

Section 4 — TOPICAL MODULES

Part A — ASSETS AND LIABILITIES

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

<p>1a. As of (Read last day of reference period), did anyone outside of this household owe money to . . . as the result of the sale of a business or property? (Exclude mortgages owed to . . . which have already been reported.)</p>	<p>8200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 2a</i> x2 <input type="checkbox"/> Ref.</p>
<p>b. How much was owed to . . . ? <i>(If shared, count only . . . 's share.)</i></p>	<p>8202 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>8203 1 <input type="checkbox"/> Office Use Only</p>
ASK OR VERIFY —	
<p>2a. Did . . . own any U.S. Savings Bonds (Series E, or EE) as of (Read last day of reference period)?</p>	<p>8204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T1</i></p>
<p>b. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned? <i>(If ownership was shared, count only . . . 's share.)</i></p>	<p>8206 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM T1 Interview status of . . . 's spouse</p>	<p>8208 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 4a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 4a</i></p>
<p>2c. As of (Read last day of reference period), did . . . own jointly with . . . 's (husband/wife) any checking accounts which do NOT earn interest?</p>	<p>8209 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i> x2 <input type="checkbox"/> Ref.</p>
<p>d. What is your best estimate of the amount of money . . . and . . . 's (husband/wife) had in those checking accounts as of (Read last day of reference period)?</p>	<p>8210 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>3a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for —</p>	<p>3b. How much was owed as of (Read last day of reference period)?</p>
<p>(1) Store bills or credit card bills?</p>	<p>8212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?</p>	<p>8214 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK — <i>Probe</i> x2 <input type="checkbox"/> Ref.</p>
<p>(3) Any other debt we have not yet mentioned (Include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered; exclude mortgages, home equity loans, and car loans)?</p>	<p>8216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>8218 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK — <i>Probe</i> x2 <input type="checkbox"/> Ref.</p>	
<p>8220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>8222 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK — <i>Probe</i> x2 <input type="checkbox"/> Ref.</p>

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TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

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

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

<p>6a. Does . . . have a KEOGH account in . . . 's OWN name?</p>	<p>8284 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 7a</i></p>
<p>b. For how many years has . . . contributed to . . . 's KEOGH account?</p>	<p>8286 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 7a</i></p>
<p>c. As of (Read last day of reference period), what was the total balance or market value of assets in . . . 's KEOGH account(s)? ★</p>	<p>8288 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 – <i>SKIP to 6e</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 7a</i></p>
<p>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.)</p>	<p>8290 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 18</i> <input type="checkbox"/> No – <i>SKIP to 7a</i></p>
<p><i>(SHOW FLASHCARD AA)</i> e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's KEOGH account(s)? <i>Mark (X) all that apply.</i> Anything else?</p>	<p>8292 <input type="checkbox"/> Certificates of deposit or other savings certificates 8294 <input type="checkbox"/> Money Market Funds 8296 <input type="checkbox"/> U.S. Government Securities 8298 <input type="checkbox"/> Municipal or Corporate Bonds 8300 <input type="checkbox"/> U.S. Savings Bonds 8302 <input type="checkbox"/> Stocks or Mutual Fund Shares 8304 <input type="checkbox"/> Other assets – <i>Specify</i> ↓ _____</p> <p>8306 x1 <input type="checkbox"/> DK</p>
<p>7a. Does . . . have any life insurance? (Include group policies provided by employers.)</p>	<p>8308 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to Statement D</i></p>
<p>b. What is the current FACE VALUE of ALL life insurance policies that . . . has?</p>	<p>8309 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>8310 <input type="checkbox"/> Office Use Only</p>
<p>CHECK ITEM T3 Is "Worked" (code 170) marked on the ISS?</p>	<p>8311 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Statement D</i></p>
<p>7c. Are any of . . . 's life insurance policies provided through . . . 's current employer(s)?</p>	<p>8312 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Statement D</i></p>
<p>d. What is the FACE VALUE of the life insurance policies provided through . . . 's employer(s)?</p>	<p>8313 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>NOTES</p>	

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE

Statement D

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

CHECK ITEM T4

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

- 8324** 1 Yes — Enter name(s) and job number(s) below
 2 No — SKIP to Check Item T7, page 64

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

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

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

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

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

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

8338 1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK	8340 1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK
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Section 4 – TOPICAL MODULES (Continued)

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

	Employer 1	Employer 2
<p>2a. Does ...'s employer or union have a retirement plan for any of its employees?</p> <p><i>(Exclude Social Security and Railroad Retirement.)</i></p>	<p>8342 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } <i>SKIP to Check Item T5</i></p> <p>x1 <input type="checkbox"/> DK }</p>	<p>8344 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } <i>SKIP to Check Item T7, page 64</i></p> <p>x1 <input type="checkbox"/> DK }</p>
<p>b. Is ... included in such a plan?</p>	<p>8346 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T5</i></p>	<p>8348 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T7, page 64</i></p>
<p>c. Why isn't ... included in such a plan?</p> <p><i>Mark (X) all that apply.</i></p>	<p>8350 1 <input type="checkbox"/> Chose not to belong</p> <p>8354 2 <input type="checkbox"/> No one in ...'s type of job can belong</p> <p>8358 3 <input type="checkbox"/> ... does not work enough hours, weeks, or months per year</p> <p>8362 4 <input type="checkbox"/> ... started this job too close to ...'s retirement date</p> <p>8366 5 <input type="checkbox"/> ... is too young</p> <p>8370 6 <input type="checkbox"/> ... has not worked for this employer long enough</p> <p>8374 7 <input type="checkbox"/> Other – <i>Specify</i> ↓</p> <p>8378 x1 <input type="checkbox"/> DK</p>	<p>8352 1 <input type="checkbox"/> Chose not to belong</p> <p>8356 2 <input type="checkbox"/> No one in ...'s type of job can belong</p> <p>8360 3 <input type="checkbox"/> ... does not work enough hours, weeks, or months per year</p> <p>8364 4 <input type="checkbox"/> ... started this job too close to ...'s retirement date</p> <p>8368 5 <input type="checkbox"/> ... is too young</p> <p>8372 6 <input type="checkbox"/> ... has not worked for this employer long enough</p> <p>8376 7 <input type="checkbox"/> Other – <i>Specify</i> ↓</p> <p>8380 x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T5</p> <p>Is another employer listed in Check Item T4, page 61?</p>	<p>8382 1 <input type="checkbox"/> Yes – <i>Ask item 1a, page 61 for next employer</i></p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item T7, page 64</i></p>	<p><i>SKIP to Check Item T7, page 64</i></p>
<p>3a. Is ... included in more than one retirement or pension plan on this job?</p>	<p>8384 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8386 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>b. Is ...'s (basic) retirement plan a profit sharing plan?</p>	<p>8388 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8390 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>c. Are the retirement benefits of ...'s (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan?</p> <p><i>Mark (X) only one.</i></p>	<p>8392 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8394 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p>
<p>d. Does (Read employer's name) make payments towards ...'s (basic) plan?</p>	<p>8396 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8398 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>

Section 4 – TOPICAL MODULES (Continued)

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

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

Section 4 – TOPICAL MODULES (Continued)

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

CHECK ITEM T7	Is . . . self employed? (Are any businesses entered in question 1a on page 20 or question 12a on page 23?)	8448 1 <input type="checkbox"/> Yes – Enter names and business I.D. numbers below 2 <input type="checkbox"/> No – SKIP to Check Item T8										
	Ask item 4 for each business owned.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name of first business</td> <td style="width:50%;">Name of second business</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Business I.D. Number</td> <td>Business I.D. Number</td> </tr> <tr> <td>8450 <input type="text"/></td> <td>8452 <input type="text"/></td> </tr> </table>	Name of first business	Name of second business					Business I.D. Number	Business I.D. Number	8450 <input type="text"/>	8452 <input type="text"/>
Name of first business	Name of second business											
Business I.D. Number	Business I.D. Number											
8450 <input type="text"/>	8452 <input type="text"/>											
	4. Not counting Social Security, IRA, KEOGH, and 401K accounts, is . . . covered by a pension or retirement plan in (Read name of business)?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width:50%;"> 8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> </tr> </table>	8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK								
8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK											
CHECK ITEM T8	Refer to cc item 24. Is . . . 55 to 64 years of age?	8458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9										
	5a. (Other than the plans we have already talked about) did . . . hold a job in the past from which . . . eventually expects to receive retirement benefits, either as a series of regular payments or as a lump-sum payment at retirement? (Exclude Social Security, Railroad Retirement, and other plans already reported.)	8460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T9										
	b. Is this pension plan from – (Read categories) Mark (X) all that apply.	8462 1 <input type="checkbox"/> A private employer? 8464 2 <input type="checkbox"/> Military? 8466 3 <input type="checkbox"/> Federal Government (civilian)? 8468 4 <input type="checkbox"/> State or local governments? 8470 5 <input type="checkbox"/> A union? 8472 6 <input type="checkbox"/> Other – Specify _____										
	c. How many years (altogether) did . . . work on (that job/those jobs)?	8474 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK										
CHECK ITEM T9	Refer to cc item 24. Is . . . 62 years of age or older?	8475 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10										
	6a. Did . . . ever receive a lump sum payment from a pension or retirement plan provided by . . . 's employer or union? (Include refunds of . . . 's own contributions to the plan.)	8476 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T10										
	b. How many times did . . . receive a lump sum payment?	8477 <input type="text"/> <input type="text"/> Number of times x1 <input type="checkbox"/> DK										
	c. When did . . . receive the (most recent) lump sum payment?	8478 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK										
	d. Approximately how much did . . . receive?	8479 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.										
	e. At the time . . . received the (most recent) lump sum payment, did . . . roll over the funds into an IRA or put them into another (or same) pension or retirement plan?	8480 1 <input type="checkbox"/> Yes – SKIP to Check Item T10 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T10										

Section 4 – TOPICAL MODULES (Continued)

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

6f. At the time . . . received the lump sum payment, what did . . . do with those funds?
Mark (X) all that apply.
Anything else?

8481 1 Purchased a home or paid off a mortgage
 2 Used it for children's education
 3 Used it for a period of unemployment
 4 Paid off loans, bills, or spent it on other items
 5 Other – *Specify* _____
 x1 DK

CHECK ITEM T10 Are codes 30, 31, 32, 33, 34, or 35 marked on the ISS?

8482 1 Yes
 2 No – *SKIP to Check Item T11, page 67*

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

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

8483 1 Retired from job
 2 Some other reason } *SKIP to Check Item T11, page 67*
 x1 DK
 x2 Ref.

The next few questions refer to the job in the past from which . . . received the retirement income.
If . . . received a pension from more than 1 source, ask about source of largest retirement income.

b. What kind of business or industry was . . . 's employer?
For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8
8484 _____

ASK OR VERIFY –

c. Was it mainly –

8486 1 **Manufacturing?**
 2 **Wholesale trade?**
 3 **Retail trade?**
 4 **Some other kind of business?**

d. What kind of work was . . . doing on that job?
For example: Electrical engineer, stock clerk, typist, farmer.

PGM 8
8488 _____

e. What were . . . 's main activities or duties?
For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8
8490 _____

ASK OR VERIFY –

f. Was . . . an employee of –

8492 1 **A private company or union?**
 2 **Federal Government (exclude Armed Forces)?**
 3 **State Government?**
 4 **Local Government?**
 5 **Armed Forces?**
 6 **Unpaid in family business or farm? – SKIP to Check Item T11, page 67**

NOTES

Section 4 – TOPICAL MODULES (Continued)

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

<p>8a. About how many persons were employed by that employer at the location . . . worked?</p>	<p align="center">PGM 7</p> <p>8494</p> <p>1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK } SKIP to 8d</p>
<p>b. Did that employer operate in more than one location?</p>	<p>8496</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 8d</p>
<p>c. About how many persons were employed by that employer at ALL LOCATIONS?</p>	<p>8498</p> <p>1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK</p>
<p>d. How many HOURS a week did . . . usually work at that job?</p>	<p>8500 <input type="text"/> <input type="text"/> Hours per week x1 <input type="checkbox"/> DK</p>
<p>e. How many WEEKS a year did . . . usually work at that job? <i>(Include paid vacations and sick leave.)</i></p>	<p>8502 <input type="text"/> <input type="text"/> Weeks per year x1 <input type="checkbox"/> DK</p>
<p>f. How many YEARS did . . . work at that job?</p>	<p>8504 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK</p>
<p>g. In what year did . . . leave that job?</p>	<p>8506 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
<p>h. When . . . left that job, how much was . . . earning (before deductions for taxes or anything else)? <i>(If self-employed, show NET business income.)</i></p>	<p>8508 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00</p> <p>PER –</p> <p>8510 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year</p> <p>OR</p> <p>8512 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item T11</p>
<p>i. In what year did . . . begin receiving this pension?</p>	<p>8514 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
<p>j. Was the amount of . . . 's (basic) retirement benefits based on . . . 's years of service and pay, or on the amount of . . . 's contributions to the plan?</p>	<p>8516</p> <p>1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to plan x1 <input type="checkbox"/> DK</p>
<p>k. Did . . . take reduced benefits in order to elect a survivor option?</p>	<p>8518</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>l. Has . . . 's retirement pension ever been increased for cost-of-living changes?</p>	<p>8520</p> <p>1 <input type="checkbox"/> Yes – SKIP to 8n 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>m. Does . . . 's pension plan include a cost-of-living adjustment provision?</p>	<p>8522</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p><i>ASK OR VERIFY –</i></p> <p>n. Is . . . now covered by a health plan provided through . . . 's former employer?</p>	<p>8524</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES

CHECK ITEM T11 Is this the reference person's questionnaire? **8526** 1 Yes
2 No – SKIP to Check Item P1, page 71

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

CHECK ITEM T12 Refer to cc item 14. Is this housing unit a mobile home? **8528** 1 Yes – SKIP to Check Item T16
2 No

CHECK ITEM T13 Refer to cc item 15. Tenure **8530** 1 Owned or being bought
2 Rented for cash
3 Occupied without cash payment } SKIP to Check Item T17

ASK OR VERIFY –
1 a. Which persons in this household are the owners of this home?
8532 Person No. Name
8534
8536

b. In what month and year was this home purchased?
8538 Month **8539** Year
x1 DK x1 DK

c. (Including rental properties attached to or located on...s own residence), is there a mortgage, home equity loan, or other debt on this home?
8540 1 Yes
2 No
x1 DK } SKIP to 2
x2 Ref.

d. Altogether, how many mortgages, home equity loans, or other debts are there on this home?
8542 Number
x1 DK

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

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

	First mortgage	Second mortgage or other loan
f. In what year was this mortgage (loan) obtained? (If mortgage was assumed, give the original date of the mortgage.)	8568 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year – If 1989, 1990, or 1991, ask month x1 <input type="checkbox"/> DK 8569 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK	8570 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year – If 1989, 1990, or 1991, ask month x1 <input type="checkbox"/> DK 8571 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK

	First mortgage	Second mortgage or other loan
g. What was the amount of the mortgage (loan) when it was obtained or last refinanced? (If mortgage was assumed, give the original amount of the mortgage.)	8572 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2 8573 1 <input type="checkbox"/> Office Use Only	8574 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2 8575 1 <input type="checkbox"/> Office Use Only

	First mortgage	Second mortgage or other loan
h. What is the total number of years over which payments are to be made?	8576 <input type="text"/> <input type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK	8578 <input type="text"/> <input type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK

	First mortgage	Second mortgage or other loan
i. What is the current annual interest rate on this mortgage (loan)?	8580 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8582 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

	First mortgage	Second mortgage or other loan
j. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?	8584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

<p>5c. What is the total value of (Read persons' names) equity in this (these) property(ies)? (By equity we mean the amount that could be obtained by selling the property and paying off any debts.) Count only share owned by household members.</p>	<p>8666 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> <p>8667 1 <input type="checkbox"/> Office Use Only</p>															
<p>6a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?</p>	<p>8714 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a</p>															
<p>b. How many cars, trucks, or vans are owned by members of this household?</p>	<p>8716 <input type="text"/> <input type="text"/> Number of motor vehicles</p>															
<p>(Ask items 6c–6f for vehicle 1 and then return to 6c for additional vehicles.)</p> <p>C. Who is (are) the owners(s) of the (newest, next newest) motor vehicle?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Vehicle 1</th> <th style="width:33%;">Vehicle 2</th> <th style="width:33%;">Vehicle 3</th> </tr> </thead> <tbody> <tr> <td>Person No. 8718 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>Person No. 8720 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>Person No. 8722 <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>Name _____</td> <td>Name _____</td> <td>Name _____</td> </tr> <tr> <td>Person No. 8724 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>Person No. 8726 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>Person No. 8728 <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>Name _____</td> <td>Name _____</td> <td>Name _____</td> </tr> </tbody> </table>	Vehicle 1	Vehicle 2	Vehicle 3	Person No. 8718 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8720 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8722 <input type="text"/> <input type="text"/> <input type="text"/>	Name _____	Name _____	Name _____	Person No. 8724 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8726 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8728 <input type="text"/> <input type="text"/> <input type="text"/>	Name _____	Name _____	Name _____
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Name _____	Name _____	Name _____														
<p>d. What is the year, make, and model of this vehicle?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;"> <p>8730 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p> <p>8736 x1 <input type="checkbox"/> DK</p> <p>Model _____</p> <p>8742 x1 <input type="checkbox"/> DK</p> </td> <td style="width:33%;"> <p>8732 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p> <p>8738 x1 <input type="checkbox"/> DK</p> <p>Model _____</p> <p>8744 x1 <input type="checkbox"/> DK</p> </td> <td style="width:33%;"> <p>8734 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p> <p>8740 x1 <input type="checkbox"/> DK</p> <p>Model _____</p> <p>8746 x1 <input type="checkbox"/> DK</p> </td> </tr> <tr> <td align="center">OFFICE USE ONLY</td> <td align="center">OFFICE USE ONLY</td> <td align="center">OFFICE USE ONLY</td> </tr> <tr> <td>8748 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td>8750 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td>8752 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	<p>8730 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p> <p>8736 x1 <input type="checkbox"/> DK</p> <p>Model _____</p> <p>8742 x1 <input type="checkbox"/> DK</p>	<p>8732 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p> <p>8738 x1 <input type="checkbox"/> DK</p> <p>Model _____</p> <p>8744 x1 <input type="checkbox"/> DK</p>	<p>8734 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p> <p>8740 x1 <input type="checkbox"/> DK</p> <p>Model _____</p> <p>8746 x1 <input type="checkbox"/> DK</p>	OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY	8748 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8750 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8752 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
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<p>e. Is this vehicle owned free and clear, or is there still money owed on it?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;"> <p>8754 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK</p> </td> <td style="width:33%;"> <p>8756 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK</p> </td> <td style="width:33%;"> <p>8758 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 7a, page 70 x1 <input type="checkbox"/> DK</p> </td> </tr> </tbody> </table>	<p>8754 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK</p>	<p>8756 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK</p>	<p>8758 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 7a, page 70 x1 <input type="checkbox"/> DK</p>												
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<p>f. How much is currently owed for this vehicle?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;"> <p>8760 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> </td> <td style="width:33%;"> <p>8762 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> </td> <td style="width:33%;"> <p>8764 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> </td> </tr> </tbody> </table>	<p>8760 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>	<p>8762 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>	<p>8764 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>												
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<p>CHECK ITEM T18 Is there another vehicle which has not been asked about?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;"> <p>8766 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a, page 70</p> </td> <td style="width:33%;"> <p>8768 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a, page 70</p> </td> <td style="width:33%; text-align: center;"> <p>Go to 7a, page 70</p> </td> </tr> </tbody> </table>	<p>8766 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a, page 70</p>	<p>8768 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a, page 70</p>	<p>Go to 7a, page 70</p>												
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Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

7a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?

- 8770** Motorcycle
- 8772** Boat
- 8774** Recreational vehicle (RV)
- 8776** Other – Specify _____
- 8778** No – SKIP to Check Item P1, page 71

Mark (X) all that apply.

Ask items 7b–7e for each category of vehicle –

b. Who is (are) the owner(s) of the (Read first/second category marked in 7a)?

Category 1		Category 2	
Person No.	Name	Person No.	Name
8780 [] [] []		8782 [] [] []	
8784 [] [] []		8786 [] [] []	

c. If this (these) vehicle(s) were sold, what would it (they) sell for in its (their) present condition?

8788 \$ [] [] . 00	8790 \$ [] [] . 00
x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item T19	x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item P1, page 71

d. Is (are) this (these) vehicle(s) owned free and clear, or is there still money owed on it (them)?

8792 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T19 x1 <input type="checkbox"/> DK	8794 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item P1, page 71 x1 <input type="checkbox"/> DK
-----------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

e. How much is currently owed for this (these) vehicle(s)?

8796 \$ [] [] . 00	8798 \$ [] [] . 00
x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.

CHECK ITEM T19

Is there another category which has not been asked about?

- 8800** 1 Yes – Ask 7b for next category
- 2 No – Go to Check Item P1, page 71

Go to Check Item P1, page 71

NOTES

PROGRAM QUESTIONS