

Section 4 – TOPICAL MODULES

Part A – SELECTED FINANCIAL ASSETS

Statement A

Read to respondent: **These next questions concern various assets.**

ASK OR VERIFY –

1 a. Did ... own any U.S. Savings Bonds as of (Read last day of reference period)?
(Type E or EE bonds only.)

- 8204** 1 Yes
2 No – SKIP to Check Item T1

b. What was the FACE VALUE of the U.S. Savings Bonds that ... owned?

(If ownership was shared, count only ...'s share.)

- 8206** \$. 00
x1 DK
x2 Ref.

CHECK ITEM T1

Interview status of ...'s spouse

- 8208** 1 No spouse in household – SKIP to 2c
2 Interview for spouse not yet conducted
3 Interview for spouse already conducted – SKIP to 2c

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

- 8209** 1 Yes
2 No
x1 DK
x2 Ref. } SKIP to 2c

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

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

c. (Besides any checking accounts owned jointly with ...'s spouse,) as of (Read last day of reference period), **did ... own any (other) checking accounts which did NOT earn interest?**

- 8232** 1 Yes
2 No
x1 DK
x2 Ref. } SKIP to Check Item T2

d. What is your best estimate of the amount of money ... had in those checking accounts as of (Read last day of reference period)?

(If account was shared, count only ...'s share.)

- 8233** \$. 00
x3 None
x1 DK
x2 Ref.

CHECK ITEM T2

Refer to cc item 24.
Is ... 21 years of age or older?

- 8258** 1 Yes
2 No – SKIP to Statement B, page 50

3 a. Does ... have any Individual Retirement Accounts – any IRAs – in ...'s OWN name?
(If ... is only included in spouse's IRA account, mark the "No" box.)

- 8260** 1 Yes
2 No
x1 DK
x2 Ref. } SKIP to 4a

b. For how many years has ... contributed to ...'s IRA accounts?

- 8262** Years
x1 DK
x2 Ref. – SKIP to 4a

c. As of (Read last day of reference period), **what is the total balance or market value (including interest earned) of ...'s IRA accounts?**



- 8264** \$. 00 – SKIP to 4a
x1 DK
x2 Ref. – SKIP to 4a

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

- 8266** 1 Yes – Mark Callback Summary and Reminder Card, Item 16
2 No

Section 4 – TOPICAL MODULES (Continued)

Part B – MEDICAL EXPENSES AND WORK DISABILITY

Statement B

Read to respondent: **These next questions concern payments that . . . may have made last month for medical bills for himself/herself or his/her family.**

1. During (Read last month) did . . . pay any of the following:

- | | | | | |
|---|-------------|--------------------------------|-------------------------------|--------------------------------|
| a. Doctor bills? | 8400 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| b. Dentist bills? | 8402 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| c. Hospital bills? | 8404 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |
| d. Expenses for prescription medicine? | 8406 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | x1 <input type="checkbox"/> DK |

CHECK ITEM T3

Is one or more "Yes" box marked in item 1?

- 8408** 1 Yes
2 No – *SKIP to Check Item T4*

2. Not counting amounts already reported by another family member or amounts that will be reimbursed by insurance, how much did . . . pay for medical expenses in the month of (Read last month)?

- 8410** \$. 00
x1 DK
x2 Ref.

CHECK ITEM T4

Refer to cc item 24.
What is . . . 's age?

- 8412** 1 15 years old – *SKIP to Check Item T8*
2 16 to 67 years old
3 68 years old or older – *SKIP to Check Item T8*

Statement C

Now I want to ask about any health or physical condition . . . may have that affected . . . 's ability to work.

CHECK ITEM T5

Is "Disabled" (code 171) marked on the ISS for . . . ?

- 8414** 1 Yes – *SKIP to 3a*
2 No

CHECK ITEM T6

Refer to cc item 47.
Is "Disabled" (code 171) marked on the control card for . . . ?

- 8416** 1 Yes
2 No – *SKIP to 3b*

3a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?

- 8418** 1 Yes – *SKIP to Check Item T7*
2 No – *SKIP to Check Item T8*

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

- 8420** 1 Yes – *Mark "171" on ISS*
2 No – *SKIP to Check Item T8*

CHECK ITEM T7

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

- 8422** 1 Yes – *SKIP to Check Item T8*
2 No

4a. Does . . . 's health or condition prevent . . . from working at a job or business?

- 8424** 1 Yes
2 No – *SKIP to Check Item T8*

b. Has . . . been prevented from working for the past 12 months or longer?

- 8426** 1 Yes – *SKIP to Check Item T8*
2 No

c. Is it likely that . . . will be able to work at some time in the next 12 months?

- 8428** 1 Yes
2 No
x1 DK

Go to Check Item T8

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES

CHECK ITEM T8

Is this the reference person's questionnaire?

8526

- 1 Yes
2 No – SKIP to Check Item P1, page 54

Statement D

Read to respondent: **These next questions concern housing costs and automobile ownership.**

CHECK ITEM T9

Refer to cc item 15.
Tenure

8530

- 1 Owned or being bought
2 Rented for cash – SKIP to 2
3 Occupied without cash payment – SKIP to 3

1. ASK OR VERIFY – Which persons in this household are the owners of this home?

Person No. Name

8532

8534

8536

2. How much was this household's (rent/mortgage payment) last month?

8538

\$. 00

(Include any condominium or association fees.)

- x3 None
x1 DK
x2 Ref. } SKIP to Check Item T11

3. How much did this household pay for electricity, gas, and other utilities last month?

8540

\$. 00

(Other utilities include other fuels, water, and basic telephone service. Include only payments made in addition to those reported in item 2.)

- x3 Nothing or included in rent
x1 DK
x2 Ref. } SKIP to Check Item T11

CHECK ITEM T10

Refer to cc items 19b, 23, and 24.
Composition of household

8542

- 1 One person household
2 Married-couple household, no other person 18 or older
3 Single parent household, no other person 18 or older
4 Other composition

} SKIP to Check Item T11

4. Did more than one of the persons living here pay for the (rent/mortgage payment) and utilities last month?

8544

- 1 Yes – SKIP to 6
2 No

5. Which person paid?

Person No. Name

8546

} SKIP to Check Item T11

6. Which persons paid and how much did each pay?

Person 1

Person 2

Person 3

Person No.

Person No.

Person No.

8548

8550

8552

Name

Name

Name

8554

\$. 00

- x1 DK
x2 Ref.

8556

\$. 00

- x1 DK
x2 Ref.

8558

\$. 00

- x1 DK
x2 Ref.

CHECK ITEM T11

Refer to cc items 18 and 23.
Number of persons in household

8560

- 1 One – SKIP to Check Item T12
2 Two or more

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

7a. Last month, did anyone here pay for the care of a child or a disabled person so that a household member could work, attend training, or look for a job?

8562 1 Yes
2 No – SKIP to Check Item T12

b. What was the total cost of these care arrangements for the month of (Read last month)?

8564 \$. 00
x1 DK
x2 Ref.

CHECK ITEM T12 Refer to cc items 16a and 16b. Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?

8558 1 In a public housing project } SKIP to 9a
2 Subsidized
3 Neither public nor subsidized

8a. Does . . . or anyone else in this household own any (other) real estate such as a vacation home or undeveloped lot? Exclude rental property previously reported or rental property attached to or located on the same land as . . . 's own residence.

8660 1 Yes
2 No } SKIP to 9a
x1 DK

b. Which persons in this household are the owners of this (these) property(ies)?

Person No.	Name
8662 <input type="text"/>	
8664 <input type="text"/>	

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

8666 \$. 00
x1 DK
x2 Ref.

Count only share owned by household members.

9a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?

8714 1 Yes
2 No – SKIP to 10a

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

8716 Number of motor vehicles

(Ask items 9c–9e for vehicle 1 and then return to 9c for additional vehicles.)

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

	Vehicle 1	Vehicle 2	Vehicle 3
Person No.	8718 <input type="text"/>	8720 <input type="text"/>	8722 <input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person No.	8724 <input type="text"/>	8726 <input type="text"/>	8728 <input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	Vehicle 1	Vehicle 2	Vehicle 3
Year	8730 <input type="text"/> <input type="text"/>	8732 <input type="text"/> <input type="text"/>	8734 <input type="text"/> <input type="text"/>
Make	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
8748 <input type="text"/>	8750 <input type="text"/>	8752 <input type="text"/>

e. Is this vehicle used primarily for either business purposes or for the transportation of a disabled person?

8754 1 Yes
2 No

8756 1 Yes
2 No

8758 1 Yes
2 No

