You said that during the 4-month period . . . received income from – (Mention working or other educational assistance if appropriate and read income sources and assets from the ISS.) Is that correct?</p>	<p>1700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Probe and resolve (Make corrections to ISS if necessary)</p>
<p>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</p>	<p>1702 1 <input type="checkbox"/> Yes – SKIP to 33b 2 <input type="checkbox"/> No – SKIP to Check Item E1</p>
<p>33a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?</p>	<p>1704 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P1, page 43</p>
<p>b. What kind of income did . . . receive? Anything else?</p>	<p>Enter codes from income source list and mark ISS.</p> <p>1706 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1708 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1710 <input type="text"/> <input type="text"/> <input type="text"/></p>

Section 2 – EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

Is "Worked" marked on ISS?

1712

- 1 Yes
 2 No – *SKIP to First ISS Code marked or Check Item P1, page 43*

1 a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)

1714

- 1 Worked for employer only
 2 Self-employed only – *SKIP to Statement B, page 16*
 3 Both worked for employer and self-employed

b. How many different employers did . . . work for during this 4-month period?

1716

- 1 1 employer
 2 2 employers
 3 3 or more employers

**CHECK
ITEM E2**

Is "Both worked for employer and self-employed" marked in 1a?

1718

- 1 Yes
 2 No – *SKIP to 2a*

STATEMENT A

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

<p>2a. What is the name of the employer for whom . . . worked during this 4-month period?</p> <p><i>(If . . . worked for more than one employer, enter the employer for whom . . . worked the most hours during the 4-month period or the most recent employer.)</i></p>	<p>PGM 8 Employer name</p> <p>2000 _____</p>
<p>CHECK ITEM E3 Enter number "1" for this employer in box _____</p>	<p>PGM 8 Employer I.D. No.</p> <p>2002 <input type="checkbox"/></p>
<p>2b. What kind of business or industry was (Name of company or business)?</p> <p>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 _____</p> <p>2005 _____</p>
<p>c. ASK OR VERIFY – Is it mainly –</p>	<p>PGM 8</p> <p>2006</p> <p>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?</p>
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer</p>	<p>PGM 8 _____</p> <p>2008 _____</p>
<p>e. What were . . . 's main activities or duties? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 _____</p> <p>2010 _____</p>
<p>f. ASK OR VERIFY – Was . . . an employee of –</p>	<p>PGM 8</p> <p>2012</p> <p>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? – SKIP to Check Item E5</p>
<p>3a. ASK OR VERIFY – Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7</p> <p>2014</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>FROM</p> <p>2016 <input type="text"/> <input type="text"/> Month 2018 <input type="text"/> <input type="text"/> Day</p> <p>TO</p> <p>2020 <input type="text"/> <input type="text"/> Month 2022 <input type="text"/> <input type="text"/> Day</p>
<p>CHECK ITEM E3.1 Did . . . stop working for this employer during the reference period?</p>	<p>2023</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4</i></p>
<p>3c. What is the main reason . . . stopped working for (name of employer)?</p> <p>Mark (X) only one</p>	<p>2024</p> <p>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</p>
<p>4. ASK OR VERIFY – How many hours per week did . . . usually work at this job?</p>	<p>2025 <input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	<p>2026</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7</i></p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	<p>2028 \$ <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item E5</i></p>
<p>7. During the 4-month period how often was . . . paid on this job?</p>	<p>2030</p> <p>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"/> Some other way – <i>Specify</i> _____</p>

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. 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 housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



		INTERVIEWER USE ONLY	
LAST MONTH		\$	.00
2032	\$ [] . 00	\$	.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		Total \$	.00
2 MONTHS AGO		\$	.00
2034	\$ [] . 00	\$	.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		Total \$	.00
3 MONTHS AGO		\$	.00
2036	\$ [] . 00	\$	.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		Total \$	.00
4 MONTHS AGO		\$	.00
2038	\$ [] . 00	\$	.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		Total \$	.00

CHECK ITEM E4

Is "DK" marked in all parts of 8a?

2040 1 Yes
2 No – SKIP to 9a

8b. If we were to call back later would you (or . . .) be able to provide us 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 our survey.)

2042 1 Yes – Mark Reminder Card, Item 3a
2 No

9a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

2044 1 Yes – SKIP to Check Item E5
2 No

b. Is (was) . . . covered by a union or employee association contract?

2046 1 Yes
2 No

CHECK ITEM E5

Number of employers in item 1b, page 11?

2048 1 1 employer – SKIP to Check Item E8, page 15
2 2 or more employers

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A2 — EMPLOYER IDENTIFICATION NUMBER 2

<p>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</p> <p><i>(If . . . worked for more than one employer, enter the employer for whom . . . worked the second most hours during the 4-month period.)</i></p>	<p>PGM 8 Employer name</p> <p>2100 _____</p>
<p>CHECK ITEM E6 Enter number "2" for this employer in box _____</p>	<p>PGM 8 Employer I.D. No.</p> <p>2102 <input type="checkbox"/></p>
<p>10b. What kind of business or industry was (Name of company or business)?</p> <p>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 _____</p> <p>2105 _____</p>
<p>c. ASK OR VERIFY —</p> <p>Is it mainly —</p>	<p>PGM 8</p> <p>2106</p> <p>1 <input type="checkbox"/> Manufacturing?</p> <p>2 <input type="checkbox"/> Wholesale Trade?</p> <p>3 <input type="checkbox"/> Retail Trade?</p> <p>4 <input type="checkbox"/> Some other kind of business?</p>
<p>d. What kind of work was . . . doing on this job?</p> <p>For example: Electrical engineer, stock clerk, typist, farmer</p>	<p>PGM 8 _____</p> <p>2108 _____</p>
<p>e. What were . . .'s main activities or duties?</p> <p>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 _____</p> <p>2110 _____</p>
<p>f. ASK OR VERIFY —</p> <p>Was . . . an employee of —</p>	<p>PGM 8</p> <p>2112</p> <p>1 <input type="checkbox"/> A private for-profit company or individual?</p> <p>2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?</p> <p>3 <input type="checkbox"/> Federal government (exclude Armed Forces)?</p> <p>4 <input type="checkbox"/> State government?</p> <p>5 <input type="checkbox"/> Local government?</p> <p>6 <input type="checkbox"/> Armed Forces?</p> <p>7 <input type="checkbox"/> Unpaid in family business or farm? — SKIP to Check Item E8</p>
<p>11a. ASK OR VERIFY —</p> <p>Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7</p> <p>2114</p> <p>1 <input type="checkbox"/> Yes — <i>SKIP to 12</i></p> <p>2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>FROM</p> <p>2116 <input type="text"/> <input type="text"/> Month 2118 <input type="text"/> <input type="text"/> Day</p> <p>TO</p> <p>2120 <input type="text"/> <input type="text"/> Month 2122 <input type="text"/> <input type="text"/> Day</p>
<p>CHECK ITEM E6.1 Did . . . stop working for this employer during the reference period?</p>	<p>2123</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to 12</i></p>
<p>11c. What is the main reason . . . stopped working for (name of employer)?</p>	<p>2124</p> <p>1 <input type="checkbox"/> Laid off</p> <p>2 <input type="checkbox"/> Retired</p> <p>3 <input type="checkbox"/> Discharged</p> <p>4 <input type="checkbox"/> Job was temporary and ended</p> <p>5 <input type="checkbox"/> Quit to take another job</p> <p>6 <input type="checkbox"/> Quit for some other reason</p>
<p>12. ASK OR VERIFY —</p> <p>How many hours per week did . . . usually work at this job?</p>	<p>2125 <input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p>
<p>13. Was . . . paid by the hour on this job?</p>	<p>2126</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to 15</i></p>
<p>14. What was . . .'s regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</p>	<p>2128 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item E8</i></p>
<p>15. During the 4-month period how often was . . . paid on this job?</p>	<p>2130</p> <p>1 <input type="checkbox"/> Once a week</p> <p>2 <input type="checkbox"/> Once each 2 weeks</p> <p>3 <input type="checkbox"/> Once a month</p> <p>4 <input type="checkbox"/> Twice a month</p> <p>5 <input type="checkbox"/> Some other way — <i>Specify</i> _____</p>

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. 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 housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2132 \$. 00

- x3 None
- x1 DK
- x2 Ref.

INTERVIEWER 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 16a?

- 2140 1 Yes
 2 No — SKIP to 17a

16b. If we were to call back later would you (or . . .) be able to provide us 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 our survey.)

- 2142 1 Yes — Mark Reminder Card, Item 3b
 2 No

17a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

- 2144 1 Yes — SKIP to Check Item E8
 2 No

b. Is (was) . . . covered by a union or employee association contract?

- 2146 1 Yes
 2 No

CHECK ITEM E8

Is "Both worked for employer and self-employed" marked in 1a, page 11?

- 2148 1 Yes — Read Statement B
 2 No — SKIP to first ISS Code or Check Item P1, page 43

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.

<p>1 a. What was the name of . . . 's business/professional practice/farm?</p>	<p>PGM 8 Business name</p> <p>2200</p>												
<p>CHECK ITEM S1 Enter number "1" for this business in box</p>	<p>PGM 8 Business I.D. No.</p> <p>2201</p>												
<p>1 b. What kind of business was this?</p>	<p>PGM 8</p> <p>2204</p>												
<p><i>ASK OR VERIFY –</i></p> <p>c. Is it mainly –</p>	<p>PGM 8</p> <p>2206</p> <p>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?</p>												
<p>d. What kind of work was . . . doing?</p>	<p>PGM 8</p> <p>2208</p>												
<p>e. What were . . . 's most important activities or duties?</p>	<p>PGM 8</p> <p>2210</p>												
<p><i>ASK OR VERIFY –</i></p> <p>f. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7</p> <p>2212</p> <p>Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>												
<p>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10 x1 <input type="checkbox"/> DK</p>												
<p>CHECK ITEM S2 Have questions 3–5b already been answered for this business by another household member?</p>	<p>2216</p> <p>1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No</p>												
<p>3. What was the total number of employees working for this business? Be sure to include <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2218</p> <p>Employees</p> <p>x1 <input type="checkbox"/> DK</p>												
<p>4 a. Was . . . 's business incorporated?</p>	<p>2220</p> <p>1 <input type="checkbox"/> Yes – SKIP to 5a 2 <input type="checkbox"/> No</p>												
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2222</p> <p>1 <input type="checkbox"/> Sole proprietorship – SKIP to 6a 2 <input type="checkbox"/> Partnership</p>												
<p>5 a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2224</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a</p>												
<p>b. Which members?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:30%;">Person No.</th> <th style="width:40%;">Name</th> </tr> </thead> <tbody> <tr> <td>2226</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>2228</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>2230</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>		Person No.	Name	2226			2228			2230		
	Person No.	Name											
2226													
2228													
2230													
<p>6 a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2232</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2234</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S5</p>												

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)?



		INTERVIEWER USE ONLY	
LAST MONTH		\$	.00
2238	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	<u>.00</u>
		TOTAL	\$.00
2 MONTHS AGO		\$	.00
2240	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	<u>.00</u>
		TOTAL	\$.00
3 MONTHS AGO		\$	.00
2242	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	<u>.00</u>
		TOTAL	\$.00
4 MONTHS AGO		\$	.00
2244	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	<u>.00</u>
		TOTAL	\$.00

CHECK ITEM S4

Is "DK" marked in all parts of 7?

2246

- 1 Yes
2 No — SKIP to Check Item S5

8. If we were to call back later would you (or . . .) be able to provide us 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 our survey.)

2248

- 1 Yes — Mark Reminder Card, Item 4a
2 No

CHECK ITEM S5

Refer to item 4a, page 16.
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 by 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, during the 4-month period shown on the calendar?

2254

- 1 Yes
2 No — SKIP to 11

b. What was the net profit (or loss) from this business during the 4-month period?

2256

\$. 00

2258

- x4 Loss in amount box —
If "Broke even," mark \$1 in 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 43

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm?</p>	<p>PGM 8 Business name</p> <p>2300 _____</p>												
<p>CHECK ITEM S7 Enter number "2" for this business in box _____</p>	<p>PGM 8 Business I.D. No.</p> <p>2301 <input type="checkbox"/></p>												
<p>12b. What kind of business was this?</p>	<p>PGM 8</p> <p>2304 _____</p>												
<p><i>ASK OR VERIFY –</i></p> <p>C. Is it mainly –</p>	<p>PGM 8</p> <p>2306 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>												
<p>d. What kind of work was . . . doing?</p>	<p>PGM 8</p> <p>2308 _____</p>												
<p>e. What were . . . 's most important activities or duties?</p>	<p>PGM 8</p> <p>2310 _____</p>												
<p>f. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7</p> <p>2312 <input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>												
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</p> <p><i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2314 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 21</i> x1 <input type="checkbox"/> DK</p>												
<p>CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?</p>	<p>2316 1 <input type="checkbox"/> Yes – <i>SKIP to 17a</i> 2 <input type="checkbox"/> No</p>												
<p>14. What was the total number of employees working for this business? Be sure to include . . .</p> <p><i>Enter 999 if more than 1,000 employees.</i></p>	<p>2318 <input type="text"/> <input type="text"/> <input type="text"/> Employees</p> <p>x1 <input type="checkbox"/> DK</p>												
<p>15a. Was . . . 's business incorporated?</p>	<p>2320 1 <input type="checkbox"/> Yes – <i>SKIP to 16a</i> 2 <input type="checkbox"/> No</p>												
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2322 1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 17a</i> 2 <input type="checkbox"/> Partnership</p>												
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2324 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17a</i></p>												
<p>b. Which members?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:40%;">Person No.</th> <th style="width:50%;">Name</th> </tr> </thead> <tbody> <tr> <td>2326</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td>2328</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td>2330</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	2326	<input type="text"/> <input type="text"/> <input type="text"/>	_____	2328	<input type="text"/> <input type="text"/> <input type="text"/>	_____	2330	<input type="text"/> <input type="text"/> <input type="text"/>	_____
	Person No.	Name											
2326	<input type="text"/> <input type="text"/> <input type="text"/>	_____											
2328	<input type="text"/> <input type="text"/> <input type="text"/>	_____											
2330	<input type="text"/> <input type="text"/> <input type="text"/>	_____											
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2332 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	<p>2336 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item S11</i></p>												

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)?



		INTERVIEWER USE ONLY	
LAST MONTH		\$	.00
2338	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		TOTAL \$	.00
2 MONTHS AGO		\$	.00
2340	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		TOTAL \$	.00
3 MONTHS AGO		\$	.00
2342	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		TOTAL \$	.00
4 MONTHS AGO		\$	.00
2344	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		TOTAL \$	.00

CHECK ITEM S10

Is "DK" marked in all parts of 18?

2346

- 1 Yes
2 No – SKIP to Check Item S11

19. If we were to call back later would you (or . . .) be able to provide us 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 our survey.)

2348

- 1 Yes – Mark Reminder Card, Item 4b
2 No

CHECK ITEM S11

Refer to item 15a, page 18.
Is this business incorporated?

2350

- 1 Yes – SKIP to to first ISS Code or Check Item P1, page 43
2 No

CHECK ITEM S12

Has information about the net profit (or loss) for this business already been obtained by another household member?

2352

- 1 Yes – SKIP to to first ISS Code or Check Item P1, page 43
2 No

20a. Can you give me an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses, during the 4-month period shown on the calendar?

2354

- 1 Yes
2 No – SKIP to first ISS Code or Check Item P1, page 43

b. What was the net profit (or loss) from this business during the 4-month period?

2356

\$. 00

2358

x4 Loss in amount box – If "Broke even," mark \$1 in box.

} SKIP to first ISS Code or Check Item P1, page 43

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 43

Section 3 – AMOUNTS

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

<p>1. You said . . . received (Read name of income type) during the 4-month period.</p>	Income code	Name of income type	
	3000	[] []	
<p>CHECK ITEM A1 Mark (X) income type code.</p>	3002	<p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR)</p> <p>2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 22</p> <p>3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 22</p> <p>4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</p> <p>5 <input type="checkbox"/> Other ISS codes – SKIP to 5a</p>	
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	3004	<p>1 <input type="checkbox"/> Yes</p> <p>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 the children?</p>	3006	<p>1 <input type="checkbox"/> Yes</p> <p>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>	3008	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 9a</p>	
<p>CHECK ITEM A3 Is . . . married?</p>	3010	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>	
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	3012	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>	
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?</p>	3014	<p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43</p> <p>2 <input type="checkbox"/> No</p>	
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p>5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</p>	
<p>Last month</p>	3016	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>3018 \$ [] [] . 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
<p>2 months ago</p>	3020	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>3022 \$ [] [] . 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
<p>3 months ago</p>	3024	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>3026 \$ [] [] . 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
<p>4 months ago</p>	3028	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>3030 \$ [] [] . 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A5 Mark (X) income type code.</p>	3032	<p>1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8</p> <p>2 <input type="checkbox"/> ISS code 8 or 20 through 24</p> <p>3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 43</p>	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	3034	<p>1 <input type="checkbox"/> Yes – SKIP to Check Item A6</p> <p>2 <input type="checkbox"/> No</p>	
<p>NOTES</p>			

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?	Person No.	Name
	3036	[][][]
	3038	[][][]
	3040	[][][]
	3042	[][][]
	3044	[][][]
	3046	[][][]
	3048	[][][]
	3050	[][][]
	3052	[][][]
	3054	[][][]

CHECK ITEM A6 Is this ISS code "8"? 3056 1 Yes
2 No – SKIP to next ISS Code or Check Item P1, page 43

7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension? 3060 1 Yes
2 No } SKIP to next ISS Code or Check Item P1, page 43
x1 DK

8. Do . . . 's payments usually come on the first of the month or the third? 3066 1 First
2 Third
3 Other
x1 DK

CHECK ITEM A7 Refer to item 2, page 20. Were (Social Security/Railroad Retirement) payments received especially for the children? 3068 1 Yes
2 No – SKIP to next ISS Code or Check Item P1, page 43

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

10a. Were all children living here covered by these payments? 3086 1 Yes – SKIP to next ISS Code or Check Item P1, page 43
2 No

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

10b. 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 43

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

3100 1 Yes – *SKIP to 12a*
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"/>

12a. Did . . . receive food stamps in (Read each month)?

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

Last month **3122** 1 Yes
2 No
x1 DK

3124 \$. 00
x1 DK
x2 Ref.

2 months ago **3126** 1 Yes
2 No
x1 DK

3128 \$. 00
x1 DK
x2 Ref.

3 months ago **3130** 1 Yes
2 No
x1 DK

3132 \$. 00
x1 DK
x2 Ref.

4 months ago **3134** 1 Yes
2 No
x1 DK

3136 \$. 00
x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 43

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	<input type="text"/>	<input type="text"/>
3148	<input type="text"/>	<input type="text"/>
3150	<input type="text"/>	<input type="text"/>
3152	<input type="text"/>	<input type="text"/>
3154	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 43

Section 3 – AMOUNTS

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

1. You said . . . received (Read name of income type) during the 4-month period.	Income code	Name of income type
	3200	
	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 25 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 25 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a
CHECK ITEM A1		Mark (X) income type code.
	3204	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
CHECK ITEM A2		Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?
	3206	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 the children?		
	3208	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		
CHECK ITEM A3		Is . . . married?
	3210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?		
CHECK ITEM A4		Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?
	3212	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
	3214	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No
5a. Did . . . receive any (Read name of income type) in (Read each month)?		5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.
NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		
Last month	3216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3218 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 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	3222 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 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	3226 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 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	3230 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5		Mark (X) income type code.
	3232	1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 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 43
6a. Were all the people living here covered by . . . 's payments?		
	3234	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No

NOTES

Section 3 — AMOUNTS (Continued)

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

	Person No.	Name
6b. Which persons were covered?	3236	<input type="text"/>
	3238	<input type="text"/>
	3240	<input type="text"/>
	3242	<input type="text"/>
	3244	<input type="text"/>
	3246	<input type="text"/>
	3248	<input type="text"/>
	3250	<input type="text"/>
	3252	<input type="text"/>
	3254	<input type="text"/>
CHECK ITEM A6 Is this ISS code "8"?	3256	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
7. 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 } SKIP to next ISS Code or Check Item P1, page 43
8. 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 23. Were (Social Security/Railroad Retirement) payments received especially for the children?	3268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?		9b. If "Yes" in 9a — How much was received?
Last month	3270	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3272
		\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3274	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3276
		\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3278	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3280
		\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3282	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3284
		\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. Were all children living here covered by these payments?	3286	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?	Person No.	Name
	3288	
	3290	
	3292	
	3294	
	3296	
3298		

SKIP to next ISS Code or Check Item P1, page 43

11a. Were all the people living here covered under ...'s food stamp allotment?	3300	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No
b. Which persons were covered?	Person No.	Name
	3302	
	3304	
	3306	
	3308	
	3310	
	3312	
	3314	
	3316	

12a. Did ... receive food stamps in (Read each month)?	12b. If "Yes" in 12a, ask – What was the total amount?												
Last month	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">3322</td> <td style="width:5%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width:10%; text-align: center;">3324</td> <td style="width:15%; text-align: center;">\$</td> <td style="width:20%; border: 1px solid black; text-align: center;">. 00</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3322	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3324	\$. 00							x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3322	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3324	\$. 00									
					x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.								
2 months ago	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">3326</td> <td style="width:5%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width:10%; text-align: center;">3328</td> <td style="width:15%; text-align: center;">\$</td> <td style="width:20%; border: 1px solid black; text-align: center;">. 00</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3328	\$. 00							x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3328	\$. 00									
					x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.								
3 months ago	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">3330</td> <td style="width:5%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width:10%; text-align: center;">3332</td> <td style="width:15%; text-align: center;">\$</td> <td style="width:20%; border: 1px solid black; text-align: center;">. 00</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3332	\$. 00							x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3332	\$. 00									
					x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.								
4 months ago	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">3334</td> <td style="width:5%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width:10%; text-align: center;">3336</td> <td style="width:15%; text-align: center;">\$</td> <td style="width:20%; border: 1px solid black; text-align: center;">. 00</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3336	\$. 00							x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3336	\$. 00									
					x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.								

SKIP to next ISS Code or Check Item P1, page 43

13a. Did ... receive any WIC benefits in (Read each month)?	3338	1 <input type="checkbox"/> Last month
	3340	2 <input type="checkbox"/> 2 months ago
	3342	3 <input type="checkbox"/> 3 months ago
	3344	4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?	Person No.	Name
	3346	
	3348	
	3350	
	3352	
	3354	

SKIP to next ISS Code or Check Item P1, page 43

Section 3 – AMOUNTS

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

<p>1. You said . . . received (Read name of income type) during the 4-month period.</p>	Income code		Name of income type
	3400	[] []	
<p>CHECK ITEM A1 Mark (X) income type code.</p>	3402	<p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 28 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 28 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a</p>	
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	3404	<p>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 the children?</p>	3406	<p>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>	3408	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</p>	
<p>CHECK ITEM A3 Is . . . married?</p>	3410	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>	
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	3412	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>	
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?</p>	3414	<p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No</p>	
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p>5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</p>	
<p>Last month</p>	3416	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3418 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>2 months ago</p>	3420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3422 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>3 months ago</p>	3424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3426 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>4 months ago</p>	3428	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3430 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>CHECK ITEM A5 Mark (X) income type code.</p>	3432	<p>1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 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 43</p>	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	3434	<p>1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No</p>	
<p>NOTES</p>			

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.

Name

3436	<input type="text"/>				
3438	<input type="text"/>				
3440	<input type="text"/>				
3442	<input type="text"/>				
3444	<input type="text"/>				
3446	<input type="text"/>				
3448	<input type="text"/>				
3450	<input type="text"/>				
3452	<input type="text"/>				
3454	<input type="text"/>				

CHECK ITEM A6

Is this ISS code "8"?

3456 1 Yes
2 No — SKIP to next ISS Code or Check Item P1, page 43

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

3460 1 Yes
2 No } SKIP to next ISS Code or Check Item P1, page 43
x1 DK

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

3466 1 First
2 Third
3 Other
x1 DK

CHECK ITEM A7

Refer to item 2, page 26.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3468 1 Yes
2 No — SKIP to next ISS Code or Check Item P1, page 43

9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

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

Last month **3470** 1 Yes
2 No
x1 DK

3472 \$. 00
x1 DK
x2 Ref.

2 months ago **3474** 1 Yes
2 No
x1 DK

3476 \$. 00
x1 DK
x2 Ref.

3 months ago **3478** 1 Yes
2 No
x1 DK

3480 \$. 00
x1 DK
x2 Ref.

4 months ago **3482** 1 Yes
2 No
x1 DK

3484 \$. 00
x1 DK
x2 Ref.

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

3486 1 Yes — SKIP to next ISS Code or Check Item P1, page 43
2 No

Section 3 – AMOUNTS (Continued)

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

10b. 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 43

11a. Were all the people living here covered under ...'s food stamp allotment? **3500** 1 Yes – *SKIP to 12a*
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"/>

12a. Did ... receive food stamps in (Read each month)?		12b. If "Yes" in 12a, ask – What was the total amount?
Last month	3522 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3524 \$ <input type="text"/> . <input type="text"/> 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 \$ <input type="text"/> . <input type="text"/> 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 \$ <input type="text"/> . <input type="text"/> 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 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 43

13a. Did ... receive any WIC benefits in (Read each month)? **3538** 1 Last month
3540 2 2 months ago
3542 3 3 months ago
3544 4 4 months ago
Mark (X) all that apply.

b. Which persons were covered?

	Person No.	Name
3546	<input type="text"/>	<input type="text"/>
3548	<input type="text"/>	<input type="text"/>
3550	<input type="text"/>	<input type="text"/>
3552	<input type="text"/>	<input type="text"/>
3554	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 43

Section 3 – AMOUNTS

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

1. You said . . . received (Read name of income type) during the 4-month period.	Income code	Name of income type	
	3600	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
CHECK ITEM A1 Mark (X) income type code.	3602	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 31 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a	
CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	3604	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 the children?	3606	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?	3608	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a	
CHECK ITEM A3 Is . . . married?	3610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a	
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?	3612	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a	
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	3614	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No	
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.	
Last month	3616	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3618 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	3620	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3622 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	3624	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3626 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	3628	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3630 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5 Mark (X) income type code.	3632	1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 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 43	
6a. Were all the people living here covered by . . . 's payments?	3634	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No	
NOTES			

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.

Name

3636	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3638	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3640	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3642	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3644	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3646	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3648	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3650	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3652	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3654	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHECK ITEM A6

Is this ISS code "8"?

3656 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 43

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

3660 1 Yes
 2 No
 x1 DK } SKIP to next ISS Code or Check Item P1, page 43

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

3666 1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A7

Refer to item 2, page 29.
 Were (Social Security/Railroad Retirement) payments received especially for the children?

3668 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 43

9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month **3670** 1 Yes
 2 No
 x1 DK

2 months ago **3674** 1 Yes
 2 No
 x1 DK

3 months ago **3678** 1 Yes
 2 No
 x1 DK

4 months ago **3682** 1 Yes
 2 No
 x1 DK

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

3672 \$. 00
 x1 DK
 x2 Ref.

3676 \$. 00
 x1 DK
 x2 Ref.

3680 \$. 00
 x1 DK
 x2 Ref.

3684 \$. 00
 x1 DK
 x2 Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

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

3686 1 Yes – SKIP to next ISS Code or Check Item P1, page 43
 2 No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?	3688	Person No.	<input type="text"/>	Name	
	3690		<input type="text"/>		
	3692		<input type="text"/>		
	3694		<input type="text"/>		
	3696		<input type="text"/>		
	3698		<input type="text"/>		

SKIP to next ISS Code or Check Item P1, page 43

11a. Were all the people living here covered under ...'s food stamp allotment?	3700	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No
b. Which persons were covered?	3702	Person No. <input type="text"/>
	3704	<input type="text"/>
	3706	<input type="text"/>
	3708	<input type="text"/>
	3710	<input type="text"/>
	3712	<input type="text"/>
	3714	<input type="text"/>
	3716	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?				
Last month	3722	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	12b. If "Yes" in 12a, ask – What was the total amount?	3724
			\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00
			x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
2 months ago	3726	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3728	\$ <input type="text"/> . <input type="text"/> <input type="text"/>
			x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
3 months ago	3730	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3732	\$ <input type="text"/> . <input type="text"/> <input type="text"/>
			x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
4 months ago	3734	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3736	\$ <input type="text"/> . <input type="text"/> <input type="text"/>
			x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

SKIP to next ISS Code or Check Item P1, page 43

13a. Did ... receive any WIC benefits in (Read each month)? Mark (X) all that apply.	3738	1 <input type="checkbox"/> Last month
	3740	2 <input type="checkbox"/> 2 months ago
	3742	3 <input type="checkbox"/> 3 months ago
	3744	4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?	3746	Person No. <input type="text"/>
	3748	<input type="text"/>
	3750	<input type="text"/>
	3752	<input type="text"/>
	3754	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 43

Section 3 – AMOUNTS

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

<p>1. You said . . . received (Read name of income type) during the 4-month period.</p>	Income code	Name of income type
	3800	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	3802	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 34 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 34 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 <input type="checkbox"/> Other ISS codes – SKIP to 5a
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	3804	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</p>	3806	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	3808	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a
<p>CHECK ITEM A3 Is . . . married?</p>	3810	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	3812	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?</p>	3814	<input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 <input type="checkbox"/> No
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p>5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</p>
<p>Last month</p>	3816	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<p>2 months ago</p>	3820	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<p>3 months ago</p>	3824	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<p>4 months ago</p>	3828	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<p>CHECK ITEM A5 Mark (X) income type code.</p>	3832	<input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 43
<p>6a. Were all the people living here covered by . . . 's payments?</p>	3834	<input type="checkbox"/> Yes – SKIP to Check Item A6 <input type="checkbox"/> No
<p>NOTES</p>		

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.

Name

3836

3838

3840

3842

3844

3846

3848

3850

3852

3854

CHECK ITEM A6

Is this ISS code "8"?

3856

- 1 Yes
2 No – SKIP to next ISS Code or Check Item P1, page 43

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

3860

- 1 Yes
2 No
x1 DK } SKIP to next ISS Code or Check Item P1, page 43

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

3866

- 1 First
2 Third
3 Other
x1 DK

CHECK ITEM A7

Refer to item 2, page 32. Were (Social Security/Railroad Retirement) payments received especially for the children?

3868

- 1 Yes
2 No – SKIP to next ISS Code or Check Item P1, page 43

9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3870

- 1 Yes
2 No
x1 DK

2 months ago

3874

- 1 Yes
2 No
x1 DK

3 months ago

3878

- 1 Yes
2 No
x1 DK

4 months ago

3882

- 1 Yes
2 No
x1 DK

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

3872

\$. 00
x1 DK
x2 Ref.

3876

\$. 00
x1 DK
x2 Ref.

3880

\$. 00
x1 DK
x2 Ref.

3884

\$. 00
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 43
2 No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?	Person No.		Name
	3888	[][]	
	3890	[][]	
	3892	[][]	
	3894	[][]	
	3896	[][]	
	3898	[][]	

SKIP to next ISS Code or Check Item P1, page 43

11a. Were all the people living here covered under ...'s food stamp allotment?	3900	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No
b. Which persons were covered?	Person No.	Name
	3902	[][]
	3904	[][]
	3906	[][]
	3908	[][]
	3910	[][]
	3912	[][]
	3914	[][]
3916	[][]	

12a. Did ... receive food stamps in (Read each month)?		
Last month	3922	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 months ago	3926	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3 months ago	3930	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
4 months ago	3934	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		12b. If "Yes" in 12a, ask – What was the total amount?
	3924	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3928	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3932	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3936	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 43

13a. Did ... receive any WIC benefits in (Read each month)? Mark (X) all that apply.	3938	1 <input type="checkbox"/> Last month
	3940	2 <input type="checkbox"/> 2 months ago
	3942	3 <input type="checkbox"/> 3 months ago
	3944	4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?	Person No.	Name
	3946	[][]
	3948	[][]
	3950	[][]
	3952	[][]
	3954	[][]

SKIP to next ISS Code or Check Item P1, page 43

Section 3 – AMOUNTS

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

	Income code	Name of income type
1. You said . . . received (Read name of income type) during the 4-month period.	4000	
CHECK ITEM A1 Mark (X) income type code.	4002	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 37 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 37 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 <input type="checkbox"/> Other ISS codes – SKIP to 5a
CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	4004	<input type="checkbox"/> Yes <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 the children?	4006	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	4008	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a
CHECK ITEM A3 Is . . . married?	4010	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?	4012	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	4014	<input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 <input type="checkbox"/> No
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.
Last month	4016	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
2 months ago	4020	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
3 months ago	4024	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
4 months ago	4028	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
CHECK ITEM A5 Mark (X) income type code.	4032	<input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 43
6a. Were all the people living here covered by . . . 's payments?	4034	<input type="checkbox"/> Yes – SKIP to Check Item A6 <input type="checkbox"/> No

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.

Name

4036

4038

4040

4042

4044

4046

4048

4050

4052

4054

CHECK ITEM A6

Is this ISS code "8"?

4056

- 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 43

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

4060

- 1 Yes
 2 No
 x1 DK } SKIP to next ISS Code or Check Item P1, page 43

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

4066

- 1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A7

Refer to item 2, page 35.
 Were (Social Security/Railroad Retirement) payments received especially for the children?

4068

- 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 43

9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

4070

- 1 Yes
 2 No
 x1 DK

2 months ago

4074

- 1 Yes
 2 No
 x1 DK

3 months ago

4078

- 1 Yes
 2 No
 x1 DK

4 months ago

4082

- 1 Yes
 2 No
 x1 DK

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

4072

\$. 00
 x1 DK
 x2 Ref.

4076

\$. 00
 x1 DK
 x2 Ref.

4080

\$. 00
 x1 DK
 x2 Ref.

4084

\$. 00
 x1 DK
 x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

4086

- 1 Yes – SKIP to next ISS Code or Check Item P1, page 43
 2 No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?	4088	Person No.	[][]	Name
	4090			
	4092			
	4094			
	4096			
	4098			

SKIP to next ISS Code or Check Item P1, page 43

11a. Were all the people living here covered under ...'s food stamp allotment?	4100	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No
b. Which persons were covered?	4102	Person No. [][] Name
	4104	
	4106	
	4108	
	4110	
	4112	
	4114	
	4116	

12a. Did ... receive food stamps in (Read each month)?				
Last month	4122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4124	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago	4126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4128	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago	4130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4132	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago	4134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4136	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 43

13a. Did ... receive any WIC benefits in (Read each month)?	4138	1 <input type="checkbox"/> Last month
Mark (X) all that apply.	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?	4146	Person No. [ ][ ] Name
4148		
4150		
4152		
4154		

SKIP to next ISS Code or Check Item P1, page 43

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A8	Asset types owned. Mark (X) all that apply.	4300	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts
		4302	2 <input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts
		4304	3 <input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates
		4306	4 <input type="checkbox"/> ISS Code 103 – NOW, Super NOW or other interest earning checking accounts
1. Earlier you said that . . . had (Read names of owned assets).			
CHECK ITEM A9	Interview status of . . . 's spouse.	4308	1 <input type="checkbox"/> No spouse in household – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	4312	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43
c.	What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	4314	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4316	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 5 2 <input type="checkbox"/> No
3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?	4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?	4320	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 43 x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 43 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43
c.	What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	4322	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 43 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4324	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 6 } SKIP to next 2 <input type="checkbox"/> No } ISS Code or Check Item P1, page 43

NOTES

AMOUNTS – PARTS B & C

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.

- 4400** 1 ISS code 104 – Money Market funds
4402 2 ISS code 105 – U.S. Government securities
4404 3 ISS code 106 – Municipal or corporate bonds
4406 4 ISS code 107 – Other interest-earning assets –
 Specify –

1. Earlier you said that . . . owned (Read names of owned assets).

**CHECK
ITEM A11**

Interview status of . . . 's spouse.

- 4408** 1 No spouse in household – SKIP to 3b
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted –
 SKIP to 3a

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

- 4410** 1 Yes
 2 No – SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) **during the 4-month period?**

- 4412** \$. 00 – SKIP to 3a
 x3 None – SKIP to 3a
 x1 DK
 x2 Ref. – SKIP to next ISS Code or
 Check Item P1, page 43

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?**

- 4414** \$. 00 – SKIP to 3a
 x1 DK
 x2 Ref. – SKIP to next ISS Code or
 Check Item P1, page 43

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 purposes of this survey)

- 4416** 1 Yes – Mark Reminder Card, Item 7
 2 No

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

- 4418** 1 Yes
 2 No – SKIP to next ISS Code or
 Check Item P1, page 43

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) **during the 4-month period?**

- 4420** \$. 00 – SKIP to next ISS Code or
 Check Item P1, page 43
 x3 None – SKIP to next ISS Code or Check Item P1,
 page 43
 x1 DK
 x2 Ref. – SKIP to next ISS Code or
 Check Item P1, page 43

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

- 4422** \$. 00 – SKIP to next ISS Code or
 Check Item P1, page 43
 x1 DK
 x2 Ref. – SKIP to next ISS Code or
 Check Item P1, page 43

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 purposes of this survey)

- 4424** 1 Yes – Mark Reminder Card, Item 8 } SKIP to next
 2 No } ISS Code or
 Check Item
 P1, page 43

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

1 a. Earlier you told me that . . . owned stocks or mutual fund shares. 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>
1 b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)? ★	4504 \$ <input style="width:60px;" type="text"/> . <input style="width:30px;" 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 43</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, Item 9</i> 2 <input type="checkbox"/> No
2 a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)? ★	4508 \$ <input style="width:60px;" type="text"/> . <input style="width:30px;" 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 43</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, Item 10</i> 2 <input type="checkbox"/> No
3 a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested?	4512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or Check Item P1, page 43</i> x1 <input type="checkbox"/> DK
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>
3 b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?	4516 \$ <input style="width:60px;" type="text"/> . <input style="width:30px;" 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 43</i>
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?	4518 \$ <input style="width:60px;" type="text"/> . <input style="width:30px;" type="text"/> 00 } <i>SKIP to next ISS Code or Check Item P1, page 43</i> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

NOTES

AMOUNTS – PARTS D & E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM 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)? <i>Include only property owned entirely by couple.</i>	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 style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</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: 60px;" type="text"/> . <input style="width: 30px;" 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 43</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?	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 style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</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>	4614 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" 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 43</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? (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 43</i>
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months? <i>Enter \$1 in amount box if respondent reports "broke even."</i>	4620 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" 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>

AMOUNTS – PARTS D & E

SKIP to next ISS Code or Check Item P1, page 43

NOTES

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47																
CHECK ITEM P2	Refer to cc Item 16a. Is this residence owned by the local housing authority? ("Yes" marked in cc item 16a)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P3																
1 a.	What is your monthly rent?	4804	<table style="width:100%;"> <tr> <td style="width:5%;">\$</td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:5%;">.</td> <td style="width:15%; border: 1px solid black; text-align: center;">00</td> <td style="width:60%;"></td> </tr> <tr> <td>x3</td> <td colspan="2"><input type="checkbox"/> None</td> <td colspan="2" rowspan="3">} SKIP to 3a</td> </tr> <tr> <td>x1</td> <td colspan="2"><input type="checkbox"/> DK</td> </tr> <tr> <td>x2</td> <td colspan="2"><input type="checkbox"/> Ref.</td> </tr> </table>	\$.	00		x3	<input type="checkbox"/> None		} SKIP to 3a		x1	<input type="checkbox"/> DK		x2	<input type="checkbox"/> Ref.	
\$.	00																
x3	<input type="checkbox"/> None		} SKIP to 3a																
x1	<input type="checkbox"/> DK																		
x2	<input type="checkbox"/> Ref.																		
b.	(In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? <i>Exclude telephone.</i>	4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3a																
CHECK ITEM P3	Refer to cc Item 16b. Is rent lower because government pays part of the cost? ("Yes" marked in cc item 16b)	4808	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a																
2 a.	What is your monthly rent?	4810	<table style="width:100%;"> <tr> <td style="width:5%;">\$</td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:5%;">.</td> <td style="width:15%; border: 1px solid black; text-align: center;">00</td> <td style="width:60%;"></td> </tr> <tr> <td>x3</td> <td colspan="2"><input type="checkbox"/> None</td> <td colspan="2" rowspan="3">} SKIP to 3a</td> </tr> <tr> <td>x1</td> <td colspan="2"><input type="checkbox"/> DK</td> </tr> <tr> <td>x2</td> <td colspan="2"><input type="checkbox"/> Ref.</td> </tr> </table>	\$.	00		x3	<input type="checkbox"/> None		} SKIP to 3a		x1	<input type="checkbox"/> DK		x2	<input type="checkbox"/> Ref.	
\$.	00																
x3	<input type="checkbox"/> None		} SKIP to 3a																
x1	<input type="checkbox"/> DK																		
x2	<input type="checkbox"/> Ref.																		
b.	(In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? <i>Exclude telephone.</i>	4812	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																
c.	What would the monthly rent be on this unit if the government were not paying part of the cost?	4814	<table style="width:100%;"> <tr> <td style="width:5%;">\$</td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:5%;">.</td> <td style="width:15%; border: 1px solid black; text-align: center;">00</td> <td style="width:60%;"></td> </tr> <tr> <td>x1</td> <td colspan="4"><input type="checkbox"/> DK</td> </tr> </table>	\$.	00		x1	<input type="checkbox"/> DK									
\$.	00																
x1	<input type="checkbox"/> DK																		
3 a.	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P4																
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? <i>Mark (X) all that apply.</i>	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord																
c.	What was the total amount of the energy assistance received by this household during the past 4 months?	4824	<table style="width:100%;"> <tr> <td style="width:5%;">\$</td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:5%;">.</td> <td style="width:15%; border: 1px solid black; text-align: center;">00</td> <td style="width:60%;"></td> </tr> <tr> <td>x1</td> <td colspan="4"><input type="checkbox"/> DK</td> </tr> </table>	\$.	00		x1	<input type="checkbox"/> DK									
\$.	00																
x1	<input type="checkbox"/> DK																		
CHECK ITEM P4	Are there any children 5 to 18 who live in the household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47																
4 a.	Do any of the children in this household usually eat a complete hot lunch offered at school?	4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47																
b.	How many children?	4830	<table style="width:100%;"><tr><td style="width:10%; border: 1px solid black; text-align: center;"> </td><td style="width:10%; border: 1px solid black; text-align: center;"> </td><td>Children</td></tr></table>			Children													
		Children																	
c.	Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?	4832	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f																
d.	How many children?	4834	<table style="width:100%;"><tr><td style="width:10%; border: 1px solid black; text-align: center;"> </td><td style="width:10%; border: 1px solid black; text-align: center;"> </td><td>Children</td></tr></table>			Children													
		Children																	
e.	Are the lunches free or are they reduced-price? <i>Mark (X) all that apply.</i>	4836 4838	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price																
f.	Do any of the children receive free or reduced-price school breakfasts this school year?	4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47																
g.	How many children?	4842	<table style="width:100%;"><tr><td style="width:10%; border: 1px solid black; text-align: center;"> </td><td style="width:10%; border: 1px solid black; text-align: center;"> </td><td>Children</td></tr></table>			Children													
		Children																	
h.	Are the breakfasts free or are they reduced-price? <i>Mark (X) all that apply.</i>	4844 4846	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price																

PROGRAM QUESTIONS