

Section 1 - LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

1. During the 4-month period outlined on this calendar, that is, from (4 months ago) through (Last month), did . . . have a job or business, either full time or part time, even for only a few days?
Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7
 1000 Yes - Mark "Worked" (code 170) on ISS and SKIP to 4
 No

2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?

1002 Yes
 No - SKIP to 3a

b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.
Mark (X) all that apply.

1004 x5 ALL

1006 <input type="checkbox"/> 1	1018 <input type="checkbox"/> 7	1030 <input type="checkbox"/> 13
1008 <input type="checkbox"/> 2	1020 <input type="checkbox"/> 8	1032 <input type="checkbox"/> 14
1010 <input type="checkbox"/> 3	1022 <input type="checkbox"/> 9	1034 <input type="checkbox"/> 15
1012 <input type="checkbox"/> 4	1024 <input type="checkbox"/> 10	1036 <input type="checkbox"/> 16
1014 <input type="checkbox"/> 5	1026 <input type="checkbox"/> 11	1038 <input type="checkbox"/> 17
1016 <input type="checkbox"/> 6	1028 <input type="checkbox"/> 12	1040 <input type="checkbox"/> 18

c. Could . . . have taken a job during any of those weeks if one had been offered?

1042 Yes - SKIP to 3a
 No

d. What was the main reason . . . could not take a job during those weeks?
Mark (X) only one.

1044 Already had a job
 Temporary illness
 School
 Other - Specify

3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?

1046 Yes - Mark "55" on ISS
 No - SKIP to 9a, page 4

b. In which of the months shown on this calendar did . . . do that work?
Mark (X) all that apply.

1048 Last month
 1050 2 months ago
 1052 3 months ago
 1054 4 months ago

} SKIP to 9a, page 4

4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?
Note that the person did not have to work each week.

1056 Yes
 No - SKIP to 6a

5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?

1058 Yes
 No - SKIP to 8a, page 4

b. Please look at the calendar. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.
Mark (X) all that apply.

1060 x5 ALL

1062 <input type="checkbox"/> 1	1074 <input type="checkbox"/> 7	1086 <input type="checkbox"/> 13
1064 <input type="checkbox"/> 2	1076 <input type="checkbox"/> 8	1088 <input type="checkbox"/> 14
1066 <input type="checkbox"/> 3	1078 <input type="checkbox"/> 9	1090 <input type="checkbox"/> 15
1068 <input type="checkbox"/> 4	1080 <input type="checkbox"/> 10	1092 <input type="checkbox"/> 16
1070 <input type="checkbox"/> 5	1082 <input type="checkbox"/> 11	1094 <input type="checkbox"/> 17
1072 <input type="checkbox"/> 6	1084 <input type="checkbox"/> 12	1096 <input type="checkbox"/> 18

c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks?
Mark (X) only one.

1098 On layoff
 Own illness
 On vacation
 Bad weather
 Labor dispute
 New job to begin within 30 days
 Other - Specify

} SKIP to 8a, page 4

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

6a. Please look at the calendar. In which weeks did . . . have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.

<input type="checkbox"/> 1100	<input type="checkbox"/> 1	<input type="checkbox"/> 1112	<input type="checkbox"/> 7	<input type="checkbox"/> 1124	<input type="checkbox"/> 13
<input type="checkbox"/> 1102	<input type="checkbox"/> 2	<input type="checkbox"/> 1114	<input type="checkbox"/> 8	<input type="checkbox"/> 1126	<input type="checkbox"/> 14
<input type="checkbox"/> 1104	<input type="checkbox"/> 3	<input type="checkbox"/> 1116	<input type="checkbox"/> 9	<input type="checkbox"/> 1128	<input type="checkbox"/> 15
<input type="checkbox"/> 1106	<input type="checkbox"/> 4	<input type="checkbox"/> 1118	<input type="checkbox"/> 10	<input type="checkbox"/> 1130	<input type="checkbox"/> 16
<input type="checkbox"/> 1108	<input type="checkbox"/> 5	<input type="checkbox"/> 1120	<input type="checkbox"/> 11	<input type="checkbox"/> 1132	<input type="checkbox"/> 17
<input type="checkbox"/> 1110	<input type="checkbox"/> 6	<input type="checkbox"/> 1122	<input type="checkbox"/> 12	<input type="checkbox"/> 1134	<input type="checkbox"/> 18

Mark (X) all that apply.

b. Of those weeks that . . . had a job or business, was . . . absent from work for any full weeks without pay?

1136 1 Yes
2 No - SKIP to 7a

c. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.

<input type="checkbox"/> 1138	<input type="checkbox"/> 1	<input type="checkbox"/> 1150	<input type="checkbox"/> 7	<input type="checkbox"/> 1162	<input type="checkbox"/> 13
<input type="checkbox"/> 1140	<input type="checkbox"/> 2	<input type="checkbox"/> 1152	<input type="checkbox"/> 8	<input type="checkbox"/> 1164	<input type="checkbox"/> 14
<input type="checkbox"/> 1142	<input type="checkbox"/> 3	<input type="checkbox"/> 1154	<input type="checkbox"/> 9	<input type="checkbox"/> 1166	<input type="checkbox"/> 15
<input type="checkbox"/> 1144	<input type="checkbox"/> 4	<input type="checkbox"/> 1156	<input type="checkbox"/> 10	<input type="checkbox"/> 1168	<input type="checkbox"/> 16
<input type="checkbox"/> 1146	<input type="checkbox"/> 5	<input type="checkbox"/> 1158	<input type="checkbox"/> 11	<input type="checkbox"/> 1170	<input type="checkbox"/> 17
<input type="checkbox"/> 1148	<input type="checkbox"/> 6	<input type="checkbox"/> 1160	<input type="checkbox"/> 12	<input type="checkbox"/> 1172	<input type="checkbox"/> 18

Mark (X) all that apply.

d. What was the main reason . . . was absent from . . . 's job or business during those weeks?

Mark (X) only one.

1174 1 On layoff
2 Own illness
3 On vacation
4 Bad weather
5 Labor dispute
6 New job to begin within 30 days
7 Other - Specify

7a. I have marked that there were some weeks in this period in which . . . did NOT have a job or business. During that week or weeks, did . . . spend any time looking for work or on layoff?

1176 1 Yes
2 No - SKIP to 7e

b. In which of these weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

<input type="checkbox"/> 1178	<input type="checkbox"/> xs	<input type="checkbox"/> All weeks without a job			
<input type="checkbox"/> 1180	<input type="checkbox"/> 1	<input type="checkbox"/> 1192	<input type="checkbox"/> 7	<input type="checkbox"/> 1204	<input type="checkbox"/> 13
<input type="checkbox"/> 1182	<input type="checkbox"/> 2	<input type="checkbox"/> 1194	<input type="checkbox"/> 8	<input type="checkbox"/> 1206	<input type="checkbox"/> 14
<input type="checkbox"/> 1184	<input type="checkbox"/> 3	<input type="checkbox"/> 1196	<input type="checkbox"/> 9	<input type="checkbox"/> 1208	<input type="checkbox"/> 15
<input type="checkbox"/> 1186	<input type="checkbox"/> 4	<input type="checkbox"/> 1198	<input type="checkbox"/> 10	<input type="checkbox"/> 1210	<input type="checkbox"/> 16
<input type="checkbox"/> 1188	<input type="checkbox"/> 5	<input type="checkbox"/> 1200	<input type="checkbox"/> 11	<input type="checkbox"/> 1212	<input type="checkbox"/> 17
<input type="checkbox"/> 1190	<input type="checkbox"/> 6	<input type="checkbox"/> 1202	<input type="checkbox"/> 12	<input type="checkbox"/> 1214	<input type="checkbox"/> 18

c. Could . . . have taken a job during those weeks if one had been offered?

1216 1 Yes - SKIP to 7e
2 No

d. What was the main reason . . . could not take a job during those weeks?

Mark (X) only one.

1218 1 Already had a job
2 Temporary illness
3 School
4 Other - Specify

e. During the weeks that . . . did not have a job, did . . . do any work at all that earned some money?

1220 1 Yes - Mark "55" on ISS
2 No - SKIP to 8a, page 4

f. In which of the months shown on this calendar did . . . do that work?

Mark (X) all that apply.

1222 1 Last month
 1224 2 2 months ago
 1226 3 3 months ago
 1228 4 4 months ago

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

<p>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</p>	1230	<input type="text"/> <input type="text"/>	Hours per week		
				x3 <input type="checkbox"/> None } SKIP to 9a x1 <input type="checkbox"/> DK	
<p>CHECK ITEM R3 Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	1231			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8c	
<p>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.</p>	1232			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a	
<p>c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</p>	1233		<input type="checkbox"/> All weeks		
	1234		<input type="checkbox"/> Weeks last month		
	1235		<input type="checkbox"/> Weeks 2 months ago		
	1236		<input type="checkbox"/> Weeks 3 months ago		
	1237		<input type="checkbox"/> Weeks 4 months ago		
<p>d. What was the main reason . . . worked fewer than 35 hours in those weeks? Mark (X) only one.</p>	1238			1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other - Specify <u> </u>	
<p>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	1240			1 <input type="checkbox"/> Yes - Mark "5" on ISS 2 <input type="checkbox"/> No - SKIP to Check Item R4	
<p>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	1242			1 <input type="checkbox"/> Yes - Mark "6" on ISS 2 <input type="checkbox"/> No	
<p>CHECK ITEM R4 Is "Worked" (code 170) marked on the ISS?</p>	1244			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R5	
<p>10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?</p>	1246			1 <input type="checkbox"/> Yes - Mark "10" on ISS 2 <input type="checkbox"/> No	
<p>CHECK ITEM R5 Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)</p>	1330			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R6	
<p>11a. How long did . . . serve on active duty in the Armed Forces?</p>	1332			1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK	
<p>b. Does . . . have a service-connected disability; that is, a health condition or impairment caused or made worse by military service?</p>	1334			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 11d x1 <input type="checkbox"/> DK	
<p>c. What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)</p>	1336	<input type="text"/> <input type="text"/> <input type="text"/>	Percent	} Mark "200" on ISS if rating is 100%; otherwise, mark "201"	
					x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
					101 <input type="checkbox"/> No rating
<p>d. During this 4-month period, did . . . receive any payments from the Department of Veterans Affairs (VA)? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)</p>	1338			1 <input type="checkbox"/> Yes - Mark "8" on ISS 2 <input type="checkbox"/> No	
<p>CHECK ITEM R6 Refer to cc item 24. Is . . . 18 years of age or older?</p>	1340			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 15a	

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>12a. During this 4-month period, did . . . receive any Social Security payments?</p>	<p>1342 <input type="checkbox"/> Yes – Mark "1" on ISS <input type="checkbox"/> No – SKIP to Check Item R8</p>
<p>b. What is the reason . . . is getting Social Security; is it because . . . is (Read categories) – Mark (X) only one.</p>	<p>1344 <input type="checkbox"/> Retired? <input type="checkbox"/> Disabled? <input type="checkbox"/> Widowed or surviving child? <input type="checkbox"/> Spouse or dependent child? <input type="checkbox"/> Some other reason } SKIP to 13a x1 <input type="checkbox"/> DK</p>
<p>c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?</p>	<p>1346 <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Widowed or surviving child <input type="checkbox"/> Spouse or dependent child <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM R7 Is "Disabled" marked in item 12b or 12c above?</p>	<p>1348 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 13a</p>
<p>12d. At what age did . . . begin receiving Social Security because of (his/her) disability?</p>	<p>1349 <input type="text"/> <input type="text"/> Age in years } SKIP to 13a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM R8 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	<p>1350 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 13a</p>
<p>12e. During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?</p>	<p>1352 <input type="checkbox"/> Yes – Mark "1" on ISS <input type="checkbox"/> No</p>
<p>13a. During this 4-month period did . . . (or any of . . . 's children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?</p>	<p>1354 <input type="checkbox"/> Yes – Mark "3" on ISS <input type="checkbox"/> No – SKIP to Check Item R9</p>
<p>b. Who received the SSI (Supplemental Security Income) payments? Mark (X) only one.</p>	<p>1355 <input type="checkbox"/> Adult(s) <input type="checkbox"/> Child(ren) <input type="checkbox"/> Both adult(s) and child(ren)</p>
<p>c. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?</p>	<p>1356 <input type="checkbox"/> Yes – Mark "4" on ISS <input type="checkbox"/> No</p>
<p>CHECK ITEM R9 Refer to cc item 24. Is . . . 40 years of age or older?</p>	<p>1358 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 15a</p>
<p>14a. Has . . . ever retired from a job or business? (Include retirement from the military.)</p>	<p>1360 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R10</p>
<p>b. During the 4-month period did . . . receive any retirement income other than Social Security?</p>	<p>1362 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 14d</p>
<p>c. What kind of retirement income? Anything else? Mark (X) all that apply.</p>	<p>1364 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 1366 <input type="checkbox"/> Pension from company or union – Mark "30" on ISS (including income from profit-sharing plans) 1368 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS 1370 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS 1372 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS 1374 <input type="checkbox"/> State government pension – Mark "34" on ISS 1376 <input type="checkbox"/> Local government pension – Mark "35" on ISS 1378 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS 1380 <input type="text"/> <input type="text"/></p>
<p>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</p>	<p>1382 <input type="checkbox"/> Yes – Mark "36" on ISS <input type="checkbox"/> No</p>

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R10	Refer to cc item 24. Is . . . 70 years of age or older?	1384	1 <input type="checkbox"/> Yes – SKIP to Check Item R11 2 <input type="checkbox"/> No
	15a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	1386	1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R11
	b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	1388	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R11
	c. What kind of income? Anything else? <i>Mark (X) all that apply.</i>	1390	1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS
		1392	2 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS
		1394	3 <input type="checkbox"/> Workers' Compensation – Mark "10" on ISS
		1396	4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – Mark "13" on ISS
		1398	5 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS
		1400	6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
		1402	7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS
		1406	8 <input type="checkbox"/> State government pension – Mark "34" on ISS
		1408	9 <input type="checkbox"/> Local government pension – Mark "35" on ISS
		1410	10 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" z – Mark ISS
		1412	<input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM R11	Refer to cc item 26a. What is . . . 's marital status?	1414	1 <input type="checkbox"/> Married – SKIP to 17 2 <input type="checkbox"/> Widowed – SKIP to 19a 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – SKIP to Check Item R12
	16. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?	1416	1 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R12 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R12 x2 <input type="checkbox"/> Ref.
	17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? <i>If "Yes," mark previous marital status.</i>	1418	1 <input type="checkbox"/> Widowed – SKIP to 19a 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – SKIP to Check Item R15
CHECK ITEM R12	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	1420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R13
	18. Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422	1 <input type="checkbox"/> Yes – Mark "28" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R13	Is "Both widowed and divorced" (box 3) marked in item 17?	1424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R15

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>19a. During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?</p>	<p>1426 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R15</i></p>
<p>b. What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.</p>	<p>1428 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 1430 <input type="checkbox"/> Veterans' compensation or pension – Mark "8" on ISS 1432 <input type="checkbox"/> Black Lung benefits – Mark "9" on ISS 1434 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS 1436 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS 1438 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS 1440 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS 1442 <input type="checkbox"/> State government pension – Mark "34" on ISS 1444 <input type="checkbox"/> Local government pension – Mark "35" on ISS 1446 <input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS 1448 <input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS 1450 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS 1452 <input type="text"/></p>
<p>CHECK ITEM R14 Is "Veterans' compensation or pension" (box 2) marked in item 19b?</p>	<p>1454 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R15</i></p>
<p>19c. Did . . .'s late spouse die while in the service or from a service-related injury?</p>	<p>1456 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No</p>
<p>CHECK ITEM R15 Refer to cc item 24. Is . . . 65 years of age or older?</p>	<p>1458 <input type="checkbox"/> Yes – <i>SKIP to 20a</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R16 Refer to item 15a, page 6. Does . . . have a work disability?</p>	<p>1460 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R17</i></p>
<p>20a. Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was . . . covered by Medicare?</p>	<p>1462 <input type="checkbox"/> Yes – Mark "172" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R17</i></p>
<p>b. May I see . . .'s Medicare card to record the claim number and type of coverage? ★</p>	<p>1464 <input type="text"/> - <input type="text"/> - <input type="text"/> - 1466 <input type="text"/> - <input type="text"/> - <input type="text"/> - 1467 <input type="text"/></p> <p>1468 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Types A and B) 4 <input type="checkbox"/> Card not available – ASK 20c } <i>SKIP to Check Item R17</i></p>
<p>c. If I were to call later would you be able to provide me with . . .'s Medicare number? (This information is especially important for the purposes of this survey.)</p>	<p>1470 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 2</i> 2 <input type="checkbox"/> No</p>
<p>d. Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . .'s Medicare help pay for doctor bills?</p>	<p>1472 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM R17 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?</p>	<p>1474 <input type="checkbox"/> Yes – <i>SKIP to Check Item R19</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R18 Refer to cc item 24. Is . . . 18 years of age or older?</p>	<p>1476 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 24a</i></p>
<p>CHECK ITEM R19 Interview status of . . .'s spouse.</p>	<p>1480 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 23a</i></p>
<p>21. Was . . . (or . . .'s spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)</p>	<p>1482 <input type="checkbox"/> Yes – Mark "27" on ISS 2 <input type="checkbox"/> No</p>

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

<p>22a. During the 4-month period, did . . . receive any welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . .'s children)? (Exclude energy assistance.)</p>	1484	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 23a</p>																														
<p>b. What kind of welfare did . . . receive? Anything else? <i>Mark (X) all that apply.</i></p>	1486 1488 1490 1492 1494 1496 1498	<p>1 <input type="checkbox"/> AFDC - Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief - Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance - Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care - Mark "23" on ISS 5 <input type="checkbox"/> WIC - Mark "25" on ISS 6 <input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type not listed or "DK," enter code "24" - Mark ISS</p>																														
<p><i>(Refer to FLASHCARD M for Medicaid name.)</i> 23a. During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?</p>	1502	<p>1 <input type="checkbox"/> Yes - Mark "173" on ISS 2 <input type="checkbox"/> No - SKIP to Check Item R20</p>																														
<p>b. May I see . . .'s (Use local name for Medicaid) card to record the claim number?</p>	1504 1506	<p>1505 <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/></p> <p>x3 <input type="checkbox"/> Card not available x2 <input type="checkbox"/> Ref.</p>																														
<p>CHECK ITEM R20 <i>Refer to cc item 27.</i> Is . . . the designated parent or guardian of children under 18 years old who live in this household?</p>	1507	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R21</p>																														
<p>23c. Were any of . . .'s children (under 18) covered by (Use local name for Medicaid)?</p>	1508	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R21</p>																														
<p>d. Which children were covered?</p>	1510 1512 1514 1516 1518 1520	<p>x5 <input type="checkbox"/> All children OR Person No. Name</p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; text-align: center;">1512</td><td style="width:15%;"><input style="width: 20px; height: 15px;" type="text"/></td><td style="width:15%;"><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td style="text-align: center;">1514</td><td><input style="width: 20px; height: 15px;" type="text"/></td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td style="text-align: center;">1516</td><td><input style="width: 20px; height: 15px;" type="text"/></td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td style="text-align: center;">1518</td><td><input style="width: 20px; height: 15px;" type="text"/></td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> <tr><td style="text-align: center;">1520</td><td><input style="width: 20px; height: 15px;" type="text"/></td><td><input style="width: 20px; height: 15px;" type="text"/></td></tr> </table>	1512	<input style="width: 20px; height: 15px;" type="text"/>	1514	<input style="width: 20px; height: 15px;" type="text"/>	1516	<input style="width: 20px; height: 15px;" type="text"/>	1518	<input style="width: 20px; height: 15px;" type="text"/>	1520	<input style="width: 20px; height: 15px;" type="text"/>																				
1512	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>																											
1514	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>																											
1516	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>																											
1518	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>																											
1520	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>																											
<p>CHECK ITEM R21 <i>Refer to items 23a and 23c.</i> Is "Yes" marked in either of these items?</p>	1524	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 24a</p>																														
<p>23e. Was (. . ./(and) . . .'s children) covered during the entire 4-month period?</p>	1526	<p>1 <input type="checkbox"/> Yes - SKIP to 24a 2 <input type="checkbox"/> No</p>																														
<p>f. In which months was (. . ./(and) . . .'s children) covered? <i>Mark (X) all that apply.</i></p>	1528 1530 1532 1534	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>																														
<p>24a. Was . . . covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)</p>	1536	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R22</p>																														
<p><i>ASK OR VERIFY -</i> b. Was . . . covered by a health insurance plan during the entire 4-month period?</p>	1538	<p>1 <input type="checkbox"/> Yes - SKIP to 24d 2 <input type="checkbox"/> No</p>																														
<p>c. In which months was . . . covered? <i>Mark (X) all that apply.</i></p>	1540 1542 1544 1546	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>																														
<p>d. Was . . .'s health insurance coverage from a plan in . . .'s own name (primary policy holder), or was . . . covered as a family member on someone else's plan?</p>	1547	<p>1 <input type="checkbox"/> Plan in own name - SKIP to 24f 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both - SKIP to 24f</p>																														

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

24e. Whose plan covered . . . ?

	Household member	
	Person No.	Name
1548	<input type="text"/>	<input type="text"/>
	x4 <input type="checkbox"/> Not a Household member	

} *SKIP to Check Item R22*

f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?

1549	<input type="checkbox"/> Current employer or union <input type="checkbox"/> Former employer <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> Military <input type="checkbox"/> Other <input type="checkbox"/> DK	} <i>SKIP to 24h</i>
-------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------

g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?

1550	<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None
-------------	------------------------------------------------------------------------------------------------

h. Was . . . 's plan an individual plan or a family plan?

1552	<input type="checkbox"/> Individual - <i>SKIP to Check Item R22</i> <input type="checkbox"/> Family
-------------	--------------------------------------------------------------------------------------------------------

i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)

1554	x5 <input type="checkbox"/> Yes - All persons
	Person No. Name
1556	<input type="text"/>
1558	<input type="text"/>
1560	<input type="text"/>
1562	<input type="text"/>
1564	<input type="text"/>
1566	x3 <input type="checkbox"/> None

j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months?
 Mark (X) all that apply.
 If "Yes," "Who did the plan cover?"

1567	<input type="checkbox"/> Yes, spouse
1568	<input type="checkbox"/> Yes, child(ren)
1569	<input type="checkbox"/> Yes, someone else
1570	<input type="checkbox"/> No

CHECK ITEM R22 Refer to cc item 27.
 Is . . . the designated parent or guardian of children under 15 years old who live in this household?

1572	<input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to 25</i>
-------------	---------------------------------------------------------------------------------

ASK OR VERIFY -

24k. Were all of . . . 's children under 15 years old covered by a health insurance plan? (Include CHAMPUS, CHAMPVA, and military plans.) (Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)

1574	<input type="checkbox"/> Yes - <i>SKIP to 24m</i> <input type="checkbox"/> No
-------------	----------------------------------------------------------------------------------

l. Which children were covered by a health insurance plan?

	Person No.	Name
1575	<input type="text"/>	<input type="text"/>
1576	<input type="text"/>	<input type="text"/>
1577	<input type="text"/>	<input type="text"/>
1578	<input type="text"/>	<input type="text"/>
1579	<input type="text"/>	<input type="text"/>
	OR	
1580	x3 <input type="checkbox"/> None - <i>SKIP to 25</i>	

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

<p>24m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?</p>	1581	1 <input type="checkbox"/> Yes - Which children?
		Person No. Name
	1582	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
	1583	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
	1584	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
	1585	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
	1586	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
	1587	2 <input type="checkbox"/> No
<p>25. Excluding IRA, Keogh, and 401K accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period.?</p>	1624	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 27a
<p><i>(SHOW FLASHCARD N)</i></p> <p>26. Did . . . have any -</p> <p>a. Regular or passbook savings accounts?</p>	1626	1 <input type="checkbox"/> Yes - Mark "100" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>b. Money market deposit accounts?</p>	1628	1 <input type="checkbox"/> Yes - Mark "101" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>c. Certificates of deposit or other savings certificates?</p>	1630	1 <input type="checkbox"/> Yes - Mark "102" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>d. Interest-earning checking accounts (such as NOW or Super NOW accounts)?</p>	1632	1 <input type="checkbox"/> Yes - Mark "103" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages, or bonds at any time during the 4-month period? (Exclude IRA, Keogh, and 401K accounts.)</p>	1634	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 28
<p><i>(SHOW FLASHCARD N)</i></p> <p>b. Which kinds of these assets did . . . own? Any others? (Exclude IRA, Keogh, and 401 accounts.) Mark (X) all that apply.</p>	1636 1638 1640 1642 1644 1646	1 <input type="checkbox"/> Money market funds - Mark "104" on ISS 2 <input type="checkbox"/> U.S. Government securities - Mark "105" on ISS 3 <input type="checkbox"/> Municipal or corporate bonds - Mark "106" on ISS 4 <input type="checkbox"/> Mortgages - Mark "130" on ISS 5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) - Mark "174" on ISS 6 <input type="checkbox"/> Other - Specify and mark "107" on ISS z
<p>28. During the 4-month period did . . . have any - (Exclude IRA, Keogh, and 401K accounts.)</p> <p>a. Stocks or mutual fund shares?</p>	1648	1 <input type="checkbox"/> Yes - Mark "110" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>b. Rental property?</p>	1650	1 <input type="checkbox"/> Yes - Mark "120" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>c. Royalties?</p>	1652	1 <input type="checkbox"/> Yes - Mark "140" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?</p>	1654	1 <input type="checkbox"/> Yes - Specify and mark "150" on ISS z 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<p>29a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</p>	1656	1 <input type="checkbox"/> Yes, full time 2 <input type="checkbox"/> Yes, part time 3 <input type="checkbox"/> No - SKIP to Check Item R23

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>29b. During which months was . . . enrolled?</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1658</td><td><input type="checkbox"/> All months</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1660</td><td><input type="checkbox"/> Last month</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1662</td><td><input type="checkbox"/> 2 months ago</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1664</td><td><input type="checkbox"/> 3 months ago</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1666</td><td><input type="checkbox"/> 4 months ago</td></tr> </table>	1658	<input type="checkbox"/> All months	1660	<input type="checkbox"/> Last month	1662	<input type="checkbox"/> 2 months ago	1664	<input type="checkbox"/> 3 months ago	1666	<input type="checkbox"/> 4 months ago														
1658	<input type="checkbox"/> All months																								
1660	<input type="checkbox"/> Last month																								
1662	<input type="checkbox"/> 2 months ago																								
1664	<input type="checkbox"/> 3 months ago																								
1666	<input type="checkbox"/> 4 months ago																								
<p>c. At what level or grade was . . . enrolled?</p> <p><i>(If enrolled at more than one level during this period, check most recent level.)</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1668</td><td><input type="checkbox"/> Elementary grades 1–8</td><td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td><td rowspan="2" style="vertical-align: middle;"><i>SKIP to Check Item R23</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1669</td><td><input type="checkbox"/> High school grades 9–12</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1670</td><td><input type="checkbox"/> College year 1</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1671</td><td><input type="checkbox"/> College year 2</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1672</td><td><input type="checkbox"/> College year 3</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1673</td><td><input type="checkbox"/> College year 4</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1674</td><td><input type="checkbox"/> College year 5</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1675</td><td><input type="checkbox"/> College year 6</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1676</td><td><input type="checkbox"/> Vocational school</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1677</td><td><input type="checkbox"/> Technical school</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1678</td><td><input type="checkbox"/> Business school</td></tr> </table>	1668	<input type="checkbox"/> Elementary grades 1–8	}	<i>SKIP to Check Item R23</i>	1669	<input type="checkbox"/> High school grades 9–12	1670	<input type="checkbox"/> College year 1	1671	<input type="checkbox"/> College year 2	1672	<input type="checkbox"/> College year 3	1673	<input type="checkbox"/> College year 4	1674	<input type="checkbox"/> College year 5	1675	<input type="checkbox"/> College year 6	1676	<input type="checkbox"/> Vocational school	1677	<input type="checkbox"/> Technical school	1678	<input type="checkbox"/> Business school
1668	<input type="checkbox"/> Elementary grades 1–8	}	<i>SKIP to Check Item R23</i>																						
1669	<input type="checkbox"/> High school grades 9–12																								
1670	<input type="checkbox"/> College year 1																								
1671	<input type="checkbox"/> College year 2																								
1672	<input type="checkbox"/> College year 3																								
1673	<input type="checkbox"/> College year 4																								
1674	<input type="checkbox"/> College year 5																								
1675	<input type="checkbox"/> College year 6																								
1676	<input type="checkbox"/> Vocational school																								
1677	<input type="checkbox"/> Technical school																								
1678	<input type="checkbox"/> Business school																								
<p>30a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any type of scholarship or grant?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1679</td><td><input type="checkbox"/> Yes</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1680</td><td><input type="checkbox"/> No – <i>SKIP to Check Item R23</i></td></tr> </table>	1679	<input type="checkbox"/> Yes	1680	<input type="checkbox"/> No – <i>SKIP to Check Item R23</i>																				
1679	<input type="checkbox"/> Yes																								
1680	<input type="checkbox"/> No – <i>SKIP to Check Item R23</i>																								
<p>b. What kind of educational assistance did . . . receive? Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1672</td><td><input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1674</td><td><input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1676</td><td><input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1678</td><td><input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1680</td><td><input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1682</td><td><input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1684</td><td><input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1686</td><td><input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) – <i>Mark "180" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1688</td><td><input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1690</td><td><input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1692</td><td><input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i></td></tr> </table>	1672	<input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i>	1674	<input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i>	1676	<input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i>	1678	<input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i>	1680	<input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i>	1682	<input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i>	1684	<input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i>	1686	<input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) – <i>Mark "180" on ISS</i>	1688	<input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i>	1690	<input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i>	1692	<input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i>		
1672	<input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i>																								
1674	<input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i>																								
1676	<input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i>																								
1678	<input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i>																								
1680	<input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i>																								
1682	<input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i>																								
1684	<input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i>																								
1686	<input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) – <i>Mark "180" on ISS</i>																								
1688	<input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i>																								
1690	<input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i>																								
1692	<input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i>																								
<p>CHECK ITEM R23 <i>Refer to cc item 26a.</i></p> <p>Is code 2 (married, spouse absent) the current entry?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1694</td><td><input type="checkbox"/> Yes</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1695</td><td><input type="checkbox"/> No – <i>SKIP to Check Item R24</i></td></tr> </table>	1694	<input type="checkbox"/> Yes	1695	<input type="checkbox"/> No – <i>SKIP to Check Item R24</i>																				
1694	<input type="checkbox"/> Yes																								
1695	<input type="checkbox"/> No – <i>SKIP to Check Item R24</i>																								
<p align="center"><i>ASK OR VERIFY –</i></p> <p>31. Is . . . 's spouse in the Armed Forces?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1696</td><td><input type="checkbox"/> Yes</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1697</td><td><input type="checkbox"/> No</td></tr> </table>	1696	<input type="checkbox"/> Yes	1697	<input type="checkbox"/> No																				
1696	<input type="checkbox"/> Yes																								
1697	<input type="checkbox"/> No																								
<p>CHECK ITEM R24 Are any codes (excluding codes 171–173, 200, and 201), including code 170 – "Worked," marked on the ISS?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1698</td><td><input type="checkbox"/> Yes</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1699</td><td><input type="checkbox"/> No – <i>SKIP to 33a</i></td></tr> </table>	1698	<input type="checkbox"/> Yes	1699	<input type="checkbox"/> No – <i>SKIP to 33a</i>																				
1698	<input type="checkbox"/> Yes																								
1699	<input type="checkbox"/> No – <i>SKIP to 33a</i>																								
<p>32a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171–173, 200, and 201.) Is that correct?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1700</td><td><input type="checkbox"/> Yes</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1701</td><td><input type="checkbox"/> No – <i>Probe and resolve (make corrections to ISS if necessary)</i></td></tr> </table>	1700	<input type="checkbox"/> Yes	1701	<input type="checkbox"/> No – <i>Probe and resolve (make corrections to ISS if necessary)</i>																				
1700	<input type="checkbox"/> Yes																								
1701	<input type="checkbox"/> No – <i>Probe and resolve (make corrections to ISS if necessary)</i>																								
<p>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1702</td><td><input type="checkbox"/> Yes – <i>SKIP to 33b</i></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1703</td><td><input type="checkbox"/> No – <i>SKIP to Check Item E1, page 13</i></td></tr> </table>	1702	<input type="checkbox"/> Yes – <i>SKIP to 33b</i>	1703	<input type="checkbox"/> No – <i>SKIP to Check Item E1, page 13</i>																				
1702	<input type="checkbox"/> Yes – <i>SKIP to 33b</i>																								
1703	<input type="checkbox"/> No – <i>SKIP to Check Item E1, page 13</i>																								
<p>33a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government, or anything else?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1704</td><td><input type="checkbox"/> Yes</td></tr> <tr><td style="border: 1px solid black; text-align: center;">1705</td><td><input type="checkbox"/> No – <i>SKIP to Check Item P1, page 51</i></td></tr> </table>	1704	<input type="checkbox"/> Yes	1705	<input type="checkbox"/> No – <i>SKIP to Check Item P1, page 51</i>																				
1704	<input type="checkbox"/> Yes																								
1705	<input type="checkbox"/> No – <i>SKIP to Check Item P1, page 51</i>																								
<p>b. What kind of income did . . . receive? Anything else?</p>	<p align="center"><i>Enter codes from income source list and mark ISS.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 40px; text-align: center;">1706</td><td style="border: 1px solid black; width: 40px;"></td><td style="border: 1px solid black; width: 40px;"></td><td style="border: 1px solid black; width: 40px;"></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1708</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black; text-align: center;">1710</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> </table>	1706				1708				1710															
1706																									
1708																									
1710																									

NOTES

Section 2 - EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

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

1712

- 1 Yes
2 No - SKIP to first ISS Code marked or
Check Item P1, page 51

1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?

(Include unpaid worker in family business or farm as working for an employer.)

1714

- 1 Worked for employer only
2 Self-employed only - SKIP to Statement B,
page 18
3 Both worked for employer and self-employed

b. How many different employers did . . . work for during this 4-month period?

1716

- 1 1 employer
2 2 employers
3 3 or more employers

**CHECK
ITEM E2**

Is "Both worked for employer and self-employed" (box 3) marked in item 1a?

1718

- 1 Yes
2 No - SKIP to 2a

STATEMENT A →

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

NOTES

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A1 - EMPLOYER IDENTIFICATION NUMBER 1

<p>2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 16. If worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	PGM 8 2000	Employer name
<p>CHECK ITEM E3 Enter number "1" for this employer in box. →</p>	PGM 8 2002	Employer I.D. No.
<p>2b. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	PGM 8 2005	
<p><i>ASK OR VERIFY -</i></p> <p>c. Is it mainly -</p>	PGM 8 2006	<p>1 <input type="checkbox"/> Manufacturing?</p> <p>2 <input type="checkbox"/> Wholesale Trade?</p> <p>3 <input type="checkbox"/> Retail Trade?</p> <p>4 <input type="checkbox"/> Some other kind of business?</p>
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	PGM 8 2008	
<p>e. What were . . .'s main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	PGM 8 2010	
<p><i>ASK OR VERIFY -</i></p> <p>f. Was . . . an employee of -</p>	PGM 8 2012	<p>1 <input type="checkbox"/> A private for-profit company or individual?</p> <p>2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?</p> <p>3 <input type="checkbox"/> Federal government (exclude Armed Forces)?</p> <p>4 <input type="checkbox"/> State government?</p> <p>5 <input type="checkbox"/> Local government?</p> <p>6 <input type="checkbox"/> Armed Forces?</p> <p>7 <input type="checkbox"/> Unpaid in family business or farm?</p>
<p><i>ASK OR VERIFY -</i></p> <p>3a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7 2014	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 4</i></p> <p>2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	2016 2020	<p>FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day</p> <p>TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day</p>
<p>CHECK ITEM E3.1 Did . . . stop working for this employer during the reference period?</p>	2023	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to 4</i></p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one.</i></p>	2024	<p>1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended</p> <p>2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job</p> <p>3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason</p>
<p><i>ASK OR VERIFY -</i></p> <p>4. How many hours per week did . . . usually work at this job?</p>	2025	<p><input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	2026	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>6. What was . . .'s regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	2028	<p>\$ <input type="text"/> . <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. - <i>SKIP to 9a</i></p>
<p>7a. During the 4-month period, how often was . . . paid on this job?</p>	2029	<p>1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way - <i>Specify z</i></p> <p>2 <input type="checkbox"/> Once each 2 weeks</p> <p>3 <input type="checkbox"/> Once a month</p> <p>4 <input type="checkbox"/> Twice a month</p> <p>5 <input type="checkbox"/> Unpaid in family business or farm - <i>SKIP to Check Item E5</i></p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	2030	<p><input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day</p> <p>x1 <input type="checkbox"/> DK x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. x2 <input type="checkbox"/> Ref.</p> <p>x4 <input type="checkbox"/> Not paid during this reference period x4 <input type="checkbox"/> Not paid during this reference period</p>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1 (Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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



LAST MONTH

2032 \$. 00

- x3 None
- x1 DK
- x2 Ref.

FIELD REPRESENTATIVE USE ONLY

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 Total \$ _____ .00

2 MONTHS AGO

2034 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 Total \$ _____ .00

3 MONTHS AGO

2036 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 Total \$ _____ .00

4 MONTHS AGO

2038 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 Total \$ _____ .00

CHECK ITEM E4

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

2040 1 Yes
 2 No – SKIP to 9a

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

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

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

2044 1 Yes – SKIP to Check Item E5
 2 No

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

2046 1 Yes
 2 No

CHECK ITEM E5

Number of employers in item 1b, page 13?

2048 1 1 employer – SKIP to Check Item E8, page 17
 2 2 or more employers

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A2 - EMPLOYER IDENTIFICATION NUMBER 2

<p>10a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	PGM 8	Employer name
	2100	
<p>CHECK ITEM E6 Enter number "2" for this employer in box. →</p>	PGM 8	Employer I.D. No.
	2102	<input type="checkbox"/>
<p>10b. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	PGM 8	
	2105	
<p><i>ASK OR VERIFY -</i></p> <p>c. Is it mainly -</p>	PGM 8	<input type="checkbox"/> 1 Manufacturing? <input type="checkbox"/> 2 Wholesale Trade? <input type="checkbox"/> 3 Retail Trade? <input type="checkbox"/> 4 Some other kind of business?
	2106	
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	PGM 8	
	2108	
<p>e. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	PGM 8	
	2110	
<p><i>ASK OR VERIFY -</i></p> <p>f. Was . . . an employee of -</p>	PGM 8	<input type="checkbox"/> 1 A private for-profit company or individual? <input type="checkbox"/> 2 A private not-for-profit, tax exempt, or charitable organization? <input type="checkbox"/> 3 Federal government (exclude Armed Forces)? <input type="checkbox"/> 4 State government? <input type="checkbox"/> 5 Local government? <input type="checkbox"/> 6 Armed Forces? <input type="checkbox"/> 7 Unpaid in family business or farm?
	2112	
<p><i>ASK OR VERIFY -</i></p> <p>11a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7	<input type="checkbox"/> 1 Yes - SKIP to 12 <input type="checkbox"/> 2 No
	2114	
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	2116	FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
	2120	TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
<p>CHECK ITEM E6.1 Did . . . stop working for this employer during the reference period?</p>	2123	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - SKIP to 12
<p>11c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one.</i></p>	2124	<input type="checkbox"/> 1 Laid off <input type="checkbox"/> 4 Job was temporary and ended <input type="checkbox"/> 2 Retired <input type="checkbox"/> 5 Quit to take another job <input type="checkbox"/> 3 Discharged <input type="checkbox"/> 6 Quit for some other reason
<p><i>ASK OR VERIFY -</i></p> <p>12. How many hours per week did . . . usually work at this job?</p>	2125	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<p>13. Was . . . paid by the hour on this job?</p>	2126	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - SKIP to 15a
<p>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	2128	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to 17a
<p>15a. During the 4-month period, how often was . . . paid on this job?</p>	2129	<input type="checkbox"/> 1 Once a week <input type="checkbox"/> 6 Some other way - Specify π <input type="checkbox"/> 2 Once each 2 weeks <input type="checkbox"/> 3 Once a month <input type="checkbox"/> 4 Twice a month <input type="checkbox"/> 5 Unpaid in family business or farm - SKIP to Check Item E8
<p>b. On what date was . . . last paid during this 4-month period?</p>	2130	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period x4 <input type="checkbox"/> Not paid during this reference period

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A2 - EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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



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

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

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

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

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

CHECK ITEM E8 Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13? **2148** 1 Yes - Read Statement B
2 No - SKIP to first ISS Code marked or Check Item P1, page 51

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

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

<p>1 a. What was the name of . . . 's business/ professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	PGM 8	Business name								
	2200									
<p>CHECK ITEM S1 Enter number "1" for this business in box.</p>	PGM 8	Business I.D. No.								
	2201	<input type="checkbox"/>								
<p>1 b. What kind of business was this?</p>	PGM 8									
	2204									
<p><i>ASK OR VERIFY –</i> c. Is it mainly –</p>	PGM 8	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>								
	2206									
<p>d. What kind of work was . . . doing on this job?</p>	PGM 8									
	2208									
<p>e. What were . . . 's most important activities or duties on this job?</p>	PGM 8									
	2210									
<p><i>ASK OR VERIFY –</i> f. How many hours per week did . . . usually work at this business?</p>	PGM 7	<p><input type="checkbox"/> <input type="checkbox"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
	2212									
<p>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	2214	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10</i> x1 <input type="checkbox"/> DK</p>								
<p>CHECK ITEM S2 Have questions 3–5b already been answered for this business by another household member?</p>	2216	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 6a</i> 2 <input type="checkbox"/> No</p>								
<p>3. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if 1,000 or more employees.</i></p>	2218	<p><input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK</p>								
<p>4 a. Was . . . 's business incorporated?</p>	2220	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 5a</i> 2 <input type="checkbox"/> No</p>								
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	2222	<p>1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 6a</i> 2 <input type="checkbox"/> Partnership</p>								
<p>5 a. Aside from . . . were any other members of this household owners or partners in this business?</p>	2224	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 6a</i></p>								
<p>b. Which members?</p>	2226	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Person No.	Name	<input type="text"/>					
Person No.	Name									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
	2228									
	2230									
<p>6 a. Was . . . paid a regular salary from this business during the 4-month period?</p>	2232	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	2234	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?</p>	2236	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item S5</i></p>								

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

<p>7. READ STATEMENT ONLY ONCE PER RESPONDENT. The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide. What was the total amount of income that . . . received from this business in (Read each month)? NOTE – Include total gross earnings before any deductions. ★</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: right;">FIELD REPRESENTATIVE USE ONLY</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">LAST MONTH</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td style="text-align: right;">2238</td> <td>\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td colspan="2"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Total \$ _____ .00</td> </tr> <tr> <td colspan="2" style="text-align: center;">2 MONTHS AGO</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td style="text-align: right;">2240</td> <td>\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td colspan="2"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Total \$ _____ .00</td> </tr> <tr> <td colspan="2" style="text-align: center;">3 MONTHS AGO</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td style="text-align: right;">2242</td> <td>\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td colspan="2"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Total \$ _____ .00</td> </tr> <tr> <td colspan="2" style="text-align: center;">4 MONTHS AGO</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td style="text-align: right;">2244</td> <td>\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td colspan="2"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Total \$ _____ .00</td> </tr> </tbody> </table>			FIELD REPRESENTATIVE USE ONLY	LAST MONTH		\$ _____ .00	2238	\$ _____ .00	\$ _____ .00	x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____ .00			Total \$ _____ .00	2 MONTHS AGO		\$ _____ .00	2240	\$ _____ .00	\$ _____ .00	x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____ .00			Total \$ _____ .00	3 MONTHS AGO		\$ _____ .00	2242	\$ _____ .00	\$ _____ .00	x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____ .00			Total \$ _____ .00	4 MONTHS AGO		\$ _____ .00	2244	\$ _____ .00	\$ _____ .00	x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____ .00			Total \$ _____ .00
		FIELD REPRESENTATIVE USE ONLY																																																		
LAST MONTH		\$ _____ .00																																																		
2238	\$ _____ .00	\$ _____ .00																																																		
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____ .00																																																		
		Total \$ _____ .00																																																		
2 MONTHS AGO		\$ _____ .00																																																		
2240	\$ _____ .00	\$ _____ .00																																																		
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____ .00																																																		
		Total \$ _____ .00																																																		
3 MONTHS AGO		\$ _____ .00																																																		
2242	\$ _____ .00	\$ _____ .00																																																		
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____ .00																																																		
		Total \$ _____ .00																																																		
4 MONTHS AGO		\$ _____ .00																																																		
2244	\$ _____ .00	\$ _____ .00																																																		
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____ .00																																																		
		Total \$ _____ .00																																																		
<p>CHECK ITEM S4 Is "DK" marked in all parts of item 7?</p>	<p>2246 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S5</p>																																																			
<p>8. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)</p>	<p>2248 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4a 2 <input type="checkbox"/> No</p>																																																			
<p>CHECK ITEM S5 Refer to item 4a, page 18. Is this business incorporated?</p>	<p>2250 1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No</p>																																																			
<p>CHECK ITEM S6 Has information about the net profit (or loss) for this business already been obtained from another household member?</p>	<p>2252 1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No</p>																																																			
<p>9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period?</p>	<p>2254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11</p>																																																			
<p>b. What was the net profit or loss? If "broke even," enter "\$1" in box.</p>	<p>2256 \$ _____ .00 } SKIP to 11 2258 x4 <input type="checkbox"/> Loss in amount box</p>																																																			
<p>10. About how much did . . . earn from this business after expenses during the 4-month period?</p>	<p>2260 \$ _____ .00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>																																																			
<p>11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?</p>	<p>2262 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code marked or Check Item P1, page 51</p>																																																			

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	PGM 8 2300	Business name _____								
<p>CHECK ITEM S7 Enter number "2" for this business in box. →</p>	PGM 8 2301	Business I.D. No. <input type="checkbox"/>								
<p>12b. What kind of business was this?</p>	PGM 8 2304	_____								
<p><i>ASK OR VERIFY –</i> c. Is it mainly –</p>	PGM 8 2306	<input type="checkbox"/> 1 Manufacturing? <input type="checkbox"/> 2 Wholesale Trade? <input type="checkbox"/> 3 Retail Trade? <input type="checkbox"/> 4 Some other kind of business?								
<p>d. What kind of work was . . . doing on this job?</p>	PGM 8 2308	_____								
<p>e. What were . . . 's most important activities or duties on this job?</p>	PGM 8 2310	_____								
<p>f. How many hours per week did . . . usually work at this business?</p>	PGM 7 2312	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK								
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	2314	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 21</i> x1 <input type="checkbox"/> DK								
<p>CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?</p>	2316	<input type="checkbox"/> 1 Yes – <i>SKIP to 17a</i> <input type="checkbox"/> 2 No								
<p>14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if 1,000 or more employees.</i></p>	2318	<input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK								
<p>15a. Was . . . 's business incorporated?</p>	2320	<input type="checkbox"/> 1 Yes – <i>SKIP to 16a</i> <input type="checkbox"/> 2 No								
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	2322	<input type="checkbox"/> 1 Sole proprietorship – <i>SKIP to 17a</i> <input type="checkbox"/> 2 Partnership								
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	2324	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 17a</i>								
<p>b. Which members?</p>	2326 2328 2330	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%; text-align: left;">Person No.</th> <th style="width:90%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Person No.	Name	<input type="text"/>					
Person No.	Name									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	2332	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No								
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	2334	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No								
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	2336	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to Check Item S11</i>								

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.
The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.
What was the total amount of income that . . . received from this business in (Read each month)?
 NOTE: Include total gross earnings before any deductions. ★

		FIELD REPRESENTATIVE USE ONLY
LAST MONTH		\$ _____ .00
2338	\$ _____ .00	\$ _____ .00
x3 <input type="checkbox"/> None		\$ _____ .00
x1 <input type="checkbox"/> DK		\$ _____ .00
x2 <input type="checkbox"/> Ref.		Total \$ _____ .00
2 MONTHS AGO		\$ _____ .00
2340	\$ _____ .00	\$ _____ .00
x3 <input type="checkbox"/> None		\$ _____ .00
x1 <input type="checkbox"/> DK		\$ _____ .00
x2 <input type="checkbox"/> Ref.		Total \$ _____ .00
3 MONTHS AGO		\$ _____ .00
2342	\$ _____ .00	\$ _____ .00
x3 <input type="checkbox"/> None		\$ _____ .00
x1 <input type="checkbox"/> DK		\$ _____ .00
x2 <input type="checkbox"/> Ref.		Total \$ _____ .00
4 MONTHS AGO		\$ _____ .00
2344	\$ _____ .00	\$ _____ .00
x3 <input type="checkbox"/> None		\$ _____ .00
x1 <input type="checkbox"/> DK		\$ _____ .00
x2 <input type="checkbox"/> Ref.		Total \$ _____ .00

CHECK ITEM S10 Is "DK" marked in all parts of item 18? **2346** 1 Yes
 2 No - SKIP to Check Item S11

19. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.) **2348** 1 Yes - Mark Reminder Card and Callback Summary, Item 4b
 2 No

CHECK ITEM S11 Refer to item 15a, page 20. Is this business incorporated? **2350** 1 Yes - SKIP to first ISS Code marked or Check Item P1, page 51
 2 No

CHECK ITEM S12 Has information about the net profit (or loss) for this business already been obtained from another household member? **2352** 1 Yes - SKIP first ISS Code marked or Check Item P1, page 51
 2 No

20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period? **2354** 1 Yes
 2 No - SKIP to first ISS Code marked or Check Item P1, page 51

b. What was the net profit or loss?
 If "broke even," enter "\$1" in box. **2356** \$ _____ .00 } SKIP to first ISS Code marked or Check Item P1, page 51
2358 x4 Loss in amount box

21. About how much did . . . earn from this business after expenses during the 4-month period? **2360** \$ _____ .00 } SKIP to first ISS Code marked or Check Item P1, page 51
 x3 None
 x1 DK
 x2 Ref.

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	3000	Income code Name of income type <input type="text"/> <input type="text"/>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	3002	<input type="checkbox"/> ISS Code 1 or 2 (SS or RR) <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 25 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 24 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 <input type="checkbox"/> Other ISS Codes - SKIP to 5a
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	3004	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A3
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	3006	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A3
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	3008	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 9a
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	3010	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 5a
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	3012	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 5a
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	3014	<input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 51 <input type="checkbox"/> No
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>		<p>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month)</p>	3016	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<p>(2 months ago)</p>	3020	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<p>(3 months ago)</p>	3024	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<p>(4 months ago)</p>	3028	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<p>CHECK ITEM A4.1 <i>Refer to item 5a above.</i> Is the "Yes" box marked for "4" months ago?</p>	8300	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A5
<p>CHECK ITEM A4.2 <i>Refer to item 1 above.</i> Are income types 1-10, 20-35, 40, or 41 marked in item 1?</p>	8302	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A5

Section 3 - AMOUNTS (Continued)

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

5c. When did . . . begin to receive (Read name of income type)?

8304 Month x1 DK

8306 1 9 Year x1 DK

CHECK ITEM A5 Mark (X) income type code.

3032 1 ISS Code 1 or 2 - SKIP to 8a
 2 ISS Code 8 or 20 through 24
 3 All other income codes - SKIP to next ISS Code or Check Item P1, page 51

6a. Were all the people living here covered by . . .'s payments?

3034 1 Yes - SKIP to Check Item A6
 2 No

b. Which persons were covered?

	Person No.	Name
3036	<input type="text"/> <input type="text"/> <input type="text"/>	
3038	<input type="text"/> <input type="text"/> <input type="text"/>	
3040	<input type="text"/> <input type="text"/> <input type="text"/>	
3042	<input type="text"/> <input type="text"/> <input type="text"/>	
3044	<input type="text"/> <input type="text"/> <input type="text"/>	
3046	<input type="text"/> <input type="text"/> <input type="text"/>	
3048	<input type="text"/> <input type="text"/> <input type="text"/>	
3050	<input type="text"/> <input type="text"/> <input type="text"/>	
3052	<input type="text"/> <input type="text"/> <input type="text"/>	
3054	<input type="text"/> <input type="text"/> <input type="text"/>	

CHECK ITEM A6 Is this ISS Code "8"?

3056 1 Yes
 2 No - SKIP to next ISS Code or Check Item P1, page 51

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

3058 1 Service-connected disability compensation
 2 Survivor benefits
 3 Veterans' pension
 4 Other Veterans' payments

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

3060 1 Yes } SKIP to next ISS Code or
 2 No } Check Item P1, page 51
 x1 DK

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3064 1 Blue
 2 Buff
 3 Direct deposit
 4 Other
 x1 DK

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

3066 1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A7 Refer to item 2, page 22.

Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?

3068 1 Yes
 2 No - SKIP to next ISS Code or Check Item P1, page 51

NOTES

Section 3 - AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) **3070** 1 Yes
2 No
x1 DK

(2 months ago) **3074** 1 Yes
2 No
x1 DK

(3 months ago) **3078** 1 Yes
2 No
x1 DK

(4 months ago) **3082** 1 Yes
2 No
x1 DK

9b. If "Yes" in item 9a - How much was received?

3072 \$. 00
x1 DK
x2 Ref.

3076 \$. 00
x1 DK
x2 Ref.

3080 \$. 00
x1 DK
x2 Ref.

3084 \$. 00
x1 DK
x2 Ref.

CHECK ITEM A7.1

Refer to item 9a above.
Is the "Yes" box marked for "4 months ago"?

8308 1 Yes
2 No - SKIP to 10a

9c. When did . . . begin to receive Social Security/Railroad Retirement?

8310 Month x1 DK

8312 Year x1 DK

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

3086 1 Yes - SKIP to next ISS Code or Check Item P1, page 51
2 No

b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 51

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

3100 1 Yes - SKIP to 12a
2 No

b. Which persons were covered?

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

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p>Income code Name of income type</p> <p>3200 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3202 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 29 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 28 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to 5a</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p>3204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3206 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p>3210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5a</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5a</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3214 1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? <i>Social Security and SSI payments may be adjusted for inflation each January.</i></p>	<p>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month)</p>	<p>3216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3218 \$ <input style="width: 60px;" type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3222 \$ <input style="width: 60px;" type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3226 \$ <input style="width: 60px;" type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3230 \$ <input style="width: 60px;" type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A4.1 <i>Refer to item 5a above.</i></p> <p>Is the "Yes" box marked for "4" months ago?</p>	<p>8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A5</p>
<p>CHECK ITEM A4.2 <i>Refer to item 1 above.</i></p> <p>Are income types 1-10, 20-35, 40, or 41 marked in item 1?</p>	<p>8402 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A5</p>

Section 3 - AMOUNTS (Continued)

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

<p>5c. When did . . . begin to receive (Read name of income type?)</p>	<p>8404 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8406 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> Year x1 <input type="checkbox"/> DK</p>																																	
<p>CHECK ITEM A5 Mark (X) income type code.</p>	<p>3232 1 <input type="checkbox"/> ISS Code 1 or 2 - SKIP to 8a 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Check Item P1, page 51</p>																																	
<p>6a. Were all the people living here covered by . . .'s payments?</p>	<p>3234 1 <input type="checkbox"/> Yes - SKIP to Check Item A6 2 <input type="checkbox"/> No</p>																																	
<p>b. Which persons were covered?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr><td>3236</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3238</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3240</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3242</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3244</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3246</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3248</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3250</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3252</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3254</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3236	<input type="text"/>	<input type="text"/>	3238	<input type="text"/>	<input type="text"/>	3240	<input type="text"/>	<input type="text"/>	3242	<input type="text"/>	<input type="text"/>	3244	<input type="text"/>	<input type="text"/>	3246	<input type="text"/>	<input type="text"/>	3248	<input type="text"/>	<input type="text"/>	3250	<input type="text"/>	<input type="text"/>	3252	<input type="text"/>	<input type="text"/>	3254	<input type="text"/>	<input type="text"/>
	Person No.	Name																																
3236	<input type="text"/>	<input type="text"/>																																
3238	<input type="text"/>	<input type="text"/>																																
3240	<input type="text"/>	<input type="text"/>																																
3242	<input type="text"/>	<input type="text"/>																																
3244	<input type="text"/>	<input type="text"/>																																
3246	<input type="text"/>	<input type="text"/>																																
3248	<input type="text"/>	<input type="text"/>																																
3250	<input type="text"/>	<input type="text"/>																																
3252	<input type="text"/>	<input type="text"/>																																
3254	<input type="text"/>	<input type="text"/>																																
<p>CHECK ITEM A6 Is this ISS Code "8"?</p>	<p>3256 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 51</p>																																	
<p>7a. What type of Veterans' payments did . . . receive?</p>	<p>3258 1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>																																	
<p>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</p>	<p>3260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 51</p>																																	
<p>(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	<p>3264 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>b. Do . . .'s payments usually come on the first of the month or the third?</p>	<p>3266 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>CHECK ITEM A7 Refer to item 2, page 26. Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?</p>	<p>3268 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 51</p>																																	
<p>NOTES</p>																																		

Section 3 - AMOUNTS (Continued)

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

<p>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</p> <p>NOTE - Social Security payments may be adjusted for inflation each January.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>9b. If "Yes" in item 9a - How much was received?</p> <p>3270 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3272 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3274 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3276 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3278 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3280 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3282 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3284 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CHECK ITEM A7.1 Refer to item 9a above.
Is the "Yes" box marked for "4 months ago"?

8408 Yes
2 No - SKIP to 10a

9c. When did . . . begin to receive Social Security/Railroad Retirement?

8410 Month x1 DK

8412 Year x1 DK

VERIFY IF ONLY ONE CHILD OR ASK -

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

3286 Yes - SKIP to next ISS Code or Check Item P1, page 51
2 No

b. Which children were covered?

	Person No.	Name
3288	<input type="text"/>	<input type="text"/>
3290	<input type="text"/>	<input type="text"/>
3292	<input type="text"/>	<input type="text"/>
3294	<input type="text"/>	<input type="text"/>
3296	<input type="text"/>	<input type="text"/>
3298	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 51

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

3300 Yes - SKIP to 12a
2 No

b. Which persons were covered?

	Person No.	Name
3302	<input type="text"/>	<input type="text"/>
3304	<input type="text"/>	<input type="text"/>
3306	<input type="text"/>	<input type="text"/>
3308	<input type="text"/>	<input type="text"/>
3310	<input type="text"/>	<input type="text"/>
3312	<input type="text"/>	<input type="text"/>
3314	<input type="text"/>	<input type="text"/>
3316	<input type="text"/>	<input type="text"/>

Section 3 - AMOUNTS (Continued)

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

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

<p>CHECK ITEM A7.2 Refer to item 12a above. Is the "Yes" box marked for "4 months ago"?</p>	<p>8414 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 51</p>
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

<p>12c. When did . . . begin to receive food stamps?</p>	<p>8416 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8418 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
-----------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SKIP to next ISS Code or Check Item P1, page 51

<p>13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.</p>	<p>3338 <input type="checkbox"/> Last month 3340 <input type="checkbox"/> 2 months ago 3342 <input type="checkbox"/> 3 months ago 3344 <input type="checkbox"/> 4 months ago</p>
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>CHECK ITEM A7.3 Refer to item 13a above. Is the "4 months ago" box marked?</p>	<p>8420 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 13c</p>
----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

<p>13b. When did . . . begin to receive WIC?</p>	<p>8422 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8424 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
---------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>c. Which persons were covered?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Person No.</th> <th style="width:10%;">Name</th> </tr> <tr> <td>3346 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td>3348 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td>3350 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td>3352 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td>3354 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> </table>	Person No.	Name	3346 <input type="text"/> <input type="text"/> <input type="text"/>	_____	3348 <input type="text"/> <input type="text"/> <input type="text"/>	_____	3350 <input type="text"/> <input type="text"/> <input type="text"/>	_____	3352 <input type="text"/> <input type="text"/> <input type="text"/>	_____	3354 <input type="text"/> <input type="text"/> <input type="text"/>	_____
Person No.	Name												
3346 <input type="text"/> <input type="text"/> <input type="text"/>	_____												
3348 <input type="text"/> <input type="text"/> <input type="text"/>	_____												
3350 <input type="text"/> <input type="text"/> <input type="text"/>	_____												
3352 <input type="text"/> <input type="text"/> <input type="text"/>	_____												
3354 <input type="text"/> <input type="text"/> <input type="text"/>	_____												

SKIP to next ISS Code or Check Item P1, page 51

NOTES

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3400 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3402 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) <input type="checkbox"/> ISS Code 25 (WIC) - <i>SKIP to 13a, page 33</i> <input type="checkbox"/> ISS Code 27 (Food Stamps) - <i>SKIP to 11a, page 32</i> <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS Codes - <i>SKIP to 5a</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	<p>3404 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3406 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3408 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3410 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to 5a</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3412 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to 5a</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3414 <input type="checkbox"/> Yes - <i>SKIP to next ISS Code or Check Item P1, page 51</i> <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month)</p>	<p>3416 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3418 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3420 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3422 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3424 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3426 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3428 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3430 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A4.1 <i>Refer to item 5a above.</i> Is the "Yes" box marked for "4" months ago?</p>	<p>8500 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to Check Item A5</i></p>
<p>CHECK ITEM A4.2 <i>Refer to item 1 above.</i> Are income types 1-10, 20-35, 40, or 41 marked in item 1?</p>	<p>8502 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to Check Item A5</i></p>

Section 3 - AMOUNTS (Continued)

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

<p>5c. When did . . . begin to receive (Read name of income type)?</p>	<p>8504 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8506 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>																																	
<p>CHECK ITEM A5 Mark (X) income type code.</p>	<p>3432 1 <input type="checkbox"/> ISS Code 1 or 2 - SKIP to 8a 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Check Item P1, page 51</p>																																	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3434 1 <input type="checkbox"/> Yes - SKIP to Check Item A6 2 <input type="checkbox"/> No</p>																																	
<p>b. Which persons were covered?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr><td>3436</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3438</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3440</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3442</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3444</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3446</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3448</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3450</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3452</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3454</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3436	<input type="text"/>	<input type="text"/>	3438	<input type="text"/>	<input type="text"/>	3440	<input type="text"/>	<input type="text"/>	3442	<input type="text"/>	<input type="text"/>	3444	<input type="text"/>	<input type="text"/>	3446	<input type="text"/>	<input type="text"/>	3448	<input type="text"/>	<input type="text"/>	3450	<input type="text"/>	<input type="text"/>	3452	<input type="text"/>	<input type="text"/>	3454	<input type="text"/>	<input type="text"/>
	Person No.	Name																																
3436	<input type="text"/>	<input type="text"/>																																
3438	<input type="text"/>	<input type="text"/>																																
3440	<input type="text"/>	<input type="text"/>																																
3442	<input type="text"/>	<input type="text"/>																																
3444	<input type="text"/>	<input type="text"/>																																
3446	<input type="text"/>	<input type="text"/>																																
3448	<input type="text"/>	<input type="text"/>																																
3450	<input type="text"/>	<input type="text"/>																																
3452	<input type="text"/>	<input type="text"/>																																
3454	<input type="text"/>	<input type="text"/>																																
<p>CHECK ITEM A6 Is this ISS Code "8"?</p>	<p>3456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 51</p>																																	
<p>7a. What type of Veterans' payments did . . . receive?</p>	<p>3458 1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>																																	
<p>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</p>	<p>3460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 51</p>																																	
<p>(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	<p>3464 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>b. Do . . . 's payments usually come on the first of the month or the third?</p>	<p>3466 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>CHECK ITEM A7 Refer to item 2, page 30. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</p>	<p>3468 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 51</p>																																	
<p>NOTES</p>																																		

Section 3 - AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . .'s children in (Read each month)?

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month)

3470 1 Yes
2 No
x1 DK

9b. If "Yes" in item 9a - How much was received?

3472 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3474 1 Yes
2 No
x1 DK

3476 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3478 1 Yes
2 No
x1 DK

3480 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3482 1 Yes
2 No
x1 DK

3484 \$. 00
x1 DK
x2 Ref.

CHECK ITEM A7.1

Refer to item 9a above.

Is the "Yes" box marked for "4 months ago"?

8508 1 Yes
2 No - SKIP to 10a

9c. When did . . . begin to receive Social Security/Railroad Retirement?

8510 Month x1 DK
8512 Year x1 DK

10a. Were all children living here covered by these payments? VERIFY IF ONLY ONE CHILD OR ASK -

3486 1 Yes - SKIP to next ISS Code or Check Item P1, page 51
2 No

b. Which children were covered?

	Person No.	Name
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 51

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

3500 1 Yes - SKIP to 12a
2 No

b. Which persons were covered?

	Person No.	Name
3502	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>

Section 3 - AMOUNTS (Continued)

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

<p>12a. Did . . . receive food stamps in (Read each month)? NOTE - Food stamp benefits may be adjusted for inflation in July and October. (Last month)</p>	<p>12b. If "Yes" in item 12a, ask - What was the total amount?</p>
<p>3522 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3524 \$ <input style="width: 100px;" type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3528 \$ <input style="width: 100px;" type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3532 \$ <input style="width: 100px;" type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3536 \$ <input style="width: 100px;" type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p>CHECK ITEM A7.2 Refer to item 12a above. Is the "Yes" box marked for "4 months ago"?</p>	<p>8514 <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 51</p>
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

<p>12c. When did . . . begin to receive food stamps?</p>	<p>8516 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month x1 <input type="checkbox"/> DK 8518 1 9 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
-----------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SKIP to next ISS Code or Check Item P1, page 51

<p>13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.</p>	<p>3538 <input type="checkbox"/> Last month 3540 <input type="checkbox"/> 2 months ago 3542 <input type="checkbox"/> 3 months ago 3544 <input type="checkbox"/> 4 months ago</p>
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>CHECK ITEM A7.3 Refer to item 13a above. Is the "4 months ago" box marked?</p>	<p>8520 <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 13c</p>
----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

<p>13b. When did . . . begin to receive WIC?</p>	<p>8522 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month x1 <input type="checkbox"/> DK 8524 1 9 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
---------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>c. Which persons were covered?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr> <td>3546 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td>3548 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td>3550 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td>3552 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td>3554 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></td> <td>_____</td> </tr> </tbody> </table>	Person No.	Name	3546 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	3548 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	3550 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	3552 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____	3554 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____
Person No.	Name												
3546 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____												
3548 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____												
3550 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____												
3552 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____												
3554 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	_____												

SKIP to next ISS Code or Check Item P1, page 51

NOTES

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p>Income code Name of income type</p> <p>3600 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3602 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 37 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 36 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to 5a</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	<p>3604 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3606 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5a</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5a</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3614 1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month)</p>	<p>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>3618 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>3622 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>3626 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>3630 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A4.1 <i>Refer to item 5a above.</i> Is the "Yes" box marked for "4" months ago?"</p>	<p>8600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A5</p>
<p>CHECK ITEM A4.2 <i>Refer to item 1 above.</i> Are income types 1-10, 20-35, 40, or 41 marked in item 1?</p>	<p>8602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A5</p>

Section 3 - AMOUNTS (Continued)

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

5c. When did . . . begin to receive (Read name of income type)?

8604 Month x1 DK

8606 1 9 Year x1 DK

CHECK ITEM A5 Mark (X) income type code.

3632 ISS Code 1 or 2 - SKIP to 8a
 ISS Code 8 or 20 through 24
 All other income codes - SKIP to next ISS Code or Check Item P1, page 51

6a. Were all the people living here covered by . . . 's payments?

3634 Yes - SKIP to Check Item A6
 No

b. Which persons were covered?

Person No.	Name
3636	<input type="text"/>
3638	<input type="text"/>
3640	<input type="text"/>
3642	<input type="text"/>
3644	<input type="text"/>
3646	<input type="text"/>
3648	<input type="text"/>
3650	<input type="text"/>
3652	<input type="text"/>
3654	<input type="text"/>

CHECK ITEM A6 Is this ISS Code "8"?

3656 Yes
 No - SKIP to next ISS Code or Check Item P1, page 51

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

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

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

3660 Yes
 No
x1 DK } SKIP to next ISS Code or Check Item P1, page 51

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3664 Blue
 Buff
 Direct deposit
 Other
x1 DK

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

3666 First
 Third
 Other
x1 DK

CHECK ITEM A7 Refer to item 2, page 34.

Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

3668 Yes
 No - SKIP to next ISS Code or Check Item P1, page 51

NOTES

Section 3 - AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) **3670** 1 Yes
2 No
x1 DK

(2 months ago) **3674** 1 Yes
2 No
x1 DK

(3 months ago) **3678** 1 Yes
2 No
x1 DK

(4 months ago) **3682** 1 Yes
2 No
x1 DK

9b. If "Yes" in item 9a - How much was received?

3672 \$. **00**
x1 DK
x2 Ref.

3676 \$. **00**
x1 DK
x2 Ref.

3680 \$. **00**
x1 DK
x2 Ref.

3684 \$. **00**
x1 DK
x2 Ref.

CHECK ITEM A7.1 Refer to item 9a above.
Is the "Yes" box marked for "4 months ago"?

8608 1 Yes
2 No - SKIP to 10a

9c. When did . . . begin to receive Social Security/Railroad Retirement?

8610 Month x1 DK
8612 Year x1 DK

VERIFY IF ONLY ONE CHILD OR ASK -
10a. Were all children living here covered by these payments?

3686 1 Yes - SKIP to next ISS Code or Check Item P1, page 51
2 No

b. Which children were covered?

	Person No.	Name
3688	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3690	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3692	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3694	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3696	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3698	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

SKIP to next ISS Code or Check Item P1, page 51

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

3700 1 Yes - SKIP to 12a
2 No

b. Which persons were covered?

	Person No.	Name
3702	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3704	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3706	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3708	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3710	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3712	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3714	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
3716	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

Section 3 - AMOUNTS (Continued)

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

<p>12a. Did . . . receive food stamps in (Read each month)? NOTE - Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>3722</p> <p>3726</p> <p>3730</p> <p>3734</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3724</p> <p>3728</p> <p>3732</p> <p>3736</p>	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p>	<p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>CHECK ITEM A7.2 Refer to item 12a above. Is the "Yes" box marked for "4 months ago"?</p>	<p>8614</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 51</p>
--------------------------------------------------------------------------------------------------------	--------------------	---------------------------------------------------------------------------------------------------------------------------

<p>12c. When did . . . begin to receive food stamps?</p>	<p>8616</p> <p>8618</p>	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month</p> <p>1 9 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year</p>	<p>x1 <input type="checkbox"/> DK</p> <p>x1 <input type="checkbox"/> DK</p>
-----------------------------------------------------------------	---------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

SKIP to next ISS Code or Check Item P1, page 51

<p>13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.</p>	<p>3738</p> <p>3740</p> <p>3742</p> <p>3744</p>	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>
----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>CHECK ITEM A7.3 Refer to item 13a above. Is the "4 months ago" box marked?</p>	<p>8620</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 13c</p>
----------------------------------------------------------------------------------------------	--------------------	---------------------------------------------------------------------------------------

<p>13b. When did . . . begin to receive WIC?</p>	<p>8622</p> <p>8624</p>	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month</p> <p>1 9 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year</p>	<p>x1 <input type="checkbox"/> DK</p> <p>x1 <input type="checkbox"/> DK</p>
---------------------------------------------------------	---------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

<p>c. Which persons were covered?</p>	<p>3746</p> <p>3748</p> <p>3750</p> <p>3752</p> <p>3754</p>	<p>Person No. Name</p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____</p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____</p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____</p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____</p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____</p>
----------------------------------------------	------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SKIP to next ISS Code or Check Item P1, page 51

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p>Income code Name of income type</p> <p>3800 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	<p>3802 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 41 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 40 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to 5a</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?</p>	<p>3804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 Refer to cc item 26a. Is . . . married?</p>	<p>3810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3814 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month)</p>	<p>3816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3818 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3822 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3826 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3830 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A4.1 Refer to item 5a above. Is the "Yes" box marked for "4" months ago?</p>	<p>8700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A5</p>
<p>CHECK ITEM A4.2 Refer to item 1 above. Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p>8702 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A5</p>

Section 3 - AMOUNTS (Continued)

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

5c. When did . . . begin to receive (Read name of income type?)

8704 Month x1 DK

8706 1 9 Year x1 DK

CHECK ITEM A5 Mark (X) income type code.

3832 ISS Code 1 or 2 - SKIP to 8a
 ISS Code 8 or 20 through 24
 All other income codes - SKIP to next ISS Code or Check Item P1, page 51

6a. Were all the people living here covered by . . . 's payments?

3834 Yes - SKIP to Check Item A6
 No

b. Which persons were covered?

	Person No.	Name
3836	<input type="text"/> <input type="text"/> <input type="text"/>	
3838	<input type="text"/> <input type="text"/> <input type="text"/>	
3840	<input type="text"/> <input type="text"/> <input type="text"/>	
3842	<input type="text"/> <input type="text"/> <input type="text"/>	
3844	<input type="text"/> <input type="text"/> <input type="text"/>	
3846	<input type="text"/> <input type="text"/> <input type="text"/>	
3848	<input type="text"/> <input type="text"/> <input type="text"/>	
3850	<input type="text"/> <input type="text"/> <input type="text"/>	
3852	<input type="text"/> <input type="text"/> <input type="text"/>	
3854	<input type="text"/> <input type="text"/> <input type="text"/>	

CHECK ITEM A6 Is this ISS Code "8"?

3856 Yes
 No - SKIP to next ISS Code or Check Item P1, page 51

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

3858 Service-connected disability compensation
 Survivor benefits
 Veterans' pension
 Other Veterans' payments

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

3860 Yes } SKIP to next ISS Code or
 No } Check Item P1, page 51
x1 DK

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3864 Blue
 Buff
 Direct deposit
 Other
x1 DK

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

3866 First
 Third
 Other
x1 DK

CHECK ITEM A7 Refer to item 2, page 38.

Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

3868 Yes
 No - SKIP to next ISS Code or Check Item P1, page 51

NOTES

Section 3 - AMOUNTS (Continued)

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

<p>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</p> <p>NOTE - Social Security payments may be adjusted for inflation each January.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>9b. If "Yes" in item 9a - How much was received?</p> <p>3870 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3872 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3874 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3876 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3878 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3880 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3882 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3884 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>																		
<p>CHECK ITEM A7.1 Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?</p> <p>8708 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10a</p>																			
<p>9c. When did . . . begin to receive Social Security/Railroad Retirement?</p> <p>8710 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8712 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>																			
<p>VERIFY IF ONLY ONE CHILD OR ASK -</p> <p>10a. Were all children living here covered by these payments?</p> <p>3886 1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>																			
<p>b. Which children were covered?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>3888</td><td><input type="text"/></td></tr> <tr><td>3890</td><td><input type="text"/></td></tr> <tr><td>3892</td><td><input type="text"/></td></tr> <tr><td>3894</td><td><input type="text"/></td></tr> <tr><td>3896</td><td><input type="text"/></td></tr> <tr><td>3898</td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3888	<input type="text"/>	3890	<input type="text"/>	3892	<input type="text"/>	3894	<input type="text"/>	3896	<input type="text"/>	3898	<input type="text"/>				
Person No.	Name																		
3888	<input type="text"/>																		
3890	<input type="text"/>																		
3892	<input type="text"/>																		
3894	<input type="text"/>																		
3896	<input type="text"/>																		
3898	<input type="text"/>																		
<p>SKIP to next ISS Code or Check Item P1, page 51</p>																			
<p>11a. Were all the people living here covered under . . . 's food stamp allotment?</p> <p>3900 1 <input type="checkbox"/> Yes - SKIP to 12a 2 <input type="checkbox"/> No</p>																			
<p>b. Which persons were covered?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>3902</td><td><input type="text"/></td></tr> <tr><td>3904</td><td><input type="text"/></td></tr> <tr><td>3906</td><td><input type="text"/></td></tr> <tr><td>3908</td><td><input type="text"/></td></tr> <tr><td>3910</td><td><input type="text"/></td></tr> <tr><td>3912</td><td><input type="text"/></td></tr> <tr><td>3914</td><td><input type="text"/></td></tr> <tr><td>3916</td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3902	<input type="text"/>	3904	<input type="text"/>	3906	<input type="text"/>	3908	<input type="text"/>	3910	<input type="text"/>	3912	<input type="text"/>	3914	<input type="text"/>	3916	<input type="text"/>
Person No.	Name																		
3902	<input type="text"/>																		
3904	<input type="text"/>																		
3906	<input type="text"/>																		
3908	<input type="text"/>																		
3910	<input type="text"/>																		
3912	<input type="text"/>																		
3914	<input type="text"/>																		
3916	<input type="text"/>																		

Section 3 - AMOUNTS (Continued)

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

<p>12a. Did . . . receive food stamps in <i>(Read each month)?</i></p> <p>NOTE - Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>3922</p> <p>3926</p> <p>3930</p> <p>3934</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>12b. If "Yes" in item 12a, ask - What was the total amount?</p> <p>3924 \$ <input style="width: 100px;" type="text"/> . 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3928 \$ <input style="width: 100px;" type="text"/> . 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3932 \$ <input style="width: 100px;" type="text"/> . 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3936 \$ <input style="width: 100px;" type="text"/> . 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>CHECK ITEM A7.2 Refer to item 12a above.</p> <p>Is the "Yes" box marked for "4 months ago"?</p>	<p>8714</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 51</p>
-----------------------------------------------------------------------------------------------------------	-------------	---------------------------------------------------------------------------------------------------------------------------

<p>12c. When did . . . begin to receive food stamps?</p>	<p>8716</p> <p>8718</p>	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month</p> <p>1 9 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year</p>	<p>x1 <input type="checkbox"/> DK</p> <p>x1 <input type="checkbox"/> DK</p>
-----------------------------------------------------------------	-------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

SKIP to next ISS Code or Check Item P1, page 51

<p>13a. Did . . . receive any WIC benefits in <i>(Read each month)?</i></p> <p>Mark (X) all that apply.</p>	<p>3938</p> <p>3940</p> <p>3942</p> <p>3944</p>	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>CHECK ITEM A7.3 Refer to item 13a above.</p> <p>Is the "4 months ago" box marked?</p>	<p>8720</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 13c</p>
-------------------------------------------------------------------------------------------------	-------------	---------------------------------------------------------------------------------------

<p>13b. When did . . . begin to receive WIC?</p>	<p>8722</p> <p>8724</p>	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month</p> <p>1 9 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year</p>	<p>x1 <input type="checkbox"/> DK</p> <p>x1 <input type="checkbox"/> DK</p>
---------------------------------------------------------	-------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

<p>c. Which persons were covered?</p>	<p>3946</p> <p>3948</p> <p>3950</p> <p>3952</p> <p>3954</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Person No.</th> <th style="width: 80%;">Name</th> </tr> </thead> <tbody> <tr><td><input style="width: 20px;" type="text"/></td><td><input style="width: 80px;" type="text"/></td></tr> </tbody> </table>	Person No.	Name	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>
Person No.	Name													
<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>													
<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>													
<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>													
<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>													
<input style="width: 20px;" type="text"/>	<input style="width: 80px;" type="text"/>													

SKIP to next ISS Code or Check Item P1, page 51

NOTES

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p>Income code Name of income type</p> <p>4000 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>4002 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - <i>SKIP to 13a, page 45</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - <i>SKIP to 11a, page 44</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes - <i>SKIP to 5a</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	<p>4004 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>4006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>4008 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>4010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>4012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>4014 1 <input type="checkbox"/> Yes - <i>SKIP to next ISS Code or Check Item P1, page 51</i> 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions. <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month)</p>	<p>4016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4018 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>4020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4022 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>4024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4026 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>4028 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4030 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A4.1 <i>Refer to item 5a above.</i> Is the "Yes" box marked for "4" months ago?</p>	<p>8800 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A5</i></p>
<p>CHECK ITEM A4.2 <i>Refer to item 1 above.</i> Are income types 1-10, 20-35, 40, or 41 marked in item 1?</p>	<p>8802 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A5</i></p>

Section 3 - AMOUNTS (Continued)

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

5c. When did . . . begin to receive (Read name of income type)?

8804 Month x1 DK

8806 1 9 Year x1 DK

CHECK ITEM A5 Mark (X) income type code.

4032 ISS Code 1 or 2 - SKIP to 8a
 ISS Code 8 or 20 through 24
 All other income codes - SKIP to next ISS Code or Check Item P1, page 51

6a. Were all the people living here covered by . . .'s payments?

4034 Yes - SKIP to Check Item A6
 No

b. Which persons were covered?

	Person No.	Name
4036	<input type="text"/>	<input type="text"/>
4038	<input type="text"/>	<input type="text"/>
4040	<input type="text"/>	<input type="text"/>
4042	<input type="text"/>	<input type="text"/>
4044	<input type="text"/>	<input type="text"/>
4046	<input type="text"/>	<input type="text"/>
4048	<input type="text"/>	<input type="text"/>
4050	<input type="text"/>	<input type="text"/>
4052	<input type="text"/>	<input type="text"/>
4054	<input type="text"/>	<input type="text"/>

CHECK ITEM A6 Is this ISS Code "8"?

4056 Yes
 No - SKIP to next ISS Code or Check Item P1, page 51

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

4058 Service-connected disability compensation
 Survivor benefits
 Veterans' pension
 Other Veterans' payments

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

4060 Yes
 No
x1 DK } SKIP to next ISS Code or Check Item P1, page 51

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

4064 Blue
 Buff
 Direct deposit
 Other
x1 DK

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

4066 First
 Third
 Other
x1 DK

CHECK ITEM A7 Refer to item 2, page 42.

Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?

4068 Yes
 No - SKIP to next ISS Code or Check Item P1, page 51

NOTES

Section 3 - AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month)

4070 1 Yes
2 No
x1 DK

9b. If "Yes" in item 9a - How much was received?

4072 \$. 00
x1 DK
x2 Ref.

(2 months ago)

4074 1 Yes
2 No
x1 DK

4076 \$. 00
x1 DK
x2 Ref.

(3 months ago)

4078 1 Yes
2 No
x1 DK

4080 \$. 00
x1 DK
x2 Ref.

(4 months ago)

4082 1 Yes
2 No
x1 DK

4084 \$. 00
x1 DK
x2 Ref.

CHECK ITEM A7.1

Refer to item 9a above.

Is the "Yes" box marked for "4 months ago"?

8808 1 Yes
2 No - SKIP to 10a

9c. When did ... begin to receive Social Security/Railroad Retirement?

8810 Month x1 DK

8812 1 9 Year x1 DK

VERIFY IF ONLY ONE CHILD OR ASK -

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

4086 1 Yes - SKIP to next ISS Code or Check Item P1, page 51
2 No

b. Which children were covered?

	Person No.	Name
4088	<input type="text"/>	<input type="text"/>
4090	<input type="text"/>	<input type="text"/>
4092	<input type="text"/>	<input type="text"/>
4094	<input type="text"/>	<input type="text"/>
4096	<input type="text"/>	<input type="text"/>
4098	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 51

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

4100 1 Yes - SKIP to 12a
2 No

b. Which persons were covered?

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

Section 3 - AMOUNTS (Continued)

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

<p>12a. Did . . . receive food stamps in <i>(Read each month)?</i></p> <p>NOTE - Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>4122</p> <p>4126</p> <p>4130</p> <p>4134</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>12b. If "Yes" in item 12a, ask - What was the total amount?</p> <p>4124</p> <p>4128</p> <p>4132</p> <p>4136</p>	<p>\$ <input style="width: 80px;" type="text"/> . 00</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>CHECK ITEM A7.2 Refer to item 12a above. Is the "Yes" box marked for "4 months ago"?</p>	<p>8814</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 51</p>
--------------------------------------------------------------------------------------------------------	-------------	---------------------------------------------------------------------------------------------------------------------------

<p>12c. When did . . . begin to receive food stamps?</p>	<p>8816</p> <p>8818</p>	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month x1 <input type="checkbox"/> DK</p> <p><input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/> 9 <input style="width: 20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
-----------------------------------------------------------------	-------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SKIP to next ISS Code or Check Item P1, page 51

<p>13a. Did . . . receive any WIC benefits in <i>(Read each month)?</i></p> <p>Mark (X) all that apply.</p>	<p>4138</p> <p>4140</p> <p>4142</p> <p>4144</p>	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>CHECK ITEM A7.3 Refer to item 13a above. Is the "4 months ago" box marked?</p>	<p>8820</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 13c</p>
----------------------------------------------------------------------------------------------	-------------	---------------------------------------------------------------------------------------

<p>13b. When did . . . begin to receive WIC?</p>	<p>8822</p> <p>8824</p>	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month x1 <input type="checkbox"/> DK</p> <p><input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/> 9 <input style="width: 20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
---------------------------------------------------------	-------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C. Which persons were covered?</p>	<p>4146</p> <p>4148</p> <p>4150</p> <p>4152</p> <p>4154</p>	<table border="0" style="width:100%;"> <tr> <td style="width:15%; text-align: center;">Person No.</td> <td style="width:15%; text-align: center;">Name</td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> </table>	Person No.	Name	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>
Person No.	Name													
<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>													
<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>													
<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>													
<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>													
<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>													

SKIP to next ISS Code or Check Item P1, page 51

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A8	Asset types owned. Mark (X) all that apply.	<input type="checkbox"/> 4300	<input type="checkbox"/> 1 ISS Code 100 – Regular/Passbook savings accounts
		<input type="checkbox"/> 4302	<input type="checkbox"/> 2 ISS Code 101 – Money market deposit accounts
		<input type="checkbox"/> 4304	<input type="checkbox"/> 3 ISS Code 102 – Certificates of deposit or other savings certificates
		<input type="checkbox"/> 4306	<input type="checkbox"/> 4 ISS Code 103 – Interest-earning checking accounts (such as NOW or Super-NOW accounts)

1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.

CHECK ITEM A9	Interview status of . . . 's spouse.	<input type="checkbox"/> 4308	<input type="checkbox"/> 1 No spouse in household – SKIP to 3b
			<input type="checkbox"/> 2 Interview for spouse not yet conducted
			<input type="checkbox"/> 3 Interview for spouse already conducted – SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

<input type="checkbox"/> 4310	<input type="checkbox"/> 1 Yes
	<input type="checkbox"/> 2 No – SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

<input type="checkbox"/> 4312	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a
	x3 <input type="checkbox"/> None – SKIP to 3a
	x1 <input type="checkbox"/> DK
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★

<input type="checkbox"/> 4314	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a
	x1 <input type="checkbox"/> DK
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51

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

<input type="checkbox"/> 4316	<input type="checkbox"/> 1 Yes – Mark Reminder Card and Callback Summary, Item 5
	<input type="checkbox"/> 2 No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?

<input type="checkbox"/> 4318	<input type="checkbox"/> 1 Yes
	<input type="checkbox"/> 2 No – SKIP to next ISS Code or Check Item P1, page 51

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

<input type="checkbox"/> 4320	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 51
	x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 51
	x1 <input type="checkbox"/> DK
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51

c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★

<input type="checkbox"/> 4322	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 51
	x1 <input type="checkbox"/> DK
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51

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

<input type="checkbox"/> 4324	<input type="checkbox"/> 1 Yes – Mark Reminder Card and Callback Summary, Item 6	} SKIP to next ISS Code or Check Item P1, page 51
	<input type="checkbox"/> 2 No	

NOTES

AMOUNTS – PARTS B & C

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A10	Asset types owned. Mark (X) all that apply.	<input type="checkbox"/> 4400 <input type="checkbox"/> 4402 <input type="checkbox"/> 4404 <input type="checkbox"/> 4406	<input type="checkbox"/> 1 ISS Code 104 - Money market funds <input type="checkbox"/> 2 ISS Code 105 - U.S. Government securities <input type="checkbox"/> 3 ISS Code 106 - Municipal or corporate bonds <input type="checkbox"/> 4 ISS Code 107 - Other interest-earning assets - Specify <u> </u>
1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.			
CHECK ITEM A11	Interview status of . . .'s spouse.	<input type="checkbox"/> 4408	<input type="checkbox"/> 1 No spouse in household - SKIP to 3b <input type="checkbox"/> 2 Interview for spouse not yet conducted <input type="checkbox"/> 3 Interview for spouse already conducted - SKIP to 3a
	2a. Did . . . own any of these jointly with . . .'s (husband/wife)?	<input type="checkbox"/> 4410	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - SKIP to 3b
	b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . .'s account(s))?	<input type="checkbox"/> 4412	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 - SKIP to 3a <input type="checkbox"/> x3 None - SKIP to 3a <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. - SKIP to next ISS Code or Check Item P1, page 51
	c. What is your best estimate of the average amount that . . . and . . .'s (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	<input type="checkbox"/> 4414	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 - SKIP to 3a <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. - SKIP to next ISS Code or Check Item P1, page 51
	d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	<input type="checkbox"/> 4416	<input type="checkbox"/> 1 Yes - Mark Reminder Card and Callback Summary, Item 7 <input type="checkbox"/> 2 No
	3a. Besides any (Read asset types) owned jointly with . . .'s (husband/wife), did . . . own any other (Read asset types)?	<input type="checkbox"/> 4418	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - SKIP to next ISS Code or Check Item P1, page 51
	b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . .'s account(s))?	<input type="checkbox"/> 4420	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 - SKIP to next ISS Code or Check Item P1, page 51 <input type="checkbox"/> x3 None - SKIP to next ISS Code or Check Item P1, page 51 <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. - SKIP to next ISS Code or Check Item P1, page 51
	c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	<input type="checkbox"/> 4422	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 - SKIP to next ISS Code or Check Item P1, page 51 <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. - SKIP to next ISS Code or Check Item P1, page 51
	d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	<input type="checkbox"/> 4424	<input type="checkbox"/> 1 Yes - Mark Reminder Card and Callback Summary, Item 8 } SKIP to next ISS Code or Check Item P1, page 51 <input type="checkbox"/> 2 No

NOTES

Section 3 - AMOUNTS (Continued)

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

<p>1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)</p>	4500	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i></p>
<p>CHECK ITEM A12 Interview status of . . .'s spouse.</p>	4502	<p>1 <input type="checkbox"/> No spouse in household - <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 2a</i></p>
<p>1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)? ★</p>	4504	<p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 - <i>SKIP to 2a</i> x3 <input type="checkbox"/> None - <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
<p>c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	4506	<p>1 <input type="checkbox"/> Yes - <i>Mark Reminder Card and Callback Summary, Item 9</i> 2 <input type="checkbox"/> No</p>
<p>2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)? ★</p>	4508	<p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 - <i>SKIP to 3a</i> x3 <input type="checkbox"/> None - <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
<p>b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	4510	<p>1 <input type="checkbox"/> Yes - <i>Mark Reminder Card and Callback Summary, Item 10</i> 2 <input type="checkbox"/> No</p>
<p>3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?</p>	4512	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
<p>CHECK ITEM A13 Interview status of . . .'s spouse.</p>	4514	<p>1 <input type="checkbox"/> No spouse in household - <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 3c</i></p>
<p>3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?</p>	4516	<p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
<p>c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?</p>	4518	<p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 } <i>SKIP to next ISS Code or Check Item P1, page 51</i> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

NOTES

Section 3 - AMOUNTS (Continued)

Part E - RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
<p>CHECK ITEM A14 Interview status of . . . 's spouse.</p>	<p>4600 1 <input type="checkbox"/> No spouse in household - <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 3a</i></p>
<p>2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months? <i>Include only property owned entirely by couple.</i></p>	<p>4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i></p>
<p>b. About how much was received in gross rent from this property during the 4-month period?</p>	<p>4604 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
<p>c. What is your best estimate of the amount that was cleared after expenses?</p>	<p>4606 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 51</i> 4608 x4 <input type="checkbox"/> Lost money - <i>Enter amount of loss in box</i></p>
<p>3a. Did . . . receive rental income from property owned entirely in . . . 's own name during the last 4 months?</p>	<p>4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i></p>
<p>b. About how much was received in gross rent from this property during the 4-month period?</p>	<p>4612 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
<p>c. What is your best estimate of the amount that was cleared after expenses?</p>	<p>4614 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 51</i> 4616 x4 <input type="checkbox"/> Lost money - <i>Enter amount of loss in box</i></p>
<p>4a. Did . . . receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . . 's spouse.)</p>	<p>4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
<p>b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?</p>	<p>4620 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 4622 x4 <input type="checkbox"/> Lost money - <i>Enter amount of loss in box</i></p>
<p>NOTES</p>	

SKIP to next ISS Code or Check Item P1, page 51

Section 4 - PROGRAM QUESTIONS

CHECK ITEM P1	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T1, page 52
CHECK ITEM P2	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2a
	1a. What is your monthly rent? Include only the amount the respondent pays for rent. Exclude any subsidized amounts.	4804	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 2a
	b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? Exclude telephone.	4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
	2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?	4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to Check Item P3
	b. Was this assistance received in the form of checks, coupons, or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord? Mark (X) all that apply.	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
	c. What was the total amount of the energy assistance received by this household during the past 4 months?	4824	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 X1 <input type="checkbox"/> DK
CHECK ITEM P3	Are there any children 5 to 18 years old who live in this household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T1, page 52
	3a. Do any of the children in this household usually eat a complete hot lunch offered at school?	4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T1, page 52
	b. How many children?	4830	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	c. How many complete school lunches do all of the children eat per week?	4832	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of lunches X1 <input type="checkbox"/> DK
	d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?	4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f
	e. In the past 4 months, were the lunches free, reduced price, or were they full price? Mark (X) only one.	4836	1 <input type="checkbox"/> Free lunch - SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
	f. What was the average price paid by all of the children for a complete school lunch?	4838	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> X1 <input type="checkbox"/> DK
	g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?	4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T1, page 52
	h. How many children?	4842	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	i. How many complete school breakfasts do all of the children eat per week?	4844	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of breakfasts X1 <input type="checkbox"/> DK
	j. In the past 4 months, were the breakfasts free, reduced price, or were they full price? Mark (X) only one.	4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast