

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

Mark (X) all that apply.

1006

1

1018

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1030

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1008

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1032

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1010

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1012

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1024

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1014

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1038

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1016

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1028

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1040

18

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

1042

- 1 Yes — SKIP to 3a
 2 No

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

1044

Mark (X) only one.

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

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

1046

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

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

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

Mark (X) all that apply.

1062

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1074

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1086

13

1064

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1076

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1088

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1066

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1078

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1090

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1068

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1080

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1092

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1070

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1082

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1094

17

1072

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1084

12

1096

18

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

1098

Mark (X) only one.

- 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.

1100 <input type="checkbox"/> 1	1112 <input type="checkbox"/> 7	1124 <input type="checkbox"/> 13
1102 <input type="checkbox"/> 2	1114 <input type="checkbox"/> 8	1126 <input type="checkbox"/> 14
1104 <input type="checkbox"/> 3	1116 <input type="checkbox"/> 9	1128 <input type="checkbox"/> 15
1106 <input type="checkbox"/> 4	1118 <input type="checkbox"/> 10	1130 <input type="checkbox"/> 16
1108 <input type="checkbox"/> 5	1120 <input type="checkbox"/> 11	1132 <input type="checkbox"/> 17
1110 <input type="checkbox"/> 6	1122 <input type="checkbox"/> 12	1134 <input type="checkbox"/> 18

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

1136 1 Yes
2 No – SKIP to 7a

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

Mark (X) all that apply.

1138 <input type="checkbox"/> 1	1150 <input type="checkbox"/> 7	1162 <input type="checkbox"/> 13
1140 <input type="checkbox"/> 2	1152 <input type="checkbox"/> 8	1164 <input type="checkbox"/> 14
1142 <input type="checkbox"/> 3	1154 <input type="checkbox"/> 9	1166 <input type="checkbox"/> 15
1144 <input type="checkbox"/> 4	1156 <input type="checkbox"/> 10	1168 <input type="checkbox"/> 16
1146 <input type="checkbox"/> 5	1158 <input type="checkbox"/> 11	1170 <input type="checkbox"/> 17
1148 <input type="checkbox"/> 6	1160 <input type="checkbox"/> 12	1172 <input type="checkbox"/> 18

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

Mark (X) only one.

1174 1 On layoff
2 Own illness
3 On vacation
4 Bad weather
5 Labor dispute
6 New job to begin within 30 days
7 Other – Specify ↓

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

1176 1 Yes
2 No – SKIP to 7e

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

Mark (X) all that apply.

1178 x5 All weeks without a job

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

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

1216 1 Yes – SKIP to 7e
2 No

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

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>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</p>	<p>1230 <input type="text"/> <input type="text"/> Hours per week x3 <input type="checkbox"/> None } SKIP to Check Item R4 x1 <input type="checkbox"/> DK }</p>
<p>CHECK ITEM R3 Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	<p>1231 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8c</p>
<p>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacation, days off or sickness.</p>	<p>1232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R4</p>
<p>C. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</p>	<p>1233 x5 <input type="checkbox"/> All 1234 <input type="checkbox"/> Weeks Last month 1235 <input type="checkbox"/> Weeks 2 months ago 1236 <input type="checkbox"/> Weeks 3 months ago 1237 <input type="checkbox"/> Weeks 4 months ago</p>
<p>d. What was the main reason . . . worked fewer than 35 hours in those weeks? Mark (X) only one.</p>	<p>1238 1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other – Specify _____</p>
<p>CHECK ITEM R4 Refer to item 5a, page 2. The response to item 5a is:</p>	<p>1239 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – SKIP to Check Item R5</p>
<p>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p>1240 1 <input type="checkbox"/> Yes – Mark "5" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R5</p>
<p>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p>1242 1 <input type="checkbox"/> Yes – Mark "6" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R5 Is "Worked" (code 170) marked on the ISS?</p>	<p>1244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R6</p>
<p>10. During this 4-month period did . . . receive any money from workers' compensation for any kind of job-related illness or injury?</p>	<p>1246 1 <input type="checkbox"/> Yes – Mark "10" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R6 Was an interview obtained for . . . last reference period (cc items 44–47)?</p>	<p>1248 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R11, page 6</p>
<p>CHECK ITEM R7 Are any income types listed in the Income Roster (item 11b)?</p>	<p>1250 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		1252 <input type="checkbox"/>	1254 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1255 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1256 <input type="checkbox"/>	1258 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1259 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1260 <input type="checkbox"/>	1262 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1263 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1264 <input type="checkbox"/>	1266 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1267 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1268 <input type="checkbox"/>	1270 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1271 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1272 <input type="checkbox"/>	1274 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1275 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1276 <input type="checkbox"/>	1278 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1279 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1280 <input type="checkbox"/>	1282 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1283 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)

CHECK ITEM R9	Is "Disabled" (code 171) marked for . . . on cc item 47?	1326	1 <input type="checkbox"/> Yes — Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Refer to cc item 24. Is . . . 65 years of age or older?	1328	1 <input type="checkbox"/> Yes — SKIP to 23a, page 8 2 <input type="checkbox"/> No — SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R12
14a.	How long did . . . serve on active duty in the Armed Forces?	1332	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK
b.	Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?	1334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
c.	What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)	1336	<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
d.	During this 4-month period, did . . . receive pension or compensation payments from the Veterans' Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)	1338	1 <input type="checkbox"/> Yes — Mark "8" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R12	Refer to cc item 24. Is . . . 18 years of age or older?	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
15a.	During this 4-month period, did . . . receive any Social Security payments?	1342	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R14
CHECK ITEM R13	Refer to cc item 24. Is . . . 65 years of age or older?	1344	1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No
15b.	What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.	1346	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
c.	Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	1348	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> 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
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
15d.	During the 4-month period, did . . . receive any Social Security payments especially for . . . 's children (under 18)?	1352	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
16a.	During this 4-month period, did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?	1354	1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R15
b.	Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?	1356	1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R15	Refer to cc item 24. Is . . . 40 years of age or older?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
17a.	Has . . . ever retired from a job or business? (Include retirement from the military.)	1360	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16
b.	During the 4-month period, did . . . receive any retirement income other than Social Security?	1362	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>17c. What kind of retirement income? Anything else? Mark (X) all that apply.</p>	<p>1364 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS</p> <p>1366 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS</p> <p>1368 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS</p> <p>1370 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS</p> <p>1372 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS</p> <p>1374 <input type="checkbox"/> State government pension — Mark "34" on ISS</p> <p>1376 <input type="checkbox"/> Local government pension — Mark "35" on ISS</p> <p>1378 <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.</p> <p>1380 <input type="checkbox"/> <input type="checkbox"/></p>
<p>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</p>	<p>1382 <input type="checkbox"/> Yes — Mark "36" on ISS</p> <p><input type="checkbox"/> No</p>
<p>CHECK ITEM R16 Refer to cc item 24. Is . . . 70 years of age or older?</p>	<p>1384 <input type="checkbox"/> Yes — SKIP to Check Item R17</p> <p><input type="checkbox"/> No</p>
<p>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</p>	<p>1386 <input type="checkbox"/> Yes — Mark "171" on ISS</p> <p><input type="checkbox"/> No — SKIP to Check Item R17</p>
<p>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</p>	<p>1388 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No } SKIP to Check Item R17</p> <p><input type="checkbox"/> DK }</p>
<p>c. What kind of income? Anything else? Mark (X) all that apply.</p>	<p>1390 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS</p> <p>1392 <input type="checkbox"/> Black Lung payments — Mark "9" on ISS</p> <p>1394 <input type="checkbox"/> Workers' Compensation — Mark "10" on ISS</p> <p>1396 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS</p> <p>1398 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS</p> <p>1400 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS</p> <p>1402 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS</p> <p>1406 <input type="checkbox"/> State government pension — Mark "34" on ISS</p> <p>1408 <input type="checkbox"/> Local government pension — Mark "35" on ISS</p> <p>1410 <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.</p> <p>1412 <input type="checkbox"/> <input type="checkbox"/></p>
<p>CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?</p>	<p>1414 <input type="checkbox"/> Married — SKIP to 20</p> <p><input type="checkbox"/> Widowed — SKIP to 22a</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Never married — SKIP to Check Item R18</p>
<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	<p>1416 <input type="checkbox"/> Yes — Mark "29" on ISS and SKIP to Check Item R18</p> <p><input type="checkbox"/> No } SKIP to Check Item R18</p> <p><input type="checkbox"/> DK }</p> <p><input type="checkbox"/> Ref. }</p>
<p>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?</p>	<p>1418 <input type="checkbox"/> Widowed — SKIP to 22a</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Both widowed and divorced</p> <p><input type="checkbox"/> No — SKIP to Check Item R21</p>
<p>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?</p>	<p>1420 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No — SKIP to Check Item R19</p>
<p>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.)</p>	<p>1422 <input type="checkbox"/> Yes — Mark "28" on ISS</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Ref.</p>

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CHECK ITEM R19	Is "Both widowed and divorced" (box 3) marked in item 20, page 7?	1424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item R21 x1 <input type="checkbox"/> DK }
b.	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	1428	1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS
		1430	2 <input type="checkbox"/> Veterans Compensation or pension – Mark "8" on ISS
		1432	3 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS
		1434	4 <input type="checkbox"/> Pension from company or union – Mark "30" on ISS
		1436	5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
		1438	6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) – Mark "32" on ISS
		1440	7 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS
		1442	8 <input type="checkbox"/> State government pension – Mark "34" on ISS
		1444	9 <input type="checkbox"/> Local government pension – Mark "35" on ISS
		1446	10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS
		1448	11 <input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS
		1450	12 <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
		1452	<input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM R20	Is "Veterans Compensation or pension" (box 2) marked in item 22b?	1454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R21	Refer to cc item 24. Is . . . 65 years of age or older?	1458	1 <input type="checkbox"/> Yes – SKIP to 23a 2 <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R23
23a.	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?	1462	1 <input type="checkbox"/> Yes – Mark "172" on ISS 2 <input type="checkbox"/> No } SKIP to Check Item R23 x1 <input type="checkbox"/> DK }
b.	May I see . . . 's Medicare card to record the claim number and type of coverage?	1464	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> - 1466 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - 1467 <input type="checkbox"/> <input type="checkbox"/>
		1468	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Types A and B) } SKIP to Check Item R23 4 <input type="checkbox"/> Card not available – ASK 23c
c.	If I were to call later would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	1470	1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 2 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1474	1 <input type="checkbox"/> Yes – SKIP to Check Item R25 2 <input type="checkbox"/> No
CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a
CHECK ITEM R25	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1478	1 <input type="checkbox"/> Yes – SKIP to Check Item R26 2 <input type="checkbox"/> No
24.	Was . . . authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1480	1 <input type="checkbox"/> Yes – Mark "27" on ISS 2 <input type="checkbox"/> No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R26	Interview status of . . . 's spouse.	1482	<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>																		
25a.	(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.)	1484	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R27</i>																		
b.	What kind of welfare did . . . receive? Anything else? <i>Mark (X) all that apply.</i>	1486 1488 1490 1492 1494 1496 1498	<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; margin-right: 50px;">↓</div>																		
CHECK ITEM R27	Is "Medicaid" (code 173) marked for . . . on cc item 47?	1500	<input type="checkbox"/> Yes – <i>SKIP to 26b</i> <input type="checkbox"/> No																		
26a.	During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care? <i>(Refer to FLASHCARD M for Medicaid name.)</i>	1502	<input type="checkbox"/> Yes – <i>Mark "173" on ISS</i> <input type="checkbox"/> No																		
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? <i>(Refer to FLASHCARD M for Medicaid name.)</i>	1504	<input type="checkbox"/> Yes – <i>Mark "173" on ISS</i> <input type="checkbox"/> No																		
CHECK ITEM R28	<i>Refer to cc item 27.</i> Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1506	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R29</i>																		
26c.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R29</i>																		
d.	Which children were covered?	1510	<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;">1512</td> <td style="border: 1px solid black; width: 15%;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1514</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1516</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1518</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1520</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>		Person No.	Name	1512			1514			1516			1518			1520		
	Person No.	Name																			
1512																					
1514																					
1516																					
1518																					
1520																					
CHECK ITEM R29	Was . . . or any of . . . 's children (under 18) covered by Medicaid?	1524	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 27a</i>																		
26e.	Was (. . ./(and) . . . 's children) covered during the entire 4-month period?	1526	<input type="checkbox"/> Yes – <i>SKIP to 27a</i> <input type="checkbox"/> No																		
f.	In which months was (. . ./(and) . . . 's children) covered? <i>Mark (X) all that apply.</i>	1528 1530 1532 1534	<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>27a. 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. 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>c. 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>d. 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>e. 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>f. 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>g. 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>h. 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>i. 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%;">Person No.</th> <th style="width:60%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1556</td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1558</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1560</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1562</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1564</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </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	
	Person No.	Name																					
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1562																							
1564																							
1566	x3 <input type="checkbox"/> None																						
<p>CHECK ITEM R30 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>CHECK ITEM R31 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>27j. 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>k. 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%;">Person No.</th> <th style="width:60%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1576</td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1578</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1580</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1582</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1584</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </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>CHECK ITEM R32 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>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.)</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. During which months was . . . enrolled? 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>c. At what level or grade was . . . enrolled? (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>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?</p>	1670	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R33</p>
<p>b. What kind of educational assistance did . . . receive? Anything else? 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>CHECK ITEM R33 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>ASK OR VERIFY – 32. Is . . . 's spouse in the Armed Forces?</p>	1696	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R34 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>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?</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. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</p>	1702	<p>1 <input type="checkbox"/> Yes – SKIP to 34b 2 <input type="checkbox"/> No – SKIP to Check Item E1</p>
<p>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?</p>	1704	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Topical Module Statement A, page 48</p>
<p>b. What kind of income did . . . receive? Anything else?</p>		<p>Enter codes from income source list and mark ISS.</p> <p>1706 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1708 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1710 <input type="text"/> <input type="text"/> <input type="text"/></p>

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>2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 16. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8</p> <p>2000</p>	<p>Employer name _____</p>
<p>CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number _____</p>	<p>PGM 8</p> <p>2002</p>	<p>Employer I.D. No. <input type="checkbox"/></p>
<p>CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8</p> <p>2003</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2c</p>
<p>2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8</p> <p>2004</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a</p>
<p>C. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8</p> <p>2005</p>	<p>_____</p>
<p>ASK OR VERIFY –</p> <p>d. Is it mainly –</p>	<p>PGM 8</p> <p>2006</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	<p>PGM 8</p> <p>2008</p>	<p>_____</p>
<p>f. What were . . . 's main activities or duties? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8</p> <p>2010</p>	<p>_____</p>
<p>ASK OR VERIFY –</p> <p>g. Was . . . an employee of –</p>	<p>PGM 8</p> <p>2012</p>	<p>1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm? – SKIP to Check Item E5</p>
<p>ASK OR VERIFY –</p> <p>3a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7</p> <p>2014</p>	<p>1 <input type="checkbox"/> Yes – SKIP to 4 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2016</p> <p>2020</p>	<p>FROM <input type="text"/> Month 2018 <input type="text"/> Day</p> <p>TO <input type="text"/> Month 2022 <input type="text"/> Day</p>
<p>CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?</p>	<p>2023</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4</p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? Mark (X) only one.</p>	<p>2024</p>	<p>1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended 5 <input type="checkbox"/> Quit to take another job 6 <input type="checkbox"/> Quit for some other reason</p>
<p>ASK OR VERIFY –</p> <p>4. How many hours per week did . . . usually work at this job?</p>	<p>2025</p>	<p><input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	<p>2026</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7</p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	<p>2028</p>	<p>\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item E5</p>
<p>7. During the 4-month period how often was . . . paid on this job?</p>	<p>2030</p>	<p>1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Some other way – Specify _____</p>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

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

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

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



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>10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	PGM 8	Employer name
	2100	<input style="width:90%;" type="text"/>
<p>CHECK ITEM E6 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>CHECK ITEM E6.1 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>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2104	2 <input type="checkbox"/> No — SKIP to 11a
<p>C. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	PGM 8	<input style="width:90%;" type="text"/>
	2105	<input style="width:90%;" type="text"/>
<p>ASK OR VERIFY —</p> <p>d. Is it mainly —</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>e. What kind of work was . . . doing on this job? 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>f. What were . . . 's main activities or duties? 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 —</p> <p>g. Was . . . an employee of —</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>11a. ASK OR VERIFY — 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. When was . . . employed by (Name of employer) during this 4-month period?</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>CHECK ITEM E6.2 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>11c. What is the main reason . . . stopped working for (Name of employer)?</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>12. ASK OR VERIFY — 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>13. Was . . . paid by the hour on this job?</p>	2126	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No — SKIP to 15
<p>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</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>15. During the 4-month period, how often was . . . paid on this job?</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?

	Person No.	Name
2226	<input type="text"/> <input type="text"/> <input type="text"/>	_____
2228	<input type="text"/> <input type="text"/> <input type="text"/>	_____
2230	<input type="text"/> <input type="text"/> <input type="text"/>	_____

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

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

} SKIP to 11

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

11.	Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?	2262	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>12a. What was the name of . . . 's other business/ professional practice/farm? <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>	PGM 8	Business name
	2300	_____
<p>CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	PGM 8	Business I.D. No.
	2301	<input type="checkbox"/>
<p>CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2302	2 <input type="checkbox"/> No — SKIP to 12c
<p>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2303	2 <input type="checkbox"/> No — SKIP to 12g
<p>C. What kind of business was this?</p>	PGM 8	_____
	2304	_____
<p><i>ASK OR VERIFY —</i></p> <p>d. Is it mainly —</p>	PGM 8	1 <input type="checkbox"/> Manufacturing?
	2306	2 <input type="checkbox"/> Wholesale Trade?
		3 <input type="checkbox"/> Retail Trade?
		4 <input type="checkbox"/> Some other kind of business?
<p>e. What kind of work was . . . doing?</p>	PGM 8	_____
	2308	_____
<p>f. What were . . . 's most important activities or duties?</p>	PGM 8	_____
	2310	_____
<p>g. How many hours per week did . . . usually work at this business?</p>	PGM 7	<input type="text"/> <input type="text"/> Hours
	2312	x3 <input type="checkbox"/> None
		x1 <input type="checkbox"/> DK
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	2314	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No — SKIP to 21
		x1 <input type="checkbox"/> DK
<p>CHECK ITEM S8 Have questions 14—16b already been answered for this business by another household member?</p>	2318	1 <input type="checkbox"/> Yes — SKIP to 17a
		2 <input type="checkbox"/> No
<p>14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if 1,000 or more employees.</i></p>	2318	<input type="text"/> <input type="text"/> <input type="text"/> Employees
		x1 <input type="checkbox"/> DK
<p>15a. Was . . . 's business incorporated?</p>	2320	1 <input type="checkbox"/> Yes — SKIP to 16a
		2 <input type="checkbox"/> No
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	2322	1 <input type="checkbox"/> Sole proprietorship — SKIP to 17a
		2 <input type="checkbox"/> Partnership
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	2324	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No — SKIP to 17a
<p>b. Which members?</p>		Person No. Name
	2326	<input type="text"/> <input type="text"/> <input type="text"/> _____
	2328	<input type="text"/> <input type="text"/> <input type="text"/> _____
	2330	<input type="text"/> <input type="text"/> <input type="text"/> _____
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	2332	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	2334	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	2336	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No — SKIP to Check Item S11

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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



INTERVIEWER USE ONLY

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

CHECK ITEM S10

Is "DK" marked in all parts of 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 \$ [] . [] } 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 \$ [] . [] } SKIP to first ISS Code or Statement A, page 48
x3 None
x1 DK
x2 Ref.

Section 3 – AMOUNTS

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

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

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

Income code

Name of income type

3000

CHECK ITEM A1

Mark (X) income type code.

3002

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – SKIP to 13a, page 24
- 3 ISS code 27 (Food Stamps) – SKIP to 11a, page 24
- 4 ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4
- 5 Other ISS codes – SKIP to 5a

CHECK ITEM A2

Refer to cc item 27.
Is . . . a designated parent, or guardian of children under age 18?

3004

- 1 Yes
- 2 No – SKIP to Check Item A3

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

3006

- 1 Yes
- 2 No – SKIP to Check Item A3

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

3008

- 1 Yes
- 2 No – SKIP to 9a

CHECK ITEM A3

Is . . . married?

3010

- 1 Yes
- 2 No – SKIP to 5a

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

3012

- 1 Yes
- 2 No – SKIP to 5a

CHECK ITEM A4

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

3014

- 1 Yes – SKIP to next ISS Code or Statement A, page 48
- 2 No

5a. Did . . . receive any (Read name of income type) **in** (Read each month)?

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

(Last month)

3016

- 1 Yes
- 2 No
- x1 DK

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.**

3018

\$. 00

- x1 DK
- x2 Ref.

(2 months ago)

3020

- 1 Yes
- 2 No
- x1 DK

3022

\$. 00

- x1 DK
- x2 Ref.

(3 months ago)

3024

- 1 Yes
- 2 No
- x1 DK

3026

\$. 00

- x1 DK
- x2 Ref.

(4 months ago)

3028

- 1 Yes
- 2 No
- x1 DK

3030

\$. 00

- x1 DK
- x2 Ref.

CHECK ITEM A5

Mark (X) income type code.

3032

- 1 ISS code 1 or 2 – SKIP to Check Item A7
- 2 ISS code 8 or 20 through 24
- 3 All other income codes – SKIP to next ISS Code or Statement A, page 48

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

3034

- 1 Yes – SKIP to Check Item A6
- 2 No

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?	Person No.	Name
	3036	<input type="text"/>
	3038	<input type="text"/>
	3040	<input type="text"/>
	3042	<input type="text"/>
	3044	<input type="text"/>
	3046	<input type="text"/>
	3048	<input type="text"/>
	3050	<input type="text"/>
	3052	<input type="text"/>
	3054	<input type="text"/>

CHECK ITEM A6	Is this ISS code "8"?	3056	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
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7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3060	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	} SKIP to next ISS Code or Statement A, page 48
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CHECK ITEM A7	Was this ISS code marked for . . . in cc item 45 last reference period?	3062	<input type="checkbox"/> Yes – SKIP to Check Item A8 <input type="checkbox"/> No
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(SHOW FLASHCARD O) 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.)	3064	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
---	------	--

b. Do . . . 's payments usually come on the first of the month or the third?	3066	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
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CHECK ITEM A8	Refer to item 2, page 22. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
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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)	3070	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK \$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.
(2 months ago)	3074	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK \$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.
(3 months ago)	3078	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK \$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.
(4 months ago)	3082	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK \$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.

10a. Were all children living here covered by these payments? <small>VERIFY IF ONLY ONE CHILD OR ASK –</small>	3086	<input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 48 <input type="checkbox"/> No
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Section 3 – AMOUNTS (Continued)

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

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

SKIP to next ISS Code or Statement A, page 48

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

12a. Did ... receive food stamps in (Read each month)?				
(Last month)	3122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3124	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3128	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3132	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3136	\$ <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)? <i>Mark (X) all that apply.</i>	3138	1 <input type="checkbox"/> Last month	
	3140	2 <input type="checkbox"/> 2 months ago	
	3142	3 <input type="checkbox"/> 3 months ago	
	3144	4 <input type="checkbox"/> 4 months ago	
b. Which persons were covered?	3146	Person No.	Name
	3148		
	3150		
	3152		
	3154		

SKIP to next ISS Code or Statement A, page 48

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p style="text-align: right;">Income code Name of income type</p> <p>3200 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3202 <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>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3204 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3206 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3210 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3212 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3214 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Statement A, page 48</i> <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>	<p>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</p>
<p>(Last month)</p>	<p>3216 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3220 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3224 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3228 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3232 <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>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3234 <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
6b. Which persons were covered?	3236	
	3238	
	3240	
	3242	
	3244	
	3246	
	3248	
	3250	
	3252	
	3254	
CHECK ITEM A6 Is this ISS code "8"?	3256	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3260	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 48
CHECK ITEM A7 Was this ISS code marked for . . . in cc item 45 last reference period?	3262	1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No
(SHOW FLASHCARD O) 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.)	3264	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?	3266	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A8 Refer to item 2, page 25. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268	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)	3270	3272
	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)	3274	3276
	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)	3278	3280
	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)	3282	3284
	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.
10a. Were all children living here covered by these payments?	3286	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?	3288	Person No.		Name
	3290			
	3292			
	3294			
	3296			
	3298			

SKIP to next ISS Code or Statement A, page 48

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

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

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

SKIP to next ISS Code or Statement A, page 48

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	Income code	Name of income type
	3400	<input type="text"/> <input type="text"/>
<p>CHECK ITEM A1 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>CHECK ITEM A2 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>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	3406	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	3408	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a
<p>CHECK ITEM A3 Is . . . married?</p>	3410	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	3412	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 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>5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p>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.</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>CHECK ITEM A5 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>6a. Were all the people living here covered by . . . 's payments?</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	

CHECK ITEM A6	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

7. 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	

CHECK ITEM A7	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

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.)	3464	1 <input type="checkbox"/> Blue
		2 <input type="checkbox"/> Buff
		3 <input type="checkbox"/> Direct Deposit
		4 <input type="checkbox"/> Other
		x1 <input type="checkbox"/> DK

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

CHECK ITEM A8	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	\$ [] . 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	\$ [] . 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	\$ [] . 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	\$ [] . 00
	2 <input type="checkbox"/> No	x1 <input type="checkbox"/> DK
	x1 <input type="checkbox"/> DK	x2 <input type="checkbox"/> Ref.

10a. 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
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or 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
3502	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>

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

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

(Last month)

3522 1 Yes
 2 No
 x1 DK

3524 \$. 00
 x1 DK
 x2 Ref.

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

SKIP to next ISS Code or Statement A, page 48

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <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>3600 <input type="text"/> <input type="text"/> _____</p>								
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3602 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>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3604 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>								
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3606 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>								
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>								
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>								
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>								
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3614 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Statement A, page 48</i> 2 <input type="checkbox"/> No</p>								
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>3616 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>3618 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </td> <td style="vertical-align: top;"> <p>3622 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </td> <td style="vertical-align: top;"> <p>3626 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </td> <td style="vertical-align: top;"> <p>3630 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </td> </tr> </table>	<p>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3618 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3622 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3626 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3630 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3618 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>								
<p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3622 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>								
<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3626 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>								
<p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3630 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>								
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3632 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>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3634 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
6b. Which persons were covered?	3636 <input type="text"/>	
	3638 <input type="text"/>	
	3640 <input type="text"/>	
	3642 <input type="text"/>	
	3644 <input type="text"/>	
	3646 <input type="text"/>	
	3648 <input type="text"/>	
	3650 <input type="text"/>	
	3652 <input type="text"/>	
	3654 <input type="text"/>	
CHECK ITEM A6 Is this ISS code "8"?	3656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48	
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 48	
CHECK ITEM A7 Was this ISS code marked for . . . in cc item 45 last reference period?	3662 1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No	
(SHOW FLASHCARD O) 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.)	3664 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
b. Do . . . 's payments usually come on the first of the month or the third?	3666 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
CHECK ITEM A8 Refer to item 2, page 31. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3668 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)	3670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3672 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3674 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3676 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3678 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3680 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3682 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3684 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. Were all children living here covered by these payments? <small>VERIFY IF ONLY ONE CHILD OR ASK –</small>	3686 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?	3688	Person No.	[][]	Name	
	3690	Person No.	[][]	Name	
	3692	Person No.	[][]	Name	
	3694	Person No.	[][]	Name	
	3696	Person No.	[][]	Name	
	3698	Person No.	[][]	Name	

SKIP to next ISS Code or Statement A, page 48

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

12a. Did ... receive food stamps in (Read each month)?					12b. If "Yes" in item 12a, ask – What was the total amount?
(Last month)	3722	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3724	\$ [] [] . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3726	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3728	\$ [] [] . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3730	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3732	\$ [] [] . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3734	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3736	\$ [] [] . 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)?	3738	1 <input type="checkbox"/> Last month
	3740	2 <input type="checkbox"/> 2 months ago
	3742	3 <input type="checkbox"/> 3 months ago
	3744	4 <input type="checkbox"/> 4 months ago
<i>Mark (X) all that apply.</i>		
b. Which persons were covered?	3746	Person No. [][] Name
	3748	Person No. [][] Name
	3750	Person No. [][] Name
	3752	Person No. [][] Name
	3754	Person No. [][] Name

SKIP to next ISS Code or Statement A, page 48

Section 3 – AMOUNTS

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

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Income code</td> <td style="width: 70%; border: none;">Name of income type</td> </tr> <tr> <td style="border: none;">3800</td> <td style="border: none;"><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></td> </tr> </table>	Income code	Name of income type	3800	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
Income code	Name of income type					
3800	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>					
CHECK ITEM A1 <i>Mark (X) income type code.</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3802</td> <td style="border: none;"> <input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 36</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 36</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> </td> </tr> </table>	3802	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 36</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 36</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>			
3802	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 36</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 36</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>					
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3804</td> <td style="border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i> </td> </tr> </table>	3804	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>			
3804	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>					
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3806</td> <td style="border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i> </td> </tr> </table>	3806	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>			
3806	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>					
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3808</td> <td style="border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 9a</i> </td> </tr> </table>	3808	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 9a</i>			
3808	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 9a</i>					
CHECK ITEM A3 Is . . . married?	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3810</td> <td style="border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i> </td> </tr> </table>	3810	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>			
3810	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>					
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3812</td> <td style="border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i> </td> </tr> </table>	3812	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>			
3812	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>					
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3814</td> <td style="border: none;"> <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Statement A, page 48</i> <input type="checkbox"/> No </td> </tr> </table>	3814	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Statement A, page 48</i> <input type="checkbox"/> No			
3814	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Statement A, page 48</i> <input type="checkbox"/> No					
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;">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.</td> </tr> </table>		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.			
	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.					
(Last month)	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3816</td> <td style="width: 30%; border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 40%; border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3818</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table> </td> </tr> </table>	3816	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3818</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3818	<input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3816	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3818</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3818	<input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
3818	<input style="width: 40px;" type="text"/> \$ <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)	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3820</td> <td style="width: 30%; border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 40%; border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3822</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table> </td> </tr> </table>	3820	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3822</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3822	<input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3820	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3822</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3822	<input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
3822	<input style="width: 40px;" type="text"/> \$ <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)	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3824</td> <td style="width: 30%; border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 40%; border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3826</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table> </td> </tr> </table>	3824	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3826</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3826	<input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
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3826	<input style="width: 40px;" type="text"/> \$ <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)	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3828</td> <td style="width: 30%; border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 40%; border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3830</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table> </td> </tr> </table>	3828	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3830</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3830	<input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3828	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3830</td> <td style="border: none;"> <input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3830	<input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
3830	<input style="width: 40px;" type="text"/> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.					
CHECK ITEM A5 <i>Mark (X) income type code.</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3832</td> <td style="border: none;"> <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> </td> </tr> </table>	3832	<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>			
3832	<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>					
6a. Were all the people living here covered by . . . 's payments?	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">3834</td> <td style="border: none;"> <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No </td> </tr> </table>	3834	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No			
3834	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No					
NOTES						

Section 3 – AMOUNTS (Continued)

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

	Person No.	Name
6b. Which persons were covered?	3836	
	3838	
	3840	
	3842	
	3844	
	3846	
	3848	
	3850	
	3852	
	3854	
CHECK ITEM A6 Is this ISS code "8"?	3856	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3860	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 48
CHECK ITEM A7 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) 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.)	3864	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?	3866	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A8 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
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)	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
10a. Were all children living here covered by these payments?	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?	3888	Person No.		Name
	3890			
	3892			
	3894			
	3896			
	3898			

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 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No	
b. Which persons were covered?	3902	Person No.	Name
	3904		
	3906		
	3908		
	3910		
	3912		
	3914		
	3916		

12a. Did ... receive food stamps in (Read each month)?				
(Last month)	3922	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3924	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3926	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3928	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3930	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3932	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3934	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3936	\$ <input style="width:50px;" 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

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

SKIP to next ISS Code or Statement A, page 48

Section 3 — AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <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>4000 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p>
<p>CHECK ITEM A1 <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>CHECK ITEM A2 <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>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>4006 <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>4008 <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 Is . . . married?</p>	<p>4010 <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 5a</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>4012 <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 5a</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>4014 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Statement A, page 48</i> <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>	<p>5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</p>
<p>(Last month)</p>	<p>4016 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>4020 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>4024 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>4028 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 <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>6a. Were all the people living here covered by . . .'s payments?</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)

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

CHECK ITEM A6	Is this ISS code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
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7.	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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CHECK ITEM A7	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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8a.	(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.	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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CHECK ITEM A8	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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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)	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.

10a.	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)

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

SKIP to next ISS Code or Statement A, page 48

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

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

SKIP to next ISS Code or Statement A, page 48

13a. Did ... receive any WIC benefits in (Read each month)?	4138	1 <input type="checkbox"/> Last month
	4140	2 <input type="checkbox"/> 2 months ago
	4142	3 <input type="checkbox"/> 3 months ago
	4144	4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?	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)

CHECK ITEM A9	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.

CHECK ITEM A10	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

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?	4310 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 3b
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b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	4312 \$ <input 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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c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?	4314 \$ <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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d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	4316 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 5 <input type="checkbox"/> No
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3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?	4318 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 48
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b. What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period?	4320 \$ <input 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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c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?	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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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.)	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)

CHECK ITEM A11	Asset types owned. <i>Mark (X) all that apply.</i>	4400	1 <input type="checkbox"/> ISS code 104 – Money Market funds
		4402	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities
		4404	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds
		4406	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.			
CHECK ITEM A12	Interview status of . . . 's spouse.	4408	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>
2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4410	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	4412	\$ <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 next ISS Code or Statement A, page 48</i>
c.	As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)? ★	4414	\$ <input style="width:50px;" 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>
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.)	4416	1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 7</i> 2 <input type="checkbox"/> No
3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?	4418	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Statement A, page 48</i>
b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?	4420	\$ <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 next ISS Code or Statement A, page 48</i>
c.	As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)? ★	4422	\$ <input style="width:50px;" 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>
d.	If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	4424	1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 8</i> } <i>SKIP to next ISS Code or Statement A, page 48</i> 2 <input type="checkbox"/> No

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)

3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 months?	<div style="display: flex; justify-content: space-between;"> 4610 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 3d</i> </div> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="display: flex; justify-content: space-between;"> 4612 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 00 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 48</i> </div> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses?	<div style="display: flex; justify-content: space-between;"> 4614 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 00 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 48</i> </div> </div> </div>
d. As of (Read last day of reference period), did . . . own any rental property in . . . 's OWN name?	<div style="display: flex; justify-content: space-between;"> 8076 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> </div> <div style="margin-left: 100px; margin-top: 10px;"> } <i>SKIP to 4a</i> </div>
e. How many properties did . . . own in . . . 's OWN name as of (Read last day of reference period)?	<div style="display: flex; justify-content: space-between;"> 8078 <div style="margin-left: 20px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Number of properties </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None – <i>SKIP to 4a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 48</i> </div>
f. Were any of these properties attached to or located on the same land as . . . 's own residence?	<div style="display: flex; justify-content: space-between;"> 8080 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes – All rental properties on residence – <i>SKIP to 4a</i> <input type="checkbox"/> Yes – Some rental properties on residence <input type="checkbox"/> No </div> </div>
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)?	<div style="display: flex; justify-content: space-between;"> 8092 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 00 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 48</i> </div> </div> </div>
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.)	<div style="display: flex; justify-content: space-between;"> 8094 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 14</i> <input type="checkbox"/> No </div> </div>
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)?	<div style="display: flex; justify-content: space-between;"> 8096 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> </div> <div style="margin-left: 100px; margin-top: 10px;"> } <i>SKIP to 4a</i> </div>
j. As of (Read last day of reference period), how much principal was owed on the property(ies)?	<div style="display: flex; justify-content: space-between;"> 8098 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 00 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 48</i> </div> </div> </div>

NOTES

Section 3 – AMOUNTS (Continued)

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

<p>4a. Did ... receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by ... and ...'s spouse.)</p>	<p>4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c</p>
<p>b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?</p>	<p>4620 \$ <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 4622 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 4d</p>
<p>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.)</p>	<p>8100 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>d. How many properties did ... own jointly with others as of (Read last day of reference period)?</p>	<p>8102 <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>e. As of (Read last day of reference period), what was the total market value of the property(ies)?</p>	<p>8116 \$ <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>f. Was there a mortgage, deed of trust, or other debt on the property(ies)?</p>	<p>8118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4h x1 <input type="checkbox"/> DK</p>
<p>g. As of (Read last day of reference period), how much principal was owed on the property(ies)?</p>	<p>8120 \$ <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>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.) ★</p>	<p>8122 \$ <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>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.)</p>	<p>8124 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)

CHECK ITEM A17	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
CHECK ITEM A18	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>
CHECK ITEM A19	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>
1a.	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.	During the past 4 months how much interest was paid to ... and ...'s (husband/wife) by the borrower?	4712	\$ <input style="width:60px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2a.	(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.	(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:60px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A20	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>
3.	Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? <i>If income was shared, count only ...'s share.</i>	4720 4722	\$ <input style="width:60px;" 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>
CHECK ITEM A21	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>
4.	As of (Read last day of reference period), what was ...'s equity in other financial investments? (By equity we mean the total market value less any debts held against it.) <i>If investment is jointly owned, count only ...'s share of equity.</i>	8132	\$ <input style="width:60px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <div style="float:right; margin-left:20px;"> } <i>SKIP to Statement A, page 48</i> </div>

NOTES

Section 5 – PROGRAM QUESTIONS

CHECK ITEM P1	Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 56</i>
	1 a. 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?	4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item P2</i>
	b. Was this assistance received in the form of checks, coupons or vouchers sent to this household or were the payments sent directly to a utility company, fuel dealer, or landlord? <i>Mark (X) all that apply.</i>	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
	c. What was the total amount of the energy assistance received by this household during the past 4 months?	4824	\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM P2	Are there any children 5 to 18 years old who live in the household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 56</i>
	2 a. Do any of the children in this household usually eat a complete hot lunch offered at school?	4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 56</i>
	b. How many children?	4830	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	c. Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?	4832	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2f</i>
	d. How many children?	4834	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	e. Are the lunches free or are they reduced-price? <i>Mark (X) all that apply.</i>	4836 4838	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
	f. Do any of the children receive free or reduced-price school breakfasts this school year?	4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 56</i>
	g. How many children?	4842	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	h. Are the breakfasts free or are they reduced-price? <i>Mark (X) all that apply.</i>	4844 4846	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price

PROGRAM QUESTIONS