



## Section 1 — LABOR FORCE AND RECIPIENCY

(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? Please answer by giving the week number that appears to the right of each week on the calendar.**

**1004**

x5  ALL

**1006**

1

**1018**

7

**1030**

13

**1008**

2

**1020**

8

**1032**

14

**1010**

3

**1022**

9

**1034**

15

**1012**

4

**1024**

10

**1036**

16

**1014**

5

**1026**

11

**1038**

17

**1016**

6

**1028**

12

**1040**

18

Mark (X) all that apply.

**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?**

**1044**

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

Mark (X) only one.

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

**1046**

- 1  Yes — Mark "55" on ISS  
 2  No — SKIP to Check Item R2

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

**1048**

1  Last month

**1050**

2  2 months ago

**1052**

3  3 months ago

**1054**

4  4 months ago

Mark (X) all that apply.

**CHECK ITEM R2**

Refer to item 2a above.

Did . . . spend any time looking for work or on layoff from a job?

**1055**

- 1  Yes — SKIP to 9a, page 4  
 2  No — SKIP to Check Item R6, page 4

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

**1056**

- 1  Yes  
 2  No — SKIP to 6a

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

**1058**

- 1  Yes  
 2  No — SKIP to 8a, page 4

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

**1060**

x5  ALL

**1062**

1

**1074**

7

**1086**

13

**1064**

2

**1076**

8

**1088**

14

**1066**

3

**1078**

9

**1090**

15

**1068**

4

**1080**

10

**1092**

16

**1070**

5

**1082**

11

**1094**

17

**1072**

6

**1084**

12

**1096**

18

Mark (X) all that apply.

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

**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? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

<b>1100</b> <input type="checkbox"/> 1	<b>1112</b> <input type="checkbox"/> 7	<b>1124</b> <input type="checkbox"/> 13
<b>1102</b> <input type="checkbox"/> 2	<b>1114</b> <input type="checkbox"/> 8	<b>1126</b> <input type="checkbox"/> 14
<b>1104</b> <input type="checkbox"/> 3	<b>1116</b> <input type="checkbox"/> 9	<b>1128</b> <input type="checkbox"/> 15
<b>1106</b> <input type="checkbox"/> 4	<b>1118</b> <input type="checkbox"/> 10	<b>1130</b> <input type="checkbox"/> 16
<b>1108</b> <input type="checkbox"/> 5	<b>1120</b> <input type="checkbox"/> 11	<b>1132</b> <input type="checkbox"/> 17
<b>1110</b> <input type="checkbox"/> 6	<b>1122</b> <input type="checkbox"/> 12	<b>1134</b> <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? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

<b>1138</b> <input type="checkbox"/> 1	<b>1150</b> <input type="checkbox"/> 7	<b>1162</b> <input type="checkbox"/> 13
<b>1140</b> <input type="checkbox"/> 2	<b>1152</b> <input type="checkbox"/> 8	<b>1164</b> <input type="checkbox"/> 14
<b>1142</b> <input type="checkbox"/> 3	<b>1154</b> <input type="checkbox"/> 9	<b>1166</b> <input type="checkbox"/> 15
<b>1144</b> <input type="checkbox"/> 4	<b>1156</b> <input type="checkbox"/> 10	<b>1168</b> <input type="checkbox"/> 16
<b>1146</b> <input type="checkbox"/> 5	<b>1158</b> <input type="checkbox"/> 11	<b>1170</b> <input type="checkbox"/> 17
<b>1148</b> <input type="checkbox"/> 6	<b>1160</b> <input type="checkbox"/> 12	<b>1172</b> <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? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

**1178** x5  All weeks without a job

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

Mark (X) only one.

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

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

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

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

Mark (X) all that apply.

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

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>8a.</b> In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</p>	<p><b>1230</b> <input type="text"/> <input type="text"/> Hours per week  x3 <input type="checkbox"/> None } SKIP to Check Item R4  x1 <input type="checkbox"/> DK }</p>
<p><b>CHECK ITEM R3</b> Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	<p><b>1231</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8c</p>
<p><b>8b.</b> 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><b>1232</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R4</p>
<p><b>C.</b> How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</p>	<p><b>1233</b> x5 <input type="checkbox"/> All  <b>1234</b> <input type="checkbox"/> Weeks Last month  <b>1235</b> <input type="checkbox"/> Weeks 2 months ago  <b>1236</b> <input type="checkbox"/> Weeks 3 months ago  <b>1237</b> <input type="checkbox"/> Weeks 4 months ago</p>
<p><b>d.</b> What was the main reason . . . worked fewer than 35 hours in those weeks?  Mark (X) only one.</p>	<p><b>1238</b> 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><b>CHECK ITEM R4</b> Refer to item 5a, page 2. The response to item 5a is:</p>	<p><b>1239</b> 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – SKIP to Check Item R5</p>
<p><b>9a.</b> During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p><b>1240</b> 1 <input type="checkbox"/> Yes – Mark “5” on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R5</p>
<p><b>b.</b> During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p><b>1242</b> 1 <input type="checkbox"/> Yes – Mark “6” on ISS 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R5</b> Is “Worked” (code 170) marked on the ISS?</p>	<p><b>1244</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R6</p>
<p><b>10.</b> During this 4-month period did . . . receive any money from workers’ compensation for any kind of job-related illness or injury?</p>	<p><b>1246</b> 1 <input type="checkbox"/> Yes – Mark “10” on ISS 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R6</b> Was an interview obtained for . . . last reference period (cc items 44–47)?</p>	<p><b>1248</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R11, page 6</p>
<p><b>CHECK ITEM R7</b> Are any income types listed in the Income Roster (item 11b)?</p>	<p><b>1250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12a</p>

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

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

**1251** 1  Yes  
 2  No – Resolve problems and make appropriate entries in item 11b, column (5) } Ask 11c

**b. INCOME ROSTER (ISS CODES 1 – 56)**

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		<b>1252</b> <input type="checkbox"/>	<b>1254</b> 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	<b>1255</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		<b>1256</b> <input type="checkbox"/>	<b>1258</b> 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	<b>1259</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		<b>1260</b> <input type="checkbox"/>	<b>1262</b> 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	<b>1263</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		<b>1264</b> <input type="checkbox"/>	<b>1266</b> 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	<b>1267</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		<b>1268</b> <input type="checkbox"/>	<b>1270</b> 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	<b>1271</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		<b>1272</b> <input type="checkbox"/>	<b>1274</b> 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	<b>1275</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		<b>1276</b> <input type="checkbox"/>	<b>1278</b> 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	<b>1279</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		<b>1280</b> <input type="checkbox"/>	<b>1282</b> 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	<b>1283</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>

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

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

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

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

**b.** What was it called?  
 Anything else?  
 Mark (X) all that apply.

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

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

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

**b.** What was the source of this income?  
 Anything else?  
 Mark (X) all that apply.

- 1298** 1  U.S. Government Railroad Retirement – Mark "2" on ISS
  - 1300** 2  Black Lung payments – Mark "9" on ISS
  - 1302** 3  Workers' Compensation – Mark "10" on ISS
  - 1304** 4  Payments from a sickness, accident or disability insurance policy purchased on your own – Mark "13" on ISS
  - 1306** 5  Pension from company or union – Mark "30" on ISS
  - 1308** 6  Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
  - 1310** 7  U.S. Military retirement pay (exclude payments from the Veterans' Administration) – Mark "32" on ISS
  - 1312** 8  National Guard or Reserve Forces retirement – Mark "33" on ISS
  - 1314** 9  State government pension – Mark "34" on ISS
  - 1316** 10  Local government pension – Mark "35" on ISS
  - 1318** 11  Income from paid-up life insurance policies or annuities – Mark "36" on ISS
  - 1320** 12  Other or DK – Specify and enter code from income source list. If income type is not listed or DK, enter code "38" – Mark ISS.
- 1322**

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

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

**Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R9</b>	Is "Disabled" (code 171) marked for . . . on cc item 47?	<b>1326</b>	1 <input type="checkbox"/> Yes — Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
<b>CHECK ITEM R10</b>	Refer to cc item 24. Is . . . 65 years of age or older?	<b>1328</b>	1 <input type="checkbox"/> Yes — SKIP to 23a, page 8 2 <input type="checkbox"/> No — SKIP to Check Item R23, page 8
<b>CHECK ITEM R11</b>	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	<b>1330</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R12
<b>14a.</b>	How long did . . . serve on active duty in the Armed Forces?	<b>1332</b>	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
<b>b.</b>	Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?	<b>1334</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
<b>c.</b>	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%)	<b>1336</b>	<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
<b>d.</b>	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.)	<b>1338</b>	1 <input type="checkbox"/> Yes — Mark "8" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R12</b>	Refer to cc item 24. Is . . . 18 years of age or older?	<b>1340</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
<b>15a.</b>	During this 4-month period, did . . . receive any Social Security payments?	<b>1342</b>	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R14
<b>CHECK ITEM R13</b>	Refer to cc item 24. Is . . . 65 years of age or older?	<b>1344</b>	1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No
<b>15b.</b>	What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.	<b>1346</b>	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK } SKIP to 16a
<b>c.</b>	Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	<b>1348</b>	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK } SKIP to 16a
<b>CHECK ITEM R14</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	<b>1350</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
<b>15d.</b>	During the 4-month period, did . . . receive any Social Security payments especially for . . . 's children (under 18)?	<b>1352</b>	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
<b>16a.</b>	During this 4-month period, did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?	<b>1354</b>	1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R15
<b>b.</b>	Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?	<b>1356</b>	1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R15</b>	Refer to cc item 24. Is . . . 40 years of age or older?	<b>1358</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
<b>17a.</b>	Has . . . ever retired from a job or business? (Include retirement from the military.)	<b>1360</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16
<b>b.</b>	During the 4-month period, did . . . receive any retirement income other than Social Security?	<b>1362</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d

**Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

**17c. What kind of retirement income?**  
**Anything else?**  
 Mark (X) all that apply.

<b>1364</b>	<input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS
<b>1366</b>	<input type="checkbox"/> Pension from company or union — Mark "30" on ISS
<b>1368</b>	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
<b>1370</b>	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS
<b>1372</b>	<input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS
<b>1374</b>	<input type="checkbox"/> State government pension — Mark "34" on ISS
<b>1376</b>	<input type="checkbox"/> Local government pension — Mark "35" on ISS
<b>1378</b>	<input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
<b>1380</b>	<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?**

<b>1382</b>	<input type="checkbox"/> Yes — Mark "36" on ISS
	<input type="checkbox"/> No

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

<b>1384</b>	<input type="checkbox"/> Yes — SKIP to Check Item R17
	<input type="checkbox"/> No

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

<b>1386</b>	<input type="checkbox"/> Yes — Mark "171" on ISS
	<input type="checkbox"/> No — SKIP to Check Item R17

**b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)**

<b>1388</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> DK } SKIP to Check Item R17

**c. What kind of income?**  
**Anything else?**  
 Mark (X) all that apply.

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

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

<b>1414</b>	<input type="checkbox"/> Married — SKIP to 20
	<input type="checkbox"/> Widowed — SKIP to 22a
	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Separated
	<input type="checkbox"/> Never married — SKIP to Check Item R18

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

<b>1416</b>	<input type="checkbox"/> Yes — Mark "29" on ISS and SKIP to Check Item R18
	<input type="checkbox"/> No
	<input type="checkbox"/> DK } SKIP to Check Item R18
	<input type="checkbox"/> Ref. }

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

<b>1418</b>	<input type="checkbox"/> Widowed — SKIP to 22a
	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Both widowed and divorced
	<input type="checkbox"/> No — SKIP to Check Item R21

**CHECK ITEM R18** Refer to cc item 27.  
 Is . . . the designated parent or guardian of children under 18 years old who live in this household?

<b>1420</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No — SKIP to Check Item R19

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

<b>1422</b>	<input type="checkbox"/> Yes — Mark "28" on ISS
	<input type="checkbox"/> No
	<input type="checkbox"/> DK
	<input type="checkbox"/> Ref.

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R19</b>	Is "Both widowed and divorced" (box 3) marked in item 20, page 7?	<b>1424</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R21
<b>22a.</b>	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	<b>1426</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No } SKIP to Check Item R21 <input checked="" type="checkbox"/> DK }
<b>b.</b>	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	<b>1428</b>	<input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS
		<b>1430</b>	<input type="checkbox"/> Veterans Compensation or pension – Mark "8" on ISS
		<b>1432</b>	<input type="checkbox"/> Black Lung payments – Mark "9" on ISS
		<b>1434</b>	<input type="checkbox"/> Pension from company or union – Mark "30" on ISS
		<b>1436</b>	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
		<b>1438</b>	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) – Mark "32" on ISS
		<b>1440</b>	<input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS
		<b>1442</b>	<input type="checkbox"/> State government pension – Mark "34" on ISS
		<b>1444</b>	<input type="checkbox"/> Local government pension – Mark "35" on ISS
		<b>1446</b>	<input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS
		<b>1448</b>	<input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS
		<b>1450</b>	<input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS
		<b>1452</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>CHECK ITEM R20</b>	Is "Veterans Compensation or pension" (box 2) marked in item 22b?	<b>1454</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R21
<b>22c.</b>	Did . . . 's late spouse die while in the service or from a service-related injury?	<b>1456</b>	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
<b>CHECK ITEM R21</b>	Refer to cc item 24. Is . . . 65 years of age or older?	<b>1458</b>	<input type="checkbox"/> Yes – SKIP to 23a <input type="checkbox"/> No
<b>CHECK ITEM R22</b>	Refer to item 18a, page 7. Does . . . have a work disability?	<b>1460</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R23
<b>23a.</b>	Medicare is a health insurance program for disabled persons and persons 65 years old or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was . . . covered by Medicare?	<b>1462</b>	<input type="checkbox"/> Yes – Mark "172" on ISS <input type="checkbox"/> No } SKIP to Check Item R23 <input checked="" type="checkbox"/> DK }
<b>b.</b>	May I see . . . 's Medicare card to record the claim number and type of coverage? <span style="float:right">★</span>	<b>1464</b>	<input type="text"/> - <input type="text"/> - <b>1466</b> <input type="text"/> - <b>1467</b> <input type="text"/>
		<b>1468</b>	TYPE OF COVERAGE <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Types A and B) } SKIP to Check Item R23 <input type="checkbox"/> Card not available – ASK 23c
<b>c.</b>	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.)	<b>1470</b>	<input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 2 <input type="checkbox"/> No
<b>d.</b>	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	<b>1472</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK
<b>CHECK ITEM R23</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	<b>1474</b>	<input type="checkbox"/> Yes – SKIP to Check Item R25 <input type="checkbox"/> No
<b>CHECK ITEM R24</b>	Refer to cc item 24. Is . . . 18 years of age or older?	<b>1476</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 27a
<b>CHECK ITEM R25</b>	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	<b>1478</b>	<input type="checkbox"/> Yes – SKIP to Check Item R26 <input type="checkbox"/> No
<b>24.</b>	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.)	<b>1480</b>	<input type="checkbox"/> Yes – Mark "27" on ISS <input type="checkbox"/> No

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R26</b>	Interview status of . . . 's spouse.	<b>1482</b>	<input type="checkbox"/> No spouse in household <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to Check Item R27</i>																		
<b>25a.</b>	<b>(Other than what we have already mentioned) During the 4-month period, did . . . receive any (other) welfare (such as AFDC, WIC, or General Assistance) (for . . . or . . . 's children)? (Exclude energy assistance.)</b>	<b>1484</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R27</i>																		
<b>b.</b>	<b>What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.</b>	<b>1486</b> <b>1488</b> <b>1490</b> <b>1492</b> <b>1494</b> <b>1496</b>  <b>1498</b>	<input type="checkbox"/> AFDC – <i>Mark "20" on ISS</i> <input type="checkbox"/> General Assistance or General Relief – <i>Mark "21" on ISS</i> <input type="checkbox"/> Indian, Cuban or Refugee Assistance – <i>Mark "22" on ISS</i> <input type="checkbox"/> Foster Child Care – <i>Mark "23" on ISS</i> <input type="checkbox"/> WIC – <i>Mark "25" on ISS</i> <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK", enter code "24" – Mark ISS</i> <div style="text-align: right;">↓</div>																		
<b>CHECK ITEM R27</b>	Is "Medicaid" (code 173) marked for . . . on cc item 47?	<b>1500</b>	<input type="checkbox"/> Yes – <i>SKIP to 26b</i> <input type="checkbox"/> No																		
<b>26a.</b>	<b>During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?</b> <i>(Refer to FLASHCARD M for Medicaid name.)</i>	<b>1502</b>	<input type="checkbox"/> Yes – <i>Mark "173" on ISS</i> <input type="checkbox"/> No																		
<b>b.</b>	<b>According to our last visit . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?</b> <i>(Refer to FLASHCARD M for Medicaid name.)</i>	<b>1504</b>	<input type="checkbox"/> Yes – <i>Mark "173" on ISS</i> <input type="checkbox"/> No																		
<b>CHECK ITEM R28</b>	<i>Refer to cc item 27.</i> Is . . . the designated parent or guardian of children under 18 years old who live in this household?	<b>1506</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R29</i>																		
<b>26c.</b>	<b>Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?</b>	<b>1508</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R29</i>																		
<b>d.</b>	<b>Which children were covered?</b>	<b>1510</b>	<input type="checkbox"/> All children OR <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>1512</b></td> <td style="text-align: center;">[ ][ ][ ]</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><b>1514</b></td> <td style="text-align: center;">[ ][ ][ ]</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><b>1516</b></td> <td style="text-align: center;">[ ][ ][ ]</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><b>1518</b></td> <td style="text-align: center;">[ ][ ][ ]</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><b>1520</b></td> <td style="text-align: center;">[ ][ ][ ]</td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	<b>1512</b>	[ ][ ][ ]	_____	<b>1514</b>	[ ][ ][ ]	_____	<b>1516</b>	[ ][ ][ ]	_____	<b>1518</b>	[ ][ ][ ]	_____	<b>1520</b>	[ ][ ][ ]	_____
	Person No.	Name																			
<b>1512</b>	[ ][ ][ ]	_____																			
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<b>1518</b>	[ ][ ][ ]	_____																			
<b>1520</b>	[ ][ ][ ]	_____																			
<b>CHECK ITEM R29</b>	Was . . . or any of . . . 's children (under 18) covered by Medicaid?	<b>1524</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 27a</i>																		
<b>26e.</b>	<b>Was (. . ./(and) . . . 's children) covered during the entire 4-month period?</b>	<b>1526</b>	<input type="checkbox"/> Yes – <i>SKIP to 27a</i> <input type="checkbox"/> No																		
<b>f.</b>	<b>In which months was (. . ./(and) . . . 's children) covered? Mark (X) all that apply.</b>	<b>1528</b> <b>1530</b> <b>1532</b> <b>1534</b>	<input type="checkbox"/> Last month <input type="checkbox"/> 2 months ago <input type="checkbox"/> 3 months ago <input type="checkbox"/> 4 months ago																		

NOTES

**Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>27a.</b> 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.)</p>	1536	1 <input type="checkbox"/> Yes — SKIP to 27c 2 <input type="checkbox"/> No																					
<p>ASK OR VERIFY —</p> <p><b>b.</b> Was . . . covered by a health insurance plan in somebody else's name?</p>	1537	1 <input type="checkbox"/> Yes } SKIP to Check Item R30 2 <input type="checkbox"/> No }																					
<p><b>c.</b> Did . . . have a plan in . . . 's own name during the entire 4-month period?</p>	1538	1 <input type="checkbox"/> Yes — SKIP to 27e 2 <input type="checkbox"/> No																					
<p><b>d.</b> In which months did . . . have a plan? Mark (X) all that apply.</p>	1540 1542 1544 1546	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago																					
<p><b>e.</b> Was . . . 's plan provided through an employer or union (or through a former employer or a pension plan)?</p>	1548	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27g																					
<p><b>f.</b> Did the employer or union (former employer or pension plan) pay for all, part, or none of the cost of this plan?</p>	1550	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None																					
<p><b>g.</b> Was this an individual plan or a family plan?</p>	1552	1 <input type="checkbox"/> Individual — SKIP to Check Item R30 2 <input type="checkbox"/> Family																					
<p><b>h.</b> Did . . . 's health plan cover all the persons living here?</p>	1554	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No																					
<p><b>i.</b> Other than . . . , which persons in this household were covered by . . . 's plan?</p>		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%; text-align: center;">Person No.</th> <th style="width:60%; text-align: center;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1556</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1558</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1560</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1562</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1564</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1566</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>		Person No.	Name	1556		_____	1558		_____	1560		_____	1562		_____	1564		_____	1566	x3 <input type="checkbox"/> None	
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1562		_____																					
1564		_____																					
1566	x3 <input type="checkbox"/> None																						
<p><b>CHECK ITEM R30</b> Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?</p>	1568	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R32																					
<p><b>CHECK ITEM R31</b> Have each of these children already been identified as members of a family health insurance plan?</p>	1570	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27k																					
<p><b>27j.</b> I have recorded that all of . . . 's children were covered by a health insurance plan — is that correct?</p>	1572	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No																					
<p><b>k.</b> Were any of (Which of) . . . 's children (were) covered by a health insurance plan? (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)</p>	1574	x5 <input type="checkbox"/> All children OR <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%; text-align: center;">Person No.</th> <th style="width:60%; text-align: center;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1576</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1578</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1580</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1582</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1584</td> <td style="text-align: center;">     </td> <td>_____</td> </tr> <tr> <td style="text-align: center;">1586</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>		Person No.	Name	1576		_____	1578		_____	1580		_____	1582		_____	1584		_____	1586	x3 <input type="checkbox"/> None	
	Person No.	Name																					
1576		_____																					
1578		_____																					
1580		_____																					
1582		_____																					
1584		_____																					
1586	x3 <input type="checkbox"/> None																						
<p><b>CHECK ITEM R32</b> Are any assets listed in the Asset Roster (item 28b)?</p>	1588	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 29a																					

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

**28a.** According to the information we obtained last time, . . . had (Read asset types in item 28b, column (2)) during (8 months ago) through (5 months ago). Was this information recorded correctly? 1  Yes  
2  No – Resolve problems and make appropriate entries in item 28b, column (5) } ASK 28c

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

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1590 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1592 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1593 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1594 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1596 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1597 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1598 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1600 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1601 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1602 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1604 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1605 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1606 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1608 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1609 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1610 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1612 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1613 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1614 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1616 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1617 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1618 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1620 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1621 1 <input type="checkbox"/>	2 <input type="checkbox"/>

**c.** At any time during the past 4 months, that is \_\_\_\_\_, did . . . still own (have) (Read assets in item 28b, column (2))?

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

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

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

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

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

- 1626 1  Regular or passbook savings accounts – Mark "100" on ISS
- 1628 2  Money market deposit accounts – Mark "101" on ISS
- 1630 3  Certificates of deposit or other savings certificates – Mark "102" on ISS
- 1632 4  Interest-earning checking accounts (such as NOW or Super-NOW accounts) – Mark "103" on ISS
- 1636 5  Money market funds – Mark "104" on ISS
- 1638 6  U. S. Government securities – Mark "105" on ISS
- 1640 7  Municipal or corporate bonds – Mark "106" on ISS
- 1642 8  Mortgages – Mark "130" on ISS
- 1644 9  U. S. Savings Bonds (E, EE) – Mark "174" on ISS
- 1646 10  Other interest-earning assets – Mark "107" on ISS and specify )
- 1648 11  Stocks or mutual fund shares – Mark "110" on ISS
- 1650 12  Rental property – Mark "120" on ISS
- 1652 13  Royalties – Mark "140" on ISS
- 1654 14  Other financial investments – Mark "150" on ISS and specify )

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>30a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</b></p>	1656	<p>1 <input type="checkbox"/> Yes, full-time                  2 <input type="checkbox"/> Yes, part-time                  3 <input type="checkbox"/> No – SKIP to Check Item R33</p>
<p><b>b. During which months was . . . enrolled?</b>                  Mark (X) all that apply.</p>	1658 1660 1662 1664 1666	<p>1 <input type="checkbox"/> All months                  2 <input type="checkbox"/> Last month                  3 <input type="checkbox"/> 2 months ago                  4 <input type="checkbox"/> 3 months ago                  5 <input type="checkbox"/> 4 months ago</p>
<p><b>c. At what level or grade was . . . enrolled?</b>                  (If enrolled at more than one level during this period, check most recent level.)</p>	1668	<p>1 <input type="checkbox"/> Elementary grades 1–8 } SKIP to Check                  2 <input type="checkbox"/> High school grades 9–12 } Item R33                  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><b>31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?</b></p>	1670	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item R33</p>
<p><b>b. What kind of educational assistance did . . . receive? Anything else?</b>                  Mark (X) all that apply.</p>	1672 1674 1676 1678 1680 1682 1684 1686 1688 1690 1692	<p>1 <input type="checkbox"/> GI Bill – Mark "40" on ISS                  2 <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – Mark "41" on ISS                  3 <input type="checkbox"/> College Work Study – Mark "175" on ISS                  4 <input type="checkbox"/> PELL Grant – Mark "176" on ISS                  5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – Mark "177" on ISS                  6 <input type="checkbox"/> National Direct Student Loan (NDSL) – Mark "178" on ISS                  7 <input type="checkbox"/> Guaranteed Student Loan – Mark "179" on ISS                  8 <input type="checkbox"/> JTPA Training – Mark "180" on ISS                  9 <input type="checkbox"/> Employer Assistance – Mark "181" on ISS                  10 <input type="checkbox"/> Fellowship/Scholarship – Mark "182" on ISS                  11 <input type="checkbox"/> Other financial aid – Mark "183" on ISS</p>
<p><b>CHECK ITEM R33</b> Refer to cc item 26a. Is code 2 (Married, spouse absent) the current entry?</p>	1694	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item R34</p>
<p><b>ASK OR VERIFY –</b>  <b>32. Is . . . 's spouse in the Armed Forces?</b></p>	1696	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R34</b> Are any codes (excluding codes 171–173, 200–201) marked on the ISS?</p>	1698	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 34a</p>
<p><b>33a. You said that during the 4-month period . . . received income from – (Read all items marked on the ISS, except codes 171–173, 200–201). Is that correct?</b></p>	1700	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Probe and resolve (Make corrections to ISS if necessary)</p>
<p><b>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</b></p>	1702	<p>1 <input type="checkbox"/> Yes – SKIP to 34b                  2 <input type="checkbox"/> No – SKIP to Check Item E1</p>
<p><b>34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?</b></p>	1704	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Topical Module Statement A, page 48</p>
<p><b>b. What kind of income did . . . receive? Anything else?</b></p>		<p align="center">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>

EARNINGS AND EMPLOYMENT

## Section 2 – EARNINGS AND EMPLOYMENT

**CHECK  
ITEM E1**

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

**1712**

- 1  Yes
- 2  No – *SKIP to first ISS Code marked or  
Topical Module Statement A, page 48*

**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 18*
- 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" (box 3) marked in item 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.

EARNINGS AND EMPLOYMENT

NOTES

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 – EMPLOYER IDENTIFICATION NUMBER 1**

<p><b>2a. What is the name of the employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 16. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	PGM 8	Employer name
	2000	_____
<p><b>CHECK ITEM E3</b> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number</p>	PGM 8	Employer I.D. No.
	2002	<input type="checkbox"/>
<p><b>CHECK ITEM E3.1</b> Is the previous wave box marked for this employer in cc item 42?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2003	2 <input type="checkbox"/> No – SKIP to 2c
<p><b>2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</b></p>	PGM 8	1 <input type="checkbox"/> Yes
	2004	2 <input type="checkbox"/> No – SKIP to 3a
<p><b>C. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	PGM 8	_____
	2005	_____
<p>ASK OR VERIFY –</p> <p><b>d. Is it mainly –</b></p>	PGM 8	1 <input type="checkbox"/> Manufacturing?
	2006	2 <input type="checkbox"/> Wholesale Trade?
		3 <input type="checkbox"/> Retail Trade?
		4 <input type="checkbox"/> Some other kind of business?
<p><b>e. What kind of work was . . . doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer.</p>	PGM 8	_____
	2008	_____
<p><b>f. What were . . . 's main activities or duties?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	PGM 8	_____
	2010	_____
<p>ASK OR VERIFY –</p> <p><b>g. Was . . . an employee of –</b></p>	PGM 8	1 <input type="checkbox"/> A private for-profit company or individual?
	2012	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>ASK OR VERIFY –</p> <p><b>3a. Was . . . employed by (Name of employer) during the entire 4-month period?</b></p>	PGM 7	1 <input type="checkbox"/> Yes – SKIP to 4
	2014	2 <input type="checkbox"/> No
<p><b>b. When was . . . employed by (Name of employer) during this 4-month period?</b></p>	2016	FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
	2020	TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
<p><b>CHECK ITEM E3.2</b> Did . . . stop working for this employer during the reference period?</p>	2023	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 4
<p><b>3c. What is the main reason . . . stopped working for (Name of employer)?</b> Mark (X) only one.</p>	2024	1 <input type="checkbox"/> Laid off
		2 <input type="checkbox"/> Retired
		3 <input type="checkbox"/> Discharged
		4 <input type="checkbox"/> Job was temporary and ended
		5 <input type="checkbox"/> Quit to take another job
		6 <input type="checkbox"/> Quit for some other reason
<p>ASK OR VERIFY –</p> <p><b>4. How many hours per week did . . . usually work at this job?</b></p>	2025	<input type="text"/> <input type="text"/> Hours
		x3 <input type="checkbox"/> None
		x1 <input type="checkbox"/> DK
<p><b>5. Was . . . paid by the hour on this job?</b></p>	2026	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 7
<p><b>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</b></p>	2028	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref. – SKIP to Check Item E5
<p><b>7. During the 4-month period how often was . . . paid on this job?</b></p>	2030	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 – Specify _____

**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.



LAST MONTH

2032 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

**INTERVIEWER USE ONLY**

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$ \_\_\_\_\_ .00**

2 MONTHS AGO

2034 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$ \_\_\_\_\_ .00**

3 MONTHS AGO

2036 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$ \_\_\_\_\_ .00**

4 MONTHS AGO

2038 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$ \_\_\_\_\_ .00**

**CHECK ITEM E4**

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

- 2040 1  Yes  
 2  No – SKIP to 9a

**8b. If 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 Callback Summary and 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 13?

- 2048 1  1 employer – SKIP to Check Item E8, page 17  
 2  2 or more employers

**Section 2 — EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 — EMPLOYER IDENTIFICATION NUMBER 2**

<p><b>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	PGM 8	Employer name
	2100	<input style="width:90%;" type="text"/>
<p><b>CHECK ITEM E6</b> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →</p>	PGM 8	Employer I.D. No.
	2102	<input style="width:20px;" type="text"/>
<p><b>CHECK ITEM E6.1</b> Is the previous wave box marked for this employer in cc item 42?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2103	2 <input type="checkbox"/> No — SKIP to 10c
<p><b>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</b></p>	PGM 8	1 <input type="checkbox"/> Yes
	2104	2 <input type="checkbox"/> No — SKIP to 11a
<p><b>C. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	PGM 8	<input style="width:90%;" type="text"/>
	2105	<input style="width:90%;" type="text"/>
<p>ASK OR VERIFY — <b>d. Is it mainly —</b></p>	PGM 8	1 <input type="checkbox"/> Manufacturing?
	2106	2 <input type="checkbox"/> Wholesale Trade?
		3 <input type="checkbox"/> Retail Trade?
		4 <input type="checkbox"/> Some other kind of business?
<p><b>e. What kind of work was . . . doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer.</p>	PGM 8	<input style="width:90%;" type="text"/>
	2108	<input style="width:90%;" type="text"/>
<p><b>f. What were . . . 's main activities or duties?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	PGM 8	<input style="width:90%;" type="text"/>
	2110	<input style="width:90%;" type="text"/>
<p>ASK OR VERIFY — <b>g. Was . . . an employee of —</b></p>	PGM 8	1 <input type="checkbox"/> A private for-profit company or individual?
	2112	2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?
		3 <input type="checkbox"/> Federal government (exclude Armed Forces)?
		4 <input type="checkbox"/> State government?
		5 <input type="checkbox"/> Local government?
		6 <input type="checkbox"/> Armed Forces?
		7 <input type="checkbox"/> Unpaid in family business or farm? — SKIP to Check Item E8
<p><b>11a. ASK OR VERIFY —</b> Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7	1 <input type="checkbox"/> Yes — SKIP to 12
	2114	2 <input type="checkbox"/> No
<p><b>b. When was . . . employed by (Name of employer) during this 4-month period?</b></p>	2116	FROM <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Month
	2118	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Day
	2120	TO <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Month
	2122	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Day
<p><b>CHECK ITEM E6.2</b> Did . . . stop working for this employer during the reference period?</p>	2123	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No — SKIP to 12
<p><b>11c. What is the main reason . . . stopped working for (Name of employer)?</b></p>	2124	1 <input type="checkbox"/> Laid off
		2 <input type="checkbox"/> Retired
		3 <input type="checkbox"/> Discharged
		4 <input type="checkbox"/> Job was temporary and ended
		5 <input type="checkbox"/> Quit to take another job
		6 <input type="checkbox"/> Quit for some other reason
<p><b>12. ASK OR VERIFY —</b> How many hours per week did . . . usually work at this job?</p>	2125	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Hours
		x3 <input type="checkbox"/> None
		x1 <input type="checkbox"/> DK
<p><b>13. Was . . . paid by the hour on this job?</b></p>	2126	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No — SKIP to 15
<p><b>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</b></p>	2128	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/>
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref. — SKIP to Check Item E8
<p><b>15. During the 4-month period, how often was . . . paid on this job?</b></p>	2130	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 — Specify <input style="width:100px;" type="text"/>

**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 item 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 Callback Summary and 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" (box 3) marked in item 1a, page 13?

- 2148 1  Yes – Read Statement B  
 2  No – SKIP to first ISS Code or Statement A, page 48

**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.

**1 a. What was the name of . . . 's business/professional practice/farm?** PGM 8 Business name  
*(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)*  
2200 \_\_\_\_\_

**CHECK ITEM S1** Enter business ID number from cc item 43, or if a new business, enter the next available ID number. PGM 8 Business I.D. No.  
2201

**CHECK ITEM S1.1** Is the previous wave box marked for this business in cc item 43? PGM 8  
2202 1  Yes  
 2  No – SKIP to 1c

**1 b. Have . . . 's main activities or duties for this business changed during the past 8 months?** PGM 8  
2203 1  Yes  
 2  No – SKIP to 1g

**c. What kind of business was this?** PGM 8  
2204 \_\_\_\_\_

*ASK OR VERIFY –*  
**d. Is it mainly –** PGM 8  
2206 1  Manufacturing?  
 2  Wholesale Trade?  
 3  Retail Trade?  
 4  Some other kind of business?

**e. What kind of work was . . . doing?** PGM 8  
2208 \_\_\_\_\_

**f. What were . . . 's most important activities or duties?** PGM 8  
2210 \_\_\_\_\_

*ASK OR VERIFY –*  
**g. How many hours per week did . . . usually work at this business?** PGM 7  
2212   Hours  
 x3  None  
 x1  DK

**2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?** 2214  
*Gross earnings include sales and receipts before expenses.*  
 1  Yes  
 2  No – SKIP to 10  
 x1  DK

**CHECK ITEM S2** Have questions 3–5b already been answered for this business by another household member? 2216  
 1  Yes – SKIP to 6a  
 2  No

**3. What was the total number of employees working for this business? Be sure to include . . .** 2218  
*Enter 999 if 1,000 or more employees.*  
   Employees  
 x1  DK

**4 a. Was . . . 's business incorporated?** 2220  
 1  Yes – SKIP to 5a  
 2  No

**b. Was . . . 's business a sole proprietorship or a partnership?** 2222  
 1  Sole proprietorship – SKIP to 6a  
 2  Partnership

**5 a. Aside from . . . were any other members of this household owners or partners in this business?** 2224  
 1  Yes  
 2  No – SKIP to 6a

**b. Which members?**  
2226    Person No.    Name  
2228        
2230

**6 a. Was . . . paid a regular salary from this business during the 4-month period?** 2232  
 1  Yes  
 2  No

**b. Did . . . receive any (other) income from the business during this 4-month period?** 2234  
 1  Yes  
 2  No

**CHECK ITEM S3** Is "Yes" marked in either item 6a or 6b? 2236  
 1  Yes  
 2  No – SKIP to Check Item S5

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

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

**7. READ STATEMENT ONLY ONCE PER RESPONDENT.**

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

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



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

<b>CHECK ITEM S4</b>	Is "DK" marked in all parts of item 7?	<b>2246</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S5
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<b>8.</b>	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.)	<b>2248</b>	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4a 2 <input type="checkbox"/> No
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<b>CHECK ITEM S5</b>	Refer to item 4a, page 18. Is this business incorporated?	<b>2250</b>	1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No
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<b>CHECK ITEM S6</b>	Has information about the net profit (or loss) for this business already been obtained by another household member?	<b>2252</b>	1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No
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<b>9a.</b>	Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?	<b>2254</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11
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<b>b.</b>	What was the net profit or loss? If "broke even," mark \$1 in box.	<b>2256</b>	\$ <input type="text"/> . <input type="text"/> 00
		<b>2258</b>	x4 <input type="checkbox"/> Loss in amount box

} SKIP to 11

<b>10.</b>	About how much did . . . earn from this business after expenses during the 4-month period?	<b>2260</b>	\$ <input type="text"/> . <input type="text"/> 00
			x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

<b>11.</b>	Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?	<b>2262</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code or Statement A, page 48
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**Section 2 — EARNINGS AND EMPLOYMENT (Continued)**

**Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2**

<p><b>12a. What was the name of . . . 's other business/ professional practice/farm?</b> <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p><b>PGM 8</b> <b>2300</b></p>	<p>Business name _____</p>												
<p><b>CHECK ITEM S7</b> Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p><b>PGM 8</b> <b>2301</b></p>	<p>Business I.D. No. <input type="checkbox"/></p>												
<p><b>CHECK ITEM S7.1</b> Is the previous wave box marked for this business in cc item 43?</p>	<p><b>PGM 8</b> <b>2302</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 12c</i></p>												
<p><b>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</b></p>	<p><b>PGM 8</b> <b>2303</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 12g</i></p>												
<p><b>C. What kind of business was this?</b></p>	<p><b>PGM 8</b> <b>2304</b></p>	<p>_____</p>												
<p><i>ASK OR VERIFY —</i> <b>d. Is it mainly —</b></p>	<p><b>PGM 8</b> <b>2306</b></p>	<p>1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b></p>												
<p><b>e. What kind of work was . . . doing?</b></p>	<p><b>PGM 8</b> <b>2308</b></p>	<p>_____</p>												
<p><b>f. What were . . . 's most important activities or duties?</b></p>	<p><b>PGM 8</b> <b>2310</b></p>	<p>_____</p>												
<p><b>g. How many hours per week did . . . usually work at this business?</b></p>	<p><b>PGM 7</b> <b>2312</b></p>	<p><input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>												
<p><b>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i></p>	<p><b>2314</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 21</i> x1 <input type="checkbox"/> DK</p>												
<p><b>CHECK ITEM S8</b> Have questions 14—16b already been answered for this business by another household member?</p>	<p><b>2318</b></p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 17a</i> 2 <input type="checkbox"/> No</p>												
<p><b>14. What was the total number of employees working for this business? Be sure to include . . .</b> <i>Enter 999 if 1,000 or more employees.</i></p>	<p><b>2318</b></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK</p>												
<p><b>15a. Was . . . 's business incorporated?</b></p>	<p><b>2320</b></p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 16a</i> 2 <input type="checkbox"/> No</p>												
<p><b>b. Was . . . 's business a sole proprietorship or a partnership?</b></p>	<p><b>2322</b></p>	<p>1 <input type="checkbox"/> Sole proprietorship — <i>SKIP to 17a</i> 2 <input type="checkbox"/> Partnership</p>												
<p><b>16a. Aside from . . . were any other members of this household owners or partners in this business?</b></p>	<p><b>2324</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 17a</i></p>												
<p><b>b. Which members?</b></p>	<p><b>2328</b> <b>2328</b> <b>2330</b></p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:25%;">Person No.</th> <th style="width:60%;">Name</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____
	Person No.	Name												
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____												
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____												
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	_____												
<p><b>17a. Was . . . paid a regular salary from this business during the 4-month period?</b></p>	<p><b>2332</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p><b>b. Did . . . receive any (other) income from the business during this 4-month period?</b></p>	<p><b>2334</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p><b>CHECK ITEM S9</b> Is "Yes" marked in either item 17a or 17b?</p>	<p><b>2336</b></p>	<p>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)?



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

**CHECK ITEM S10** Is "DK" marked in all parts of item 18?

**2346** 1  Yes  
2  No — SKIP to Check Item S11

**19. If 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 and Callback Summary, Item 4b  
2  No

**CHECK ITEM S11** Refer to item 15a, page 20. Is this business incorporated?

**2350** 1  Yes — SKIP to first ISS Code or Statement A, page 48  
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 first ISS Code or Statement A, page 48  
2  No

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

**2354** 1  Yes  
2  No — SKIP to first ISS Code or Statement A, page 48

**b. What was the net profit or loss?**  
If "broke even," mark \$1 in box.

**2356** \$  .  00 } SKIP to first ISS Code or Statement A, page 48  
**2358** x4  Loss in amount box

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

**2360** \$  .  00 } SKIP to first ISS Code or Statement A, page 48  
x3  None  
x1  DK  
x2  Ref.



**Section 3 – AMOUNTS (Continued)**

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

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

<b>CHECK ITEM A6</b>	Is this ISS code "8"?	<b>3056</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 48
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<b>7.</b>	Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	<b>3060</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 48
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<b>CHECK ITEM A7</b>	Was this ISS code marked for . . . in cc item 45 last reference period?	<b>3062</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No
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(SHOW FLASHCARD O)	<b>3064</b> 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>8a.</b> (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	

<b>b.</b>	Do . . . 's payments usually come on the first of the month or the third?	<b>3066</b> 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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<b>CHECK ITEM A8</b>	Refer to item 2, page 22. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	<b>3068</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 48
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<b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b>		<b>9b. If "Yes" in item 9a – How much was received?</b>
(Last month) . . . . .	<b>3070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3072</b> \$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>3074</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3076</b> \$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>3078</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3080</b> \$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>3082</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3084</b> \$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

<b>10a.</b>	Were all children living here covered by these payments?	<b>3086</b> 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Statement A, page 48 2 <input type="checkbox"/> No
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**Section 3 – AMOUNTS (Continued)**

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

<b>10b. Which children were covered?</b>	<b>3088</b>	Person No.		Name
	<b>3090</b>			
	<b>3092</b>			
	<b>3094</b>			
	<b>3096</b>			
	<b>3098</b>			

**SKIP to next ISS Code or Statement A, page 48**

<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	<b>3100</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 12a</i> 2 <input type="checkbox"/> No
<b>b. Which persons were covered?</b>	<b>3102</b>	Person No.
	<b>3104</b>	
	<b>3106</b>	
	<b>3108</b>	
	<b>3110</b>	
	<b>3112</b>	
	<b>3114</b>	
	<b>3116</b>	

<b>12a. Did ... receive food stamps in (Read each month)?</b>				
(Last month) .....	<b>3122</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3124</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) .....	<b>3126</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3128</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) .....	<b>3130</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3132</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) .....	<b>3134</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3136</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

**SKIP to next ISS Code or Statement A, page 48**

<b>13a. Did ... receive any WIC benefits in (Read each month)?</b> <i>Mark (X) all that apply.</i>	<b>3138</b>	1 <input type="checkbox"/> Last month
	<b>3140</b>	2 <input type="checkbox"/> 2 months ago
	<b>3142</b>	3 <input type="checkbox"/> 3 months ago
	<b>3144</b>	4 <input type="checkbox"/> 4 months ago
<b>b. Which persons were covered?</b>	<b>3146</b>	Person No.
	<b>3148</b>	
	<b>3150</b>	
	<b>3152</b>	
	<b>3154</b>	

**SKIP to next ISS Code or Statement A, page 48**

## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p style="text-align: right;">Income code                      Name of income type</p> <p><b>3200</b>    <input type="text"/> <input type="text"/> _____</p>
<p><b>CHECK ITEM A1</b>                      <i>Mark (X) income type code.</i></p>	<p><b>3202</b>    <input type="checkbox"/> ISS code 1 or 2 (SS or RR)  <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 27</i>  <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 27</i>  <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i>  <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A2</b>                      <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p><b>3204</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b></p>	<p><b>3206</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3208</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>                      Is . . . married?</p>	<p><b>3210</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b></p>	<p><b>3212</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>                      Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p><b>3214</b>    <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Statement A, page 48</i>  <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b></p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>	<p><b>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b></p>
<p>(Last month) . . . . .</p>	<p><b>3216</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3220</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3224</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3228</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A5</b>                      <i>Mark (X) income type code.</i></p>	<p><b>3232</b>    <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to Check Item A7</i>  <input type="checkbox"/> ISS code 8 or 20 through 24  <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Statement A, page 48</i></p>
<p><b>6a. Were all the people living here covered by . . . 's payments?</b></p>	<p><b>3234</b>    <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>  <input type="checkbox"/> No</p>

NOTES

**Section 3 – AMOUNTS (Continued)**

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

	Person No.	Name
<b>6b. Which persons were covered?</b>	<b>3236</b> <input type="text"/>	
	<b>3238</b> <input type="text"/>	
	<b>3240</b> <input type="text"/>	
	<b>3242</b> <input type="text"/>	
	<b>3244</b> <input type="text"/>	
	<b>3246</b> <input type="text"/>	
	<b>3248</b> <input type="text"/>	
	<b>3250</b> <input type="text"/>	
	<b>3252</b> <input type="text"/>	
	<b>3254</b> <input type="text"/>	
<b>CHECK ITEM A6</b> Is this ISS code "8"?	<b>3256</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
<b>7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<b>3260</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 48
<b>CHECK ITEM A7</b> Was this ISS code marked for . . . in cc item 45 last reference period?	<b>3262</b>	1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No
(SHOW FLASHCARD O) <b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	<b>3264</b>	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>	<b>3266</b>	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>CHECK ITEM A8</b> Refer to item 2, page 25. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	<b>3268</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
<b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b>		<b>9b. If "Yes" in item 9a – How much was received?</b>
(Last month) . . . . .	<b>3270</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3272</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>3274</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3276</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>3278</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3280</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>3282</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3284</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>10a. Were all children living here covered by these payments?</b>	<b>3286</b>	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 48 2 <input type="checkbox"/> No

**Section 3 – AMOUNTS (Continued)**

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

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

*SKIP to next ISS Code or Statement A, page 48*

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

<b>12a. Did ... receive food stamps in (Read each month)?</b>				
(Last month) .....	3322	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3324	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) .....	3326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3328	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) .....	3330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3332	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) .....	3334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3336	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

*SKIP to next ISS Code or Statement A, page 48*

<b>13a. Did ... receive any WIC benefits in (Read each month)?</b>	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>b. Which persons were covered?</b>	3346	Person No.
	3348	
	3350	
	3352	
	3354	
	3354	

*SKIP to next ISS Code or Statement A, page 48*

## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	Income code	Name of income type
	3400	<input type="text"/> <input type="text"/>
<p><b>CHECK ITEM A1</b>      Mark (X) income type code.</p>	3402	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 30 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 30 <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><b>CHECK ITEM A2</b>      Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	3404	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b></p>	3406	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	3408	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a
<p><b>CHECK ITEM A3</b>      Is . . . married?</p>	3410	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b></p>	3412	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<p><b>CHECK ITEM A4</b>      Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	3414	<input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 48 <input type="checkbox"/> No
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p><b>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b></p>
(Last month) . . . . .	3416	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3418	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	3420	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3422	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	3424	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3426	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	3428	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3430	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p><b>CHECK ITEM A5</b>      Mark (X) income type code.</p>	3432	<input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Statement A, page 48
<p><b>6a. Were all the people living here covered by . . . 's payments?</b></p>	3434	<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
	3436	
	3438	
	3440	
	3442	
	3444	
	3446	
	3448	
	3450	
	3452	
	3454	

<b>CHECK ITEM A6</b>	Is this ISS code "8"?	3456	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48

<b>7.</b> Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3460	1 <input type="checkbox"/> Yes	} SKIP to next ISS Code or Statement A, page 48
		2 <input type="checkbox"/> No	
		x1 <input type="checkbox"/> DK	

<b>CHECK ITEM A7</b>	Was this ISS code marked for . . . in cc item 45 last reference period?	3462	1 <input type="checkbox"/> Yes – SKIP to Check Item A8
			2 <input type="checkbox"/> No

<b>8a.</b> (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	(SHOW FLASHCARD 0)	3464	1 <input type="checkbox"/> Blue
			2 <input type="checkbox"/> Buff
			3 <input type="checkbox"/> Direct Deposit
			4 <input type="checkbox"/> Other
			x1 <input type="checkbox"/> DK

<b>b.</b> Do . . . 's payments usually come on the first of the month or the third?	3466	1 <input type="checkbox"/> First
		2 <input type="checkbox"/> Third
		3 <input type="checkbox"/> Other
		x1 <input type="checkbox"/> DK

<b>CHECK ITEM A8</b>	Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3468	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?		9b. If "Yes" in item 9a – How much was received?
(Last month) . . . . .	3470	3472
	1 <input type="checkbox"/> Yes	\$ <input type="text"/> . 00
	2 <input type="checkbox"/> No	x1 <input type="checkbox"/> DK
	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	3474	3476
	1 <input type="checkbox"/> Yes	\$ <input type="text"/> . 00
	2 <input type="checkbox"/> No	x1 <input type="checkbox"/> DK
	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	3478	3480
	1 <input type="checkbox"/> Yes	\$ <input type="text"/> . 00
	2 <input type="checkbox"/> No	x1 <input type="checkbox"/> DK
	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	3482	3484
	1 <input type="checkbox"/> Yes	\$ <input type="text"/> . 00
	2 <input type="checkbox"/> No	x1 <input type="checkbox"/> DK
	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.

<b>10a.</b> Were all children living here covered by these payments?	3486	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 48
		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
<b>3488</b>	<input type="text"/>	<input type="text"/>
<b>3490</b>	<input type="text"/>	<input type="text"/>
<b>3492</b>	<input type="text"/>	<input type="text"/>
<b>3494</b>	<input type="text"/>	<input type="text"/>
<b>3496</b>	<input type="text"/>	<input type="text"/>
<b>3498</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Statement A, page 48**

**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
<b>3502</b>	<input type="text"/>	<input type="text"/>
<b>3504</b>	<input type="text"/>	<input type="text"/>
<b>3506</b>	<input type="text"/>	<input type="text"/>
<b>3508</b>	<input type="text"/>	<input type="text"/>
<b>3510</b>	<input type="text"/>	<input type="text"/>
<b>3512</b>	<input type="text"/>	<input type="text"/>
<b>3514</b>	<input type="text"/>	<input type="text"/>
<b>3516</b>	<input type="text"/>	<input type="text"/>

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

**3522**    1  Yes  
 2  No  
 x1  DK

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

**3524**    \$  .  00  
 x1  DK  
 x2  Ref.

(Last month) .....

(2 months ago) .....

**3526**    1  Yes  
 2  No  
 x1  DK

**3528**    \$  .  00  
 x1  DK  
 x2  Ref.

(3 months ago) .....

**3530**    1  Yes  
 2  No  
 x1  DK

**3532**    \$  .  00  
 x1  DK  
 x2  Ref.

(4 months ago) .....

**3534**    1  Yes  
 2  No  
 x1  DK

**3536**    \$  .  00  
 x1  DK  
 x2  Ref.

**SKIP to next ISS Code or Statement A, page 48**

**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
<b>3546</b>	<input type="text"/>	<input type="text"/>
<b>3548</b>	<input type="text"/>	<input type="text"/>
<b>3550</b>	<input type="text"/>	<input type="text"/>
<b>3552</b>	<input type="text"/>	<input type="text"/>
<b>3554</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Statement A, page 48**

## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i></p>	<p style="text-align: right;">Income code                      Name of income type</p> <p><b>3600</b> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>								
<p><b>CHECK ITEM A1</b>                      <i>Mark (X) income type code.</i></p>	<p><b>3602</b> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 33</i>                  3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 33</i>                  4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i>                  5 <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i></p>								
<p><b>CHECK ITEM A2</b>                      <i>Refer to cc item 27.</i>                  Is . . . a designated parent, or guardian of children under age 18?</p>	<p><b>3604</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>								
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b></p>	<p><b>3606</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>								
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3608</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>								
<p><b>CHECK ITEM A3</b>                      Is . . . married?</p>	<p><b>3610</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>								
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b></p>	<p><b>3612</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>								
<p><b>CHECK ITEM A4</b>                      Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p><b>3614</b> 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Statement A, page 48</i>                  2 <input type="checkbox"/> No</p>								
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>                   NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p> <p>(Last month) . . . . .</p> <p>(2 months ago) . . . . .</p> <p>(3 months ago) . . . . .</p> <p>(4 months ago) . . . . .</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>3616</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>3618</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>3620</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p> </td> <td style="vertical-align: top;"> <p><b>3622</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>3624</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p> </td> <td style="vertical-align: top;"> <p><b>3626</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>3628</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p> </td> <td style="vertical-align: top;"> <p><b>3630</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p> </td> </tr> </table>	<p><b>3616</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p>	<p><b>3618</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p>	<p><b>3620</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p>	<p><b>3622</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p>	<p><b>3624</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p>	<p><b>3626</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p>	<p><b>3628</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p>	<p><b>3630</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p>
<p><b>3616</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p>	<p><b>3618</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p>								
<p><b>3620</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p>	<p><b>3622</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p>								
<p><b>3624</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p>	<p><b>3626</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p>								
<p><b>3628</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> DK</p>	<p><b>3630</b> \$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                      x2 <input type="checkbox"/> Ref.</p>								
<p><b>CHECK ITEM A5</b>                      <i>Mark (X) income type code.</i></p>	<p><b>3632</b> 1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to Check Item A7</i>                  2 <input type="checkbox"/> ISS code 8 or 20 through 24                  3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Statement A, page 48</i></p>								
<p><b>6a. Were all the people living here covered by . . . 's payments?</b></p>	<p><b>3634</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>                  2 <input type="checkbox"/> No</p>								

NOTES

**Section 3 – AMOUNTS (Continued)**

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

	Person No.	Name
<b>6b. Which persons were covered?</b>	<b>3636</b> <input type="text"/>	
	<b>3638</b> <input type="text"/>	
	<b>3640</b> <input type="text"/>	
	<b>3642</b> <input type="text"/>	
	<b>3644</b> <input type="text"/>	
	<b>3646</b> <input type="text"/>	
	<b>3648</b> <input type="text"/>	
	<b>3650</b> <input type="text"/>	
	<b>3652</b> <input type="text"/>	
	<b>3654</b> <input type="text"/>	
<b>CHECK ITEM A6</b> Is this ISS code "8"?	<b>3656</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48	
<b>7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<b>3660</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 48	
<b>CHECK ITEM A7</b> Was this ISS code marked for . . . in cc item 45 last reference period?	<b>3662</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No	
<i>(SHOW FLASHCARD O)</i> <b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	<b>3664</b> 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>	<b>3666</b> 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>CHECK ITEM A8</b> Refer to item 2, page 31. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	<b>3668</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48	
<b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b>		<b>9b. If "Yes" in item 9a – How much was received?</b>
(Last month) . . . . .	<b>3670</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3672</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>3674</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3676</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>3678</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3680</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>3682</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3684</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>10a. Were all children living here covered by these payments?</b>	<b>3686</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 48 2 <input type="checkbox"/> No	



## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p style="text-align: center;">Income code                      Name of income type</p> <p><b>3800</b>    <input type="text"/>    <input type="text"/></p>	
<p><b>CHECK ITEM A1</b>                      Mark (X) income type code.</p>	<p><b>3802</b>    <input type="checkbox"/> ISS code 1 or 2 (SS or RR)  <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 36  <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 36  <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>	
<p><b>CHECK ITEM A2</b>                      Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	<p><b>3804</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b></p>	<p><b>3806</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3808</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 9a</p>	
<p><b>CHECK ITEM A3</b>                      Is . . . married?</p>	<p><b>3810</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 5a</p>	
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b></p>	<p><b>3812</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 5a</p>	
<p><b>CHECK ITEM A4</b>                      Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p><b>3814</b>    <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 48  <input type="checkbox"/> No</p>	
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b></p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>	<p><b>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b></p>	
<p>(Last month) . . . . .</p>	<p><b>3816</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>	<p><b>3818</b>    \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p><b>3820</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>	<p><b>3822</b>    \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p><b>3824</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>	<p><b>3826</b>    \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p><b>3828</b>    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>	<p><b>3830</b>    \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM A5</b>                      Mark (X) income type code.</p>	<p><b>3832</b>    <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7  <input type="checkbox"/> ISS code 8 or 20 through 24  <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Statement A, page 48</p>	
<p><b>6a. Were all the people living here covered by . . . 's payments?</b></p>	<p><b>3834</b>    <input type="checkbox"/> Yes – SKIP to Check Item A6  <input type="checkbox"/> No</p>	
<p>NOTES</p>		

**Section 3 – AMOUNTS (Continued)**

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

	Person No.	Name
<b>6b. Which persons were covered?</b>	3836	
	3838	
	3840	
	3842	
	3844	
	3846	
	3848	
	3850	
	3852	
	3854	
<b>CHECK ITEM A6</b> Is this ISS code "8"?	3856	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
<b>7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	3860	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 48
<b>CHECK ITEM A7</b> Was this ISS code marked for . . . in cc item 45 last reference period?	3862	1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No
(SHOW FLASHCARD O) <b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>	3864	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>	3866	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>CHECK ITEM A8</b> Refer to item 2, page 34. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3868	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
<b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b>		<b>9b. If "Yes" in item 9a – How much was received?</b>
(Last month) . . . . .	3870	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago) . . . . .	3874	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago) . . . . .	3878	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago) . . . . .	3882	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>10a. Were all children living here covered by these payments?</b>	3886	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 48 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
<b>3888</b>	<input type="text"/>	<input type="text"/>
<b>3890</b>	<input type="text"/>	<input type="text"/>
<b>3892</b>	<input type="text"/>	<input type="text"/>
<b>3894</b>	<input type="text"/>	<input type="text"/>
<b>3896</b>	<input type="text"/>	<input type="text"/>
<b>3898</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Statement A, page 48**

**11a. Were all the people living here covered under ...'s food stamp allotment?** **3900** 1  Yes – SKIP to 12a  
2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3902</b>	<input type="text"/>	<input type="text"/>
<b>3904</b>	<input type="text"/>	<input type="text"/>
<b>3906</b>	<input type="text"/>	<input type="text"/>
<b>3908</b>	<input type="text"/>	<input type="text"/>
<b>3910</b>	<input type="text"/>	<input type="text"/>
<b>3912</b>	<input type="text"/>	<input type="text"/>
<b>3914</b>	<input type="text"/>	<input type="text"/>
<b>3916</b>	<input type="text"/>	<input type="text"/>

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

**SKIP to next ISS Code or Statement A, page 48**

**13a. Did ... receive any WIC benefits in (Read each month)?** **3938** 1  Last month  
**3940** 2  2 months ago  
**3942** 3  3 months ago  
**3944** 4  4 months ago  
Mark (X) all that apply.

**b. Which persons were covered?**

	Person No.	Name
<b>3946</b>	<input type="text"/>	<input type="text"/>
<b>3948</b>	<input type="text"/>	<input type="text"/>
<b>3950</b>	<input type="text"/>	<input type="text"/>
<b>3952</b>	<input type="text"/>	<input type="text"/>
<b>3954</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Statement A, page 48**

## Section 3 — AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i></p>	<p style="text-align: center;">Income code                      Name of income type</p> <p style="text-align: center;">4000    <input type="text"/> <input type="text"/> _____</p>	
<p><b>CHECK ITEM A1</b>                      <i>Mark (X) income type code.</i></p>	<p>4002    <input type="checkbox"/> ISS code 1 or 2 (SS or RR)  <input type="checkbox"/> ISS code 25 (WIC) — <i>SKIP to 13a, page 39</i>  <input type="checkbox"/> ISS code 27 (Food Stamps) — <i>SKIP to 11a, page 39</i>  <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — <i>SKIP to Check Item A4</i>  <input type="checkbox"/> Other ISS codes — <i>SKIP to 5a</i></p>	
<p><b>CHECK ITEM A2</b>                      <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>4004    <input type="checkbox"/> Yes  <input type="checkbox"/> No — <i>SKIP to Check Item A3</i></p>	
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p>4006    <input type="checkbox"/> Yes  <input type="checkbox"/> No — <i>SKIP to Check Item A3</i></p>	
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p>4008    <input type="checkbox"/> Yes  <input type="checkbox"/> No — <i>SKIP to 9a</i></p>	
<p><b>CHECK ITEM A3</b>                      Is . . . married?</p>	<p>4010    <input type="checkbox"/> Yes  <input type="checkbox"/> No — <i>SKIP to 5a</i></p>	
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p>4012    <input type="checkbox"/> Yes  <input type="checkbox"/> No — <i>SKIP to 5a</i></p>	
<p><b>CHECK ITEM A4</b>                      Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>4014    <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Statement A, page 48</i>  <input type="checkbox"/> No</p>	
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b></p> <p>NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>	<p><b>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b></p>	
<p>(Last month) . . . . .</p>	<p>4016    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>	<p>4018    \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>4020    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>	<p>4022    \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>4024    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>	<p>4026    \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>4028    <input type="checkbox"/> Yes  <input type="checkbox"/> No  x1 <input type="checkbox"/> DK</p>	<p>4030    \$ <input type="text"/> . <input type="text"/> 00  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM A5</b>                      <i>Mark (X) income type code.</i></p>	<p>4032    <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A7</i>  <input type="checkbox"/> ISS code 8 or 20 through 24  <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Statement A, page 48</i></p>	
<p><b>6a. Were all the people living here covered by . . .'s payments?</b></p>	<p>4034    <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i>  <input type="checkbox"/> No</p>	
<p>NOTES</p>		

**Section 3 – AMOUNTS (Continued)**

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

<b>6b. Which persons were covered?</b>	Person No.	Name
	4036	
	4038	
	4040	
	4042	
	4044	
	4046	
	4048	
	4050	
	4052	
	4054	

<b>CHECK ITEM A6</b>	Is this ISS code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
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<b>7.</b>	Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	4060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to next ISS Code or Statement A, page 48
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<b>CHECK ITEM A7</b>	Was this ISS code marked for . . . in cc item 45 last reference period?	4062	1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No
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<b>8a.</b>	(SHOW FLASHCARD O) (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	4064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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<b>b.</b>	Do . . . 's payments usually come on the first of the month or the third?	4066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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<b>CHECK ITEM A8</b>	Refer to item 2, page 37. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
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<b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b>		<b>9b. If "Yes" in item 9a – How much was received?</b>
(Last month) . . . . .	4070	4072
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	4074	4076
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	4078	4080
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	4082	4084
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

<b>10a.</b>	VERIFY IF ONLY ONE CHILD OR ASK – Were all children living here covered by these payments?	4086	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 48 2 <input type="checkbox"/> No
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**Section 3 – AMOUNTS (Continued)**

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

<b>10b. Which children were covered?</b>	4088	Person No.	Name
		[ ][ ]	
		[ ][ ]	
		[ ][ ]	
		[ ][ ]	
		[ ][ ]	
		[ ][ ]	

**SKIP to next ISS Code or Statement A, page 48**

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

<b>12a. Did ... receive food stamps in (Read each month)?</b>				
(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 Statement A, page 48**

<b>13a. Did ... receive any WIC benefits in (Read each month)?</b>	4138	1 <input type="checkbox"/> Last month
	4140	2 <input type="checkbox"/> 2 months ago
	4142	3 <input type="checkbox"/> 3 months ago
	4144	4 <input type="checkbox"/> 4 months ago
<b>b. Which persons were covered?</b>	4146	Person No. Name
		[ ][ ]
		[ ][ ]
		[ ][ ]
		[ ][ ]
		[ ][ ]

**SKIP to next ISS Code or Statement A, page 48**

**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A9</b>	Asset types owned. Mark (X) all that apply.
	4300 <input type="checkbox"/> ISS code 100 – Regular/Passbook Savings Accounts 4302 <input type="checkbox"/> ISS code 101 – Money Market Deposit Accounts 4304 <input type="checkbox"/> ISS code 102 – Certificates of Deposit or other Savings Certificates 4306 <input type="checkbox"/> ISS code 103 – Interest-earning Checking Accounts (such as NOW or Super NOW accounts)

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

<b>CHECK ITEM A10</b>	Interview status of . . . 's spouse.
	4308 <input type="checkbox"/> No spouse in household – SKIP to 3b <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a

<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>	4310 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 3b
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<b>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?</b>	4312 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48
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<b>c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?</b>	4314 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" 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 Statement A, page 48
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<b>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	4316 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 5 <input type="checkbox"/> No
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<b>3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?</b>	4318 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
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<b>b. What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period?</b>	4320 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48
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<b>c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?</b>	4322 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 } SKIP to next ISS Code or Statement A, page 48 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48
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<b>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	4324 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 6 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 48
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NOTES

AMOUNTS - PARTS B & C

**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A11</b>	Asset types owned. <i>Mark (X) all that apply.</i>	<b>4400</b>	1 <input type="checkbox"/> ISS code 104 – Money Market funds
		<b>4402</b>	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities
		<b>4404</b>	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds
		<b>4406</b>	4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – <i>Specify</i> _____

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

<b>CHECK ITEM A12</b>	Interview status of . . . 's spouse.	<b>4408</b>	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</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>
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<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>	<b>4410</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
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<b>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?</b>	<b>4412</b>	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" 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 Statement A, page 48</i>
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<b>c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?</b> ★	<b>4414</b>	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" 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 Statement A, page 48</i>
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<b>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	<b>4416</b>	1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 7</i> 2 <input type="checkbox"/> No
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<b>3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?</b>	<b>4418</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Statement A, page 48</i>
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<b>b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?</b>	<b>4420</b>	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" 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 Statement A, page 48</i>
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<b>c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?</b> ★	<b>4422</b>	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00	} <i>SKIP to next ISS Code or Statement A, page 48</i> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 48</i>
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<b>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	<b>4424</b>	1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 8</i> 2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or Statement A, page 48</i>
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NOTES

**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 which excluded IRA, Keogh, or 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)

**4500**

1  Yes

2  No

x1  DK } SKIP to 3a

**CHECK ITEM A13**

Interview status of . . . spouse.

**4502**

1  No spouse in household – SKIP to 2a

2  Interview for spouse not yet conducted

3  Interview for spouse already conducted – SKIP to 2a

**1 b.** During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)?

**4504** \$  .  00 – SKIP to 2a

x3  None – SKIP to 2a

x1  DK

x2  Ref. – SKIP to next ISS Code or Statement A, page 48



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

**4506**

1  Yes – Mark Callback Summary and Reminder Card, Item 9

2  No

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

**4508** \$  .  00 – SKIP to 3a

x3  None – SKIP to 3a

x1  DK

x2  Ref. – SKIP to next ISS Code or Statement A, page 48



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

**4510**

1  Yes – Mark Callback Summary and Reminder Card, Item 10

2  No

**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 in additional shares of stock?

**4512**

1  Yes

2  No

x1  DK } SKIP to Check Item A15

**CHECK ITEM A14**

Interview status of . . . 's spouse.

**4514**

1  No spouse in household – SKIP to 3c

2  Interview for spouse not yet conducted

3  Interview for spouse already conducted – SKIP to 3c

**3 b.** During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?

**4516** \$  .  00

x3  None

x1  DK

x2  Ref. – SKIP to next ISS Code or Statement A, page 48

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

**4518** \$  .  00

x3  None

x1  DK

x2  Ref. – SKIP to next ISS Code or Statement A, page 48

**CHECK ITEM A15**

Interview status of . . . 's spouse.

**8032**

1  No spouse in household – SKIP to 5b

2  Interview for spouse not yet conducted

3  Interview for spouse already conducted – SKIP to 5a

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

(Exclude stock in own corporation.)

**8034** \$  .  00 – SKIP to 5a

x3  None – SKIP to 5a

x1  DK

x2  Ref. – SKIP to next ISS Code or Statement A, page 48



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

**8036**

1  Yes – Mark Callback Summary and Reminder Card, Item 11

2  No

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 A16** Interview status of . . . 's spouse.

**4600**  No spouse in household – *SKIP to 3a*  
 Interview for spouse not yet conducted  
 Interview for spouse already conducted – *SKIP to 3a*

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

**4602**  Yes  
 No – *SKIP to 2d*

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

**4604** \$  .  00  
x1  DK  
x2  Ref. – *SKIP to next ISS Code or Statement A, page 48*

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

**4606** \$  .  00 } *SKIP to 2e*  
x3  None  
x1  DK  
x2  Ref. – *SKIP to next ISS Code or Statement A, page 48*  
**4608** x4  Lost money – *Enter amount of loss in box – SKIP to 2e*

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

**8052**  Yes  
 No  
x1  DK } *SKIP to 3a*

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

**8054**  Number of properties  
x3  None – *SKIP to 3a*  
x1  DK  
x2  Ref. – *SKIP to next ISS Code or Statement A, page 48*

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

**8056**  Yes – All rental properties on residence – *SKIP to 3a*  
 Yes – Some rental properties on residence  
 No

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

**8068** \$  .  00 – *SKIP to 2i*  
x1  DK  
x2  Ref. – *SKIP to next ISS Code or Statement A, page 48*

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

**8070**  Yes – *Mark Callback Summary and Reminder Card, Item 13*  
 No

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

**8072**  Yes  
 No  
x1  DK } *SKIP to 3a*

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

**8074** \$  .  00  
x3  None  
x1  DK  
x2  Ref.

**Section 3 – AMOUNTS (Continued)**

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

<p><b>3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 months?</b></p>	<p align="right"><b>4610</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3d</p>
<p><b>b. About how much was received in gross rent from this property during the 4-month period?</b></p>	<p align="right"><b>4612</b></p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48</p>
<p><b>c. What is your best estimate of the amount that was cleared after expenses?</b></p>	<p align="right"><b>4614</b></p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 3e</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48</p> <p align="right"><b>4616</b></p> <p>x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 3e</p>
<p><b>d. As of (Read last day of reference period), did . . . own any rental property in . . . 's OWN name?</b></p>	<p align="right"><b>8076</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4a</p>
<p><b>e. How many properties did . . . own in . . . 's OWN name as of (Read last day of reference period)?</b></p>	<p align="right"><b>8078</b></p> <p><input style="width: 30px;" type="text"/> Number of properties</p> <p>x3 <input type="checkbox"/> None – SKIP to 4a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48</p>
<p><b>f. Were any of these properties attached to or located on the same land as . . . 's own residence?</b></p>	<p align="right"><b>8080</b></p> <p>1 <input type="checkbox"/> Yes – All rental properties on residence – SKIP to 4a 2 <input type="checkbox"/> Yes – Some rental properties on residence 3 <input type="checkbox"/> No</p>
<p><b>g. (Excluding properties attached to or located on . . . 's own residence), as of (Read last day of reference period), what was the total market value of the property(ies)?</b></p> <p align="right">★</p>	<p align="right"><b>8092</b></p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – SKIP to 3i</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48</p>
<p><b>h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b></p>	<p align="right"><b>8094</b></p> <p>1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 14 2 <input type="checkbox"/> No</p>
<p><b>i. (Excluding properties attached to or located on . . . 's own residence), was there a mortgage, deed of trust, or other debt on the property(ies)?</b></p>	<p align="right"><b>8096</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4a</p>
<p><b>j. As of (Read last day of reference period), how much principal was owed on the property(ies)?</b></p>	<p align="right"><b>8098</b></p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48</p>

NOTES

**Section 3 – AMOUNTS (Continued)**

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

<p><b>4a. Did ... receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by ... and ...'s spouse.)</b></p>	<p><b>4618</b>    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No – SKIP to 4c</p>
<p><b>b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?</b></p>	<p><b>4620</b>    \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 4d                    x3 <input type="checkbox"/> None                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48  <b>4622</b>    x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 4d</p>
<p><b>c. Did ... own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by ... and ...'s spouse.)</b></p>	<p><b>8100</b>    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 48                    x1 <input type="checkbox"/> DK</p>
<p><b>d. How many properties did ... own jointly with others as of (Read last day of reference period)?</b></p>	<p><b>8102</b>    <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number of properties                    x3 <input type="checkbox"/> None – SKIP to next ISS Code or Statement A, page 48                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48</p>
<p><b>e. As of (Read last day of reference period), what was the total market value of the property(ies)?</b></p>	<p><b>8116</b>    \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48</p>
<p><b>f. Was there a mortgage, deed of trust, or other debt on the property(ies)?</b></p>	<p><b>8118</b>    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No } SKIP to 4h                    x1 <input type="checkbox"/> DK</p>
<p><b>g. As of (Read last day of reference period), how much principal was owed on the property(ies)?</b></p>	<p><b>8120</b>    \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                    x3 <input type="checkbox"/> None                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48</p>
<p><b>h. As of (Read last day of reference period), what was the total value of ...'s SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.)</b> ★</p>	<p><b>8122</b>    \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – SKIP to next ISS Code or Statement A, page 48                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 48</p>
<p><b>i. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b></p>	<p><b>8124</b>    1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 15 } SKIP to next ISS Code or Statement A, page 48                    2 <input type="checkbox"/> No</p>

NOTES

**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A17</b>	Asset types owned. <i>Mark (X) all that apply.</i>	4700 4702 4704	1 <input type="checkbox"/> ISS Code 130 – Mortgages 2 <input type="checkbox"/> ISS Code 140 – Royalties 3 <input type="checkbox"/> ISS Code 150 – Other financial investments
<b>CHECK ITEM A18</b>	Is ISS Code 130 marked in Check Item A17?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
<b>CHECK ITEM A19</b>	Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2b</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>
<b>1a.</b>	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i>
<b>b.</b>	During the past 4 months how much interest was paid to ... and ...'s (husband/wife) by the borrower?	4712	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00  x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2a.</b>	(Besides any jointly held mortgages,) did ... hold any mortgages in ...'s own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A20</i>
<b>b.</b>	(Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?	4718	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00  x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A20</b>	Is ISS Code 140 or 150 marked in Check Item A17?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement A, page 48</i>
<b>3.</b>	Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)?  <i>If income was shared, count only ...'s share.</i>	4720 4722	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00  x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Statement A, page 48</i>  x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
<b>CHECK ITEM A21</b>	Is ISS Code 150 marked in Check Item A17?	8130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement A, page 48</i>
<b>4.</b>	As of (Read last day of reference period), what was ...'s equity in other financial investments? (By equity we mean the total market value less any debts held against it.)  <i>If investment is jointly owned, count only ...'s share of equity.</i>	8132	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00  x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

*SKIP to Statement A, page 48*

NOTES

## Section 5 – PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Is this the reference person's questionnaire?	<b>4800</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 56</i>
	<b>1 a.</b> The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received 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?	<b>4816</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item P2</i>
	<b>b.</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>	<b>4818</b> <b>4820</b> <b>4822</b>	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
	<b>c.</b> What was the total amount of the energy assistance received by this household during the past 4 months?	<b>4824</b>	\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
<b>CHECK ITEM P2</b>	Are there any children 5 to 18 years old who live in the household?	<b>4826</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 56</i>
	<b>2 a.</b> Do any of the children in this household usually eat a complete hot lunch offered at school?	<b>4828</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 56</i>
	<b>b.</b> How many children?	<b>4830</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	<b>c.</b> Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?	<b>4832</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2f</i>
	<b>d.</b> How many children?	<b>4834</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	<b>e.</b> Are the lunches free or are they reduced-price? <i>Mark (X) all that apply.</i>	<b>4836</b> <b>4838</b>	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
	<b>f.</b> Do any of the children receive free or reduced-price school breakfasts this school year?	<b>4840</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 56</i>
	<b>g.</b> How many children?	<b>4842</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	<b>h.</b> Are the breakfasts free or are they reduced-price? <i>Mark (X) all that apply.</i>	<b>4844</b> <b>4846</b>	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price

PROGRAM QUESTIONS