

## Section 4 - TOPICAL MODULES

### Part A - ASSETS AND LIABILITIES

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

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

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

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

8202 \$  .  00  
 x1  DK  
 x2  Ref.  
 8203 1  Office Use Only

ASK OR VERIFY -  
**2a. Did . . . own any U.S. Savings Bonds (Series E, or EE) as of (Read last day of reference period)?**

8204 1  Yes  
 2  No - SKIP to Check Item T1

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

8206 \$  .  00  
 x1  DK  
 x2  Ref.

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

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

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

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

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

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

**3a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for -**

*If "Yes" to 3a ask -*  
**3b. How much was owed as of (Read last day of reference period)?**

**(1) Store bills or credit card bills? . . . . .**

8212 1  Yes  
 2  No  
 x1  DK  
 x2  Ref.

8214 \$  .  00  
 x1  DK - Probe  
 x2  Ref.

**(2) Loans obtained through a bank or credit union, other than car loans or home equity loans? . . . . .**

8216 1  Yes  
 2  No  
 x1  DK  
 x2  Ref.

8218 \$  .  00  
 x1  DK - Probe  
 x2  Ref.

**(3) Any other debt we have not yet mentioned (include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered; exclude mortgages, home equity loans, and car loans)? . . . . .**

8220 1  Yes  
 2  No  
 x1  DK  
 x2  Ref.

8222 \$  .  00  
 x1  DK - Probe  
 x2  Ref.

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**Section 4 - TOPICAL MODULES (Continued)**

**Part A - ASSETS AND LIABILITIES (Continued)**

<p><b>4a. (Besides any checking accounts owned jointly with . . . 's spouse,) as of (Read last day of reference period), did . . . own any (other) checking accounts which did NOT earn interest?</b></p>	<p>8232    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref. } SKIP to 4c</p>
<p><b>b. What is your best estimate of the amount of money . . . had in those checking accounts as of (Read last day of reference period)?</b>  <i>(If account was shared, count only . . . 's share.)</i></p>	<p>8233    \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                    X3 <input type="checkbox"/> None                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref.</p>
<p><b>c. Did . . . have any debts, such as credit card bills, loans from a financial institution, or educational loans, in . . . 's OWN name?</b></p>	<p>8234    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref. } SKIP to Check Item T2</p>
<p><b>d. As of (Read last day of reference period), did . . . owe any money (in . . . 's OWN name) for -</b></p>	<p align="right"><i>If "Yes" to 4d ask -</i></p> <p><b>4e. How much was owed as of (Read last day of reference period)?</b></p>
<p><b>(1) Store bills or credit card bills?</b></p>	<p>8236    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref.</p>
<p><b>(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?</b></p>	<p>8238    \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                    X1 <input type="checkbox"/> DK - Probe                    X2 <input type="checkbox"/> Ref.</p>
<p><b>(3) Any other debt we have not yet mentioned (include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered; exclude mortgages, home equity loans, and car loans)?</b></p>	<p>8240    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref.</p>
<p>8242    \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                    X1 <input type="checkbox"/> DK - Probe                    X2 <input type="checkbox"/> Ref.</p>	
<p>8244    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref.</p>	<p>8246    \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                    X1 <input type="checkbox"/> DK - Probe                    X2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM T2</b>    Refer to cc item 24.          Is . . . 21 years of age or older?</p>	<p>8258    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No - SKIP to Check Item T11, page 67</p>
<p><b>5a. Does . . . have any Individual Retirement Accounts - any IRAs - in . . . 's OWN name?</b>  <i>(Do not mark "Yes" if . . . is only included in spouse's IRA account.)</i></p>	<p>8260    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref. } SKIP to 6a</p>
<p><b>b. For how many years has . . . contributed to . . . 's IRA accounts?</b></p>	<p>8262    <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Years                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref. - SKIP to 6a</p>
<p><b>c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of . . . 's IRA accounts?</b> ★</p>	<p>8264    \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 - SKIP to 5e                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref. - SKIP to 6a</p>
<p><b>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b></p>	<p>8266    1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, Item 17                    2 <input type="checkbox"/> No                    X1 <input type="checkbox"/> DK                    X2 <input type="checkbox"/> Ref. } SKIP to 6a</p>
<p><b>e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's IRA accounts?</b>  <i>Mark (X) all that apply.</i>  <b>Anything else?</b></p>	<p>8268    1 <input type="checkbox"/> Certificates of deposit or other saving certificates                    8270    2 <input type="checkbox"/> Money market funds                    8272    3 <input type="checkbox"/> U.S. Government securities                    8274    4 <input type="checkbox"/> Municipal or corporate bonds                    8276    5 <input type="checkbox"/> U.S. Savings Bonds                    8278    6 <input type="checkbox"/> Stocks or mutual fund shares                    8280    7 <input type="checkbox"/> Other assets - Specify _____                    8282    X1 <input type="checkbox"/> DK</p>

TOPICAL MODULES

**Section 4 - TOPICAL MODULES (Continued)**

**Part A - ASSETS AND LIABILITIES (Continued)**

<p><b>6a. Does . . . have a KEOGH account in . . . 's OWN name?</b></p>	<p>8284    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref. } <i>SKIP to 7a</i></p>
<p><b>b. For how many years has . . . contributed to . . . 's KEOGH account?</b></p>	<p>8286    <input type="text"/> <input type="text"/> Years                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref. - <i>SKIP to 7a</i></p>
<p><b>c. As of (Read last day of reference period), what was the total balance or market value of assets in . . . 's KEOGH account(s)?</b> ★</p>	<p>8288    \$ <input type="text"/> . <input type="text"/> 00 - <i>SKIP to 6e</i>                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref. - <i>SKIP to 7a</i></p>
<p><b>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b></p>	<p>8290    1 <input type="checkbox"/> Yes - <i>Mark Callback Summary and Reminder Card, Item 18</i>                    2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p><b>e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's KEOGH account(s)?</b>  <i>Mark (X) all that apply.</i>  <b>Anything else?</b></p>	<p>8292    1 <input type="checkbox"/> Certificates of deposit or other savings certificates                    8294    2 <input type="checkbox"/> Money market funds                    8296    3 <input type="checkbox"/> U.S. Government securities                    8298    4 <input type="checkbox"/> Municipal or corporate bonds                    8300    5 <input type="checkbox"/> U.S. Savings Bonds                    8302    6 <input type="checkbox"/> Stocks or mutual fund shares                    8304    7 <input type="checkbox"/> Other assets - <i>Specify</i> <u>      </u>                    8306    x1 <input type="checkbox"/> DK</p>
<p><b>7a. Does . . . have any life insurance? (Include group policies provided by employers.)</b></p>	<p>8308    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref. } <i>SKIP to Statement D, page 61</i></p>
<p><b>b. What is the current FACE VALUE of ALL life insurance policies that . . . has?</b></p>	<p>8309    \$ <input type="text"/> . <input type="text"/> 00                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref.                    8310    1 <input type="checkbox"/> Office Use Only</p>
<p><b>CHECK ITEM T3</b>    Is "Worked" (code 170) marked on the ISS?</p>	<p>8311    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No - <i>SKIP to Statement D, page 61</i></p>
<p><b>7c. Are any of . . . 's life insurance policies provided through . . . 's current employer(s)?</b></p>	<p>8312    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No - <i>SKIP to Statement D, page 61</i></p>
<p><b>d. What is the FACE VALUE of the life insurance policies provided through . . . 's employer(s)?</b></p>	<p>8313    \$ <input type="text"/> . <input type="text"/> 00                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref.</p>
<p>NOTES</p>	

**Section 4 – TOPICAL MODULES (Continued)**

**Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE**

**STATEMENT D**

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

**CHECK ITEM T4**

Are any employers entered in question 2a on page 16 or question 10a on page 18?

- 8324** 1  Yes – Enter name(s) and job number(s) below  
 2  No – SKIP to Check Item T6, page 63

Employer 1		Employer 2	
Employer name		Employer name	
Employer ID Number		Employer ID Number	
<b>8326</b> <input type="checkbox"/>		<b>8328</b> <input type="checkbox"/>	

*(For each employer ask item 1a through item 3m on page 63, and then return for next employer.)*

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

Employer 1		Employer 2	
<b>8330</b> 1 <input type="checkbox"/> Under 10 2 <input type="checkbox"/> 10 to 24 3 <input type="checkbox"/> 25 to 99 4 <input type="checkbox"/> 100 to 499 5 <input type="checkbox"/> 500 to 999 6 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK	} SKIP to 2a, page 62	<b>8332</b> 1 <input type="checkbox"/> Under 10 2 <input type="checkbox"/> 10 to 24 3 <input type="checkbox"/> 25 to 99 4 <input type="checkbox"/> 100 to 499 5 <input type="checkbox"/> 500 to 999 6 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK	} SKIP to 2a, page 62

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

<b>8334</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to 2a, page 62	<b>8336</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to 2a, page 62
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**c. About how many persons are employed by (Read employer's name) at all locations – would you say (Read categories)?**

<b>8338</b> 1 <input type="checkbox"/> Under 10 2 <input type="checkbox"/> 10 to 24 3 <input type="checkbox"/> 25 to 99 4 <input type="checkbox"/> 100 to 499 5 <input type="checkbox"/> 500 to 999 6 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK	<b>8340</b> 1 <input type="checkbox"/> Under 10 2 <input type="checkbox"/> 10 to 24 3 <input type="checkbox"/> 25 to 99 4 <input type="checkbox"/> 100 to 499 5 <input type="checkbox"/> 500 to 999 6 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK
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NOTES

**Section 4 - TOPICAL MODULES (Continued)**

**Part B - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)**

	Employer 1	Employer 2
<b>2a. Does . . . 's employer or union have a retirement plan for any of its employees?</b> <i>(Exclude Social Security and Railroad Retirement.)</i>	<b>8342</b> 1 <input type="checkbox"/> Yes - <i>SKIP to 2c</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8343</b> 1 <input type="checkbox"/> Yes - <i>SKIP to 2c</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>b. Does . . . 's employer offer a deferred profit-sharing plan or a stock plan - the kind where benefits can be accumulated and paid out at retirement?</b>	<b>8344</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3j</i>	<b>8345</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3j</i>
<b>c. Is . . . included in such a plan?</b>	<b>8346</b> 1 <input type="checkbox"/> Yes - <i>SKIP to 3a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - <i>SKIP to 3j</i>	<b>8348</b> 1 <input type="checkbox"/> Yes - <i>SKIP to 3a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - <i>SKIP to 3j</i>
<b>d. Why isn't . . . included in such a plan?</b> <i>Mark (X) all that apply.</i>	<b>8350</b> 1 <input type="checkbox"/> Chose not to belong <b>8354</b> 2 <input type="checkbox"/> No one in . . . 's type of job can belong <b>8358</b> 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year <b>8362</b> 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date <b>8366</b> 5 <input type="checkbox"/> . . . is too young <b>8370</b> 6 <input type="checkbox"/> . . . has not worked for this employer long enough <b>8374</b> 7 <input type="checkbox"/> Other - <i>Specify</i> <u>      </u> <b>8378</b> x1 <input type="checkbox"/> DK	<b>8352</b> 1 <input type="checkbox"/> Chose not to belong <b>8356</b> 2 <input type="checkbox"/> No one in . . . 's type of job can belong <b>8360</b> 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year <b>8364</b> 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date <b>8368</b> 5 <input type="checkbox"/> . . . is too young <b>8372</b> 6 <input type="checkbox"/> . . . has not worked for this employer long enough <b>8376</b> 7 <input type="checkbox"/> Other - <i>Specify</i> <u>      </u> <b>8380</b> x1 <input type="checkbox"/> DK

*SKIP to 3j, page 63*

<b>3a. Is . . . included in more than one retirement or pension plan on this job?</b>	<b>8384</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8386</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>b. Are the retirement benefits of . . . 's (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan?</b> <i>Mark (X) only one.</i>	<b>8392</b> 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	<b>8394</b> 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>c. Does (Read employer's name) make payments towards . . . 's (basic) plan?</b>	<b>8396</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8398</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

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**Section 4 – TOPICAL MODULES (Continued)**

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

	Employer 1	Employer 2
<b>3d. Does . . . make payments toward . . .'s (basic) plan? (Include payments deducted from . . .'s pay.)</b>	<b>8400</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3f</i>	<b>8402</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3f</i>
<b>e. How much does . . . contribute toward . . .'s (basic) plan?</b>	<b>8404</b> \$ <input type="text"/> . <input type="text"/> 00 PER – <b>8408</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR <b>8412</b> <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR <b>8416</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8406</b> \$ <input type="text"/> . <input type="text"/> 00 PER – <b>8410</b> 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR <b>8414</b> <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR <b>8418</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>f. How long has . . . been included in this (basic) plan? (Include only the years that count toward . . .'s retirement benefits.)</b> <i>(If respondent reports years and months, round to full years)</i>	<b>8420</b> <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than a year x1 <input type="checkbox"/> DK	<b>8422</b> <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than a year x1 <input type="checkbox"/> DK
<b>g. If . . . were to leave (Read employer's name) now or in the next few months, could . . . eventually receive some benefits from this plan upon reaching retirement age?</b>	<b>8424</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 3i</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to 3i</i>	<b>8426</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 3i</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to 3i</i>
<b>h. Is that because . . . has not been included in the plan enough years?</b>	<b>8428</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8430</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>i. Under this plan, could . . .'s retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of . . .'s contributions to the plan.)</b>	<b>8432</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8433</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>j. Does (Read employer's name) offer a 401K or thrift plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire or withdraw the money.</b>	<b>8434</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T6</i> x1 <input type="checkbox"/> DK	<b>8435</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T7, page 64</i> x1 <input type="checkbox"/> DK
<b>k. Does . . . participate in this plan?</b>	<b>8436</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T6</i> x1 <input type="checkbox"/> DK	<b>8437</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T7, page 64</i> x1 <input type="checkbox"/> DK
<b>l. Does . . .'s employer also contribute to this plan or provide any matching contributions?</b>	<b>8438</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8439</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>m. As of (Read last day of reference period), what was the total amount . . . had in this plan?</b>	<b>8440</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8441</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM T5</b> Is item 2c marked "Yes"?	<b>8442</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T6</i> x1 <input type="checkbox"/> DK	<b>8443</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T7, page 64</i> x1 <input type="checkbox"/> DK
<b>n. Is this the same plan that was described previously, or is this an additional plan . . . is included in?</b>	<b>8444</b> 1 <input type="checkbox"/> Same plan 2 <input type="checkbox"/> Different plan x1 <input type="checkbox"/> DK	<b>8445</b> 1 <input type="checkbox"/> Same plan 2 <input type="checkbox"/> Different plan x1 <input type="checkbox"/> DK
<b>CHECK ITEM T6</b> Is another employer listed in Check Item T4, page 61?	<b>8446</b> 1 <input type="checkbox"/> Yes – <i>ASK item 1a, page 61 for next employer</i> 2 <input type="checkbox"/> No – <i>Go to Check Item T7, page 64</i>	<i>Go to Check Item T7, page 64</i>



**Section 4 - TOPICAL MODULES (Continued)**

**Part B - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)**

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

*Mark (X) all that apply.*

**Anything else?**

- |             |   |
|-------------|---|
| <b>8481</b> | <input type="checkbox"/> Purchased a home or paid off a mortgage                                    |
| <b>8482</b> | <input type="checkbox"/> Used it for children's education   |
| <b>8483</b> | <input type="checkbox"/> Used it for a period of unemployment                                       |
| <b>8484</b> | <input type="checkbox"/> Paid off loans, bills, or spent it on other items                          |
| <b>8485</b> | <input type="checkbox"/> Put it in a savings account  |
| <b>8486</b> | <input type="checkbox"/> Invested it in some other instrument (e.g., stocks, money market accounts) |
| <b>8487</b> | <input type="checkbox"/> Used it to start or purchase a business                                    |
| <b>8488</b> | <input type="checkbox"/> Bought a car, boat, or other vehicle                                       |
| <b>8489</b> | <input type="checkbox"/> Paid medical or dental expenses  |
| <b>8490</b> | <input type="checkbox"/> Used it for general everyday expenses                                      |
| <b>8491</b> | <input type="checkbox"/> Other  |

**CHECK ITEM T10**

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

- |             |  |
|-------------|--|
| <b>8492</b> | <input type="checkbox"/> Yes   |
|             | <input type="checkbox"/> No - <i>SKIP to Check Item T11, page 67</i> |

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

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

- |             |  |  |
|-------------|--|--|
| <b>8493</b> | <input type="checkbox"/> Retired from job  | } <i>SKIP to Check Item T11, page 67</i> |
|             | <input type="checkbox"/> Some other reason |  |
| x1          | <input type="checkbox"/> DK                |  |
| x2          | <input type="checkbox"/> Ref.              |  |

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

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

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

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

*ASK OR VERIFY -*

**c. Was it mainly -**

- |              |  |
|--------------|--|
| <b>PGM 8</b> |  |
| <b>8494</b>  |  |
| <b>8495</b>  | <input type="checkbox"/> <b>Manufacturing?</b>               |
|              | <input type="checkbox"/> <b>Wholesale trade?</b>             |
|              | <input type="checkbox"/> <b>Retail trade?</b>                |
|              | <input type="checkbox"/> <b>Some other kind of business?</b> |

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

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

**PGM 8**

**8496**

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

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

**PGM 8**

**8497**

*ASK OR VERIFY -*

**f. Was . . . an employee of -**

**PGM 8**

**8498**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>A private company or union?</b>  |
| <input type="checkbox"/> | <b>Federal Government (exclude Armed Forces)?</b>                           |
| <input type="checkbox"/> | <b>State Government?</b>  |
| <input type="checkbox"/> | <b>Local Government?</b>  |
| <input type="checkbox"/> | <b>Armed Forces?</b>  |
| <input type="checkbox"/> | <b>Unpaid in family business or farm? - SKIP to Check Item T11, page 67</b> |

NOTES

**Section 4 – TOPICAL MODULES (Continued)**

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

<p><b>8a. About how many persons were employed by that employer at the location . . . worked?</b></p>	<p><b>PGM 7</b></p> <p><b>8500</b> 1 <input type="checkbox"/> Under 10                  2 <input type="checkbox"/> 10 to 24                  3 <input type="checkbox"/> 25 to 99                  4 <input type="checkbox"/> 100 to 499                  5 <input type="checkbox"/> 500 to 999                  6 <input type="checkbox"/> 1,000 or more } <i>SKIP to 8d</i>                  x1 <input type="checkbox"/> DK</p>
<p><b>b. Did that employer operate in more than one location?</b></p>	<p><b>8501</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } <i>SKIP to 8d</i>                  x1 <input type="checkbox"/> DK</p>
<p><b>c. About how many persons were employed by that employer at ALL LOCATIONS?</b></p>	<p><b>8502</b> 1 <input type="checkbox"/> Under 10                  2 <input type="checkbox"/> 10 to 24                  3 <input type="checkbox"/> 25 to 99                  4 <input type="checkbox"/> 100 to 499                  5 <input type="checkbox"/> 500 to 999                  6 <input type="checkbox"/> 1,000 or more                  x1 <input type="checkbox"/> DK</p>
<p><b>d. How many HOURS a week did . . . usually work at that job?</b></p>	<p><b>8503</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours per week                  x1 <input type="checkbox"/> DK</p>
<p><b>e. How many WEEKS a year did . . . usually work at that job?</b>  <i>(Include paid vacations and sick leave.)</i></p>	<p><b>8504</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Weeks per year                  x1 <input type="checkbox"/> DK</p>
<p><b>f. How many YEARS did . . . work at that job?</b></p>	<p><b>8505</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Years                  x1 <input type="checkbox"/> DK</p>
<p><b>g. In what year did . . . leave that job?</b></p>	<p><b>8506</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year                  x1 <input type="checkbox"/> DK</p>
<p><b>h. When . . . left that job, how much was . . . earning (before deductions for taxes or anything else)?</b>  <i>(If self-employed, show NET business income.)</i></p>	<p><b>8508</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p align="center">PER –</p> <p><b>8510</b> 1 <input type="checkbox"/> Week                  2 <input type="checkbox"/> Month                  3 <input type="checkbox"/> Year</p> <p align="center">OR</p> <p><b>8512</b> x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item T11</i></p>
<p><b>i. In what year did . . . begin receiving this pension?</b></p>	<p><b>8514</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year                  x1 <input type="checkbox"/> DK</p>
<p><b>j. Was the amount of . . . 's (basic) retirement benefits based on . . . 's years of service and pay, or on the amount of . . . 's contributions to the plan?</b></p>	<p><b>8516</b> 1 <input type="checkbox"/> Based on years of service and pay                  2 <input type="checkbox"/> Based on the amount contributed to plan                  x1 <input type="checkbox"/> DK</p>
<p><b>k. Did . . . take reduced benefits in order to elect a survivor option?</b></p>	<p><b>8518</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>l. Has . . . 's retirement pension ever been increased for cost-of-living changes?</b></p>	<p><b>8520</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 8n</i>                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>m. Does . . . 's pension plan include a cost-of-living adjustment provision?</b></p>	<p><b>8522</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><i>ASK OR VERIFY –</i></p> <p><b>n. Is . . . now covered by a health plan provided through . . . 's former employer?</b></p>	<p><b>8524</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>

**Section 4 - TOPICAL MODULES (Continued)**

**Part C - REAL ESTATE PROPERTY AND VEHICLES**

<b>CHECK ITEM T11</b>	Is this the reference person's questionnaire?	<b>8526</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item P1, page 71</i>
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**STATEMENT E** → Read to respondent: **These next questions concern housing costs and automobile ownership.**

<b>CHECK ITEM T12</b>	Refer to cc item 14. Is this housing unit a mobile home?	<b>8528</b>	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item T16, page 68</i> 2 <input type="checkbox"/> No
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<b>CHECK ITEM T13</b>	Refer to cc item 15. Tenure	<b>8530</b>	1 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> Rented for cash 3 <input type="checkbox"/> Occupied without cash payment } <i>SKIP to Check Item T17, page 68</i>
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*ASK OR VERIFY -*

**1a. Which persons in this household are the owners of this home?**

<b>8532</b>	Person No.	Name
<b>8534</b>		
<b>8536</b>		

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

<b>8538</b>	Month	<b>8539</b>	Year
	<input type="text"/>		<input type="text"/> <input type="text"/>
	x1 <input type="checkbox"/> DK		x1 <input type="checkbox"/> DK

**c. (Including rental properties attached to or located on . . . 's own residence), is there a mortgage, home equity loan, or other debt on this home?**

<b>8540</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 2</i>
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**d. Altogether, how many mortgages, home equity loans, or other debts are there on this home?**

<b>8542</b>	<input type="text"/> Number x1 <input type="checkbox"/> DK
-------------	---

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

	First mortgage	Second mortgage or other loan
<b>e. How much principal is currently owed on this (first/other) mortgage (debt)? (If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.)</b>	<b>8564</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8566</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	<b>8565</b> 1 <input type="checkbox"/> Office Use Only	<b>8567</b> 1 <input type="checkbox"/> Office Use Only

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

<b>8568</b>	<input type="text"/> <input type="text"/> Year - <i>If 1991, 1992, or 1993, ask month</i> x1 <input type="checkbox"/> DK	<b>8570</b>	<input type="text"/> <input type="text"/> Year - <i>If 1991, 1992, or 1993, ask month</i> x1 <input type="checkbox"/> DK
<b>8569</b>	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK	<b>8571</b>	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK

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

<b>8572</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP TO 2</i>	<b>8574</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP TO 2</i>
<b>8573</b>	1 <input type="checkbox"/> Office Use Only	<b>8575</b>	1 <input type="checkbox"/> Office Use Only

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

<b>8576</b>	<input type="text"/> <input type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK	<b>8578</b>	<input type="text"/> <input type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK
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**i. What is the current annual interest rate on this mortgage (loan)?**

<b>8580</b>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8582</b>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
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**j. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?**

<b>8584</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8586</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
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**Section 4 – TOPICAL MODULES (Continued)**

**Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)**

<b>1k. Was this mortgage obtained through an FHA or VA mortgage program?</b>	<b>8587</b> 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8589</b> 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>CHECK ITEM T14</b> Refer to item 1d, page 67. Is there another loan or mortgage?	<b>8592</b> 1 <input type="checkbox"/> Yes – Ask item 1e, page 67, for next loan or mortgage 2 <input type="checkbox"/> No – SKIP to 2	Go to Check Item T15
<b>CHECK ITEM T15</b> Refer to item 1d, page 67. Are there 3 or more mortgages or loans on this home?	<b>8594</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	
<b>1l. How much principal is currently owed on all the remaining mortgages or loans not reported previously?</b>	<b>8596</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <b>8597</b> 1 <input type="checkbox"/> Office Use Only	
<b>2. (Including rental properties attached to or located on . . . 's own residence), what is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale?</b>	<b>8598</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 5a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <b>8599</b> 1 <input type="checkbox"/> Office Use Only	
<b>CHECK ITEM T16</b> Refer to cc item 15. Tenure of mobile home.	<b>8608</b> 1 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> Rented for cash 3 <input type="checkbox"/> Occupied without cash rent } SKIP to Check Item T17	
<b>3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?</b>	<b>8610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 4	
<b>b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?</b>	<b>8612</b> 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home	
<b>c. How much principal is currently owed on this (these) mortgage(s)?</b>	<b>8624</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
<b>4. How much do you think this mobile home (and SITE) would sell for today if it were for sale?</b>	<b>8630</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 5a x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
<b>CHECK ITEM T17</b> Refer to cc items 16a and 16b. Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?	<b>8658</b> 1 <input type="checkbox"/> In a public housing project } SKIP to 6a 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Neither public nor subsidized	
<b>5a. Do you or anyone in this household own any (other) real estate, such as a vacation home or undeveloped lot? Exclude rental property previously reported.</b>	<b>8660</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 6a	
<b>b. Which persons in this household are the owners of this (these) property(ies)?</b>	Person No.      Name <b>8662</b> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____  Person No.      Name <b>8664</b> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____	

**Section 4 – TOPICAL MODULES (Continued)**

**Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)**

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

8666 \$  .  00

x1  DK – Probe  
x2  Ref.

8667  Office Use Only

*Count only share owned by household members.*

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

8714 1  Yes  
2  No – SKIP to 7a

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

8716   Number of motor vehicles

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

	Vehicle 1	Vehicle 2	Vehicle 3
<b>8718</b>	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____
<b>8724</b>	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____

**c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?**

**d. What is the year, make, and model of this vehicle?**

	Vehicle 1	Vehicle 2	Vehicle 3
<b>8730</b>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
<b>8736</b>	Make: _____ x1 <input type="checkbox"/> DK	Make: _____ x1 <input type="checkbox"/> DK	Make: _____ x1 <input type="checkbox"/> DK
<b>8742</b>	Model: _____ x1 <input type="checkbox"/> DK	Model: _____ x1 <input type="checkbox"/> DK	Model: _____ x1 <input type="checkbox"/> DK
<b>8748</b>	<b>OFFICE USE ONLY</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>OFFICE USE ONLY</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>OFFICE USE ONLY</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

<b>8754</b>	1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK	<b>8756</b>	1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK	<b>8758</b>	1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 7a, page 70 x1 <input type="checkbox"/> DK
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**f. How much is currently owed for this vehicle?**

<b>8760</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	<b>8762</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	<b>8764</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.
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**CHECK ITEM T18** Is there another vehicle which has not been asked about?

<b>8766</b>	1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a, page 70	<b>8768</b>	1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a, page 70	Go to 7a, page 70
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NOTES

**Section 4 - TOPICAL MODULES (Continued)**

**Part C - REAL ESTATE PROPERTY AND VEHICLES (Continued)**

<p><b>7a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?</b></p> <p><i>Mark (X) all that apply.</i></p> <p>Ask items 7b-7e for each category of vehicle -</p> <p><b>b. Who is (are) the owner(s) of the</b> (Read first/second category marked in 7a)?</p> <p><b>c. If this (these) vehicle(s) were sold, what would it (they) sell for in its (their) present condition?</b></p> <p><b>d. Is (are) this (these) vehicle(s) owned free and clear, or is there still money owed on it (them)?</b></p> <p><b>e. How much is currently owed for this (these) vehicle(s)?</b></p> <p><b>CHECK ITEM T19</b> Is there another category which has not been asked about?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>8770 <input type="checkbox"/> Motorcycle</p> <p>8772 <input type="checkbox"/> Boat</p> <p>8774 <input type="checkbox"/> Recreational vehicle (RV)</p> <p>8776 <input type="checkbox"/> Other - Specify _____</p> <p>8778 <input type="checkbox"/> No - SKIP to Check Item P1, page 71</p> </td> <td style="width:50%; vertical-align: top;"> <p align="center"><b>Category 1</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person No.</td> <td style="width:35%;">Name</td> </tr> <tr> <td>8780</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>8784</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table> </td> </tr> <tr> <td style="width:50%; vertical-align: top;"> <p>8788 \$ _____ . 00</p> <p>x1 <input type="checkbox"/> DK - Probe</p> <p>x2 <input type="checkbox"/> Ref. - SKIP to Check Item T19</p> </td> <td style="width:50%; vertical-align: top;"> <p align="center"><b>Category 2</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person No.</td> <td style="width:35%;">Name</td> </tr> <tr> <td>8782</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>8786</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table> </td> </tr> <tr> <td style="width:50%; vertical-align: top;"> <p>8792 <input type="checkbox"/> Money owed</p> <p>8792 <input type="checkbox"/> Free and clear</p> <p>8792 x1 <input type="checkbox"/> DK</p> <p align="right">} SKIP to Check Item T19</p> </td> <td style="width:50%; vertical-align: top;"> <p>8794 <input type="checkbox"/> Money owed</p> <p>8794 <input type="checkbox"/> Free and clear</p> <p>8794 x1 <input type="checkbox"/> DK</p> <p align="right">} SKIP to Check Item P1, page 71</p> </td> </tr> <tr> <td style="width:50%; vertical-align: top;"> <p>8796 \$ _____ . 00</p> <p>x1 <input type="checkbox"/> DK - Probe</p> <p>x2 <input type="checkbox"/> Ref.</p> </td> <td style="width:50%; vertical-align: top;"> <p>8798 \$ _____ . 00</p> <p>x1 <input type="checkbox"/> DK - Probe</p> <p>x2 <input type="checkbox"/> Ref.</p> </td> </tr> <tr> <td style="width:50%; vertical-align: top;"> <p>8800 <input type="checkbox"/> Yes - Ask 7b for next category</p> <p>8800 <input type="checkbox"/> No - Go to Check Item P1, page 71</p> </td> <td style="width:50%; vertical-align: top;"> <p align="center">Go to Check Item P1, page 71</p> </td> </tr> </table>	<p>8770 <input type="checkbox"/> Motorcycle</p> <p>8772 <input type="checkbox"/> Boat</p> <p>8774 <input type="checkbox"/> Recreational vehicle (RV)</p> <p>8776 <input type="checkbox"/> Other - Specify _____</p> <p>8778 <input type="checkbox"/> No - SKIP to Check Item P1, page 71</p>	<p align="center"><b>Category 1</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person No.</td> <td style="width:35%;">Name</td> </tr> <tr> <td>8780</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>8784</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Person No.	Name	8780				8784				<p>8788 \$ _____ . 00</p> <p>x1 <input type="checkbox"/> DK - Probe</p> <p>x2 <input type="checkbox"/> Ref. - SKIP to Check Item T19</p>	<p align="center"><b>Category 2</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person No.</td> <td style="width:35%;">Name</td> </tr> <tr> <td>8782</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>8786</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Person No.	Name	8782				8786				<p>8792 <input type="checkbox"/> Money owed</p> <p>8792 <input type="checkbox"/> Free and clear</p> <p>8792 x1 <input type="checkbox"/> DK</p> <p align="right">} SKIP to Check Item T19</p>	<p>8794 <input type="checkbox"/> Money owed</p> <p>8794 <input type="checkbox"/> Free and clear</p> <p>8794 x1 <input type="checkbox"/> DK</p> <p align="right">} SKIP to Check Item P1, page 71</p>	<p>8796 \$ _____ . 00</p> <p>x1 <input type="checkbox"/> DK - Probe</p> <p>x2 <input type="checkbox"/> Ref.</p>	<p>8798 \$ _____ . 00</p> <p>x1 <input type="checkbox"/> DK - Probe</p> <p>x2 <input type="checkbox"/> Ref.</p>	<p>8800 <input type="checkbox"/> Yes - Ask 7b for next category</p> <p>8800 <input type="checkbox"/> No - Go to Check Item P1, page 71</p>	<p align="center">Go to Check Item P1, page 71</p>
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