

APPENDIX B

2001 SIPP WAVE 1 CORE QUESTIONNAIRE

Table of Contents

A.	Instrument Front	2
B.	Coverage Items	6
C.	Household Demographics	23
D.	Labor Force - Part 1	43
E.	Labor Force - Part 2	77
F.	General Income - Part 1	107
G.	General Income - Part 2A	117
H.	General Income - Part 2B	154
I.	Assets	159
J.	Health Insurance	170
K.	Programs	180
L.	Education	184
M.	Instrument Back	189

Section A. Instrument Front

-START-

CENSUS CATI/CAPI SYSTEM Date: [12-05-00]

Ver: 1

SIPP

THE SURVEY OF INCOME AND PROGRAM PARTICIPATION 2001 Panel, Wave 1

PSU:

SEGMENT:

SERIAL: CASE STATUS IS:

DATE IS:

TIME IS:

(P) Proceed

(Q) Quit -- Do Not Attempt now

-INTRO_D-

Some of the questions have already been answered. Let me see where we should begin.

Item to begin:

PRESS ENTER TO CONTINUE

-INTRO-

"Hello. I'm ... from the United States Bureau of the Census. Here is my identification card (show ID card). We are conducting a survey on the economic situation of people who live in the United States. I have some questions to ask you."

o Ask respondent if he/she received advance letter; if not, give letter to respondent before proceeding.

o Is the respondent ready to complete the interview?

- (1) Inconvenient time. Try again later
- (2) Reluctant Respondent - Hold for refusal followup
- (3) Noninterview

(P) Proceed

-TYPEABC-

ENTER NONINTERVIEW CODE

TYPE A

- (1) No one home
- (2) Temporarily absent
- (3) Refused
- (4) Unable to locate
- (5) Language problem
- (6) Other Type A

TYPE C

- (21) Demolished
- (22) House or trailer moved
- (23) Address outside segment
- (24) Converted to permanent business or storage
- (25) Merged
- (26) Condemned
- (27) Unused Serial #/Listing sheet line
- (28) Other Type C

TYPE B

- (10) Vacant regular (REG)
- (11) Vacant - storage of household furniture
- (12) Unfit or to be demolished
- (13) Under construction, not ready
- (14) Converted to temp. business or storage
- (15) Unoccupied tent or trailer site
- (16) Permit granted, construction not started
- (17) Temp. occupied by persons with URE
- (18) Occupied by persons under 15 years of age
- (19) Other Type B

-SPECIFY-

Specify the kind of "Other" Noninterview

-NI_RACE-

Enter the Race of the reference person

- (1) White
 - (2) Black
 - (3) American Indian, Aleut or Eskimo
 - (4) Asian or Pacific Islander
 - (5) Other
 - (D) Don't Know
-

-NI_SEX-

Enter the Sex of the reference person

- (1) Male
 - (2) Female
-

-NI_SIZE-

ASK OR VERIFY WITH SOME KNOWLEDGEABLE INDIVIDUAL

Enter the total number of people in the household. Count all children and adults.

-NI_TENUR-

Are the living quarters --

- (1) Owned or being bought by the occupant(s)
 - (2) Rented for cash
 - (3) Occupied without payment of cash rent
-

-TYPEADIS-

** NOTE TO FR **

YOU MUST DISCUSS THIS CASE WITH YOUR SUPERVISOR BEFORE TRANSMITTING IT
AS A TYPE A NONINTERVIEW.

PRESS ENTER TO CONTINUE

End of Instrument Front Section

Section B. Coverage Items

-BEGIN-

We will begin the interview with questions about who lives here, their ages, how they are related to each other, and other information of that sort. Then I will ask you questions about your jobs and any other sources of income. Then I'll need to interview any other adults in the household.

PRESS ENTER TO CONTINUE

-VERADD-

I have your address listed as:

ADDRESS:

Is that your exact address?

- (1) Yes, address is EXACTLY CORRECT as listed
 - (2) Address is MOSTLY CORRECT, but needs some minor additions/changes
 - (3) INCORRECT ADDRESS - terminate interview, find correct address
-

-CHNGADD-

Enter address or (S) for SAME, if no change needed

ENTER (X) TO BLANK-OUT THE CURRENT INFORMATION

HOUSE NUMBER: _____ HOUSE NO SUFFIX: ____

STREET NAME: _____

UNIT DESIG: ____

DESCRIPTION: _____

COUNTY: ____

CITY: _____ STATE: ____ ZIP CODE: _____

-MAILADDR-

Is this also your mailing address?

ADDRESS:

(1) Yes

(2) No

-CHNGMAIL-

Enter corrected mailing address or (S) for SAME if correct

CURRENT:

HOUSE NUMBER: _____ HOUSE NO SUFFIX: ____

STREET NAME: _____

UNIT DESIGNATION: _____

CITY: _____

STATE: __ ZIP CODE: _____

COUNTY: __

-OLDCON-

TO THE FR:

IF THIS ADDRESS IS A GROUP QUARTERS, MOBILE HOME, TRAILER, TENT, BOAT, OR A UNIT NOT LOCATED IN A STRUCTURE, ENTER (N) WITHOUT ASKING THE FOLLOWING QUESTION.

When was this structure originally built?

(1) Before April 1, 1990

(2) After April 1, 1990

(N) Not Asked

-INBLD-

ADDRESS:

Are there any other living quarters - either occupied or vacant - in this building?

- (1) Yes
- (2) No

-ONFLR-

ADDRESS:

Are there any other living quarters - either occupied or vacant - on this floor?

- (1) Yes
- (2) No

-OTHBLD-

ADDRESS:

ASK IF NOT APPARENT

Is there any other building, mobile home, or trailer on this property for people to live in - either occupied or vacant?

- (1) Yes
- (2) No

-WARNING3-

YOU ARE ABOUT TO BEGIN ASKING QUESTIONS ABOUT ONE OR MORE ADDITIONAL LIVING ARRANGEMENTS AT THIS LOCATION TO DETERMINE IF THEY QUALIFY AS EXTRA UNITS!!!

IF YOU HAVE ACCIDENTALLY REACHED THIS SCREEN, PRESS "F1" TO BACKUP TO THE PREVIOUS SCREEN AND CORRECT AN EARLIER ENTRY.

TO BEGIN COLLECTING INFORMATION FOR ADDITIONAL LIVING ARRANGEMENTS AT THIS LOCATION, ENTER (P) TO PROCEED.

-OTHADD-

What is the exact address of this other living quarters?

Enter (S) for Same

HOUSE NUMBER: _____ HOUSE NO SUFFIX: ____

STREET NAME: _____

UNIT DESIG/PHYS DESCR: _____

CITY: _____ STATE: __ ZIP CODE: _____

-INBLD_R-

ADDRESS:

Are there any other living quarters - either occupied or vacant - in this building?

- (1) Yes
 - (2) No
-

-ONFLR_R-

ADDRESS:

Are there any other living quarters - either occupied or vacant - on this floor?

- (1) Yes
 - (2) No
-

-OTHBLD_R-

ADDRESS:

ASK IF NOT APPARENT

Is there any other building, mobile home, or trailer on this property for people to live in - either occupied or vacant?

- (1) Yes
- (2) No

-ONLIST-

INSTRUCTION TO FR:
DETERMINE IF THE ADDRESS FOR THE OTHER OCCUPIED OR VACANT LIVING
QUARTERS IS ON YOUR LISTING SHEET.

ADDRESS:

- (1) Additional address is on listing sheet
- (2) Additional address NOT on listing sheet

-BNDARY-

INSTRUCTION TO FR:
DETERMINE IF THE ADDRESS FOR THE OTHER OCCUPIED OR VACANT LIVING
QUARTERS IS WITHIN THE AREA SEGMENT BOUNDARIES.

ADDRESS:

- (1) Address is within segment boundaries
 - (2) Address is outside area segment boundaries
-

-GRPQTR-

ADDRESS:

QUESTION FOR FR:

IS THIS LIVING QUARTERS IN A GROUP QUARTERS?

- (1) Yes
- (2) No

-NOINCL-

ADDRESS:

TO THE FR:

THIS OTHER LIVING QUARTERS IS NOT AN EXTRA UNIT, DO NOT INCLUDE MEMBERS OF THIS OTHER LIVING QUARTERS AS MEMBERS OF THE CURRENT HOUSEHOLD.

- (P) Proceed

-LVEAT1-

ADDRESS:

Do the occupants or intended occupants of the other living quarters live and eat separately from all other persons on the property?

- (1) Yes
- (2) No

-ACCES1-

Do the occupants or intended occupants of the other living quarters have direct access from the outside or through a common hall?

- (1) Yes
 - (2) No
-

-INCLUD-

ADDRESS:

INSTRUCTION TO FR:

THE OTHER LIVING QUARTERS IS NOT CONSIDERED TO BE AN EXTRA UNIT. INCLUDE THE PERSONS WHO OCCUPY THAT LIVING ARRANGEMENT AS MEMBERS OF THE ASSIGNED HOUSEHOLD.

(P) Proceed

-XTRA-

ADDRESS:

INSTRUCTION TO FR:

THIS OTHER LIVING QUARTERS IS AN EXTRA UNIT. DO NOT INCLUDE MEMBERS OF THIS EXTRA UNIT AS MEMBERS OF THE CURRENT UNIT. THEY MUST BE INTERVIEWED SEPARATELY.

ADD THE EXTRA UNIT TO YOUR LISTING SHEET ACCORDING TO THE INSTRUCTIONS IN YOUR LISTING AND COVERAGE MANUAL.

(P) Proceed

-GQSEG-

INSTRUCTION TO FR:

IF YOU NOTICE MORE UNITS IN THE GQ THAN ARE LISTED, ENTER THE FOLLOWING NOTE IN THE FOOTNOTE SECTION OF THE LISTING SHEET: "FOUND MORE UNITS AT INTERVIEW - ADD TO LISTING SHEET WHEN UPDATING"

(P) Proceed

-TYPADR-

QUESTION TO FR:
WHAT TYPE OF ADDRESS IS THIS?

- (1) Single Unit Address
- (2) Multi-unit Address

-INBLD2-

I have listed one unit at

Are there any other living quarters - either occupied or vacant - in this building?

- (1) Yes
- (2) No

-WARNING3_2-

YOU ARE ABOUT TO BEGIN ASKING QUESTIONS ABOUT ONE OR MORE ADDITIONAL LIVING ARRANGEMENTS AT THIS LOCATION TO DETERMINE IF THEY QUALIFY AS EXTRA UNITS!!!

IF YOU HAVE ACCIDENTALLY REACHED THIS SCREEN, PRESS "F1" TO BACKUP TO THE PREVIOUS SCREEN AND CORRECT AN EARLIER ENTRY.

TO BEGIN COLLECTING INFORMATION FOR ADDITIONAL LIVING ARRANGEMENTS AT THIS LOCATION, ENTER (P) TO PROCEED.

-OTHAD2-

What is the exact address of this other living quarters?

Enter (S) for Same

HOUSE NUMBER: _____ HOUSE NO SUFFIX: ____

STREET NAME: _____

UNIT DESIG/PHYS DESCR: _____

CITY: _____ STATE: __ ZIP CODE: _____

-INBLD2_R-

Are there any other living quarters in this building?

- (1) Yes
- (2) No

-LIST2-

INSTRUCTION TO FR:
DETERMINE IF THE ADDRESS FOR THE OTHER OCCUPIED OR VACANT LIVING
QUARTERS IS ON YOUR LISTING SHEET

ADDRESS:

- (1) Other Address on listing sheet
- (2) Other Address NOT on listing sheet

-NOINCL_A-

INSTRUCTION TO FR:
THE ADDITIONAL LIVING QUARTERS IS NOT CONSIDERED TO BE AN EXTRA UNIT.

- (P) Proceed

-LVEAT2-

ADDRESS:

Do the occupants or intended occupants of the other living quarters live and eat separately from all other
persons on the property?

- (1) Yes
 - (2) No
-

-ACCES2-

Do the occupants or intended occupants of the other living quarters have direct access from the outside or through a common hall?

- (1) Yes
- (2) No

-XTRA2-

ADDRESS:

INSTRUCTION TO FR:

THIS OTHER LIVING QUARTERS IS AN EXTRA UNIT. DO NOT INCLUDE MEMBERS OF THIS EXTRA UNIT AS MEMBERS OF THE CURRENT UNIT. THEY MUST BE INTERVIEWED SEPARATELY.

ADD THE EXTRA UNIT TO YOUR LISTING SHEET ACCORDING TO THE INSTRUCTIONS IN YOUR LISTING AND COVERAGE MANUAL.

(P) Proceed

-INCLD2-

ADDRESS:

INSTRUCTION TO FR:

THE OTHER LIVING QUARTERS IS NOT CONSIDERED TO BE AN EXTRA UNIT. INCLUDE THE PERSONS WHO OCCUPY THAT LIVING ARRANGEMENT AS MEMBERS OF THE ASSIGNED HOUSEHOLD.

(P) Proceed

-ATADR-

FR INSTRUCTION: Only ask this question at housing units that appear to be single-unit addresses (for example, single-family homes, townhomes). If the housing unit is clearly part of a multi-unit structure, enter "2" and continue with the interview.

FOR AN APPARENT SINGLE UNIT ADDRESS ONLY -

I have listed one unit at

Are there any other living quarters - either occupied or vacant - at this address?

- (1) Yes
- (2) No

-WARNING3_3-

YOU ARE ABOUT TO BEGIN ASKING QUESTIONS ABOUT ONE OR MORE ADDITIONAL LIVING ARRANGEMENTS AT THIS LOCATION TO DETERMINE IF THEY QUALIFY AS EXTRA UNITS!!!

IF YOU HAVE ACCIDENTALLY REACHED THIS SCREEN, PRESS "F1" TO BACKUP TO THE PREVIOUS SCREEN AND CORRECT AN EARLIER ENTRY.

TO BEGIN COLLECTING INFORMATION FOR ADDITIONAL LIVING ARRANGEMENTS AT THIS LOCATION, ENTER (P) TO PROCEED.

-OTHAD3-

What is the exact address of this other living quarters?

Enter (S) for Same

HOUSE NUMBER: _____ HOUSE NO SUFFIX: ____

STREET NAME: _____

UNIT DESIG/PHYS DESCR: _____

CITY: _____ STATE: __ ZIP CODE: _____

-ATADR_R-

ADDRESS:

Are there any other living quarters - either occupied or vacant - at this original address?

- (1) Yes
- (2) No

-SAMEAD-

ADDRESS:

QUESTION FOR FR:

IS THE OTHER UNIT WITHIN THE SAME BASIC ADDRESS (SAME HOUSE NUMBER AND STREET NAME) AS THE ORIGINAL SAMPLE UNIT?

- (1) Yes
- (2) No

-NOINC3-

ADDRESS:

TO THE FR:

THIS OTHER LIVING QUARTERS IS NOT AN EXTRA UNIT, DO NOT INCLUDE MEMBERS OF THIS OTHER LIVING QUARTERS AS MEMBERS OF THE CURRENT HOUSEHOLD.

- (P) Proceed

-LVEAT3-

ADDRESS:

Do the occupants or intended occupants of the other living quarters live and eat separately from all other persons on the property?

- (1) Yes
 - (2) No
-

-ACCES3-

ADDRESS:

Do the occupants or intended occupants of the other living quarters have direct access from the outside or through a common hall?

- (1) Yes
- (2) No

-INCLD3-

ADDRESS:

INSTRUCTION TO FR:
THE OTHER LIVING QUARTERS IS NOT CONSIDERED TO BE AN EXTRA UNIT.
INCLUDE THE PERSONS WHO OCCUPY THAT LIVING ARRANGEMENT AS MEMBERS
OF THE ASSIGNED HOUSEHOLD.

(P) Proceed

-XTRA3-

ADDRESS:

INSTRUCTION TO FR:
THIS OTHER LIVING QUARTERS IS AN EXTRA UNIT. DO NOT INCLUDE MEMBERS OF
THIS EXTRA UNIT AS MEMBERS OF THE CURRENT UNIT. THEY MUST BE
INTERVIEWED SEPARATELY.

ADD THE EXTRA UNIT TO YOUR LISTING SHEET ACCORDING TO THE INSTRUCTIONS
IN YOUR LISTING AND COVERAGE MANUAL.

(P) Proceed

-CALLRO-

INSTRUCTION TO FR:
MORE THAN 3 EXTRA UNITS HAVE BEEN IDENTIFIED FOR THIS LISTED ADDRESS.

1. CALL YOUR OFFICE
2. TELL YOUR SUPERVISOR THAT YOU HAVE MORE THAN 3 EXTRA UNITS FOR THIS ADDRESS
3. DO NOT CONDUCT ANY INTERVIEWS AT THIS ADDRESS UNTIL RECEIVING FURTHER INSTRUCTION

(P) Proceed

-BCINFO-

FR INSTRUCTION:

For Type B and C noninterviews, collect the following information.

Was the noninterview status determined by observation only or did someone provide you with information about the housing unit?

- (1) By observation only
 - (2) Information provided by someone else
-

-BCINFO2-

FR INSTRUCTION: Enter "r" for specific items below if they are refused.

Name of person providing noninterview status:

firstname: _____ lastname: _____

Title of contact person (relative, neighbor, etc.): _____

Contact person's address:

Street name: _____

Street name: _____

City: _____ State: ____ Zip Code: _____

Telephone Number: Area: ____ Number: _____ Extension: ____

-ACCESS-

ASK IF NOT APPARENT

Do you have direct access to your home, either from the outside or through a common hall?

- (1) Yes
- (2) No

-MERGE-

** DO NOT READ TO RESPONDENT **

This household must be merged with the household through which access is gained. Refer to Interviewer's manual to determine if the merged household is in or out of the SIPP sample.

- (1) Merged -- in SIPP sample
 - (2) Merged -- NOT in SIPP sample
-

-LIVQRT-

** DO NOT READ TO RESPONDENT **

Enter type of living quarters

HOUSING UNIT

- (1) House, apartment, flat
- (2) HU in nontransient hotel, motel, etc.
- (3) HU permanent, in transient hotel, motel, etc.
- (4) HU in rooming house
- (5) Mobile home or trailer with no permanent room added
- (6) Mobile home or trailer with one or more permanent rooms added
- (7) HU not specified above

GROUP QUARTERS UNIT

- (8) Quarters not HU in rooming or boarding house
- (9) Unit not permanent in transient hotel, motel, etc.
- (10) Unoccupied tent or trailer site
- (11) Student quarters in college dormitory
- (12) GROUP QUARTERS UNIT not specified above

-UNITS-

ASK IF NOT APPARENT

How many housing units, both occupied and vacant, are there in this structure?

- (1) One, detached
 - (2) One, attached
 - (3) Two
 - (4) 3-4
 - (5) 5-9
 - (6) 10-19
 - (7) 20-49
 - (8) 50 or more
-

-TENURE-

Are your living quarters --

- (1) Owned or being bought by you or someone in your household?
 - (2) Rented?
 - (3) Or Occupied without payment of cash rent?
-

-PUBHSE-

Is this residence in a public housing project, that is, is it owned by a local housing authority?

- (1) Yes
 - (2) No
 - (D) Don't Know
-

-GVTRNT-

Is the Federal, State or local government paying part or all of the rent for this residence?

- (1) Yes
 - (2) No
-

-WRSECT8-

Is this through Section 8 or through some other government program?

- (1) Section 8
 - (2) Some other government program
-

End of Coverage Items Section

Section C. Household Demographics

-RPNAME-

What are the names of all the people living or staying here? Start with the name of the person, or one of the people, who owns or rents this home. Please include middle and maiden names.

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

MAIDEN NAME _____

Has he/she ever gone by any other last name?

PRESS ENTER IF NO "OTHER" NAME

OTHER NAME _____

-USUAL-

Does [reference person's name] usually live here?

(1) Yes

(2) No

-ASKURE-

Does [reference person's name] have some other place where he/she usually lives?

(1) Yes

(2) No

-OTHRRP-

NOTE: IF THE PERSON DOES NOT USUALLY LIVE AT THIS ADDRESS AND THEY HAVE ANOTHER RESIDENCE WHERE THEY DO USUALLY LIVE, THEY WILL NOT BE INCLUDED IN THIS INTERVIEW. TAKE ONE OF THE FOLLOWING ACTIONS --

PRESS F1 TO BACK UP AND CORRECT PREVIOUS SCREEN

ENTER (P) TO DESIGNATE ANOTHER ADULT AS THE FIRST PERSON.

ENTER (B) IF NO OTHER ADULT MAINTAINS THIS ADDRESS AS HIS/HER USUAL PLACE OF RESIDENCE. -- THIS DESIGNATES THIS ADDRESS AS A TYPE B NONINT.

-RPSEX-

ASK IF NOT APPARENT:

Is [reference person's name] Male or Female?

- (1) Male
- (2) Female

-MAXPER-

NOTE: A MAXIMUM OF 30 PEOPLE MAY BE INTERVIEWED IN ANY HOUSEHOLD. THE LIMIT HAS BEEN REACHED NO QUESTIONS WILL BE ASKED FOR ANY ADDITIONAL PEOPLE

PRESS ENTER TO CONTINUE

-NEXTNM-

What is the name of the next person living or staying here? Please include middle and maiden names.
PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

MAIDEN NAME _____

Has he/she ever gone by any other last name?

PRESS ENTER IF NO "OTHER" NAME

OTHER NAME _____

-NXTLIV-

Does [reference person's name] usually live here?

(1) Yes

(2) No

-NXTURE-

Does [reference person's name] have some other place where he/she usually lives?

(1) Yes

(2) No

-NOLIST-

NOTE: IF THE PERSON DOES NOT USUALLY LIVE AT THIS ADDRESS AND THEY HAVE ANOTHER RESIDENCE WHERE THEY DO USUALLY LIVE, THEY WILL NOT BE INCLUDED IN THIS INTERVIEW.

ENTER F1 TO BACK UP AND CORRECT PREVIOUS SCREEN OR
PRESS (P) TO PROCEED TO THE NEXT PERSON.

-NXTSEX-

ASK IF NOT APPARENT:

Is [reference person's name] Male or Female?

- (1) Male
- (2) Female

-NEWRRP-

SHOW FLASHCARD A

What is [next person]'s relationship to [reference person]?

- (20) Spouse (Husband/Wife)
- (21) Unmarried Partner
- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person

-SPOUSE1-

(DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Is one of the following SEX entries incorrect?

LINE	NAME	SEX
------	------	-----

- (1) To correct LINE 1's SEX entry
- (2) To correct LINE [name]'s SEX entry
- (3) Neither sex entry is incorrect

-SPOUSE2-

You said [next person] is [reference person's] spouse. Is that correct?

- (1) Yes
- (2) No

-SPOUSE3-

(DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Earlier I recorded [name] was [reference person] spouse.

You have just reported [name] is also [reference person] spouse.

Which is correct?

- (1) [name] is the correct spouse. Change relationship entry of [name]
- (2) [name] is the correct spouse. Change relationship entry of [name]

-SPOUSE4-

Please turn to flashcard A.

What is [name] relationship to [reference person]?

- (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
-

-DAD1-

You have reported both [name] and [name] are parents of [name]

Is that correct?

- (1) No, change relationship to reference person code for [name]
- (2) No, change relationship to reference person code for [name]
- (3) Yes, this is correct. (One is natural father, one is step-father, for example)

-DAD2-

Please turn to flashcard A.

What is [name] relationship to [name]?

- (21) Unmarried Partner
- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person

-MOM1-

You have reported both [name] and [name] are parents of [name]

Is that correct?

- (1) No, change relationship to reference person code for [name]
 - (2) No, change relationship to reference person code for [name]
 - (3) Yes, this is correct. (One is natural mother, one is step-mother, for example)
-

-MOM2-

Please turn to flashcard A.

What is [name] relationship to [name]?

- (21) Unmarried Partner
 - (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
-

-RPDAD-

Is [name] his biological, step or adopted child?

- (1) Biological or natural child
 - (2) Stepchild
 - (3) Adopted child
-

-RPDAD2-

Is [name] also his adopted child?

- (1) Yes
 - (2) No
-

-RPMOM-

Is [name] her biological, step or adopted child?

- (1) Biological or natural child
 - (2) Stepchild
 - (3) Adopted child
-

-RPMOM2-

Is [name] also her adopted child?

- (1) Yes
- (2) No

-MORPER-

ASK IF NECESSARY:

Is anyone else living or staying here now?

- (1) Yes
- (2) No

-MSNGPRSN-

I have listed: READ ROSTER NAMES -- SHIFT-F3

I need to be certain that I have listed everyone who usually lives at this address, so just to double check, let me ask you, have I missed --

- (1) Yes
- (2) No

- Any babies or small children?

- Any lodgers, boarders or persons you employ who live here?

- Anyone who usually lives here but is away now, traveling for work or business, on vacation, or at school or in a hospital?

- Anyone else who usually lives here?

-HHRESP-

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

ASK IF NECESSARY: With whom am I speaking?

ENTER LINE NUMBER

-LIVEAT-

Do all the people I have now listed live or eat together?

- (1) Yes
- (2) No

-XACCESS-

Do the people who do not live or eat with [reference person] have direct access to a separate living arrangement, from the outside or through a common hallway?

- (1) Yes
- (2) No

-TABLEX-

Enter the line numbers of the people who do not live or eat with this household.
ENTER (N) FOR NO MORE.

-OTHLIV-

Does any other household on the property live or eat with this household?

- (1) Yes
- (2) No

-ADDOTH-

**** DO NOT READ TO RESPONDENT ****

Redefine this unit (household) to include space occupied by all persons who live or eat together.

PRESS F1 until MORPER to add additional people to the roster

-DOB-

The next questions are about [name].

What is your date of birth?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

ENTER MONTH: ____

ENTER DAY: ____

ENTER 4 DIGIT YEAR: ____

-DOBA-

Is [name] now:

- (1) [age guess#1] or
- (2) [age guess #2] old?
- (N) (Neither is correct)

-VERAGE-

That would make [name] [age calculation from birth date]

Is that correct?

- (1) Yes, age is correct
- (2) No, age is not correct

-AGEGES-

ENTER YOUR BEST ESTIMATE OF [name's] AGE:

-UNDERAGE-

TO THE FR --
YOU MUST RESTART THIS INTERVIEW

BOTH THE HOUSEHOLD REFERENCE PERSON (LINE 1) AND THE HOUSEHOLD
RESPONDENT MUST BE 15 YEARS OF AGE OR OLDER.

YOU REPORTED THAT THE [name] IS UNDER 15.

IF NO ONE IN THE HOUSEHOLD IS 15 YEARS OF AGE OR OLDER, THE HOUSEHOLD IS
A TYPE B (CODE 18) NONINTERVIEW.

PRESS ENTER TO TERMINATE THIS INTERVIEW AND RESTART.

-ZEROCHK-

TO THE FR --
YOUR ENTRY OF 0 ON THE AGEAGES SCREEN INDICATES THAT YOUR BEST ESTIMATE
OF THIS PERSON'S AGE IS -- UNDER THE AGE OF 1 YEAR.

IF THIS IS NOT CORRECT, PRESS F1 TO BACK UP AND ENTER A NEW ESTIMATE.

IF THIS IS CORRECT, PRESS ENTER TO PROCEED.

-MS-

Is [name] now married, widowed, divorced, separated or never married?

- (1) Married, SPOUSE PRESENT
 - (2) Married, SPOUSE ABSENT
 - (3) Widowed
 - (4) Divorced
 - (5) Separated
 - (6) Never married
-

-EVRWID-

Has [name] EVER been widowed?

- (1) Yes
- (2) No

-EVRDIV-

Has [name] EVER been divorced?

- (1) Yes
- (2) No

-LNSP-

ENTER LINE NUMBER OF [name's] SPOUSE.
ASK IF NECESSARY

- (N) No one listed

-SPSSX1-

(DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Is one of the following SEX entries incorrect?

LINE	NAME	SEX
------	------	-----

- (1) To correct Line [fill L_NO]'s SEX entry
- (2) To correct Line [fill X]'s SEX entry
- (3) Neither SEX entry is incorrect

-SPSSX2-

You said [name] is [name's] spouse.

Is that correct?

- (1) Yes
 - (2) No
-

-AFEVER-

Did you ever serve on active duty in the U.S. Armed Forces?

- (1) Yes
- (2) No

-AFWHEN-

When did you serve on active duty?

FR PROMPT AFTER FIRST RESPONSE: Any other times?

MARK ALL THAT APPLY.

ENTER (N) AFTER LAST REPORTED PERIOD.

-AFNOW-

Are you now on active duty?

- (1) Yes
 - (2) No
-

-EDUCA-

SHOW FLASHCARD B

What is the highest level of school [name] has completed or the highest degree he/she has received?

- (31) Less than 1st grade
- (32) 1st,2nd,3rd or 4th grade
- (33) 5th or 6th grade
- (34) 7th or 8th grade
- (35) 9th grade
- (36) 10th grade
- (37) 11th grade
- (38) 12th grade, no diploma
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (For example: GED)
- (40) Some college but no degree
- (41) Diploma or certificate from a vocational, technical, trade or business school beyond the High School level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program
- (44) Bachelors degree (For example: BA, AB, BS)
- (45) Master's degree (For example:MA, MS, MEng, MEd, MSW, MBA)
- (46) Professional School Degree (For example: MD,DDS,DVM,LLB,JD)
- (47) Doctorate degree (For example: PhD, EdD)

-EDUCB-

Has [name] completed high school by means of a GED or other equivalency test or program?

- (1) Yes
- (2) No

Is [name's] mother a member of this household?

IF NO, ENTER (N)

IF YES, ENTER THE MOTHERS LINE NUMBER

-TYPMOM-

I recorded that [name] is the mother of [name].

Is [name] her biological, step or adopted child?

- (1) Biological or natural child
 - (2) Stepchild
 - (3) Adopted child
-

-TYPMOM2-

Is [name] also [name]'s adopted child?

- (1) Yes
 - (2) No
-

Is [name's] father a member of this household?

IF NO, ENTER (N)

IF YES, ENTER THE FATHERS LINE NUMBER

-TYPDAD-

I recorded that [name] is the father of [name].

Are you his biological, step or adopted child?

- (1) Biological or natural child
 - (2) Stepchild
 - (3) Adopted child
-

-TYPDAD2-

Is [name] also [name]'s adopted child?

- (1) Yes
 - (2) No
-

-STEPDAD-

Is [name] also his stepchild?

- (1) Yes
- (2) No

-STEMMOM-

Is [name] also her stepchild?

- (1) Yes
- (2) No

-LNGD-

Who in this household is responsible for [name]?

Enter (N) if not listed below.

-RACE-

SHOW FLASHCARD C

Which of the categories on this card best describes your race?

- (1) White
- (2) Black
- (3) American Indian, Aleut, or Eskimo
- (4) Asian or Pacific Islander
- (5) Other Race

-OTHRAC-

Enter the specific race reported.

-ORIGIN-

SHOW FLASHCARD D

Which of the categories on this card best describes your origin or descent?

- | | | |
|---------------------|-----------------------|---|
| (1) Canadian | (13) Scotch-Irish | (27) Dominican Republic |
| (2) Dutch | (14) Scottish | (28) Other Hispanic |
| (3) English | (15) Slovak | (30) African-American or
Afro-American |
| (4) French | (16) Welsh | (31) American Indian,
Eskimo or Aleut |
| (5) French-Canadian | (17) Other European | (32) Arab |
| (6) German | (20) Mexican | (33) Asian |
| (7) Hungarian | (21) Mexican-American | (34) Pacific Islander |
| (8) Irish | (22) Chicano | (35) West Indian |
| (9) Italian | (23) Puerto Rican | (39) Another group not listed |
| (10) Polish | (24) Cuban | (40) American |
| (11) Russian | (25) Central American | |
| (12) Scandinavian | (26) South American | |

-AFHHLD-

TO THE FR:

All of the adults in this household are members of the Armed Forces.

The household is classified as a Type B Noninterview.

PRESS ENTER TO FINISH THE CASE.

-CHANGE-

FR NOTE: PLEASE VERIFY THE INFORMATION DISPLAYED IS CORRECT; REVIEW AND MAKE ANY CORRECTIONS AS NEEDED. IF ANY INFORMATION APPEARS TO BE INCORRECT, ASK:

I need to verify some of the information I have collected for READ ROSTER NAME...

(P) All correct - Proceed

OR Enter LINE NUMBER of person needing a change

PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED

-CHG_WHAT-

What change is needed for: [name]

(M) Mistake -- no changes needed

(2) Name

(3) Educational attainment

(4) Race

(5) Origin

PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED

-FIXNAME-

What is the name of the person living or staying here? Please include middle and maiden names.

PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME ____

MIDDLE NAME ____

LAST NAME ____

MAIDEN NAME ____

Has he/she ever gone by any other last name?

PRESS ENTER IF NO "OTHER" NAME

OTHER NAME ____

-FIXEDUC-

SHOW FLASHCARD B

What is the highest level of school [name] has completed or the highest degree he/she has received?

- (31) Less than 1st grade
- (32) 1st,2nd,3rd or 4th grade
- (33) 5th or 6th grade
- (34) 7th or 8th grade
- (35) 9th grade
- (36) 10th grade
- (37) 11th grade
- (38) 12th grade, no diploma
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (For example: GED)
- (40) Some college but no degree
- (41) Diploma or certificate from a vocational, technical, trade or business school beyond the High School level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program
- (44) Bachelors degree (For example: BA, AB, BS)
- (45) Master's degree (For example:MA, MS, MEng, MEd, MSW, MBA)
- (46) Professional School Degree (For example: MD,DDS,DVM,LLB,JD)
- (47) Doctorate degree (For example: PhD, EdD)

-FIX_ED_B-

Has [name] completed high school by means of a GED or other equivalency test or program?

- (1) Yes
 - (2) No
-

-FIXRACE-

SHOW FLASHCARD C

Which of the categories on this card best describes your race?

- (1) White
- (2) Black
- (3) American Indian, Aleut, or Eskimo
- (4) Asian or Pacific Islander
- (5) Other Race

-FIX_ORAC-

Enter the specific race reported.

-FIXORIG-

SHOW FLASHCARD D

Which of the categories on this card best describes your origin or descent?

- | | | |
|---------------------|-----------------------|---|
| (1) Canadian | (13) Scotch-Irish | (27) Dominican Republic |
| (2) Dutch | (14) Scottish | (28) Other Hispanic |
| (3) English | (15) Slovak | (30) African-American or
Afro-American |
| (4) French | (16) Welsh | (31) American Indian,
Eskimo or Aleut |
| (5) French-Canadian | (17) Other European | (32) Arab |
| (6) German | (20) Mexican | (33) Asian |
| (7) Hungarian | (21) Mexican-American | (34) Pacific Islander |
| (8) Irish | (22) Chicano | (35) West Indian |
| (9) Italian | (23) Puerto Rican | (39) Another group not listed |
| (10) Polish | (24) Cuban | (40) American |
| (11) Russian | (25) Central American | |
| (12) Scandinavian | (26) South American | |

-CHG_MORE-

Are any more changes needed for: [name]

- (1) Yes
- (2) No

End of Household Demographics Section

Section D. Labor Force-Part I

-LFINTRO-

We'll start with questions about your recent work activities.

We are interested in the past four months up to today, as shown on this calendar.

SHOW FLASHCARD E

So that would be from [reference month 1] 1st up to today.

PRESS ENTER TO CONTINUE

-PDJBTHN-

Did you have at least one paid job, either full or part time, at anytime between [reference month 1] 1st and today?

- (1) Yes
 - (2) No
-

-NOPDJB-

Did you do any work at all that earned some money?

- (1) Yes
 - (2) No
-

-JBORSE-

Was that for an employer or were you self-employed or did you have some other arrangement?

(INTERVIEWER NOTE: Other arrangements include odd jobs, on-call work, day labor, one-time jobs, and informal arrangements like babysitting, lawn mowing, or leaf raking for neighbors.)

- (1) Employer
- (2) Self-Employed
- (3) Both employer and self-employed
- (4) Some other arrangement
- (5) Not Sure or Don't Know

-UNPAID-

Did you do any unpaid work in a family business or farm?

- (1) Yes
- (2) No

-NOWRK-

What is the main reason you did not work at a job or business between [reference month 1] 1st and today?

- (1) Temporarily unable to work because of an injury
 - (2) Temporarily unable to work because of an illness
 - (3) Unable to work because of chronic health condition or disability
 - (4) Retired
 - (5) Pregnancy/childbirth
 - (6) Taking care of children/other persons
 - (7) Going to school
 - (8) Unable to find work
 - (9) On layoff (temporary or indefinite)
 - (10) Not interested in working at a job
 - (11) Other
-

-ONOWRK-

ENTER THE SPECIFIC "OTHER" REASON DID NOT WORK

-WCYN3-

Since [reference month 1] 1st, did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
 - (2) No
-

-UECYN3-

Between [reference month 1] 1st and today, did you receive any type of unemployment payments?

- (1) Yes
 - (2) No
-

-UECYNTP3-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
 - (2) Supplemental unemployment benefits
 - (3) Other (strike pay, union benefits, etc.)
-

-LAYOFF-

Did you spend any time on layoff from a job since [reference month 1] 1st?

- (1) Yes
 - (2) No
-

-LAYDT-

When you were laid off, did your employer give you a date to return to work?

- (1) Yes
- (2) No

-LAY6M-

Were you given any indication that you would be recalled to work within 6 months of being laid off?

- (1) Yes
- (2) No

-LKWRK-

Did you spend any time looking for work since [reference month 1] 1st?

- (1) Yes
- (2) No

-WKSLKG-

Please look at the calendar. In which weeks were you looking for work?

ENTER THE NUMBERS BESIDE THE WEEKS, EVEN IF ONLY ONE DAY OF THAT WEEK
WAS SPENT LOOKING OR ON LAYOFF.
ENTER (A) IF ALL WEEKS.
ENTER (N) AFTER LAST REPORTED WEEK

-TAKJOB-

Could you have started a job during any of those weeks if one had been offered or could you have returned to work if you had been recalled?

- (1) Yes
 - (2) No
-

-NOTAKE-

Why was that?

- (1) Waiting for a new job to begin
 - (2) Own temporary illness
 - (3) School
 - (4) Other
-

-EMPNUM-

How many employers did you have between [reference month 1] 1st and today?

-CONCHK1-

Did you have a definite arrangement with one or more employers to work on an ongoing basis?

- (1) Yes
 - (2) No
 - (3) Not Sure or Don't Know
-

-EMPNUM2-

How many employers did you have between [reference month 1] 1st and today?

-EMPNUM2A-

How many employers did you have between [reference month 1] 1st and today?

Enter "N" for None.

-CONCHK2-

Did you have a definite arrangement with any of your [# of employers] employers to work on an ongoing basis?

- (1) Yes
 - (2) No
 - (3) Not Sure or Don't Know
-

-WRKTYPE-

Did you generally do the same type of work for your [# of employers] employers?

(READ IF NECESSARY: For example: construction work, private household work, sales, consulting.)

(1) Yes

(2) No

-EMPNAM-

What is the name of your employer?

-STRTJB-

Did you begin your employment with [Employer name] since [reference month 1] 1st?

(1) Yes

(2) No

-STRTREFP-

Please look at the calendar and tell me the month and day you began.

MONTH: ____

DAY: ____

-STRTBEFR-

Please tell me the year you began.

YEAR: ____

-STRTMONJB-

And in what month was that?

MONTH: ____

-STRTJYR-

What is your BEST estimate of the year when you began employment with [Employer name]?

YEAR ____

-STRTJMTH-

What is your BEST estimate of the month you began?

MONTH ____

-STRTJDY-

What is your BEST estimate of the day of the month when you began?

DAY ____

-BEFORE-

Was it before [reference month 1] 1st?

- (1) Yes
 - (2) No
-

-STLEMP-

Are you employed by [Employer name] now?

- (1) Yes
 - (2) No
-

-ENDJB-

When did your employment with [Employer name] end?

MONTH ____

DAY ____

-ENDJMTH-

What is your best estimate of the month when you ended employment with [Employer name]?

MONTH ____

-ENDJDY-

What is your best estimate of the day of the month when you ended employment with [Employer name]?

DAY _____

-RSEND-

What is the main reason you stopped working for [Employer name]?

- (1) On Layoff
 - (2) Retirement or old age
 - (3) Childcare problems
 - (4) Other family/personal obligations
 - (5) Own Illness
 - (6) Own Injury
 - (7) School/Training
 - (8) Discharged/Fired
 - (9) Employer Bankrupt
 - (10) Employer sold business
 - (11) Job was temporary and ended
 - (12) Quit to take another job
 - (13) Slack work or business conditions
 - (14) Unsatisfactory work arrangements (hours, pay, etc.)
 - (15) Quit for some other reason
-

-WCYN1-

Since [reference month 1] 1st, did you receive any money from workers' compensation as a result of any kind of job-related injury or illness from this job or any other job?

- (1) Yes
 - (2) No
-

-UECYN1-

Since [reference month 1] 1st, did you receive any type of unemployment payments related to this job or any other job?

- (1) Yes
- (2) No

-UECYNTP1-

What type was it?
ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, etc.)

-ALLBUSNUM-

How many businesses did you have, alone or jointly, between [reference month 1] 1st and today

FR NOTE: CONSIDER A PROFESSIONAL PRACTICE OR A FARM TO BE A BUSINESS.

-ADVRTS-

Did you use paid advertising for any of these businesses?

- (1) Yes
- (2) No

-POB-

Did you maintain an office, store, or other place of business?

- (1) Yes
 - (2) No
-

-CAPITAL-

Did you use specialized equipment for any of these businesses?

- (1) Yes
- (2) No

-ALLBUS-

What is the name of the business?

-REALBIZ-

Did you take an active part in this business or did you own it as an investment only?

- (1) Active participant
- (2) Both participant and investment
- (3) Investment only

-STRTBUS-

Did you start [Business name] at some time between [reference month 1] 1st and today?

- (1) Yes
- (2) No

-STRTBSRP-

Please look at the calendar and tell me the month and day you started this business.

MONTH: ____
DAY: _____

-STRTBSBF-

Please tell me the year you started this business.

YEAR: _____

-STRTMONBS-

And in what month was that?

MONTH: ____

-STRTBYS-

(BUSINESS = [Business name])

What is your BEST estimate of the year when you started this business?

YEAR ____

-STRBTMTH-

(BUSINESS = [Business name])

What is your BEST estimate of the month when you started this business?

MONTH ____

-STRTBDY-

(BUSINESS = [Business name])

What is your BEST estimate of the day of the month when you started this business?

DAY ____

-BEFORE2-

Was it before [reference month 1] 1st?

- (1) Yes
 - (2) No
-

-BIZNOW-

Do you still own this business?

(1) Yes

(2) No

-ENDBS-

When was the last day that you had this business?

MONTH ____

DAY ____

-ENDBMTH-

What is your best estimate of the last month when you were self-employed in this business (professional practice/farm)?

MONTH ____

-ENDBDY-

What is your best estimate of the last day when you were self-employed in this business (professional practice/farm)?

DAY ____

-RENDDB-

(BUSINESS = [Business name])

What is the main reason you gave up or ended this business (professional practice or farm)?

- (1) Retirement or old age
- (2) Childcare Problems
- (3) Other Family/Personal Problems
- (4) Own Illness
- (5) Own Injury
- (6) School/Training
- (7) Went Bankrupt/Business Failed
- (8) Sold Business or Transferred Ownership
- (9) To start other business/take job
- (10) Season ended for a Seasonal Business
- (11) Quit for Some Other Reason

-OENDB-

ENTER THE SPECIFIC "OTHER" REASON ENDED BUSINESS

-WCYN2-

Since [reference month 1] 1st, did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

-LNGJOB-

For which of these [# of employers] employers did you work the most hours between [reference month 1] 1st and today?

-LNGJOB2-

For which of these [# of employers] employers did you work the next most hours between [reference month 1] 1st and today?

-INTRJ-

The next questions refer to your employment with [Employer name].

PRESS ENTER TO CONTINUE

-CLWRK-

ASK OR VERIFY

Is [Employer name]:

- (1) A Government organization (includes Armed Forces)
 - (2) A Private, For Profit, Company
 - (3) A Non-Profit Organization, including tax exempt and charitable organizations
 - (4) A family business or farm
-

-FAMWRK-

Are you paid for your work in the family business or farm?

- (1) Yes
 - (2) No
-

-KINDG-

(EMPLOYER = [Employer name])

ASK OR VERIFY

Is that Federal Government, State Government, or Local Government or active-duty Armed Forces?

- (1) Federal (civilian only)
 - (2) State
 - (3) Local (County, City, Township)
 - (4) Armed Forces (active duty only)
-

-FNCGV-

(EMPLOYER = [Employer name])

What is the main function or activity of the government organization that you worked for?

-KNDIN-

(EMPLOYER = [Employer name])

What kind of industry is this?

-TYPIN-

(EMPLOYER = [Employer name])

ASK OR VERIFY

Is it mainly --

- (1) Manufacturing
 - (2) Wholesale Trade
 - (3) Retail Trade
 - (4) Service
 - (5) Or Something Else?
-

-KNDWK-

(EMPLOYER = [Employer name])

What kind of work did you perform, that is, what was your occupation?

READ IF NECESSARY:

For example: Bookkeeper, plumber, press operator

-ACTVT-

(EMPLOYER = [Employer name])

What were your usual activities or responsibilities

READ IF NECESSARY: For example: Keeping account books, repairing pipes, operating printing press

-YRSIN OCC-

(EMPLOYER = [Employer name])

Considering your entire working-life, how many years would you say you have been in this occupation or line of work?

- (1) MONTHS
- (2) YEARS

-JOBHRS-

(EMPLOYER = [Employer name])

During the weeks that you worked between [reference period] and [reference period], how many hours per week did you usually work at all?

-PAYHR-

(EMPLOYER = [Employer name])

Are you paid by the hour?

- (1) Yes
- (2) No

-PYRAT-

(EMPLOYER = [Employer name])

What was your regular hourly pay rate?

_____ Dollars and _____ Cents

-PYPER-

(EMPLOYER = [Employer name])

How often are you paid?

(READ CATEGORIES IF NECESSARY)

- (1) Once a week
- (2) Once every 2 weeks
- (3) Once a month
- (4) Twice a month
- (5) Unpaid in a family business or farm
- (6) On commission
- (7) Some other way

-OTHPY-

(EMPLOYER = [Employer name])

SPECIFY THE "OTHER" PAY PERIOD

-LSTPY-

(EMPLOYER = [Employer name])

On what date were you last paid?

(N) Not yet paid

MONTH ____

DAY _____

-UNION-

(EMPLOYER = [Employer name])

Are you a member of either a labor union or an employee association like a union?

- (1) Yes
- (2) No

-CNTRC-

(EMPLOYER = [Employer name])

Are you covered by a union or employee association contract?

- (1) Yes
- (2) No

-EMPLOC-

(ASK IF NECESSARY)

Does [Employer name] operate in more than one location?

- (1) Yes
- (2) No

-EMPALL-

(ASK IF NECESSARY)

About how many persons are employed by [Employer name] at ALL LOCATIONS together?

(READ CATEGORIES IF NECESSARY)

- (1) Under 25
 - (2) 25 to 99
 - (3) 100 to 499
 - (4) 500 to 999
 - (5) 1,000 or more
-

-EMPSIZE-

About how many persons are employed by [Employer name]?

(READ CATEGORIES IF NECESSARY)

- (1) Under 25
- (2) 25 to 99
- (3) 100 to 499
- (4) 500 to 999
- (5) 1,000 or more

-BIGBUS-

NOTE TO FR: ANSWERS ARE LIMITED TO THE BUSINESSES DISPLAYED BELOW WHICH WERE OPERATED DURING THE REFERENCE PERIOD.

I recorded that you had [# of businesses] businesses between [reference month 1] 1st and the end of [reference month 4].

Which 2 of these businesses produced the highest earnings before expenses during this time period?

-INTRB-

The next questions refer to your business [Name of Business].

PRESS ENTER TO CONTINUE

-KNDBS-

(BUSINESS = [Business name])

You said that you had various businesses. What kind of business is this?

READ IF NECESSARY: What does the business do or make?

-TYPBS-

(BUSINESS = [Business name])

ASK OR VERIFY

Is it mainly --

- (1) Manufacturing
- (2) Wholesale Trade
- (3) Retail Trade
- (4) Service
- (5) Or Something Else?

-OCCBS-

(BUSINESS = [Business name])

What kind of work do you do, that is, what is your occupation?

READ IF NECESSARY: For example: sales manager, dentist, farmer

-DUTYB-

(BUSINESS = [Business name])

What are your usual activities or duties in [Business name]?

READ IF NECESSARY: For example: managing sales staff, repairing teeth, farming

-HRSBS-

(BUSINESS = [Business name])

During the weeks you worked between [reference period] and [reference period], how many hours per week did you usually work AT ALL ACTIVITIES for [Business name]?

-GRSSB-

(BUSINESS = [Business name])

Do you think the earnings before expenses from your business were \$2500 or more over the last 12 months that you owned this business?

- (1) Yes
- (2) No

-GROSB-

(BUSINESS = [Business name])

Do you think that the earnings before expenses from this business will be \$2500 or more during the next 12 months?

- (1) Yes
- (2) No

-LSTBS-

BUSINESSES OWNED BY OTHER HOUSEHOLD MEMBERS

**** DO NOT READ TO RESPONDENT ****

Have questions about the number of employees, and whether or not the business is incorporated already been answered by somebody for this business: [Business name]?

- (1) Yes
 - (2) No
-

-EMPB-

(BUSINESS = [Business name])

Between [reference period] and [reference period], what was the maximum number of employees, including you, working for this business at any one time?

READ IF NECESSARY:

- (1) Under 25
 - (2) 25 to 99
 - (3) 100 to 499
 - (4) 500 to 999
 - (5) 1,000 or more
-

-INCPB-

(BUSINESS = [Business name])

Is this business incorporated?

- (1) Yes
 - (2) No
-

-PROPB-

(BUSINESS = [Business name])

Do you own this business yourself or is it a partnership?

- (1) Alone
 - (2) Partnership
-

-HPRTB-

(BUSINESS = [Business name])

Is any other member of this household an owner or partner in this business?

- (1) Yes
 - (2) No
-

-PARTB-

(BUSINESS = [Business name])

Who is that?

(N) No More

-SLRYB-

(BUSINESS = [Business name])

Do you draw a regular salary from this business?

(1) Yes

(2) No

-OINCB-

(BUSINESS = [Business name])

Did you receive any income from this business between [reference month 1] 1st and the end of [reference month 4]?

(1) Yes

(2) No

-CONWKSWRK-

Please look at the calendar. In which weeks did you work at a job or business or do any work at all for pay or profit?

(ENTER THE NUMBERS OF THE WEEKS)

(ENTER (A) IF ALL WEEKS)

(ENTER (N) FOR NONE/NO MORE WEEKS TO ENTER)

-FPAWOP-

HAND RESPONDENT THE CALENDAR

Now, consider ALL your work during this period.

Between [reference month 1] 1st and the end of [reference month 4], were there any full weeks, Sunday through Saturday, when you did not work at all?

- (1) Yes
- (2) No

-FPAWAY-

Did you get paid for ALL those weeks you did not work?

- (1) Yes
- (2) No

-FPABWK-

Please look at the calendar. Which weeks were you absent the whole week without pay?

ENTER THE NUMBERS OF THE WEEKS ABSENT

ENTER (A) IF ALL WEEKS

ENTER (N) AFTER LAST WEEK IS ENTERED

-FPABRE-

What was the main reason you were absent without pay during those weeks?

- (1) On layoff (temporary or indefinite)
- (2) Slack work or business conditions
- (3) Own injury
- (4) Own illness/medical problems
- (5) Pregnancy/childbirth
- (6) Taking care of children
- (7) On vacation/personal days
- (8) Bad weather
- (9) Labor dispute
- (10) New job to begin within 30 days
- (11) Participated in a job-sharing arrangement
- (12) Other

-FPOTHR-

ENTER THE SPECIFIC "OTHER" REASON ABSENT WITHOUT PAY

-WCYN4-

Did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

-UECYN4-

Did you receive any type of unemployment payments?

- (1) Yes
 - (2) No
-

-UECYNTP4-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, etc)

-PPAWOP-

HAND RESPONDENT THE CALENDAR

Between [reference month 1] 1st and the end of [reference month 4], there were some weeks when you did not have a job or business, and some weeks when you did. During the weeks when you DID have one, were there any FULL weeks, Sunday through Saturday, when you did not work at all?

IF THE RESPONDENT NEEDS TO KNOW WHAT CALENDAR WEEKS TO CHOOSE FROM,
READ THE RESPONDENT THE FOLLOWING WEEKS:

- (1) Yes
- (2) No

-PPAWAY-

Did you get paid for ALL those weeks you did not work?

- (1) Yes
- (2) No

-PPABWK-

Please look at the calendar. Which of these weeks were you absent the whole week without pay?

ENTER THE NUMBERS OF THE WEEKS ABSENT

ENTER (A) IF ALL WEEKS

ENTER (N) AFTER LAST WEEK IS ENTERED

-PPABRE-

What was the main reason you were absent without pay during those weeks?

- (1) On layoff (temporary or indefinite)
- (2) Slack work or business conditions
- (3) Own injury
- (4) Own illness/medical problems
- (5) Pregnancy/childbirth
- (6) Taking care of children
- (7) On vacation/personal days
- (8) Bad weather
- (9) Labor dispute
- (10) New job to begin within 30 days
- (11) Participated in a job-sharing arrangement
- (12) Other

-WCYN5-

Did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

-UECYN5-

Did you receive any type of unemployment payments?

- (1) Yes
- (2) No

-UECYNTP5-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
 - (2) Supplemental unemployment benefits
 - (3) Other (strike pay, union benefits, etc.)
-

-PPLOOK-

Now let's talk about the weeks between [reference month 1] 1st and the end of [reference month 4] when you did NOT have a job or a business.

During THOSE weeks, did you spend any time on layoff from a job?

IF THE RESPONDENT NEEDS TO KNOW WHAT CALENDAR WEEKS TO CHOOSE FROM, READ THE RESPONDENT THE FOLLOWING WEEKS:

- (1) Yes
- (2) No

-PPLAYDT-

When you were laid off, did your employer give you a date to return to work?

- (1) Yes
- (2) No

-PPLAY6M-

Were you given any indication that you would be recalled to work within 6 months of being laid off?

- (1) Yes
- (2) No

-PPLKWRK-

During the weeks when you did not have a job or business, did you spend any time looking for work?
During those weeks did you spend any time looking for work?

- (1) Yes
 - (2) No
-

-PPLKWK-

In which of those weeks were you looking for work?

ENTER THE NUMBERS BESIDE THE WEEKS, EVEN IF ONLY ONE DAY OF THAT WEEK WAS SPENT LOOKING OR ON LAYOFF.

ENTER (A) IF ALL WEEKS

ENTER (N) AFTER LAST REPORTED WEEK

-PPTAKJOB-

Could you have started a job during those weeks if one had been offered or could you have returned to work if you had been recalled?

(1) Yes

(2) No

-PPNOTAKE-

Why was that?

(1) Waiting for a new job to begin

(2) Own temporary illness

(3) School

(4) Other

-NOTHER-

ENTER THE SPECIFIC "OTHER" REASON COULD NOT TAKE JOB

-SOMWRK-

During the weeks that you did not have a job or a business, did you do any work at all that earned some money?

(1) Yes

(2) No

-MTHWRK-

In which of the months [reference month 1] through [reference month 4] did you do that work?

ENTER (1) BY MONTH IF WORKED

ENTER (0) BY MONTH IF NOT WORKED

[reference month 1]: ____

[reference month 2]: ____

[reference month 3]: ____

[reference month 4]: ____

-WCYN6-

Did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

(1) Yes

(2) No

-UECYN6-

Did you receive any type of unemployment payments?

(1) Yes

(2) No

-UECYNTP6-

What type was it?

ENTER (N) FOR NO MORE

(1) State unemployment compensation

(2) Supplemental unemployment benefits

(3) Other (strike pay, union benefits, etc.)

-PTWRK-

Now consider all your work from your businesses during this period. Between [reference month 1] 1st and the end of [reference month 4]. Just counting the weeks that you worked between [reference month 1] 1st and the end of [reference month 4] were there any weeks when you worked less than 35 hours?

NOTE: INCLUDE HOURS WORKED AT ALL JOBS/BUSINESSES

- (1) Yes
- (2) No

-PTRESN-

I have recorded that there were weeks in which you worked less than 35 hours. What was the main reason you worked less than 35 hours in those weeks?

- (1) Could not find full-time job
 - (2) Wanted to work part-time
 - (3) Temporarily unable to work full-time because of injury
 - (4) Temporarily unable to work full-time because of illness
 - (5) Unable to work full-time because of chronic health condition/disability
 - (6) Taking care of children/other persons
 - (7) Full-time workweek is less than 35 hours
 - (8) Slack work or material shortage
 - (9) Participated in a job-sharing arrangement
 - (10) On vacation
 - (11) In school
 - (12) Other
-

-PTRESNB-

What was the main reason you worked less than 35 hours in those weeks?

- (1) Could not find full-time job
- (2) Wanted to work part-time
- (3) Temporarily unable to work full-time because of injury
- (4) Temporarily unable to work full-time because of illness
- (5) Unable to work full-time because of chronic health condition/disability
- (6) Taking care of children/other persons
- (7) Full time workweek is less than 35 hours
- (8) Slack work or material shortage
- (9) Participated in a job-sharing arrangement
- (10) On vacation
- (11) In school
- (12) Other

-PTSPEC-

ENTER THE SPECIFIC "OTHER" REASON FOR PART TIME WORK

-SITNOWCT-

ASK OR VERIFY

Do you work at a job, a business, or something else to earn money NOW?

- (1) Yes
 - (2) No
 - (3) Not sure or Don't know
-

-SITNOW-

What best describes your situation now?

READ ALL ANSWERS

- (1) Looking for work
 - (2) On layoff from a job
 - (3) Waiting for a new job to begin
 - (4) Retired
 - (5) Taking care of home and family (including pregnancy)
 - (6) In school
 - (7) Not able to work because of illness or disability
 - (8) Or something else?
-

-OTHSIT-

ENTER THE SPECIFIC "OTHER" SITUATION

-LAYEMP-

What is the name of the employer from which you are on layoff?

-DISABL-

Do you have a physical, mental or other health condition that limits the kind or amount of work you can do?

- (1) Yes
 - (2) No
-

-DISPREV-

Does your health or condition prevent you from working at a job or business?

- (1) Yes
 - (2) No
-

-EVERET-

Have you ever retired, for any reason, from a job or business?

- (1) Yes
- (2) No

-JOBSRCH-

At any time since [reference month 1] 1st, did social services or a welfare office provide job training, a Job Club, a job search program, or anything else to help you try to find a job?

- (1) Yes
- (2) No

-JOBTRAIN-

At any time since [reference month 1] 1st, did you attend schooling or training because social services or a welfare office paid for, referred, or sent you there?

- (1) Yes
- (2) No

End of Labor Force-Part I Section

Section E. Labor Force-Part II

-PYRCV-

The next questions are about the income you received from [job reported]

The questions ask about your gross income BEFORE any deductions for taxes, health insurance, and so on.

PRESS ENTER TO CONTINUE

-P1M4-

Each time you were paid by [Employer name] in [reference month 4], how much did you receive BEFORE deductions?

- (P) Proceed to enter one or more gross amounts for the month
- (C) Calculate - Respondent reports hourly wages and hours worked

ENTER GROSS AMOUNTS RECEIVED IN [reference month 4] OR (N) FOR NONE. (AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

- (S) Same as last amount entered
-

-FOLLOW4-

Is that the total for the month or the amount of a single payment?

- (1) Total for the month
 - (2) Amount of a single payment
-

-MOREPAY4-

Please tell me the other payments you received in [reference month 4] from [Employer name].

ENTER (N) FOR NONE OR NO MORE.

-MTOT4VER-

NOTE TO INTERVIEWER - DO NOT READ

THE TOTAL AMOUNT REPORTED FOR [reference month 4], \$[amount reported], IS UNUSUALLY LARGE.

IF THE AMOUNT IS CORRECT, ENTER P TO PROCEED.

IF THE AMOUNT IS INCORRECT, HIT F1 TO BACK UP AND CORRECT IT.

(P) PROCEED

-CALC41-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC41VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY41-

I have recorded that your earnings for [reference month 4] are:

Did you receive any other pay in [reference month 4] from [Employer name]?

- (1) Yes
- (2) No

-CALC42-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC42VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY42-

I have recorded that your earnings for [reference month 4] are:

Did you receive any other pay in [reference month 4] from [Employer name]?

- (1) Yes
- (2) No

-CALC43-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC43VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY43-

I have recorded that your earnings for [reference month 4] are:

Did you receive any other pay in [reference month 4] from [Employer name]?

(1) Yes

(2) No

-CALC44-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC44VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY44-

I have recorded that your earnings for [reference month 4] are:

Did you receive any other pay in [reference month 4] from [Employer name]?

(1) Yes

(2) No

-CALC45-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC45VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-PAYTMS4-

(NOTE TO INTERVIEWER - DO NOT READ)

BASED ON THE PAY PERIOD AND THE DATE LAST PAID, THE RESPONDENT SHOULD HAVE BEEN PAID [#] TIMES IN [reference month 4].

PROBE FOR ADDITIONAL PAYMENTS.

IF ADDITIONAL AMOUNTS ARE REPORTED, BACK UP (F1) TO ENTER ADDITIONAL AMOUNTS.

IF THERE ARE NO ADDITIONAL AMOUNTS, ENTER P TO PROCEED.

(P) PROCEED

-ANAMT-

ENTER THE AMOUNT EARNED PER YEAR

-P1M3-

Each time you were paid by [Employer name] in [reference month 3], how much did you receive BEFORE deductions?

- (P) Proceed to enter one or more gross amounts for the month
- (C) Calculate - Respondent reports hourly wages and hours worked

ENTER GROSS AMOUNTS RECEIVED IN [reference month 3] OR (N) FOR NONE.
(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

- (S) Same as last amount entered

-FOLLOW3-

Is that the total for the month or the amount of a single payment?

- (1) Total for the month
- (2) Amount of a single payment

-MOREPAY3-

Please tell me the other payments you received in [reference month 3] from [Employer Name].

ENTER (N) FOR NONE OR NO MORE.

-MTOT3VER-

NOTE TO INTERVIEWER - DO NOT READ

THE TOTAL AMOUNT REPORTED FOR [Reference month 3], \$[amount reported], IS UNUSUALLY LARGE.

IF THE AMOUNT IS CORRECT, ENTER P TO PROCEED.
IF THE AMOUNT IS INCORRECT, HIT F1 TO BACK UP AND CORRECT IT.

- (P) PROCEED

-CALC31-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC31VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY31-

I have recorded that your earnings for [reference month 3] are:

Did you receive any other pay in [reference month 3] from [Employer name]?

(1) Yes

(2) No

-CALC32-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC32VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY32-

I have recorded that your earnings for [reference month 3] are:

Did you receive any other pay in [reference month 3] from [Employer name]?

(1) Yes

(2) No

-CALC33-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC33VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY33-

I have recorded that your earnings for [reference month 3] are:

Did you receive any other pay in [reference month 3] from [Employer name]?

(1) Yes

(2) No

-CALC34-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC34VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY34-

I have recorded that your earnings for [reference month 3] are:

Did you receive any other pay in [reference month 3] from [Employer name]?

(1) Yes

(2) No

-CALC35-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC35VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-PAYTMS3-

(NOTE TO INTERVIEWER - DO NOT READ)

BASED ON THE PAY PERIOD AND THE DATE LAST PAID, THE RESPONDENT SHOULD HAVE BEEN PAID [#] TIMES IN [Reference month 3].

PROBE FOR ADDITIONAL PAYMENTS.

IF ADDITIONAL AMOUNTS ARE REPORTED, BACK UP (F1) TO ENTER ADDITIONAL AMOUNTS.

IF THERE ARE NO ADDITIONAL AMOUNTS, ENTER P TO PROCEED.

(P) PROCEED

-P1M2-

Each time you were paid by [Employer name] in [reference month 2], how much did you receive BEFORE deductions?

- (P) Proceed to enter one or more gross amounts for the month
- (C) Calculate - Respondent reports hourly wages and hours worked

ENTER GROSS AMOUNTS RECEIVED IN [reference month 2] OR (N) FOR NONE.
(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

- (S) Same as last amount entered

-FOLLOW2-

Is that the total for the month or the amount of a single payment?

- (1) Total for the month
- (2) Amount of a single payment

-MOREPAY2-

Please tell me the other payments you received in [reference month 2] from [Employer name].

ENTER (N) FOR NONE OR NO MORE.

-MTOT2VER-

NOTE TO INTERVIEWER - DO NOT READ

THE TOTAL AMOUNT REPORTED FOR [Reference month 2], \$[amount reported], IS UNUSUALLY LARGE.

IF THE AMOUNT IS CORRECT, ENTER P TO PROCEED.
IF THE AMOUNT IS INCORRECT, HIT F1 TO BACK UP AND CORRECT IT.

- (P) PROCEED
-

-CALC21-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC21VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY21-

I have recorded that your earnings for [reference month 2] are:

Did you receive any other pay in [reference month 2] from [Employer name]?

(1) Yes

(2) No

-CALC22-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC22VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY22-

I have recorded that your earnings for [reference month 2] are:

Did you receive any other pay in [reference month 2] from [Employer name]?

(1) Yes

(2) No

-CALC23-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC23VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY23-

I have recorded that your earnings for [reference month 2] are:

Did you receive any other pay in [reference month 2] from [Employer name]?

(1) Yes

(2) No

-CALC24-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC24VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY24-

I have recorded that your earnings for [reference month 2] are:

Did you receive any other pay in [reference month 2] from [Employer name]?

(1) Yes

(2) No

-CALC25-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC25VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-PAYTMS2-

(NOTE TO INTERVIEWER - DO NOT READ)

BASED ON THE PAY PERIOD AND THE DATE LAST PAID, THE RESPONDENT SHOULD HAVE BEEN PAID [#] TIMES IN [reference month 2].

PROBE FOR ADDITIONAL PAYMENTS.

IF ADDITIONAL AMOUNTS ARE REPORTED, BACK UP (F1) TO ENTER ADDITIONAL AMOUNTS.

IF THERE ARE NO ADDITIONAL AMOUNTS, ENTER P TO PROCEED.

(P) PROCEED

-P1M1-

Each time you were paid by [Employer name] in [reference month 1], how much did you receive BEFORE deductions?

- (P) Proceed to enter one or more gross amounts for the month
- (C) Calculate - Respondent reports hourly wages and hours worked

ENTER GROSS AMOUNTS RECEIVED IN [reference month 1] OR (N) FOR NONE.
(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

- (S) Same as last amount entered

-FOLLOW1-

Is that the total for the month or the amount of a single payment?

- (1) Total for the month
- (2) Amount of a single payment

-MOREPAY1-

Please tell me the other payments you received in [reference month 1] from [Employer name].

ENTER (N) FOR NONE OR NO MORE.

-MTOT1VER-

NOTE TO INTERVIEWER - DO NOT READ

THE TOTAL AMOUNT REPORTED FOR [reference month 1], \$[amount reported], IS UNUSUALLY LARGE.

IF THE AMOUNT IS CORRECT, ENTER P TO PROCEED.
IF THE AMOUNT IS INCORRECT, HIT F1 TO BACK UP AND CORRECT IT.

- (P) PROCEED
-

-CALC11-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC11VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY11-

I have recorded that your earnings for [reference month 1] are:

Did you receive any other pay in [reference month 1] from [Employer name]?

(1) Yes

(2) No

-CALC12-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC12VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY12-

I have recorded that your earnings for [reference month 1] are:

Did you receive any other pay in [reference month 1] from [Employer name]?

(1) Yes

(2) No

-CALC13-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC13VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY13-

I have recorded that your earnings for [reference month 1] are:

Did you receive any other pay in [reference month 1] from [Employer name]?

(1) Yes

(2) No

-CALC14-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC14VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY14-

I have recorded that your earnings for [reference month 1] are:

Did you receive any other pay in [reference month 1] from [Employer name]?

(1) Yes

(2) No

-CALC15-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ____ Dollars and ____ Cents

HOURS WORKED: ____

-CALC15VR-

That comes to \$[calculated amount]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-PAYTMS1-

(NOTE TO INTERVIEWER - DO NOT READ)

BASED ON THE PAY PERIOD AND THE DATE LAST PAID, THE RESPONDENT SHOULD HAVE BEEN PAID [#] TIMES IN [reference month 1].

PROBE FOR ADDITIONAL PAYMENTS.

IF ADDITIONAL AMOUNTS ARE REPORTED, BACK UP (F1) TO ENTER ADDITIONAL AMOUNTS.

IF THERE ARE NO ADDITIONAL AMOUNTS, ENTER P TO PROCEED.

(P) PROCEED

-TAKEHOME-

Just to be sure -- were the amounts you gave me for [list of reference months] your take-home pay, or were they your gross pay BEFORE any taxes and other deductions were taken out?

- (1) Take-home pay (net, after deductions)
- (2) Gross (total) pay (before deductions)
- (3) Other

-GETGROSS-

This survey needs to get people's gross income amounts. Do you know your gross pay amounts?

- (1) Yes
- (2) No

-GETRECS-

Do you have records available, such as pay stubs, that would show the gross amounts?

- (1) Yes
- (2) No

-GROSSPAYM4-

What were the gross pay amounts in [reference month 4]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s): New Gross amount(s):

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

-ALLGROSSM4-

** DO NOT READ TO RESPONDENT **

ARE ALL AMOUNTS FOR [reference month 4] NOW GROSS AMOUNTS?

- (1) YES, ALL AMOUNTS ARE GROSS
- (2) NO, SOME NET AMOUNTS REMAIN

-GROSSPAYM3-

What were the gross pay amounts in [reference month 3]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s): New Gross amount(s):

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

-ALLGROSSM3-

** DO NOT READ TO RESPONDENT **

ARE ALL AMOUNTS FOR [Reference month 3] NOW GROSS AMOUNTS?

- (1) YES, ALL AMOUNTS ARE GROSS
 - (2) NO, SOME NET AMOUNTS REMAIN
-

-GROSSPAYM2-

What were the gross pay amounts in [reference month 2]?

ENTER (S) FOR SAME AMOUNT

ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s): New Gross amount(s):

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

-ALLGROSSM2-

** DO NOT READ TO RESPONDENT **

ARE ALL AMOUNTS FOR [Reference month 2] NOW GROSS AMOUNTS?

(1) YES, ALL AMOUNTS ARE GROSS

(2) NO, SOME NET AMOUNTS REMAIN

-GROSSPAYM1-

What were the gross pay amounts in [reference month 1]?

ENTER (S) FOR SAME AMOUNT

ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s): New Gross amount(s):

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

-ALLGROSSM1-

** DO NOT READ TO RESPONDENT **

ARE ALL AMOUNTS FOR [Reference month 1] NOW GROSS AMOUNTS?

- (1) YES, ALL AMOUNTS ARE GROSS
- (2) NO, SOME NET AMOUNTS REMAIN

-CALLGROS-

If I were to call back later, would you be able to obtain a pay stub or some other record that shows your gross pay amounts?

- (1) Yes
- (2) No

-CBPY1-

It is very important that we collect information about income amounts that is as complete and accurate as possible. If I were to call back later, would you or someone else be able to provide me with this information?

- (1) Yes
- (2) No

-BM4-

The next few questions are about your income from: [Business name]

What was the total amount of income you received from [Business name] in the month of [reference month 4]?

(ENTER UP TO 5 SEPARATE AMOUNTS FOR THE MONTH)

(N) None/No more (S) Same as last amount entered

How much did you receive from the business in [reference month 3]?

And in [reference month 2]?

And in [reference month 1]?

-CBB-

It is very important that we collect information about income amounts that is as complete and accurate as possible. If I were to call back later, would you or someone else be able to provide me with this information?

- (1) Yes
- (2) No

-LSTB-

(DO NOT READ TO RESPONDENT)

SEE BELOW FOR BUSINESSES OWNED BY OTHER HOUSEHOLD MEMBERS

HAVE YOU ASKED ANOTHER PERSON IN THIS HOUSEHOLD ABOUT THE NET PROFIT OR LOSS FROM [Business name]?

- (1) YES
- (2) NO

-PRFTB-

For [Business name], what is your best estimate of the net profit or loss, that is, the difference between gross receipts and expenses, between [reference month 1] 1st and the end of [reference month 4]?

ENTER (P) FOR PROFIT OR (L) FOR LOSS AND THEN ENTER AMOUNT
ENTER (P),(1) IF BROKE EVEN

-MOONLITE-

You told me that between [reference month 1] and [reference month 4] you had some work in addition to the jobs/businesses whose income we just talked about. Did you receive any income from that additional work from [reference month 1] to [reference month 4]?

- (1) Yes
 - (2) No
-

-MLM4-

(JOB/BUSINESS = additional work)

What was the total amount of income you received from this work in the month of [reference month 4]?

(ENTER UP TO 5 INDIVIDUAL AMOUNTS FOR THE MONTH)

(N) None/No more (S) Same as last amount entered

What was it in [reference month 3]?

What was it in [reference month 2]?

What was it in [reference month 1]?

-LFREC-

**** DO NOT READ TO RESPONDENT ****

DID THE RESPONDENT USE ANY RECORDS TO ANSWER ANY LABOR FORCE EARNINGS QUESTIONS?

- (1) YES
- (2) NO

End of Labor Force-Part II Section

Section F. General Income-Part I

-OTHINT-

Next are questions about your other sources of income since [reference month 1].

PRESS ENTER TO CONTINUE

-LMPNOW-

When you left your job, did you receive any lump sum payments, such as severance pay or any proceeds from a pension or retirement plan?

- (1) Yes
 - (2) No
-

-LMPFUTR-

Do you ever expect to receive any such payments from that job?

- (1) Yes
 - (2) No
-

-LUMPTYP-

What type of payment?

ENTER (N) FOR NONE/NO MORE

- (1) Lump sum from pension/retirement plan
 - (2) Severance pay
 - (3) Deferred payment(s) payable at some later date
 - (4) Something else
-

-LMPELSE-

What kind of other payment was it?

-VAYN-

Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.

Did you receive any payments from the Department of Veterans Affairs (VA)?

(1) Yes

(2) No

-SSYN-

Did you receive any Social Security payments?

(1) Yes

(2) No

-SSCLDYN-

Did you receive any Social Security payments on behalf of: READ NAME(S) OF CHILD(REN)

(1) Yes (2) No

Did you receive any Social Security payments for yourself?

(1) Yes (2) No

-SSIYN-

Did you receive any income from a program called Supplemental Security Income, that is SSI?

(1) Yes

(2) No

-SSICLDYN-

Did you receive any Supplemental Security Income (SSI) on behalf of: READ NAME(S) OF CHILD(REN)

(1) Yes (2) No

Did you receive any income from Supplemental Security Income (SSI) for yourself?

(1) Yes (2) No

-STSSIYN-

Did you also receive a SEPARATE SSI payment from the State or local welfare office?

- (1) Yes
- (2) No

-DISYN-

Earlier I recorded that you have a health condition which limits the kind or amount of work you can do. Did you receive any income because of your health condition?

- (1) Yes
- (2) No

-DISTYP-

What kind of income was that? Anything else?

ENTER (N) FOR NONE/NO MORE

- (1) Workers' Compensation
- (2) Payments from a sickness, accident, or disability insurance policy purchased on your own
- (3) Employer disability payments
- (4) Pension from company or union including income from profit-sharing plans
- (5) Federal Civil Service or other Federal civilian employee pension
- (6) State government pension
- (7) Local government pension
- (8) U.S. Military retirement pay (excluding payments from the VA)
- (9) U.S. Government Railroad Retirement
- (10) Black Lung payments
- (11) Other

-OTHRTYPE-

What was the specific "other" source of the income you received because of your health condition?

-RETYN-

Earlier I recorded that you retired from a previous job. Did you receive any retirement income?

- (1) Yes
- (2) No

-RETTYP-

What kind of income was that? Anything else?

ENTER (N) FOR NONE/NO MORE

- (1) Pension from company or union including income from profit-sharing plans
- (2) Federal Civil Service or other Federal civilian employee pension
- (3) State government pension
- (4) Local government pension
- (5) U.S. Military retirement pay (excluding payments from the VA)
- (6) U.S. Government Railroad Retirement
- (7) National Guard or Reserve Forces retirement
- (8) Other

-RETOTHR-

What is the specific "other" source of the retirement income that you received.

-LIFEYN-

Did you receive any REGULAR retirement income from a paid-up life insurance policy or any other annuities?

- (1) Yes
- (2) No

-SURYN-

Did you receive any income as a result of being a survivor?

- (1) Yes
 - (2) No
-

-SURTYP-

What kind of income was that? Anything else?

ENTER (N) FOR NONE/NO MORE

- (1) Pension from company or union including income from profit-sharing plans
- (2) Veterans' compensation or pension
- (3) Federal Civil Service or other Federal civilian employee pension
- (4) U.S. Government Railroad Retirement
- (5) State government pension
- (6) Local government pension
- (7) Income from paid-up life insurance policies or annuities
- (8) U.S. Military retirement pay. Exclude payments from the Department of Veterans Affairs (VA)
- (9) Black Lung benefits
- (10) Worker's Compensation
- (11) Payments from estate or trust
- (12) National Guard or Reserve Forces retirement
- (13) Other

-SUROTH-

What was the specific "other" source of income you received as a survivor?

-FCCYN-

Did you receive any foster child care payments?

- (1) Yes
- (2) No

-CSAGREE-

Have support payments ever been court ordered or informally agreed to for your child/children?

- (1) Yes
 - (2) No
-

-CSYN-

Did you receive any kind of financial support payments from the [child]'s other parent?

- (1) Yes
 - (2) No
-

-ALIYN-

Did you receive any alimony payments?

- (1) Yes
 - (2) No
-

-FSYN-

Were you authorized to receive food stamps?

- (1) Yes
 - (2) No
-

-WICYN-

Are you on WIC, the Women, Infants, and Children nutrition program?

- (1) Yes
 - (2) No
-

-PATYN-

Did you receive any cash or other assistance from a state or county welfare program?

- (1) Yes
 - (2) No
-

-PATYNA-

Just to be sure, did you receive any cash or other assistance from a state or county welfare program on behalf of children in the household.

- (1) Yes
- (2) No

-PACHCK1-

How about any other kinds of cash or other assistance from a state or county welfare program, such as, gas vouchers, bus passes, or help registering, repairing, or insuring your car, reduced price child care services, or short-term cash assistance to tide you over?

- (1) Yes
- (2) No

-PACHCK2-

What did you receive?

MARK ALL THAT APPLY. ENTER (N) FOR NONE/NO MORE

- (1) Transportation Assistance to help you get to work or school or training such as gas vouchers, bus passes, or help repairing a car?
 - (2) Child Care Services or Assistance so you could go to work or school or training
 - (3) Any short-term cash assistance to tide you over when you needed it to help you stay off welfare; or for an emergency
 - (4) Any other assistance from the government
-

-PATYP-

Did you receive:

READ ALL CATEGORIES. ENTER (N) FOR NONE/NO MORE

- (1) Public Assistance such as AFDC, TANF or [state public assistance]?
- (2) General Assistance or General Relief
- (3) Energy Assistance Program
- (4) Transportation Assistance to help you get to work or school or training such as gas vouchers, bus passes, or help repairing a car?
- (5) Child Care Services or Assistance so you could go to work or school or training?
- (6) Any short-term cash assistance to tide you over when you needed it to help you stay off welfare; or for an emergency?
- (7) Any other cash or other assistance from a state or county welfare program?

-PAOTHR-

What was the specific "other" source of public assistance income?

-PSSTHRU-

Did you receive ANY child support as a bonus or pass through, from a state or county welfare program?

- (1) Yes
- (2) No

-NOINC-

Did you receive non-job income from some source we have not covered, such as financial help from someone outside this household, cash or other assistance from a state or county welfare program, or anything else?

- (1) Yes
 - (2) No
-

-INCLIST-

I have recorded that, between [reference month 1] 1st and today, you had the following sources of non-job income:

(READ NAMES OF INCOME SOURCES)

PRESS "SHIFT-F6" TO ACCESS INCOME SOURCES LISTED IN BOX BELOW

PRESS "SHIFT-F6" AGAIN TO RETURN TO THIS POINT

Have I listed anything that SHOULD NOT be there?

(1) Yes (2) No

-ERRSRC-

Which of these?

ENTER (N) FOR NONE/NO MORE

-ANYOTH-

Did you receive non-job income from any other source, such as financial help from someone outside this household, cash or other assistance from a state or county welfare program, or anything else?

NOTE TO FR: DO NOT ANSWER 'YES' FOR ANY TYPES OF ASSET-BASED INCOME, WHICH WILL BE COVERED IN THE NEXT SECTION.

(1) Yes

(2) No

-OTHSRCE-

What kind of income did you receive? Anything else?

PRESS "SHIFT-F6" TO ACCESS INCOME SOURCES LISTED IN BOX BELOW

PRESS "SHIFT-F6" AGAIN TO RETURN TO THIS POINT

ENTER NUMERIC CODE OF INCOME SOURCE REPORTED

ENTER (N) FOR NONE/NO MORE

-INCLIST_INFO-

[List of Income Sources Reported]

-COMSERV-

At any time since [reference month 1] 1ST, did the state or local welfare office have you do any community service or any other work-related or job-training activities?

- (1) Yes
 - (2) No
-

-COMTYP-

Did you do community service or some other kind of job-training activity?

- (1) Community service
 - (2) Some other kind of job-training activity
-

-COMOTH-

What kind of job-training activity did you do?

End of General Income-Part I Section

Section G. General Income-Part II-A

-AMTS-

Earlier I recorded that you received the following:
[List of income sources]

PRESS ENTER TO CONTINUE

-RESNSS-

What is the reason you are getting [List of income sources]?
Any other reason?

READ ALL CATEGORIES:
ENTER (N) IF NO SECOND REASON

- (1) Retired?
 - (2) Disabled?
 - (3) Widowed or surviving child?
 - (4) Spouse or dependent child?
 - (5) Some other reason?
-

-AGESS-

At what age did you begin receiving [list of income sources] because of your disability?

(REPORT AGE IN YEARS)

AGE: ____

-JNTSSYN-

Did you receive [list of income sources] jointly with your spouse?

- (1) Yes
 - (2) No
-

-WHENSS-

Are your payments usually deposited on the first or third day of the month, or on the second, third or fourth Wednesday?

- (1) First, day of the month
- (2) Third, day of the month
- (3) 2nd, 3rd, or 4th Wednesday
- (4) Other

-VETTYP-

What type of Veteran's payments did you receive?

- (1) Service-connected disability compensation
- (2) Survivor Benefits
- (3) Veteran's Pension
- (4) Other Veteran's Payments

Are you required to fill out an annual income questionnaire in order to receive a VA pension?

- (1) Yes
 - (2) No
-

-AFDCMTH-

Have you received any state or local welfare office payments --
(READ ALL CATEGORIES)

- (1) Yes
- (2) No

___ in [current month]?

___ in [reference month 4]?

___ in [reference month 3]?

___ in [reference month 2]?

___ in [reference month 1]?

-YBEG20-

What set of circumstances led you to apply for [List of assistance] in [current month]?
Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBYB20-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY
RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSPB20-

What reason was that?

-YSTOP21-

Why did you stop receiving public assistance such as AFDC, TANF, or [State program] in [reference month 4]?

(SHOW FLASHCARD) READ ALL RESPONSES

(1) Yes (2) No

- (1) Got a job or earnings increased
 - (2) Family situation changed
 - (3) Others in the household earned enough money
 - (4) Penalized or sanctioned for non-cooperation
 - (5) Time limit expired
 - (6) Didn't want to use up time limit
 - (7) Chose not to participate
 - (8) Other, specify
-

-OTHSPS21-

What reason was that?

-YBEG21-

What set of circumstances led you to apply for [List of assistance] in [reference month 4]?
Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBYB21-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSPB21-

What reason was that?

-YSTOP22-

Why did you stop receiving public assistance such as AFDC, TANF, or [State program] in [reference month 3]?

(SHOW FLASHCARD) READ ALL RESPONSES

(1) Yes (2) No

- ___ (1) Got a job or earnings increased
- ___ (2) Family situation changed
- ___ (3) Others in the household earned enough money
- ___ (4) Penalized or sanctioned for non-cooperation
- ___ (5) Time limit expired
- ___ (6) Didn't want to use up time limit
- ___ (7) Chose not to participate
- ___ (8) Other, specify

-OTHSPS22-

What reason was that?

-YBEG22-

What set of circumstances led you to apply for [List of assistance] in [reference month 3]?
Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
-

-PRBYB22-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSPB22-

What reason was that?

-YSTOP23-

Why did you stop receiving public assistance such as AFDC, TANF, or [State program] in [reference month 2]?

(SHOW FLASHCARD) READ ALL RESPONSES

(1) Yes (2) No

- (1) Got a job or earnings increased
 - (2) Family situation changed
 - (3) Others in the household earned enough money
 - (4) Penalized or sanctioned for non-cooperation
 - (5) Time limit expired
 - (6) Didn't want to use up time limit
 - (7) Chose not to participate
 - (8) Other, specify
-

-OTHSPS23-

What reason was that?

-YBEG23-

What set of circumstances led you to apply for [List of assistance] in [reference month 2]?
Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBYB23-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSPB23-

What reason was that?

-BEG120-

When did you apply for the [list of assistance] you receive?

MONTH: ____

YEAR: ____

-YBEG220-

What set of circumstances led you to apply for [List of assistance] in [reference month 1]?
Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBYB220-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSP220-

What reason was that?

-ADCAMT15-

How much did you receive from public assistance not including food stamps --

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

-CHCK4-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CHCK3-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CHCK2-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CHCK1-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-AFDCAMT4-

How much did you receive from public assistance in [reference month 4]?

ENTER (S) FOR SAME AMOUNT

ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

-BIGINC4-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CSAGCY4-

How much total child support was collected by the agency on your behalf in [reference month 4]?

ENTER (N) FOR NONE

-PASSAMT4-

How much pass through, or child support payment did you receive in [reference month 4]?

ENTER (N) FOR NONE

-AFDCAMT3-

How much did you receive from public assistance in [reference month 3]?

ENTER (S) FOR SAME AMOUNT

ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

-BIGINC3-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CSAGCY3-

How much total child support was collected by the agency on your behalf in [reference month 3]?

ENTER (N) FOR NONE

-PASSAMT3-

How much pass through, or child support payment did you receive in [reference month 3]?

ENTER (N) FOR NONE

-AFDCAMT2-

How much did you receive from public assistance in [reference month 2]?

ENTER (S) FOR SAME AMOUNT

ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

-BIGINC2-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CSAGCY2-

How much total child support was collected by the agency on your behalf in [reference month 2]?

ENTER (N) FOR NONE

-PASSAMT2-

How much pass through, or child support payment did you receive in [reference month 2]?

ENTER (N) FOR NONE

-AFDCAMT1-

How much did you receive from public assistance in [reference month 1]?

ENTER (S) FOR SAME AMOUNT

ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

-BIGINC1-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-CSAGCY1-

How much total child support was collected by the agency on your behalf in [reference month 1]?

ENTER (N) FOR NONE

-PASSAMT1-

How much pass through, or child support payment did you receive in [reference month 1]?

ENTER (N) FOR NONE

-KIDONLY-

Did your public assistance such as AFDC, TANF or [State program] cover the adults and children in the household or just the children?

- (1) Adults and children
- (2) Children only

-AFDCCOV-

Who did your public assistance payment cover?

ENTER LINE NUMBER OF PERSON COVERED
ENTER (A) FOR ALL PERSONS COVERED
ENTER (N) FOR NONE/NO MORE

-WICMNTH-

Have you received any WIC--
(READ ALL CATEGORIES)

- (1) Yes
- (2) No

___ in [current month]?

___ in [reference month 4]?

___ in [reference month 3]?

___ in [reference month 2]?

___ in [reference month 1]?

-WYBEG20-

What set of circumstances led you to apply for [list of assistance] in [current month]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBWB20-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSWB20-

What reason was that?

-WYSTOP21-

What set of circumstances caused you to stop receiving [list of assistance] in [reference month 4]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(Family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

-WOTHSPS21-

What reason was that?

-WYBEG21-

What set of circumstances led you to apply for [list of assistance] in [reference month 4]? Anything else?
MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
-

-PRBWB21-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY
RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSWB21-

What reason was that?

-WYSTOP22-

What set of circumstances caused you to stop receiving [list of assistance] in [reference month 3]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(Family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

-WOTHSPS22-

What reason was that?

-WYBEG22-

What set of circumstances led you to apply for [list of assistance] in [reference month 3]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBWB22-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSWB22-

What reason was that?

-WYSTOP23-

What set of circumstances caused you to stop receiving [list of assistance] in [reference month 2]?

- (1) Became ineligible because of increased income
 - (2) Became ineligible because of family changes(Family member left, over age limit, etc.)
 - (3) Still eligible but could not/chose not to collect
 - (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
 - (5) Eligibility ran out because of time limits
 - (6) Other, specify
-

-WOTHSPS23-

What reason was that?

-WYBEG23-

What set of circumstances led you to apply for [list of assistance] in [reference month 2]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
-

-PRBWB23-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSWB23-

What reason was that?

-WBEG120-

When did you apply for the [list of assistance] that you received?

MONTH: ____

YEAR: ____

-WYBEG220-

What set of circumstances led you to apply for [list of assistance] in [reference month 1]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
-

-PRWYB220-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTSPW220-

What reason was that?

-WICPER-

Who does WIC cover in this household?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (A) FOR ALL PERSONS COVERED

ENTER (N) FOR NONE/NO MORE

-FSMTHYN-

Did you receive Food Stamps --
(READ ALL CATEGORIES)

(1) Yes

(2) No

___ in [current month]?

___ in [reference month 4]?

___ in [reference month 3]?

___ in [reference month 2]?

___ in [reference month 1]?

-FYBEG20-

What set of circumstances let you to apply for [list of assistance] in [current month]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBFB20-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSFB20-

What reason was that?

-FYSTOP21-

What set of circumstances caused you to stop receiving [list of assistance] in [reference month 4]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

-OTHSFS21-

What reason was that?

-FYBEG21-

What set of circumstances led you to apply for [list of assistance] in [reference month 4]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
-

-PRBFB21-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSFB21-

What reason was that?

-FYSTOP22-

What set of circumstances caused you to stop receiving [list of assistance] in [reference month 3]?

- (1) Became ineligible because of increased income
 - (2) Became ineligible because of family changes(family member left, over age limit, etc.)
 - (3) Still eligible but could not/chose not to collect
 - (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
 - (5) Eligibility ran out because of time limits
 - (6) Other, specify
-

-OTHSFS22-

What reason was that?

-FYBEG22-

What set of circumstances led you to apply for [list of assistance] in [reference month 3]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBFB22-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSFB22-

What reason was that?

-FYSTOP23-

What set of circumstances caused you to stop receiving [list of assistance] in [reference month 2]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

-OTHSFS23-

What reason was that?

-FYBEG23-

What set of circumstances led you to apply for [list of assistance] in [reference month 2]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
-

-PRBFB23-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSFB23-

What reason was that?

-FBEG120-

When did you apply for the [list of assistance] that you received?

MONTH: ____

YEAR: ____

-FYBEG220-

What set of circumstances led you to apply for [list of assistance] in [reference month 1]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
-

-PRBFYB220-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSPFY220-

What reason was that?

-FSAMT15-

What was the amount of Food Stamps you received in:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT

-BIGFS4-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGFS3-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGFS2-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGFS1-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-FSPER-

Who in the household does your Food Stamps cover?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (A) FOR ALL PERSONS COVERED

ENTER (N) FOR NO ONE/NO MORE

-CSMTH-

Have you received any child support payments

(READ ALL CATEGORIES)

(1) Yes

(2) No

___ in [current month]?

___ in [reference month 4]?

___ in [reference month 3]?

___ in [reference month 2]?

___ in [reference month 1]?

-CSAMT15-

What was the amount of child support you received:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

-BIGCS4-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGCS3-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGCS2-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGCS1-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-MNTHYN-

Have you received any [list of assistance]
(READ ALL CATEGORIES)

- (1) Yes
- (2) No

___ in [current month]?

___ in [reference month 4]?

___ in [reference month 3]?

___ in [reference month 2]?

___ in [reference month 1]?

-MYSTOP21-

What set of circumstances caused you to stop receiving [list of assistance] in [reference month 4]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

-OTHSMS21-

What reason was that?

-MYBEG21L-

What set of circumstances led you to apply for [list of assistance] in [reference month 4]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBMYB21L-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-MYBEG21S-

What set of circumstances led you to apply for [list of assistance] in [reference month 4]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify

-PRBMB21S-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSMB21-

What reason was that?

-MYSTOP22-

What set of circumstances caused you to stop receiving [list of assistance] in [reference month 3]?

- (1) Became ineligible because of increased income
 - (2) Became ineligible because of family changes(family member left, over age limit, etc.)
 - (3) Still eligible but could not/chose not to collect
 - (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
 - (5) Eligibility ran out because of time limits
 - (6) Other, specify
-

-OTHSMS22-

What reason was that?

-MYBEG22L-

What set of circumstances led you to apply for [list of assistance] in [reference month 3]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBMYB22L-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-MYBEG22S-

What set of circumstances led you to apply for [list of assistance] in [reference month 3]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify

-PRBMB22S-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSMB22-

What reason was that?

-MYSTOP23-

What set of circumstances caused you to stop receiving [list of assistance] in [reference month 2]?

- (1) Became ineligible because of increased income
 - (2) Became ineligible because of family changes(family member left, over age limit, etc.)
 - (3) Still eligible but could not/chose not to collect
 - (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
 - (5) Eligibility ran out because of time limits
 - (6) Other, specify
-

-OTHSMS23-

What reason was that?

-MYBEG23L-

What set of circumstances led you to apply for [list of assistance] in [reference month 2]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

-PRBMYB23L-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-MYBEG23S-

What set of circumstances led you to apply for [list of assistance] in [reference month 2]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify

-PRBMB23S-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTHSMB23-

What reason was that?

-MBEG120-

When did you apply for the [list of assistance] that you received?

MONTH: ____

YEAR: ____

-MYBEG220L-

What set of circumstances led you to apply for [list of assistance] in [reference month 1]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
-

-PRMYB220L-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-MYBEG220S-

What set of circumstances led you to apply for [list of assistance] in [reference month 1]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify

-PRMYB220S-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

-OTSPM220-

What reason was that?

End of General Income-Part II-A Section

Section H. General Income-Part II-B

-MNTHAMT15-

For each payment, please report the total amount.
How much income did you receive?

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

-BIGAMT4-

NOTE TO FR -----
THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGAMT3-

NOTE TO FR -----
THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGAMT2-

NOTE TO FR -----
THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGAMT1-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-ROLLOVR1-

Did you re-invest or "roll over" any of the money into an IRA or some other kind of retirement plan?

(1) Yes

(2) No

-ROLLOVR2-

Do you plan to re-invest or "roll over" any of the money?

(1) Yes

(2) No

-ROLLAMT-

How much did you "roll over" into an other RETIREMENT account?

ENTER (A) FOR ALL

-TMCOV-

Who did these payments cover?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (A) FOR ALL PERSONS COVERED

ENTER (N) FOR NONE/NO MORE

-KCOVBEG-

When did you begin to receive [list of assistance] for your child?

MONTH: ____

YEAR: ____

-KDMTHYN-

Were any payments received for your child--

(1) Yes

(2) No

____ in [current month]?

____ in [reference month 4]?

____ in [reference month 3]?

____ in [reference month 2]?

____ in [reference month 1]?

-KIDAMT15-

For each payment, please report the total amount.

How much was received:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

-BIGKAMT4-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGKAMT3-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGKAMT2-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGKAMT1-

NOTE TO FR -----

THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-SSKIDCOV-

Who did these payments cover?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (A) FOR ALL PERSONS COVERED

ENTER (N) FOR NO ONE/NO MORE

-GINCRECUSE-

** DO NOT READ TO RESPONDENT **

Did respondent use any records when reporting the amount of income received from [list of income sources reported]

- (1) Yes
- (2) No

End of General Income-Part II-B

Section I. Assets

-ASSTINT-

These next questions are about assets that provide income.

PRESS "ENTER" TO CONTINUE

-ASSET1-

During the period from reference month 1 1st through today, did you own, either alone or jointly, any of the following: (SHOW FLASHCARD F) READ ALL CATEGORIES

- (1) Yes (2) No (N) No Assets
- U.S. Government savings bonds (E or EE)?
- An IRA or Keogh account?
- A 401k or thrift plan?
- An interest earning checking account?
- A savings account?
- A money market deposit account?
- A certificate of deposit (CD)?
- Mutual funds?
- Stocks?
- Municipal or corporate bonds?
- U.S. Government securities?
- Mortgages from which payments are received?
- Rental property?
- Royalties?
- Any other financial investments not already mentioned?
-

-OTHFIN-

Enter the "other financial investment"

-ASETDRAW-

Since reference month 1 1st, have you received any lump sum or regular distribution payments from your [asset name]

- (1) Yes, lump sum
- (2) Yes, regular distribution
- (3) Yes, both
- (4) No, no payments received

-ASSTINTRO1-

Now I am going to ask about any interest earned from assets from [reference month 1] 1st to the end of [reference month 4].

PRESS "ENTER" TO CONTINUE

-JT-

Did you own your [asset name] jointly with your spouse?

- (1) Yes
- (2) No

-JTINT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What is the total amount of interest earned on this/these jointly held [asset names].

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
ENTER (N) FOR NONE/NO MORE

Total: \$_____

-AJTINT-

ENTER THE INTEREST AMOUNT EARNED PER YEAR

-JTAMT-

What is the average amount that you and your spouse had in this/these jointly held asset names]?

-JCAT1B-

FR NOTE: ASSET IS [asset name]. Is it:

- (1) Less than \$ 500
 - (2) \$ 500 to \$1,000
 - (3) \$1,001 to \$5,000
 - (4) More than \$5,000
-

-JCAT2B-

FR NOTE: ASSET IS [asset name]. Is it:

- (1) Less than \$ 1,000
 - (2) \$1,000 to \$ 5,000
 - (3) \$5,001 to \$10,000
 - (4) More than \$10,000
-

-OAST-

In addition to the [asset name] you owned jointly, did you also own any in your name only?

- (1) Yes
 - (2) No
-

-OINT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What is the total amount of interest you earned on your [asset name]?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-AOINT-

ENTER THE INTEREST AMOUNT EARNED PER YEAR

-OAMT-

What is the average amount that you had in this/these [asset names]?

-OCAT1B-

FR NOTE: ASSET IS [asset name]. Is it:

- (1) Less than \$ 500
- (2) \$ 500 to \$1,000
- (3) \$1,001 to \$5,000
- (4) More than \$5,000

-OCAT2B-

FR NOTE: ASSET IS [asset name]. Is it:

- (1) Less than \$ 1000
- (2) \$1,000 to \$ 5,000
- (3) \$5,001 to \$10,000
- (4) More than \$10,000

-CBINT-

If I were to call back later would you be able to provide me with the INTEREST amount earned from:
[asset names]

- (1) Yes
- (2) No

-ANYCHK-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Earlier you told me you owned [asset name].

Did you receive any dividend checks?

(1) Yes

(2) No

-JTDIV-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much was received in dividend checks made out jointly to you and your spouse?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-AJTDIV-

ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

-ODIV-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])?

How much did you receive in dividend checks in your name only?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-AODIV-

ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

-OTHDIV-

Did you earn any dividends that were credited against a margin account or automatically reinvested?

(1) Yes

(2) No

-JAMTDV-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much of these kinds of dividends did you earn jointly with your spouse?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$ _____

-AJAMTDV-

ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

-OAMTDV-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much of these kinds of dividends did you earn in your name only?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$ _____

-AOAMTDV-

ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

-CBDIV-

If I were to call back later would you be able to provide me with the DIVIDEND amount earned from [asset name]

(1) Yes

(2) No

-JNTRNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Earlier you told me that you owned some rental property. Did you receive any rental income from property owned jointly by you and your spouse?

(1) Yes

(2) No

-JARNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much was received in gross rent from this property?

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-JACLR-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What was your net income or loss after expenses?
(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-OWNRNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Did you receive rental income from property owned entirely in your own name?

- (1) Yes
 - (2) No
-

-OARNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much was received in gross rent from all properties?

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-OACLR-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What was your net income or loss after expenses?
(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-JRNT2-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Did you receive any rental income from property owned jointly with others?

- (1) Yes
 - (2) No
-

-JACLR2-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What was your share of the net income or loss after expenses on this property?
(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE]

Total: \$_____

-MRTJNT-

Earlier you said that at sometime between [reference month 1] 1st and the end of [reference month 4], you held a mortgage. Did you own this jointly with your spouse?

- (1) Yes
 - (2) No
-

-MIJNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much interest was paid to you and your spouse by the borrower?

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-MRTOWN-

Did you hold any mortgages in your own name?

(1) Yes

(2) No

-MIOWN-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much interest was paid to you by the borrower?

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-RNDUP1-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Earlier you said you had income from royalties. How much did you receive from these royalties?
If income is shared, count only your share.

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-RNDUP2-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Earlier you said that you had this/these investment(s): [List of assets]

How much did you receive from this/these investment(s)?

If income shared, count only your share.

(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

Total: \$_____

-ASTRECUSE-

** DO NOT READ TO RESPONDENT **

Did respondent use any records to answer any Asset questions?

(1) Yes

(2) No

End of Assets Section

Section J. Health Insurance

-HLTHINT-

Now I'm going to ask you about health insurance.

PRESS "ENTER" TO CONTINUE

-MCARE-

(SHOW FLASHCARD G)

At any time between [reference month 1] 1st and today were you covered by Medicare?

(1) Yes

(2) No

-CARETHEN-

In which months were you covered by Medicare?

(1) Yes

(2) No

___ In this month?

___ In [reference month 4]?

___ In [reference month 3]?

___ In [reference month 2]?

___ In [reference month 1]?

-MCNUMB-

Medicare cards contain information about type of coverage. May I see your medicare card to record the claim number?

FLASHCARD G PROVIDES EXAMPLES OF MEDICARE CARDS WHICH ARE TO BE SHOWN TO RESPONDENT.

(N) Card Not Available

-MCBACK-

If I were to call later would you be able to provide me with your Medicare number?

- (1) Yes
- (2) No

-CAIDNOW-

At any time between [reference month 1] 1st and today were you covered by Medicaid?

- (1) Yes
- (2) No

-CAIDOTH-

At any time between [reference month 1] 1st and today were you covered by any other public program that pays for medical care?, which you may also know as [state program name] or the State Children's Health Insurance Program [state name].

- (1) Yes
- (2) No

-CDMNT1-

In which months were you covered by Medicaid or some other public assistance program?

READ EACH ANSWER CATEGORY

- (1) Yes
- (2) No

- ___ In [current month]?
- ___ In [reference month 4]?
- ___ In [reference month 3]?
- ___ In [reference month 2]?
- ___ In [reference month 1]?

-KIDCOV-

How about your children?

Were--***READ NAME(S) LISTED BELOW*** covered by Medicaid at any time between [reference month 1] 1st and today?

- (1) Yes
- (2) No

-CHIP-

At any time between [reference month 1] 1st and today was your child/were your children covered by [state program name], the State Children's Health Insurance Program that helps families get health insurance for children?

- (1) Yes
- (2) No

-KIDOTH-

Were your children covered by any other public program that pays for medical care, which you may also know as [state program name], at any time between [reference month 1] 1st and today?

- (1) Yes
- (2) No

-CAIDKIDS-

PARENT IS: [Parent's name]

Which of your children were covered by Medicaid, the State Children's Health Insurance Program [state name], or some other public program?

ENTER (N) FOR NO MORE

-CDMNTH2-

In which months [was your child/were your children] covered by Medicaid, the State Children's Health Insurance Program [state fill], or some other public assistance program?

READ EACH ANSWER CATEGORY

- (1) Yes
- (2) No

- ___ In [current month]?
- ___ In [reference month 4]?
- ___ In [reference month 3]?
- ___ In [reference month 2]?
- ___ In [reference month 1]?

-CAIDBEGYR-

When did your current Medicaid coverage, which you may also know as [state program name] start?

YEAR: ____

-CAIDBEGMTH-

In what month did that coverage start?

MONTH: ____

-CAIDBEGPB-

I recorded that the last time you received Medicaid was in, which you may also know as [state program name].

Is that correct?

- (1) Yes
 - (2) No
-

-HIVER-

Earlier I recorded that for some, or all, of the time from [reference month 1] 1st through today you were covered by a health insurance plan held in the name of [name of policyholder].

Is that correct?

(1) Yes

(2) No

-H4MNTH-

Other than Medicare, Medicaid [state program name], or some other public program, are you covered by health insurance in this month?

(1) Yes

(2) No

Were you covered --

READ EACH ANSWER CATEGORY

___ in [reference month 4]?

___ in [reference month 3]?

___ in [reference month 2]?

___ in [reference month 1]?

-CBHINS-

If I were to call back later would it be possible for me to get this information?

(1) Yes

(2) No

-HIOWN-

During any time from [reference month 1] 1st through today, did you also have health insurance in your own name?

(1) Yes

(2) No

-HIOWNER-

Is your health insurance coverage in your own name or are you covered as a family member on someone else's plan?

- (1) Plan in own name
- (2) Covered by someone else's plan
- (3) Both

-HIHOLDR-

Who had the health insurance plan that covered you?

ENTER THE LINE NUMBER OF THE PERSON

- (N) No one currently living here

-HEMPLY-

Was the health insurance obtained through--

READ ANSWER CATEGORIES

- (1) Current employer or work
- (2) Former employer
- (3) Union
- (4) TRICARE/CHAMPUS
- (5) CHAMPVA
- (6) Or the Military/VA health care
- (7) Privately purchased
- (8) Or in some other way

-HICOST-

Does [answer from HEMPLY] pay all, part, or none of the premium of the plan?

- (1) All
 - (2) Part
 - (3) None
-

-HIPERS-

Other than you, who else was covered by this plan?

ENTER LINE NUMBERS OF PERSONS COVERED

(A) All household members

(N) None/No more

-HIOTHR-

During the period from [reference month 1] 1st through the end of [reference month 4], did this plan also cover anyone who did NOT live in this household?

(1) Yes

(2) No

-HIWHO-

Who, OUTSIDE this household, did the plan cover?

ENTER (1) FOR EACH YES THAT APPLIES

ENTER (2) FOR EACH NO THAT APPLIES

___ Spouse/Partner

___ Children 18 years of age or older

___ Children under 18 years old

___ Others

-HIKDCOV-

Was your child covered by a health insurance plan other than Medicaid, which you may also know as [state program name], the State Children's Health Insurance Program [state name], or any other public program at any time between [reference month 1] 1st and today?

(1) Yes

(2) No

-H2KDCOV-

Which children if any were covered by a health insurance plan other than Medicaid, which you may also know as [state program name], the State Children's Health Insurance Program [state name], or other public program at anytime between [reference month 1] 1st and today?

READ LIST OF CHILDREN'S NAMES DISPLAYED

ENTER APPROPRIATE LINE NUMBER OF EACH CHILD COVERED

ENTER (N) FOR NONE OF THESE CHILDREN/NO MORE

-HI1OUT-

Are you covered by the health insurance plan of someone who does NOT currently live in the household?

(1) Yes

(2) No

-HI2OUT-

Which children if any were covered by the health insurance plan of someone who does NOT currently live in the household?

READ LIST OF CHILDREN'S NAMES DISPLAYED

ENTER LINE NUMBER OF EACH CHILD COVERED BY SOMEONE OUTSIDE

ENTER (N) FOR NONE OF THESE CHILDREN/NO MORE

-HINONE-

I recorded that you were NOT covered by any health insurance plan during the month(s) of [reference month(s)].

Which ONE OR MORE of these reasons describe why you were not covered?

(SHOW FLASHCARD H) ENTER (N) AFTER LAST ENTRY

- (1) Too expensive, can't afford health insurance
- (2) No health insurance offered by (employer of self, spouse, or parent)
- (3) Not working at a job long enough to qualify
- (4) Job layoff, job loss, or any reason related to unemployment
- (5) Not eligible because working part time or temporary job
- (6) Can't obtain insurance because of poor health, illness, age, or a pre-existing condition
- (7) Dissatisfied with previous insurance OR don't believe in insurance
- (8) Have been healthy, not much sickness in the family, haven't needed health insurance
- (9) Able to go to VA or military hospital for medical care
- (10) Covered by some other health plan, such as Medicaid
- (11) No longer covered by parents policy
- (12) Other

-HISPEC-

Specify the exact "OTHER" reason not covered by health insurance

-HIHOWLNGYR-

I recorded that you were covered by health insurance in [reference month 1].

Before [reference month 1], when was the last time you were WITHOUT health insurance coverage?

In what year was that?

(A) Always covered by health insurance

YEAR: ____

-HIHOWLNGMTH-

In what month was that?

MONTH: ____

-HIHOWLNGPB-

I recorded the last time you were covered by health insurance was in [year reported] Is that correct?

- (1) Yes
- (2) No

-HINOLNGYR-

I recorded that you were not covered by health insurance in [reference month 1].
Before then, in what year were you last covered?

(N) Never covered by health insurance

YEAR: ____

-HINOLNGMTH-

In what month in [year reported] was that?

MONTH: ____

-HINOLNGPB-

I recorded the last time you were covered by health insurance was in [year reported].
Is that correct?

- (1) Yes
- (2) No

End of Health Insurance Section

Section K. Programs

-HOWLONG-

Now we are going to ask some questions about government programs.

When did you apply for public or subsidized housing?

Month: ____

Year: ____

-WHENAPP-

When did you move into public or subsidized housing?

Month: ____

Year: ____

-MTHRNT-

Excluding any rent subsidies, how much do you currently pay in monthly rent?

(N) None

-UTILYN-

Do you pay for any utilities such as water, electricity, gas, or oil?

Exclude telephone.

(1) Yes

(2) No

-WAITLIST-

Now we are going to ask some questions about government programs.

Are you on a waiting list for public or subsidized housing?

(1) Yes

(2) No

-EGYASSYN-

Has this household received any energy assistance from the Federal, state, or local government from [reference month 1] 1st to the end of [reference month 4]?

- (1) Yes
- (2) No

-EGYPAYMT-

Was this assistance received in the form of -

MARK ALL THAT APPLY. ENTER (N) AFTER LAST ENTRY.

- (1) Checks sent to the household
- (2) Coupons or vouchers sent to the household
- (3) Payments sent directly to the utility company, fuel dealer, or landlord

-EGYAMT-

What was the total amount of the energy assistance received by this household from [reference month 1] 1st to the end of [reference month 4]?

\$ _____

-HOTLUNYN-

From [reference month 1] 1st to the end of [reference month 4], did your child/children usually get a lunch offered at school?

- (1) Yes
- (2) No

-WHOHOTLN-

REFERENCE PERIOD IS [reference month 1] 1ST TO THE END OF [reference month 4]
Which children usually got a lunch at school?

ENTER THE LINE NUMBER OF CHILDREN WHO GOT A LUNCH AT SCHOOL.
ENTER (N) FOR NO MORE.

-FREELNYN-

REFERENCE PERIOD IS [reference month 1] 1ST TO THE END OF [reference month 4]

Were any of the lunches free or reduced price because your child/children qualified for the National School Lunch Program?

(1) Yes

(2) No

-FREREDLN-

REFERENCE PERIOD IS [reference month 1] 1ST TO THE END OF [reference month 4]

Were they free or reduced price?

(1) Free lunch

(2) Reduced-price lunch

-BRKFSTYN-

From [reference month 1] 1st to the end of [reference month 4], did your child/children usually get breakfast at school under the Federal School Breakfast Program?

(1) Yes

(2) No

-WHOBKR-

REFERENCE PERIOD IS [reference month 1] 1ST TO THE END OF [reference month 4]

Which children usually got a breakfast at school?

ENTER LINE NUMBER OF CHILDREN WHO GOT A BREAKFAST AT SCHOOL. ENTER (N) FOR NO MORE

-FREEBRK-

Were any of the breakfasts free or reduced-price, because your child/children qualified for the National School Breakfast Program?

- (1) Yes
- (2) No

-FREREDBK-

REFERENCE PERIOD IS [reference month 1] 1ST TO THE END OF [reference month 4]

Were they free or reduced price?

- (1) Free breakfast
- (2) Reduced-price breakfast

End of Programs Section

Section L. Education

-ENROLL-

Now I'm going to ask about school enrollment. Were you enrolled in school, either full or part time, at any time between [reference month 1] 1st and the end of [reference month 4]?

INCLUDE ANY REGULAR SCHOOL, SUCH AS ELEMENTARY, HIGH SCHOOL, OR COLLEGE, OR ANY VOCATIONAL, TECHNICAL, OR BUSINESS SCHOOL BEYOND HIGH SCHOOL.

- (1) Yes
- (2) No

-FULLPART-

Were you enrolled full time or part time?

- (1) Full Time
- (2) Part Time

-MNTHENRL-

Were you enrolled in...

- (1) Yes
- (2) No

[reference month 4]? ____
[reference month 3]? ____
[reference month 2]? ____
[reference month 1]? ____

-ENLEVEL-

At what level or grade were you enrolled?

("COLLEGE YEAR" INDICATES THE LEVEL ACCORDING TO ACADEMIC STANDING,
NOT THE NUMBER OF YEARS ENROLLED IN COLLEGE.)

- (1) Elementary grades 1-8
- (2) High School grades 9-12
- (3) College year 1 (Freshman)
- (4) College year 2 (Sophomore)
- (5) College year 3 (Junior)
- (6) College year 4 (Senior)
- (7) College year 5 (First year graduate or professional school)
- (8) College year 6+ (Second year or higher in graduate or professional school)
- (9) Vocational, technical, or business school beyond high school level
- (10) Enrolled in college, but not working towards degree

-EDCHCK1-

You said that you were ENROLLED in
[school or grade level]

Earlier I recorded that the highest grade or level you COMPLETED was
[schooling completed]

Are both of these statements correct?

- (1) Yes, both statements are correct
 - (2) Only COMPLETED statement is correct, ENROLLED statement should be changed
 - (3) Only ENROLLED statement is correct, COMPLETED statement should be changed
 - (4) Both the COMPLETED statement and the ENROLLED statement should be changed
-

-FXENRL-

At what level or grade were you enrolled?

("COLLEGE YEAR" INDICATES THE LEVEL ACCORDING TO ACADEMIC STANDING,
NOT THE NUMBER OF YEARS ENROLLED IN COLLEGE.)

- (1) Elementary grades 1-8
- (2) High School grades 9-12
- (3) College year 1 (Freshman)
- (4) College year 2 (Sophomore)
- (5) College year 3 (Junior)
- (6) College year 4 (Senior)
- (7) College year 5 (First year graduate or professional school)
- (8) College year 6+ (Second year or higher in graduate or professional school)
- (9) Vocational, technical, or business school beyond high school level
- (10) Enrolled in college, but not working towards degree

-FXEDUC-

What is the highest level of school you have completed or the highest degree you have received?

- (31) Less than 1st grade
 - (32) 1st,2nd,3rd or 4th grade
 - (33) 5th or 6th grade
 - (34) 7th or 8th grade
 - (35) 9th grade
 - (36) 10th grade
 - (37) 11th grade
 - (38) 12th grade, no diploma
 - (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (For example: GED)
 - (40) Some college but no degree
 - (41) Diploma or certificate from a vocational,technical, trade or business school beyond the High School level
 - (42) Associate degree in college - Occupational/vocational program
 - (43) Associate degree in college - Academic program
 - (44) Bachelors degree (For example: BA, AB, BS)
 - (45) Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
 - (46) Professional School Degree (For example: MD,DDS,DVM,LLB,JD)
 - (47) Doctorate degree (For example: PhD, EdD)
-

-EDCHCK2-

Were you enrolled in a program working towards a degree?

- (1) Yes
- (2) No

-EDFUND-

Were any of your educational expenses during the period [reference month 1] 1st through the end of [reference month 4] paid for by any type of educational assistance or financial aid?

READ IF NECESSARY:

Include financial assistance such as loans, grants, scholarships, employer assistance, veterans benefits, or any other type of financial aid.

- (1) Yes
 - (2) No
-

-EDASST-

What kind of educational assistance did you receive? Anything else?

(SHOW FLASHCARD I)

ENTER (N) AFTER LAST ENTRY

- (1) Federal PELL Grant
- (2) Assistance from the Department of Veteran's Affairs (VA) such as GI or Montgomery Bill, Survivors and Dependents, other Veterans' Administration Educational Assistance Programs.
- (3) College (or Federal) Work Study Program
- (4) Any other Federal grant or program; for example, SEOG, Health or Nursing Grant, ROTC, NSF Grant
- (5) A loan that has to be repaid, for example, Stafford, Perkins, or SLS
- (6) A grant, scholarship, or tuition remission from the school attended
- (7) A teaching or research assistantship from the school attended
- (8) A grant or scholarship from the state, such as SSIGP, Douglas Scholarships
- (9) A grant or scholarship from some other source, such as a foundation, corporation, or community group, National Merit Scholarship, etc.
- (10) Assistance provided by your employer
- (11) Aid from some other source (EXCLUDE all direct aid from parents, including trusts or college savings funds)

End of Education Section

Section M. Instrument Back

-FIN-

This case is not completed.

PRESS F1 TO RETURN TO THE PREVIOUS SCREEN

OR

ENTER (X) TO EXIT THE INTERVIEW

-TELHHD-

Since households included in this survey are interviewed again in 4 months, we may attempt to conduct the followup interview by telephone.

Is there a telephone in this house/apartment?

(1) Yes

(2) No

-TELA VL-

Is there a telephone elsewhere on which people in this household can be contacted?

(1) Yes

(2) No

-TELWHR-

Where is this phone located?

-TELPHN1-

What is the telephone number where you would like to be called?

Area Code: ____ New Number: ____

EXT: ____ (IF NO EXTENSION, PRESS ENTER)

What type of telephone is it?

- (1) Home
- (2) Work
- (3) Cellular or Digital
- (4) Beeper/Pager/Answering Service
- (5) Public (Pay phone)
- (6) Toll Free
- (7) Other (Specify)

What was that?

-TELHHD2-

Is there a second telephone number where you can be contacted?

- (1) Yes
 - (2) No
-

-TELPHN2-

What is the second telephone number where you would like to be called?

Area Code: ____ New Number: ____

EXT: ____ (IF NO EXTENSION, PRESS ENTER)

What type of telephone is it?

- (1) Home
- (2) Work
- (3) Cellular or Digital
- (4) Beeper/Pager/Answering Service
- (5) Public (Pay phone)
- (6) Toll Free
- (7) Other (Specify)

What was that?

-PHONEO-

Is a telephone interview acceptable?

- (1) Yes
 - (2) No
 - (3) No phone available
-

-BSTTI-

When is the best time to contact you?

DO NOT READ CATEGORIES

- (1) Morning (9am-12 noon)
- (2) Noon/lunchtime (11am-1pm)
- (3) Afternoon (12 noon-4pm)
- (4) Suppertime/early evening/dinnertime(4pm-7pm)
- (5) Evening (6pm-9pm)
- (6) Anytime (9am-9pm)
- (7) Late evening/night (7pm-9pm)
- (8) Daytime (9am-4pm)
- (9) After 5pm
- (10) Other, specify

ENTER SPECIFIC BEST TIME TO CALL

-CPNAME1-

Please, give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you.

Please, begin with that person's name.

(0) NO CONTACT PERSON INFORMATION AVAILABLE

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

-CPRELAT1-

What is that person's relationship to you?

-CPADDRS1-

What is that person's address?

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY: _____

STATE: __ (H) HELP

ZIP CODE: _____

-CPPHONE1-

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code: @AR New Number: @NUM

EXT: ____ IF NO EXTENSION, PRESS ENTER

What type of telephone is it?

- (1) Home
- (2) Work
- (3) Cellular or Digital
- (4) Beeper/Pager/Answering Service
- (5) Public (Pay phone)
- (6) Toll Free
- (7) Other (Specify)

What was that?

-MORECP1-

Is there another person who would know how to reach you?

- (1) Yes
 - (2) No
-

-CPNAME2-

Please, begin with that person's name.

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

-CPRELAT2-

What is that person's relationship to you?

-CPADDRS2-

What is that person's address?

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY: _____

STATE: __ (H) HELP

ZIP CODE: _____

-CPPHONE2-

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code: ____ New Number: _____

EXT: ____ IF NO EXTENSION, PRESS ENTER

What type of telephone is it?

- (1) Home
- (2) Work
- (3) Cellular or Digital
- (4) Beeper/Pager/Answering Service
- (5) Public (Pay phone)
- (6) Toll Free
- (7) Other (Specify)

What was that?

-LTRADDR-

***ENTER THE LINE NUMBER OF THE PERSON IN THIS HOUSEHOLD TO WHOM
CORRESPONDENCE SHOULD BE SENT***

ASK IF NOT APPARENT

-TRANS-

ARE YOU READY TO TRANSMIT THIS CASE?

- (1) Yes
 - (2) No
-

-NOWTYPEA-

** DO NOT READ TO RESPONDENT**

THIS IS NOW A TYPE A-

PRESS ENTER TO CONTINUE

-WHYTYPZ6-

No survey data were collected for [person's name].

Enter the reason that best describes why [person's name]'s survey data were not collected.

- (1) Person was ill or in the hospital
 - (2) Person was temporarily away from home
 - (3) Refused
 - (4) Other (specify)
-

-WHYSP6-

Enter other reason survey data was not collected.

-CALLBACK-

I'd like to schedule a return visit to finish the interview.

What DATE AND TIME would be best to visit again to [reason for callback]?

PROBE: May I come back later today?

TODAY IS: _____

-THANKCB-

Thank you for your help.

I will come back at the time suggested.

REVISIT DATE: _____

PRESS ENTER TO CONTINUE

-INCENTV-

MARK WITHOUT ASKING:

DID YOU GIVE THE RESPONDENT A DEBIT CARD IN RETURN FOR THEIR COMPLETED INTERVIEW?

- (1) Yes
- (2) No

-INCNUMB-

FR: Enter 6-digit card number from the debit card.

-RECVINC-

How did you feel about receiving an incentive to participate in this survey?

- (N) No (more) notes needed

-THANKYOU-

Thank you for your cooperation. Since this is a survey that studies the economic changes of people over time, we contact respondents periodically for anywhere from one to three years. I will call on you again in four months, which will be in [next interview month]. Also, my office may check to see if I have done my job properly. Therefore, you may receive a call in the next several weeks checking on my work. Thank you again.

PRESS ENTER TO END INTERVIEW

-VISITCNT-

QUESTION TO THE FR:

How many times have you attempted personal contact (actually visited the address)?

-MODECOLL-

FR CHECK ITEM:

Was the majority of this interview done by personal interview, or by telephone interview?

- (1) Telephone interview
- (2) Personal interview

-OTHNAME1-

FR: Identify the person who responded to the majority of this interview.

ENTER LINE NUMBER

-SPAN1-

FR CHECK ITEM:

Did you conduct any of this household's interview in Spanish?

- (1) Yes
- (2) No

-SPAN2-

FR CHECK ITEM:

Did you use the Spanish translation in the instrument (available by pressing Shift-F5) during the interview?

- (1) Yes
- (2) No

-SPAN3-

FR CHECK ITEM:

Why did you choose not to use the Spanish translation in the instrument?

-INOTES_1-

- (1) KEEP ALL notes without changes (H) Abbreviations
- (2) CHANGE or ADD to existing notes
- (3) REPLACE ALL notes

-INOTES_2-

Enter replacement notes about this case.

Enter notes about this case.

- (N) No notes needed, or finished entering notes (H) Abbreviations

-INOTES_3-

UP Arrow = Move UP one line

DOWN Arrow = Move DOWN one line

HOME = FIRST line

END = Last line

Space Bar = DELETE an ENTIRE line

(N) = No more

-INOTES_-

WARNING SCREEN

YOU ARE ABOUT TO DELETE ALL NOTES FOR THIS CASE

ARE YOU SURE YOU WANT TO DELETE NOTES?

(1) Yes

(2) No

-INOTES_END-

** DO NOT READ **

This screen only appears when there are 15 lines of notes.

PRESS ENTER

-SHOFINAL-

MODE: ____

OUTCOME: ____

MARK: ____

MARKTWO: ____

ACTION: ____

PRESS ENTER TO PROCEED

End of Instrument Back Section