

Section 1 – LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

<p>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? <i>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.</i></p>	<p style="text-align: center;">PGM 7</p> <p>1000 1 <input type="checkbox"/> Yes – Mark "Worked" (code 170) on ISS and SKIP to 4 2 <input type="checkbox"/> No</p>																		
<p>2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?</p>	<p>1002 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a</p>																		
<p>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. <i>Mark (X) all that apply.</i></p>	<p>1004 x5 <input type="checkbox"/> ALL</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">1006 <input type="checkbox"/> 1</td> <td style="border: 1px solid black; padding: 2px;">1018 <input type="checkbox"/> 7</td> <td style="border: 1px solid black; padding: 2px;">1030 <input type="checkbox"/> 13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1008 <input type="checkbox"/> 2</td> <td style="border: 1px solid black; padding: 2px;">1020 <input type="checkbox"/> 8</td> <td style="border: 1px solid black; padding: 2px;">1032 <input type="checkbox"/> 14</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1010 <input type="checkbox"/> 3</td> <td style="border: 1px solid black; padding: 2px;">1022 <input type="checkbox"/> 9</td> <td style="border: 1px solid black; padding: 2px;">1034 <input type="checkbox"/> 15</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1012 <input type="checkbox"/> 4</td> <td style="border: 1px solid black; padding: 2px;">1024 <input type="checkbox"/> 10</td> <td style="border: 1px solid black; padding: 2px;">1036 <input type="checkbox"/> 16</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1014 <input type="checkbox"/> 5</td> <td style="border: 1px solid black; padding: 2px;">1026 <input type="checkbox"/> 11</td> <td style="border: 1px solid black; padding: 2px;">1038 <input type="checkbox"/> 17</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1016 <input type="checkbox"/> 6</td> <td style="border: 1px solid black; padding: 2px;">1028 <input type="checkbox"/> 12</td> <td style="border: 1px solid black; padding: 2px;">1040 <input type="checkbox"/> 18</td> </tr> </table>	1006 <input type="checkbox"/> 1	1018 <input type="checkbox"/> 7	1030 <input type="checkbox"/> 13	1008 <input type="checkbox"/> 2	1020 <input type="checkbox"/> 8	1032 <input type="checkbox"/> 14	1010 <input type="checkbox"/> 3	1022 <input type="checkbox"/> 9	1034 <input type="checkbox"/> 15	1012 <input type="checkbox"/> 4	1024 <input type="checkbox"/> 10	1036 <input type="checkbox"/> 16	1014 <input type="checkbox"/> 5	1026 <input type="checkbox"/> 11	1038 <input type="checkbox"/> 17	1016 <input type="checkbox"/> 6	1028 <input type="checkbox"/> 12	1040 <input type="checkbox"/> 18
1006 <input type="checkbox"/> 1	1018 <input type="checkbox"/> 7	1030 <input type="checkbox"/> 13																	
1008 <input type="checkbox"/> 2	1020 <input type="checkbox"/> 8	1032 <input type="checkbox"/> 14																	
1010 <input type="checkbox"/> 3	1022 <input type="checkbox"/> 9	1034 <input type="checkbox"/> 15																	
1012 <input type="checkbox"/> 4	1024 <input type="checkbox"/> 10	1036 <input type="checkbox"/> 16																	
1014 <input type="checkbox"/> 5	1026 <input type="checkbox"/> 11	1038 <input type="checkbox"/> 17																	
1016 <input type="checkbox"/> 6	1028 <input type="checkbox"/> 12	1040 <input type="checkbox"/> 18																	
<p>c. Could . . . have taken a job during any of those weeks if one had been offered?</p>	<p>1042 1 <input type="checkbox"/> Yes – SKIP to 3a 2 <input type="checkbox"/> No</p>																		
<p>d. What was the main reason . . . could not take a job during those weeks? <i>Mark (X) only one.</i></p>	<p>1044 1 <input type="checkbox"/> Already had a job 2 <input type="checkbox"/> Temporary illness 3 <input type="checkbox"/> School 4 <input type="checkbox"/> Other – Specify _____</p>																		
<p>3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?</p>	<p>1046 1 <input type="checkbox"/> Yes – Mark "55" on ISS 2 <input type="checkbox"/> No – SKIP to 9a, page 4</p>																		
<p>b. In which of the months shown on this calendar did . . . do that work? <i>Mark (X) all that apply.</i></p>	<table style="border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">1048 <input type="checkbox"/> Last month</td> <td rowspan="4" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="4" style="vertical-align: middle;">SKIP to 9a, page 4</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1050 <input type="checkbox"/> 2 months ago</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1052 <input type="checkbox"/> 3 months ago</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1054 <input type="checkbox"/> 4 months ago</td> </tr> </table>	1048 <input type="checkbox"/> Last month	}	SKIP to 9a, page 4	1050 <input type="checkbox"/> 2 months ago	1052 <input type="checkbox"/> 3 months ago	1054 <input type="checkbox"/> 4 months ago												
1048 <input type="checkbox"/> Last month	}	SKIP to 9a, page 4																	
1050 <input type="checkbox"/> 2 months ago																			
1052 <input type="checkbox"/> 3 months ago																			
1054 <input type="checkbox"/> 4 months ago																			
<p>4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period? <i>Note that the person did not have to work each week.</i></p>	<p>1056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a</p>																		
<p>5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?</p>	<p>1058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8a, page 4</p>																		
<p>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. <i>Mark (X) all that apply.</i></p>	<p>1060 x5 <input type="checkbox"/> ALL</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">1062 <input type="checkbox"/> 1</td> <td style="border: 1px solid black; padding: 2px;">1074 <input type="checkbox"/> 7</td> <td style="border: 1px solid black; padding: 2px;">1086 <input type="checkbox"/> 13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1064 <input type="checkbox"/> 2</td> <td style="border: 1px solid black; padding: 2px;">1076 <input type="checkbox"/> 8</td> <td style="border: 1px solid black; padding: 2px;">1088 <input type="checkbox"/> 14</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1066 <input type="checkbox"/> 3</td> <td style="border: 1px solid black; padding: 2px;">1078 <input type="checkbox"/> 9</td> <td style="border: 1px solid black; padding: 2px;">1090 <input type="checkbox"/> 15</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1068 <input type="checkbox"/> 4</td> <td style="border: 1px solid black; padding: 2px;">1080 <input type="checkbox"/> 10</td> <td style="border: 1px solid black; padding: 2px;">1092 <input type="checkbox"/> 16</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1070 <input type="checkbox"/> 5</td> <td style="border: 1px solid black; padding: 2px;">1082 <input type="checkbox"/> 11</td> <td style="border: 1px solid black; padding: 2px;">1094 <input type="checkbox"/> 17</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1072 <input type="checkbox"/> 6</td> <td style="border: 1px solid black; padding: 2px;">1084 <input type="checkbox"/> 12</td> <td style="border: 1px solid black; padding: 2px;">1096 <input type="checkbox"/> 18</td> </tr> </table>	1062 <input type="checkbox"/> 1	1074 <input type="checkbox"/> 7	1086 <input type="checkbox"/> 13	1064 <input type="checkbox"/> 2	1076 <input type="checkbox"/> 8	1088 <input type="checkbox"/> 14	1066 <input type="checkbox"/> 3	1078 <input type="checkbox"/> 9	1090 <input type="checkbox"/> 15	1068 <input type="checkbox"/> 4	1080 <input type="checkbox"/> 10	1092 <input type="checkbox"/> 16	1070 <input type="checkbox"/> 5	1082 <input type="checkbox"/> 11	1094 <input type="checkbox"/> 17	1072 <input type="checkbox"/> 6	1084 <input type="checkbox"/> 12	1096 <input type="checkbox"/> 18
1062 <input type="checkbox"/> 1	1074 <input type="checkbox"/> 7	1086 <input type="checkbox"/> 13																	
1064 <input type="checkbox"/> 2	1076 <input type="checkbox"/> 8	1088 <input type="checkbox"/> 14																	
1066 <input type="checkbox"/> 3	1078 <input type="checkbox"/> 9	1090 <input type="checkbox"/> 15																	
1068 <input type="checkbox"/> 4	1080 <input type="checkbox"/> 10	1092 <input type="checkbox"/> 16																	
1070 <input type="checkbox"/> 5	1082 <input type="checkbox"/> 11	1094 <input type="checkbox"/> 17																	
1072 <input type="checkbox"/> 6	1084 <input type="checkbox"/> 12	1096 <input type="checkbox"/> 18																	
<p>c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks? <i>Mark (X) only one.</i></p>	<p>1098 1 <input type="checkbox"/> On layoff 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> On vacation 4 <input type="checkbox"/> Bad weather 5 <input type="checkbox"/> Labor dispute 6 <input type="checkbox"/> New job to begin within 30 days 7 <input type="checkbox"/> Other – Specify _____</p> <p style="text-align: right; font-size: 2em;">} SKIP to 8a, page 4</p>																		

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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.

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

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

<input type="checkbox"/> 1178	x5 <input type="checkbox"/> All weeks without a job				
<input type="checkbox"/> 1180	<input type="checkbox"/> 1	<input type="checkbox"/> 1192	<input type="checkbox"/> 7	<input type="checkbox"/> 1204	<input type="checkbox"/> 13
<input type="checkbox"/> 1182	<input type="checkbox"/> 2	<input type="checkbox"/> 1194	<input type="checkbox"/> 8	<input type="checkbox"/> 1206	<input type="checkbox"/> 14
<input type="checkbox"/> 1184	<input type="checkbox"/> 3	<input type="checkbox"/> 1196	<input type="checkbox"/> 9	<input type="checkbox"/> 1208	<input type="checkbox"/> 15
<input type="checkbox"/> 1186	<input type="checkbox"/> 4	<input type="checkbox"/> 1198	<input type="checkbox"/> 10	<input type="checkbox"/> 1210	<input type="checkbox"/> 16
<input type="checkbox"/> 1188	<input type="checkbox"/> 5	<input type="checkbox"/> 1200	<input type="checkbox"/> 11	<input type="checkbox"/> 1212	<input type="checkbox"/> 17
<input type="checkbox"/> 1190	<input type="checkbox"/> 6	<input type="checkbox"/> 1202	<input type="checkbox"/> 12	<input type="checkbox"/> 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.

<input type="checkbox"/> 1222	<input type="checkbox"/> 1 Last month
<input type="checkbox"/> 1224	<input type="checkbox"/> 2 2 months ago
<input type="checkbox"/> 1226	<input type="checkbox"/> 3 3 months ago
<input type="checkbox"/> 1228	<input type="checkbox"/> 4 4 months ago

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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 } <i>SKIP to 9a</i> 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 — <i>SKIP to 8c</i></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, vacations, days off, or sickness.</p>	<p>1232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 9a</i></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 weeks 1234 <input type="checkbox"/> Weeks Last month 1235 <input type="checkbox"/> Weeks 2 months ago 1236 <input type="checkbox"/> Weeks 3 months ago 1237 <input type="checkbox"/> Weeks 4 months ago</p>
<p>d. What was the main reason . . . worked fewer than 35 hours in those weeks? <i>Mark (X) only one.</i></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 — <i>Specify</i> _____</p>
<p>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p>1240 1 <input type="checkbox"/> Yes — <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item R4</i></p>
<p>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p>1242 1 <input type="checkbox"/> Yes — <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R4 Is "Worked" (code 170) marked on the ISS?</p>	<p>1244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R5</i></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 — <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R5 Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (<i>Mark "No" if currently in Armed Forces.</i>)</p>	<p>1330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R6</i></p>
<p>11a. How long did . . . serve on active duty in the Armed Forces?</p>	<p>1332 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK</p>
<p>b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</p>	<p>1334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 11d</i> x1 <input type="checkbox"/> DK }</p>
<p>C. What is . . .'s VA percent disability rating? Use the following probe if needed: (Such as 0,10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)</p>	<p>1336 <input type="text"/> <input type="text"/> <input type="text"/> Percent } <i>Mark "200" on ISS if rating is 100%; Otherwise, mark "201"</i> x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating</p>
<p>d. During this 4-month period did . . . receive any payments from the Veterans' Administration? (Exclude regular military retirement pay, insurance proceeds and GI Bill benefits.)</p>	<p>1338 1 <input type="checkbox"/> Yes — <i>Mark "8" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R6 Refer to cc item 24. Is . . . 18 years of age or older?</p>	<p>1340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 15a</i></p>

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Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>12a. During this 4-month period, did . . . receive any Social Security payments?</p>	<p>1342 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R8</p>
<p>b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — <i>Mark (X) only one.</i></p>	<p>1344 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 } SKIP to 13a x1 <input type="checkbox"/> DK</p>
<p>c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?</p>	<p>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"/> No other reason x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM R7 Is "Disabled" marked in item 12b or 12c above?</p>	<p>1348 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a</p>
<p>12d. At what age did . . . begin receiving Social Security because of (his/her) disability?</p>	<p>1349 <input type="text"/> <input type="text"/> Age in years } SKIP to 13a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM R8 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	<p>1350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a</p>
<p>12e. During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?</p>	<p>1352 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No</p>
<p>13a. During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?</p>	<p>1354 1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R9</p>
<p>b. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?</p>	<p>1356 1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R9 Refer to cc item 24. Is . . . 40 years of age or older?</p>	<p>1358 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a</p>
<p>14a. Has . . . ever retired from a job or business? (Include retirement from the military.)</p>	<p>1360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R10</p>
<p>b. During the 4-month period did . . . receive any retirement income other than Social Security?</p>	<p>1362 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 14d</p>
<p>c. What kind of retirement income? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS 1366 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS 1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS 1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS 1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS 1374 6 <input type="checkbox"/> State government pension — Mark "34" on ISS 1376 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS 1378 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS.</p> <p>1380 <input type="text"/> <input type="text"/></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 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R10 Refer to cc item 24. Is . . . 70 years of age or older?</p>	<p>1384 1 <input type="checkbox"/> Yes — SKIP to Check Item R11 2 <input type="checkbox"/> No</p>
<p>15a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</p>	<p>1386 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R11</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 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item R11 x1 <input type="checkbox"/> DK</p>

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>15c. 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 benefits — 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 R11 Refer to cc item 26a. What is . . . 's marital status?</p>	<p>1414 <input type="checkbox"/> Married — SKIP to 17</p> <p><input type="checkbox"/> Widowed — SKIP to 19a</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Never married — SKIP to Check Item R12</p>
<p>16. 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 R12</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK } SKIP to Check Item R12</p> <p><input type="checkbox"/> Ref. }</p>
<p>17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? If "Yes," mark previous marital status.</p>	<p>1418 <input type="checkbox"/> Widowed — SKIP to 19a</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 R15</p>
<p>CHECK ITEM R12 Refer to cc items 24, 25, and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?</p>	<p>1420 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No — SKIP to Check Item R13</p>
<p>18. Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)</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>
<p>CHECK ITEM R13 Is "Both widowed and divorced" (box 3) marked in item 17?</p>	<p>1424 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No — SKIP to Check Item R15</p>
<p>19a. During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?</p>	<p>1426 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK } SKIP to Check Item R15</p>
<p>b. What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.</p>	<p>1428 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS</p> <p>1430 <input type="checkbox"/> Veterans' Compensation or pension — Mark "8" on ISS</p> <p>1432 <input type="checkbox"/> Black Lung benefits — Mark "9" on ISS</p> <p>1434 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS</p> <p>1436 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS</p> <p>1438 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS</p> <p>1440 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS</p> <p>1442 <input type="checkbox"/> State government pension — Mark "34" on ISS</p> <p>1444 <input type="checkbox"/> Local government pension — Mark "35" on ISS</p> <p>1446 <input type="checkbox"/> Income from paid up life insurance policies or annuities — Mark "36" on ISS</p> <p>1448 <input type="checkbox"/> Payments from estate or trust — Mark "37" on ISS</p> <p>1450 <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>1452 <input type="checkbox"/> <input type="checkbox"/></p>

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R14	Is "Veterans' Compensation or pension" (box 2) marked in item 19b?	1454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R15
19c.	Did ...'s late spouse die while in the service or from a service-related injury?	1456	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R15	Refer to cc item 24. Is ... 65 years of age or older?	1458	1 <input type="checkbox"/> Yes — SKIP to 20a 2 <input type="checkbox"/> No
CHECK ITEM R16	Refer to item 15a, page 5. Does ... have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R17
20a.	Medicare is a health insurance program for disabled persons and persons 65 or older. 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 R17 x1 <input type="checkbox"/> DK }
b.	May I see ...'s Medicare card to record the claim number and type of coverage? ★	1464	<input type="text"/> - <input type="text"/> - 1466 <input type="text"/> - 1467 <input type="text"/>
		1468	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Type A and B) 4 <input type="checkbox"/> Card not available — ASK 20c } SKIP to Check Item R17
c.	If I were to call later would you be able to provide me with ...'s Medicare number? (This information is especially important for the purposes of this survey.)	1470	1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 2 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does ...'s Medicare help pay for doctor bills?	1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R17	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	1474	1 <input type="checkbox"/> Yes — SKIP to Check Item R19 2 <input type="checkbox"/> No
CHECK ITEM R18	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 24a
CHECK ITEM R19	Interview status of ...'s spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 23a
21.	Was ... (or ...'s spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 <input type="checkbox"/> Yes — Mark "27" on ISS 2 <input type="checkbox"/> No
22a.	During the 4-month period, did ... receive any welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for ... or ...'s children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 23a
b.	What kind of welfare did ... receive? Anything else? Mark (X) all that apply.	1486	1 <input type="checkbox"/> AFDC — Mark "20" on ISS
		1488	2 <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS
		1490	3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance — Mark "22" on ISS
		1492	4 <input type="checkbox"/> Foster Child Care — Mark "23" on ISS
		1494	5 <input type="checkbox"/> WIC — Mark "25" on ISS
		1496	6 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or DK, enter code "24" — Mark ISS
		1498	<input type="text"/>
23a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period was ... covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R20	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	1506	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R21
23b.	Were any of ...'s children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R21

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

23c. Which children were covered?	1510	x5 <input type="checkbox"/> All children OR Person No. Name		
	1512	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	1514	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	1516	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	1518	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	1520	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
CHECK ITEM R21	Was . . . or any of . . . 's children under 18 years old covered by Medicaid?	1524 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 24a		
23d. Was (. . ./and) . . . 's children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes — SKIP to 24a 2 <input type="checkbox"/> No		
	1528	1 <input type="checkbox"/> Last month		
	1530	2 <input type="checkbox"/> 2 months ago		
	1532	3 <input type="checkbox"/> 3 months ago		
e. In which months was (. . ./and) . . . 's children) covered? Mark (X) all that apply.	1534	4 <input type="checkbox"/> 4 months ago		
24a. Was . . . covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)	1536	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R22		
	ASK OR VERIFY —			
b. Was . . . covered by a health insurance plan during the entire 4-month period?	1538	1 <input type="checkbox"/> Yes — SKIP to 24d 2 <input type="checkbox"/> No		
c. In which months was . . . covered? Mark (X) all that apply.	1540	1 <input type="checkbox"/> Last month		
	1542	2 <input type="checkbox"/> 2 months ago		
	1544	3 <input type="checkbox"/> 3 months ago		
	1546	4 <input type="checkbox"/> 4 months ago		
d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?	1547	1 <input type="checkbox"/> Plan in own name — SKIP to 24f 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both — SKIP to 24f		
	e. Whose plan covered . . . ?	Household member Person No. Name		
		1548 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	x4 <input type="checkbox"/> Not a Household member	} SKIP to Check Item R22		
f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?	1549		1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
	g. Did . . . 's employer or union (former employer) pay all, part, or none of the cost of this plan?	1550	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None	
		h. Was . . . 's plan an individual plan or a family plan?	1552	1 <input type="checkbox"/> Individual — SKIP to Check Item R22 2 <input type="checkbox"/> Family
			i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)	1554	x5 ☐ All persons Person No. Name
	1556	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	1558	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
1560	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
1562	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
1564	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months? Mark (X) all that apply. If "Yes," "Who did the plan cover?"	1566	x3 <input type="checkbox"/> None		
	1567	1 <input type="checkbox"/> Yes, spouse		
	1568	2 <input type="checkbox"/> Yes, child(ren)		
	1569	3 <input type="checkbox"/> Yes, someone else		
	1570	4 <input type="checkbox"/> No		

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R22	Refer to cc item 27. Is . . . the designated parent or guardian of children under 15 years old who live in this household?	1572	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 25																								
	ASK OR VERIFY – 24k. Were all of . . . 's children under 15 years old covered by a health insurance plan? (Include CHAMPUS, CHAMPVA, and military plans.) (Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)	1574	1 <input type="checkbox"/> Yes – SKIP to 24m 2 <input type="checkbox"/> No																								
	i. Which children were covered by a health insurance plan?		<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;">1575</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1576</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1577</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1578</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1579</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> </tbody> </table> OR x3 <input type="checkbox"/> None – SKIP to 25		Person No.	Name	1575			1576			1577			1578			1579								
	Person No.	Name																									
1575																											
1576																											
1577																											
1578																											
1579																											
	m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?		<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;">1581</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1582</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1583</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1584</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1585</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1586</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">1587</td> <td colspan="2">2 <input type="checkbox"/> No</td> </tr> </tbody> </table>		Person No.	Name	1581			1582			1583			1584			1585			1586			1587	2 <input type="checkbox"/> No	
	Person No.	Name																									
1581																											
1582																											
1583																											
1584																											
1585																											
1586																											
1587	2 <input type="checkbox"/> No																										
	25. Excluding IRA, Keogh, and 401K accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?	1624	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a																								
	26. Did . . . have any – a. Regular or passbook savings accounts?	1626	1 <input type="checkbox"/> Yes – Mark "100" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																								
	b. Money market deposit accounts?	1628	1 <input type="checkbox"/> Yes – Mark "101" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																								
	c. Certificates of deposit or other savings certificates?	1630	1 <input type="checkbox"/> Yes – Mark "102" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																								
	d. Interest-earning checking accounts (such as NOW or Super NOW accounts)?	1632	1 <input type="checkbox"/> Yes – Mark "103" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																								
	27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA, Keogh, and 401K accounts.)	1634	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 28																								
	(SHOW FLASHCARD N) b. Which kinds of these assets did . . . own? Any others? (Exclude IRA, Keogh, and 401K accounts.) Mark (X) all that apply.	1636 1638 1640 1642 1644 1646	1 <input type="checkbox"/> Money market funds – Mark "104" on ISS 2 <input type="checkbox"/> U.S. Government securities – Mark "105" on ISS 3 <input type="checkbox"/> Municipal or corporate bonds – Mark "106" on ISS 4 <input type="checkbox"/> Mortgages – Mark "130" on ISS 5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) – Mark "174" on ISS 6 <input type="checkbox"/> Other – Specify and mark "107" on ISS																								

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>28. During the 4-month period did . . . have any — (Exclude IRA, Keogh, and 401k accounts.)</p> <p>a. Stocks or mutual fund shares?</p> <p>b. Rental property?</p> <p>c. Royalties?</p> <p>d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?</p>	<p>1648</p> <p>1650</p> <p>1652</p> <p>1654</p>	<p>1 <input type="checkbox"/> Yes — Mark "110" on ISS</p> <p>2 <input type="checkbox"/> No</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</p> <p>1 <input type="checkbox"/> Yes — Mark "120" on ISS</p> <p>2 <input type="checkbox"/> No</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</p> <p>1 <input type="checkbox"/> Yes — Mark "140" on ISS</p> <p>2 <input type="checkbox"/> No</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</p> <p>1 <input type="checkbox"/> Yes — Specify and mark "150" on ISS</p> <p>2 <input type="checkbox"/> No</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</p>
<p>29a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</p> <p>b. During which months was . . . enrolled? <i>Mark (X) all that apply.</i></p> <p>c. At what level or grade was . . . enrolled? <i>(If enrolled at more than one level during this period, check most recent level.)</i></p>	<p>1656</p> <p>1658</p> <p>1660</p> <p>1662</p> <p>1664</p> <p>1666</p> <p>1668</p>	<p>1 <input type="checkbox"/> Yes, full-time</p> <p>2 <input type="checkbox"/> Yes, part-time</p> <p>3 <input type="checkbox"/> No — SKIP to Check Item R23</p> <p>1 <input type="checkbox"/> All months</p> <p>2 <input type="checkbox"/> Last month</p> <p>3 <input type="checkbox"/> 2 months ago</p> <p>4 <input type="checkbox"/> 3 months ago</p> <p>5 <input type="checkbox"/> 4 months ago</p> <p>1 <input type="checkbox"/> Elementary grades 1—8 } SKIP to Check</p> <p>2 <input type="checkbox"/> High school grades 9—12 } Item R23</p> <p>3 <input type="checkbox"/> College year 1</p> <p>4 <input type="checkbox"/> College year 2</p> <p>5 <input type="checkbox"/> College year 3</p> <p>6 <input type="checkbox"/> College year 4</p> <p>7 <input type="checkbox"/> College year 5</p> <p>8 <input type="checkbox"/> College year 6</p> <p>9 <input type="checkbox"/> Vocational school</p> <p>10 <input type="checkbox"/> Technical school</p> <p>11 <input type="checkbox"/> Business school</p>
<p>30a. Were any of . . .'s educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any other type of scholarship or grant?</p> <p>b. What kind of educational assistance did . . . receive? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1670</p> <p>1672</p> <p>1674</p> <p>1676</p> <p>1678</p> <p>1680</p> <p>1682</p> <p>1684</p> <p>1686</p> <p>1688</p> <p>1690</p> <p>1692</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item R23</p> <p>1 <input type="checkbox"/> GI Bill — Mark "40" on ISS</p> <p>2 <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS</p> <p>3 <input type="checkbox"/> College Work Study — Mark "175" on ISS</p> <p>4 <input type="checkbox"/> PELL Grant — Mark "176" on ISS</p> <p>5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS</p> <p>6 <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS</p> <p>7 <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS</p> <p>8 <input type="checkbox"/> JTPA Training — Mark "180" on ISS</p> <p>9 <input type="checkbox"/> Employer Assistance — Mark "181" on ISS</p> <p>10 <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS</p> <p>11 <input type="checkbox"/> Other financial aid — Mark "183" on ISS</p>
<p>CHECK ITEM R23 Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?</p>	<p>1694</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item R24</p>
<p>31. ASK OR VERIFY — Is . . .'s spouse in the Armed Forces?</p>	<p>1696</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R24**

Are any codes (excluding 171–173, 200, and 201) marked on the ISS?

1698

- 1 Yes
2 No – SKIP to 33a

32a. You said that during the 4-month period . . . received income from – (Read all items marked on the ISS, except codes 171–173, 200, and 201.) Is that correct?

1700

- 1 Yes
2 No – Probe and resolve (Make corrections to ISS if necessary)

b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?

1702

- 1 Yes – SKIP to 33b
2 No – SKIP to Check Item E1, page 13

33a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?

1704

- 1 Yes
2 No – SKIP to Check Item P1, page 45

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

Enter codes from income source list and mark ISS.

1706

1708

1710

NOTES

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT

CHECK ITEM E1	Is "Worked" (code 170) marked on ISS?	1712	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to First ISS Code marked or Check Item P1, page 45</i>
	1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)	1714	<input type="checkbox"/> Worked for employer only <input type="checkbox"/> Self-employed only – <i>SKIP to Statement B, page 18</i> <input type="checkbox"/> Both worked for employer and self-employed
	b. How many different employers did . . . work for during this 4-month period?	1716	<input type="checkbox"/> 1 employer <input type="checkbox"/> 2 employers <input type="checkbox"/> 3 or more employers
CHECK ITEM E2	Is "Both worked for employer and self-employed" (box 3) marked in item 1a?	1718	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 2a</i>

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

<p>2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If worked for 2 employers, enter one employer here and the other in part A2, page 16. If worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	PGM 8	Employer name
	2000	
<p>CHECK ITEM E3 Enter number "1" for this employer in box. →</p>	PGM 8	Employer I.D. No.
	2002	<input type="checkbox"/>
<p>2b. 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	
	2005	
<p>ASK OR VERIFY –</p> <p>c. Is it mainly –</p>	PGM 8	<p>1 <input type="checkbox"/> Manufacturing?</p> <p>2 <input type="checkbox"/> Wholesale Trade?</p> <p>3 <input type="checkbox"/> Retail Trade?</p> <p>4 <input type="checkbox"/> Some other kind of business?</p>
	2006	
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	PGM 8	
	2008	
<p>e. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	PGM 8	
	2010	
<p>ASK OR VERIFY –</p> <p>f. Was . . . an employee of –</p>	PGM 8	<p>1 <input type="checkbox"/> A private for-profit company or individual?</p> <p>2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?</p> <p>3 <input type="checkbox"/> Federal government (exclude Armed Forces)?</p> <p>4 <input type="checkbox"/> State government?</p> <p>5 <input type="checkbox"/> Local government?</p> <p>6 <input type="checkbox"/> Armed Forces?</p> <p>7 <input type="checkbox"/> Unpaid in family business or farm?</p>
	2012	
<p>ASK OR VERIFY –</p> <p>3a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7	<p>1 <input type="checkbox"/> Yes – SKIP to 4</p> <p>2 <input type="checkbox"/> No</p>
	2014	
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	2016	FROM <input type="text"/> Month <input type="text"/> Day
	2020	TO <input type="text"/> Month <input type="text"/> Day
<p>CHECK ITEM E3.1 Did . . . stop working for this employer during the reference period?</p>	2023	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 4</p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one</i></p>	2024	<p>1 <input type="checkbox"/> Laid off</p> <p>2 <input type="checkbox"/> Retired</p> <p>3 <input type="checkbox"/> Discharged</p> <p>4 <input type="checkbox"/> Job was temporary and ended</p> <p>5 <input type="checkbox"/> Quit to take another job</p> <p>6 <input type="checkbox"/> Quit for some other reason</p>
<p>ASK OR VERIFY –</p> <p>4. How many hours per week did . . . usually work at this job?</p>	2025	<p><input type="text"/> Hours</p> <p>X3 <input type="checkbox"/> None</p> <p>X1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	2026	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 7a</p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	2028	<p>\$ <input type="text"/> <input type="text"/></p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref. – SKIP to Check Item E5</p>
<p>7a. During the 4-month period how often was . . . paid on this job?</p>	2029	<p>1 <input type="checkbox"/> Once a week</p> <p>2 <input type="checkbox"/> Once each 2 weeks</p> <p>3 <input type="checkbox"/> Once a month</p> <p>4 <input type="checkbox"/> Twice a month</p> <p>5 <input type="checkbox"/> Unpaid in family business or farm – SKIP to Check Item E5</p> <p>6 <input type="checkbox"/> Some other way – Specify _____</p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	2030	<p><input type="text"/> Month <input type="text"/> Day</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</p>
	2031	<p><input type="text"/> Month <input type="text"/> Day</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</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. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

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

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

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

CHECK ITEM E4 Is "DK" marked in all parts of item 8a?

2040 1 Yes
2 No – SKIP to 9a

8b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

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

9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

2044 1 Yes – SKIP to Check Item E5
2 No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2046 1 Yes
2 No

CHECK ITEM E5 Number of employers in item 1b, page 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>	<p>PGM 8 Employer name 2100 _____</p>
<p>CHECK ITEM E6 Enter number "2" for this employer in box. →</p>	<p>PGM 8 Employer I.D. No. 2102 <input type="checkbox"/></p>
<p>10b. 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 2105 _____</p>
<p>ASK OR VERIFY — c. Is it mainly —</p>	<p>PGM 8 2108</p> <p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	<p>PGM 8 2108 _____</p>
<p>e. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 2110 _____</p>
<p>ASK OR VERIFY — f. Was . . . an employee of —</p>	<p>PGM 8 2112</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?</p>
<p>ASK OR VERIFY — 11a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 2114</p> <p>1 <input type="checkbox"/> Yes — SKIP to 12 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2116 FROM <input type="text"/> Month <input type="text"/> Day 2120 TO <input type="text"/> Month <input type="text"/> Day</p>
<p>CHECK ITEM E6.1 Did . . . stop working for this employer during the reference period?</p>	<p>2123</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12</p>
<p>11c. What is the main reason . . . stopped working for (name of employer)?</p>	<p>2124</p> <p>1 <input type="checkbox"/> Laid off 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 — 12. How many hours per week did . . . usually work at this job?</p>	<p>2125 <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>13. Was . . . paid by the hour on this job?</p>	<p>2126</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a</p>
<p>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</p>	<p>2128 \$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E8</p>
<p>15a. During the 4-month period how often was . . . paid on this job?</p>	<p>2129</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"/> Unpaid in family business or farm — SKIP to Check Item E8 6 <input type="checkbox"/> Some other way — Specify _____</p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	<p>2130 <input type="text"/> Month <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>2131 <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2(Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

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

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



		FIELD REPRESENTATIVE USE ONLY	
LAST MONTH		\$ _____	.00
2132	\$ _____ . 00	\$ _____	.00
x3 <input type="checkbox"/> None		\$ _____	.00
x1 <input type="checkbox"/> DK		\$ _____	.00
x2 <input type="checkbox"/> Ref.		\$ _____	.00
		Total \$	.00
2 MONTHS AGO		\$ _____	.00
2134	\$ _____ . 00	\$ _____	.00
x3 <input type="checkbox"/> None		\$ _____	.00
x1 <input type="checkbox"/> DK		\$ _____	.00
x2 <input type="checkbox"/> Ref.		\$ _____	.00
		Total \$	.00
3 MONTHS AGO		\$ _____	.00
2136	\$ _____ . 00	\$ _____	.00
x3 <input type="checkbox"/> None		\$ _____	.00
x1 <input type="checkbox"/> DK		\$ _____	.00
x2 <input type="checkbox"/> Ref.		\$ _____	.00
		Total \$	.00
4 MONTHS AGO		\$ _____	.00
2138	\$ _____ . 00	\$ _____	.00
x3 <input type="checkbox"/> None		\$ _____	.00
x1 <input type="checkbox"/> DK		\$ _____	.00
x2 <input type="checkbox"/> Ref.		\$ _____	.00
		Total \$	.00

CHECK ITEM E7 Is "DK" marked in all parts of item 16a? **2140** 1 Yes
2 No – SKIP to 17a

16b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.) **2142** 1 Yes – Mark Reminder Card and Callback Summary, Item 3b
2 No

17a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period? **2144** 1 Yes – SKIP to Check Item E8
2 No

b. Was . . . covered by a union or employee association contract during the 4-month period? **2146** 1 Yes
2 No

CHECK ITEM E8 Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13? **2148** 1 Yes – Read Statement B
2 No – SKIP to first ISS Code or Check Item P1, page 45

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

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

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

		FIELD REPRESENTATIVE USE ONLY
<p>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.</p> <p>What was the total amount of income that . . . received from this business in (Read each month)?</p>		
<p>LAST MONTH</p> <p>2238 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
<p>2 MONTHS AGO</p> <p>2240 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
<p>3 MONTHS AGO</p> <p>2242 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
<p>4 MONTHS AGO</p> <p>2244 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
<p>CHECK ITEM S4 Is "DK" marked in all parts of item 7?</p>	<p>2246 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S5</p>	
<p>8. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)</p>	<p>2248 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4a 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM S5 Refer to item 4a, page 18. Is this business incorporated?</p>	<p>2250 1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM S6 Has information about the net profit (or loss) for this business already been obtained from another household member?</p>	<p>2252 1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No</p>	
<p>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?</p>	<p>2254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11</p>	
<p>b. What was the net profit or loss? If "broke even," enter "\$1" in box.</p>	<p>2256 \$ <input type="text"/> . <input type="text"/> 00 2258 x4 <input type="checkbox"/> Loss in amount box</p>	<p>} SKIP to 11</p>
<p>10. About how much did . . . earn from this business after expenses during the 4-month period?</p>	<p>2260 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	
<p>11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?</p>	<p>2262 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code or Check Item P1, page 45</p>	

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm?</p> <p><i>(If self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	PGM 8	<p>Business name</p> <p>2300 _____</p>												
<p>CHECK ITEM S7 Enter number "2" for this business in box. →</p>	PGM 8	<p>Business I.D. No.</p> <p>2301 <input type="checkbox"/></p>												
<p>12b. What kind of business was this?</p>	PGM 8	<p>2304 _____</p>												
<p><i>ASK OR VERIFY –</i></p> <p>c. Is it mainly –</p>	PGM 8	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>												
<p>d. What kind of work was . . . doing on this job?</p>	PGM 8	<p>2308 _____</p>												
<p>e. What were . . . 's most important activities or duties on this job?</p>	PGM 8	<p>2310 _____</p>												
<p>f. How many hours per week did . . . usually work at this business?</p>	PGM 7	<p>2312 <input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>												
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</p> <p><i>Gross earnings include sales and receipts before expenses.</i></p>	2314	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 21</i> x1 <input type="checkbox"/> DK</p>												
<p>CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?</p>	2318	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 17a</i> 2 <input type="checkbox"/> No</p>												
<p>14. What was the total number of employees working for this business? Be sure to include . . .</p> <p><i>Enter 999 if 1,000 or more employees.</i></p>	2318	<p><input type="text"/> <input type="text"/> <input type="text"/> Employees</p> <p>x1 <input type="checkbox"/> DK</p>												
<p>15a. Was . . . 's business incorporated?</p>	2320	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 16a</i> 2 <input type="checkbox"/> No</p>												
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	2322	<p>1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 17a</i> 2 <input type="checkbox"/> Partnership</p>												
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	2324	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17a</i></p>												
<p>b. Which members?</p>	2326	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:40%;">Person No.</th> <th style="width:50%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2326</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td style="text-align: center;">2328</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td style="text-align: center;">2330</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	2326	<input type="text"/> <input type="text"/> <input type="text"/>	_____	2328	<input type="text"/> <input type="text"/> <input type="text"/>	_____	2330	<input type="text"/> <input type="text"/> <input type="text"/>	_____
	Person No.	Name												
2326	<input type="text"/> <input type="text"/> <input type="text"/>	_____												
2328	<input type="text"/> <input type="text"/> <input type="text"/>	_____												
2330	<input type="text"/> <input type="text"/> <input type="text"/>	_____												
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	2332	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	2334	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	2336	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item S11</i></p>												

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.		FIELD REPRESENTATIVE USE ONLY	
<p>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.</p> <p>What was the total amount of income that . . . received from this business in (Read each month)?</p>		<p>LAST MONTH</p> <p>2338 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
		<p>2 MONTHS AGO</p> <p>2340 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
		<p>3 MONTHS AGO</p> <p>2342 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
		<p>4 MONTHS AGO</p> <p>2344 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>TOTAL \$ _____ .00</p>
CHECK ITEM S10	Is "DK" marked in all parts of item 18?	2346	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item S11</p>
19.	If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)	2348	<p>1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4b</p> <p>2 <input type="checkbox"/> No</p>
CHECK ITEM S11	Refer to item 15a, page 20. Is this business incorporated?	2350	<p>1 <input type="checkbox"/> Yes – SKIP to first ISS Code or Check Item P1, page 45</p> <p>2 <input type="checkbox"/> No</p>
CHECK ITEM S12	Has information about the net profit (or loss) for this business already been obtained from another household member?	2352	<p>1 <input type="checkbox"/> Yes – SKIP to first ISS Code or Check Item P1, page 45</p> <p>2 <input type="checkbox"/> No</p>
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	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to first ISS Code or Check Item P1, page 45</p>
b.	What was the net profit or loss? If "broke even," enter "\$1" in box.	<p>2356 \$ <input type="text"/> . <input type="text"/> 00</p> <p>2358 X4 <input type="checkbox"/> Loss in amount box</p>	<p>SKIP to first ISS Code or Check Item P1, page 45</p>
21.	About how much did . . . earn from this business after expenses during the 4-month period?	<p>2360 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	

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>Income code Name of income type</p> <p>3000 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3002</p> <p>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 24</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 24</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>3004</p> <p>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>3006</p> <p>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>3008</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3010</p> <p>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>3012</p> <p>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>3014</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. 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 (including deductions for Medicare premiums).</p>
<p>(Last month)</p>	<p>3018</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3018 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3020</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3022 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3024</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3026 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3028</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3030 \$ <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>3032</p> <p>1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 45</i></p>
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3034</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>
<p>NOTES</p>	

Section 3 — AMOUNTS (Continued)

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

		Person No.	Name	
6b. Which persons were covered?	3036	<input type="text"/>	<input type="text"/>	
	3038	<input type="text"/>	<input type="text"/>	
	3040	<input type="text"/>	<input type="text"/>	
	3042	<input type="text"/>	<input type="text"/>	
	3044	<input type="text"/>	<input type="text"/>	
	3046	<input type="text"/>	<input type="text"/>	
	3048	<input type="text"/>	<input type="text"/>	
	3050	<input type="text"/>	<input type="text"/>	
	3052	<input type="text"/>	<input type="text"/>	
	3054	<input type="text"/>	<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 Check Item P1, page 45		
7a. What type of Veterans' payments did . . . receive?	3058	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments		
b. 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 Check Item P1, page 45		
(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		
CHECK ITEM A7 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 Check Item P1, page 45		
9a. Were (Social Security/Railroad Retirement) payments received for . . .'s children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month)	3070	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
	(2 months ago)	3074	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
	(3 months ago)	3078	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
	(4 months ago)	3082	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
	9b. If "Yes" in item 9a — How much was received?	3072	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.	
	3076	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.		
	3080	\$ <input type="text"/> . <input type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref.		
	3084	\$ <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 Check Item P1, page 45 <input type="checkbox"/> No		

AMOUNTS - PART A

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 45

11a. Were all the people living here covered under ...'s food stamp allotment? **3100** 1 Yes – *SKIP to 12a*
2 No

b. Which persons were covered?

	Person No.	Name
3102	<input type="text"/>	<input type="text"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>

<p>12a. Did ... receive food stamps in (Read each month)? NOTE: Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>3122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>12b. If "Yes" in item 12a, ask – What was the total amount?</p> <p>3124 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3126 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3128 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3132 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3134 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3136 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

SKIP to next ISS Code or Check Item P1, page 45

13a. Did ... receive any WIC benefits in (Read each month)? **3138** 1 Last month
3140 2 2 months ago
3142 3 3 months ago
3144 4 4 months ago
Mark (X) all that apply.

b. Which persons were covered?

	Person No.	Name
3146	<input type="text"/>	<input type="text"/>
3148	<input type="text"/>	<input type="text"/>
3150	<input type="text"/>	<input type="text"/>
3152	<input type="text"/>	<input type="text"/>
3154	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

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>3200 <input type="text"/> <input 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 <i>Refer to cc item 26a.</i> 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 Check Item P1, page 45</i> <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. 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 (including deductions for Medicare premiums).</p>
<p>(Last month)</p>	<p>3216 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3218 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3220 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3222 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3224 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3226 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3228 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK 3230 \$ <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>3232 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</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 Check Item P1, page 45</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>
<p>NOTES</p>	

Section 3 – AMOUNTS (Continued)

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

		Person No.	Name	
6b. Which persons were covered?	3236	<input type="text"/>	<input type="text"/>	
	3238	<input type="text"/>	<input type="text"/>	
	3240	<input type="text"/>	<input type="text"/>	
	3242	<input type="text"/>	<input type="text"/>	
	3244	<input type="text"/>	<input type="text"/>	
	3246	<input type="text"/>	<input type="text"/>	
	3248	<input type="text"/>	<input type="text"/>	
	3250	<input type="text"/>	<input type="text"/>	
	3252	<input type="text"/>	<input type="text"/>	
	3254	<input type="text"/>	<input type="text"/>	
CHECK ITEM A6 Is this ISS code "8"?	3256	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>		
7a. What type of Veterans' payments did . . . receive?	3258	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments		
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3260	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 45</i>		
<i>(SHOW FLASHCARD 0)</i> 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	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct Deposit <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	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other x1 <input type="checkbox"/> DK		
CHECK ITEM A7 Refer to item 2, page 25. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>		
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January. (Last month)	3270	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK		
	(2 months ago)	3274	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
	(3 months ago)	3278	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
	(4 months ago)	3282	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
	9b. If "Yes" in item 9a – How much was received?	3272	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3276	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
	3280	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
	3284	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
10a. Were all children living here covered by these payments? <i>VERIFY IF ONLY ONE CHILD OR ASK –</i>	3286	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> <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 Check Item P1, page 45

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

12a. Did ... receive food stamps in (Read each month)? NOTE: Food stamp benefits may be adjusted for inflation in July and October. (Last month) (2 months ago) (3 months ago) (4 months ago)	3322	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	12b. If "Yes" in item 12a, ask – What was the total amount? 3324 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3328 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3332 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3336 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 45

13a. Did ... receive any WIC benefits in (Read each month)? Mark (X) all that apply.	3338 3340 3342 3344	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
b. Which persons were covered?	3346	Person No. Name
	3348	
	3350	
	3352	
	3354	

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS (Continued)

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

		Person No.	Name	
6b. Which persons were covered?	3436	<input type="text"/>	<input type="text"/>	
	3438	<input type="text"/>	<input type="text"/>	
	3440	<input type="text"/>	<input type="text"/>	
	3442	<input type="text"/>	<input type="text"/>	
	3444	<input type="text"/>	<input type="text"/>	
	3446	<input type="text"/>	<input type="text"/>	
	3448	<input type="text"/>	<input type="text"/>	
	3450	<input type="text"/>	<input type="text"/>	
	3452	<input type="text"/>	<input type="text"/>	
	3454	<input type="text"/>	<input type="text"/>	
CHECK ITEM A6 Is this ISS code "8"?	3456	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45		
7a. What type of Veterans' payments did ... receive?	3458	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments		
b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?	3460	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
		<i>SKIP to next ISS Code or Check Item P1, page 45</i>		
(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.)	3464	<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?	3466	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK		
CHECK ITEM A7 Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3468	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45		
9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January. (Last month)	3470	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
	(2 months ago)	3474	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
	(3 months ago)	3478	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
	(4 months ago)	3482	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
		3486	<input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 <input type="checkbox"/> No	
10a. Were all children living here covered by these payments?				
		<input type="checkbox"/> Yes <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		
3490		
3492		
3494		
3496		
3498		

SKIP to next ISS Code or Check Item P1, page 45

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		
3504		
3506		
3508		
3510		
3512		
3514		
3516		

<p>12a. Did ... receive food stamps in (Read each month)?</p> <p>NOTE: Food stamp benefits may be adjusted for inflation July and October.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>3522 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>12b. If "Yes" in item 12a, ask – What was the total amount?</p> <p>3524 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3526 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3528 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3532 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3534 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3536 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

SKIP to next ISS Code or Check Item P1, page 45

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		
3548		
3550		
3552		
3554		

SKIP to next ISS Code or Check Item P1, page 45

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 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>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 <i>Refer to cc item 26a.</i> 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 Check Item P1, page 45</i> 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. 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 (including deductions for Medicare premiums).</p>
<p>(Last month)</p>	<p>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3618 \$ <input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3622 \$ <input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3626 \$ <input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3630 \$ <input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>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 8a</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 45</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>
<p>NOTES</p>	

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
3636	
3638	
3640	
3642	
3644	
3646	
3648	
3650	
3652	
3654	

CHECK ITEM A6 Is this ISS code "8"?

3656 Yes
 No – SKIP to next ISS Code or Check Item P1, page 45

7a. What type of Veterans' payments did . . . receive?

3658 Service-connected disability compensation
 Survivor benefits
 Veterans' pension
 Other Veterans' payments

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

3660 Yes
 No
 DK } SKIP to next ISS Code or Check Item P1, page 45

(SHOW FLASHCARD 0)

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 Blue
 Buff
 Direct Deposit
 Other
 DK

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

3666 First
 Third
 Other
 DK

CHECK ITEM A7 Refer to item 2, page 31. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

3668 Yes
 No – SKIP to next ISS Code or Check Item P1, page 45

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January. (Last month)	3670 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a – How much was received?	
		3672 \$	.00
(2 months ago)	3674 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3676 \$	.00
(3 months ago)	3678 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3680 \$	.00
(4 months ago)	3682 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3684 \$	.00

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

3686 Yes – SKIP to next ISS Code or Check Item P1, page 45
 No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?

	Person No.	Name
3688	□ □ □	_____
3690	□ □ □	_____
3692	□ □ □	_____
3694	□ □ □	_____
3696	□ □ □	_____
3698	□ □ □	_____

SKIP to next ISS Code or Check Item P1, page 45

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

3700 1 Yes – SKIP to 12a
2 No

b. Which persons were covered?

	Person No.	Name
3702	□ □ □	_____
3704	□ □ □	_____
3706	□ □ □	_____
3708	□ □ □	_____
3710	□ □ □	_____
3712	□ □ □	_____
3714	□ □ □	_____
3716	□ □ □	_____

<p>12a. Did ... receive food stamps in (Read each month)?</p> <p>NOTE: Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>3722 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>12b. If "Yes" in item 12a, ask – What was the total amount?</p> <p>3724 \$ □ □ . □ □ x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3726 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3728 \$ □ □ . □ □ x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3730 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3732 \$ □ □ . □ □ x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3736 \$ □ □ . □ □ x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

SKIP to next ISS Code or Check Item P1, page 45

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

3738 1 Last month
3740 2 2 months ago
3742 3 3 months ago
3744 4 4 months ago

Mark (X) all that apply.

b. Which persons were covered?

	Person No.	Name
3746	□ □ □	_____
3748	□ □ □	_____
3750	□ □ □	_____
3752	□ □ □	_____
3754	□ □ □	_____

SKIP to next ISS Code or Check Item P1, page 45

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: center;">Income code Name of income type</p> <p>3800 <input type="text"/> <input type="text"/> _____</p>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3802 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 36 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 36 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 <input type="checkbox"/> Other ISS codes – SKIP to 5a</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3804 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3806 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3808 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 Refer to cc item 26a. Is . . . married?</p>	<p>3810 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3812 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3814 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. 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 (including deductions for Medicare premiums).</p>
<p>(Last month)</p>	<p>3816 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3818 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3820 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3822 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3824 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3826 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3828 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3830 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A5 Mark (X) income type code.</p>	<p>3832 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8a <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 45</p>
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3834 <input type="checkbox"/> Yes – SKIP to Check Item A6 <input type="checkbox"/> No</p>
<p>NOTES</p>	

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
3836	
3838	
3840	
3842	
3844	
3846	
3848	
3850	
3852	
3854	

CHECK ITEM A6 Is this ISS code "8"?

3856 Yes
 No – SKIP to next ISS Code or Check Item P1, page 45

7a. What type of Veterans' payments did . . . receive?

3858

Service-connected disability compensation
 Survivor benefits
 Veterans' pension
 Other Veterans' payments

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

3860 Yes
 No
 DK } SKIP to next ISS Code or Check Item P1, page 45

(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 Blue
 Buff
 Direct Deposit
 Other
 DK

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

3866 First
 Third
 Other
 DK

CHECK ITEM A7 Refer to item 2, page 34. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

3868 Yes
 No – SKIP to next ISS Code or Check Item P1, page 45

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January.	3870 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a – How much was received?	
		3872 \$	.00
(Last month)			
(2 months ago)	3874 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3876 \$	.00
(3 months ago)	3878 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3880 \$	.00
(4 months ago)	3882 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3884 \$	.00

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

3886 Yes – SKIP to next ISS Code or Check Item P1, page 45
 No

Section 3 — AMOUNTS (Continued)

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

10b. Which children were covered?	Person No.	Name	
	3888	<input type="text"/>	<input type="text"/>
	3890	<input type="text"/>	<input type="text"/>
	3892	<input type="text"/>	<input type="text"/>
	3894	<input type="text"/>	<input type="text"/>
	3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>	

SKIP to next ISS Code or Check Item P1, page 45

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

12a. Did ... receive food stamps in (Read each month)? NOTE: Food stamp benefits may be adjusted for inflation in July and October.	(Last month)	3922	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	12b. If "Yes" in item 12a, ask — What was the total amount?	3924	\$ <input type="text"/> . <input 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 type="text"/> . <input 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 type="text"/> . <input 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 type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 45

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

SKIP to next ISS Code or Check Item P1, page 45

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>Income code Name of income type</p> <p>4000 <input type="text"/> <input 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 <i>Refer to cc item 26a.</i> 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 Check Item P1, page 45</i> <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. 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 (including deductions for Medicare premiums).</p>
<p>(Last month)</p>	<p>4016 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4018 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>4020 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4022 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>4024 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4026 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>4028 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4030 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</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 8a</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 Check Item P1, page 45</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>

Section 3 – AMOUNTS (Continued)

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

		Person No.	Name
6b. Which persons were covered?	4036	<input type="text"/>	<input type="text"/>
	4038	<input type="text"/>	<input type="text"/>
	4040	<input type="text"/>	<input type="text"/>
	4042	<input type="text"/>	<input type="text"/>
	4044	<input type="text"/>	<input type="text"/>
	4046	<input type="text"/>	<input type="text"/>
	4048	<input type="text"/>	<input type="text"/>
	4050	<input type="text"/>	<input type="text"/>
	4052	<input type="text"/>	<input type="text"/>
	4054	<input type="text"/>	<input type="text"/>
CHECK ITEM A6 Is this ISS code "8"?	4056	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>	
7a. What type of Veterans' payments did . . . receive?	4058	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments	
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	4060	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 45</i>	
<i>(SHOW FLASHCARD O)</i> 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.)	4064	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
b. Do . . . 's payments usually come on the first of the month or the third?	4066	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
CHECK ITEM A7 Refer to item 2, page 37. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	4068	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>	
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January. (Last month)	4070	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a – How much was received? \$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	4074	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	4078	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	4082	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. Were all children living here covered by these payments? <i>VERIFY IF ONLY ONE CHILD OR ASK –</i>	4086	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> <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
4088	<input type="text"/>	<input type="text"/>
4090	<input type="text"/>	<input type="text"/>
4092	<input type="text"/>	<input type="text"/>
4094	<input type="text"/>	<input type="text"/>
4096	<input type="text"/>	<input type="text"/>
4098	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

11a. Were all the people living here covered under ...'s food stamp allotment? 4100 1 Yes – SKIP to 12a
2 No

b. Which persons were covered?

	Person No.	Name
4102	<input type="text"/>	<input type="text"/>
4104	<input type="text"/>	<input type="text"/>
4106	<input type="text"/>	<input type="text"/>
4108	<input type="text"/>	<input type="text"/>
4110	<input type="text"/>	<input type="text"/>
4112	<input type="text"/>	<input type="text"/>
4114	<input type="text"/>	<input type="text"/>
4116	<input type="text"/>	<input type="text"/>

<p>12a. Did ... receive food stamps in (Read each month)? NOTE: Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month) 4122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>(2 months ago) 4126 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>(3 months ago) 4130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>(4 months ago) 4134 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>12b. If "Yes" in item 12a, ask – What was the total amount?</p> <p>4124 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>4128 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>4132 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>4136 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
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SKIP to next ISS Code or Check Item P1, page 45

13a. Did ... receive any WIC benefits in (Read each month)? 4138 1 Last month
4140 2 2 months ago
4142 3 3 months ago
4144 4 4 months ago

Mark (X) all that apply.

b. Which persons were covered?

	Person No.	Name
4146	<input type="text"/>	<input type="text"/>
4148	<input type="text"/>	<input type="text"/>
4150	<input type="text"/>	<input type="text"/>
4152	<input type="text"/>	<input type="text"/>
4154	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A8	Asset types owned. <i>Mark (X) all that apply.</i>	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 A9	Interview status of . . . 's spouse.	4308 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4310 <input type="checkbox"/> Yes <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 (including even small amounts credited to . . . 's account(s))?	4312 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
c.	What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	4314 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4316 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 5</i> <input type="checkbox"/> No
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 – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	4320 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
c.	What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	4322 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4324 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 6</i> <input type="checkbox"/> No <div style="float: right; margin-left: 20px;"> } <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A10	Asset types owned. <i>Mark (X) all that apply.</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> 4400 4402 4404 4408 </div> <div style="width: 85%;"> <input type="checkbox"/> ISS code 104 – Money Market funds <input type="checkbox"/> ISS code 105 – U.S. Government securities <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds <input type="checkbox"/> ISS code 107 – Other interest-earning assets – <i>Specify</i> <u> X </u> </div> </div>
<p>1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.</p>		
CHECK ITEM A11	Interview status of . . . 's spouse.	4408 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> <input type="checkbox"/> Interview for spouse not yet conducted <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 <input type="checkbox"/> Yes <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 (including even small amounts credited to . . . 's account(s))?	4412 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 3a</i> <input type="checkbox"/> None – <i>SKIP to 3a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
c.	What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	4414 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 3a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey)	4416 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 7</i> <input type="checkbox"/> No
3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?	4418 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	4420 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 45</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
c.	What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	4422 \$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey)	4424 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 8</i> <input type="checkbox"/> No

AMOUNTS PARTS B & C

NOTES

Section 3 – AMOUNTS (Continued)

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

<p>1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)</p>	4500	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i></p>
<p>CHECK ITEM A 12 Interview status of . . .'s spouse.</p>	4502	<p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i></p>
<p>1b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)?</p> <p align="right">★</p>	4504	<p>\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to 2a</i></p> <p>x3 <input type="checkbox"/> None – <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i></p>
<p>c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	4506	<p>1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 9</i> 2 <input type="checkbox"/> No</p>
<p>2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)?</p> <p align="right">★</p>	4508	<p>\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to 3a</i></p> <p>x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i></p>
<p>b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	4510	<p>1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 10</i> 2 <input type="checkbox"/> No</p>
<p>3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested?</p>	4512	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 45</i></p>
<p>CHECK ITEM A 13 Interview status of . . .'s spouse.</p>	4514	<p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i></p>
<p>3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?</p>	4516	<p>\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i></p>
<p>c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?</p>	4518	<p>\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to next ISS Code or Check Item P1, page 45</i></p>

NOTES

AMOUNTS - PARTS D & E

Section 3 — AMOUNTS (Continued)

Part E — RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A14 Interview status of . . . 's spouse.	4600 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3a</i>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4-months? <i>Include only property owned entirely by couple.</i>	
4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3a</i>	
b. About how much was received in gross rent from this property during the 4-month period?	
4604 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i>	
c. What is your best estimate of the amount that was cleared after expenses?	
4606 \$ <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 next ISS Code or Check Item P1, page 45</i> 4608 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>	
3a. Did . . . receive rental income from property owned entirely in . . . 's own name during the last 4-months?	
4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4a</i>	
b. About how much was received in gross rent from this property during the 4-month period?	
4612 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i>	
c. What is your best estimate of the amount that was cleared after expenses?	
4614 \$ <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 next ISS Code or Check Item P1, page 45</i> 4618 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>	
4a. Did . . . receive any rental income from property owned jointly with others during the last 4-months? (Not including property owned entirely by . . . and . . . 's spouse.)	
4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS code or Check Item P1, page 45</i>	
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?	
4620 \$ <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. 4622 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>	
} <i>SKIP to next ISS Code or Check Item P1, page 45</i>	
NOTES	

AMOUNTS — PARTS D & E

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A15	Asset types owned. <i>Mark (X) all that apply.</i>	4700 4702 4704	<input type="checkbox"/> ISS Code 130 – Mortgages <input type="checkbox"/> ISS Code 140 – Royalties <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A16	Is ISS Code 130 marked in Check Item A15?	4706	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 3</i>
CHECK ITEM A17	Interview status of ...'s spouse.	4708	<input type="checkbox"/> No spouse in household – <i>SKIP to 2b</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
1 a.	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 2b</i>
b.	During the past 4 months how much interest was paid to ... and ...'s spouse by the borrower?	4712	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 a.	(Besides these jointly held mortgages) did ... hold any mortgages in ...'s own name?	4714	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A18</i>
b.	(Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?	4716	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Is ISS Code 140 or 150 marked in Check Item A15?	4718	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item P1</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 type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

NOTES

PROGRAM QUESTIONS

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item C1, page 47
CHECK ITEM P2	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 2a
1 a. What is your monthly rent? <i>Include only the amount the respondent pays for rent. Exclude any subsidized amounts.</i>		4804	\$ <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 2a
b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? <i>Exclude telephone.</i>		4806	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?		4816	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord? <i>Mark (X) all that apply.</i>		4818 4820 4822	<input type="checkbox"/> Checks sent to household <input type="checkbox"/> Coupons or vouchers sent to household <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: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM P3	Are there any children 5 to 18 years old who live in this household?	4826	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item C1, page 47
3 a. Do any of the children in this household usually receive a complete hot lunch offered at school?		4828	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item C1, page 47
b. How many children?		4830	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
c. How many complete school lunches do all of the children receive per week?		4832	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of lunches x1 <input type="checkbox"/> DK
d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?		4834	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 3f
e. In the past 4 months, were the lunches free, reduced-price, or were they full-price? <i>Mark (X) only one.</i>		4836	<input type="checkbox"/> Free lunch – SKIP to 3g <input type="checkbox"/> Reduced-price lunch <input type="checkbox"/> Full-price lunch
f. What was the average price paid by all of the children for a complete school lunch?		4838	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> x1 <input type="checkbox"/> DK
g. Do any of the children usually receive breakfast at school under the Federal School Breakfast Program?		4840	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item C1, page 47
h. How many children?		4842	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
i. How many complete school breakfasts do all of the children receive per week?		4844	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of breakfasts x1 <input type="checkbox"/> DK
j. In the past 4 months, were the breakfasts free, reduced-price, or were they full-price? <i>Mark (X) only one.</i>		4846	<input type="checkbox"/> Free breakfast <input type="checkbox"/> Reduced-price breakfast <input type="checkbox"/> Full-price breakfast