

| | | | | | | | | | | |
|---------------------------------------|---|--------------------------|--------------------------|---|---|--|---|--|--|---|
| 1. Regional Office code 001 | 2. Control number PSU code 002 Segment number 003 Segment number suffix 004 Sample designation D Serial number 006 Serial number suffix 007 Check digit 0075 | 3a. HH No. 008 | 3b. CU No. 009 | 4. Segment type 010 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Permit 3 <input type="checkbox"/> Area 4 <input type="checkbox"/> Group Quarters | 5a. Status of unit 011 1 <input type="checkbox"/> Serial no. assigned by Wash. 2 <input type="checkbox"/> Serial No. assigned by R.O. | 5b. Letter sent 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 7a. Extra unit Original unit serial number 013 Original unit serial suffix 014 | 6. Earliest placement date 012 Month _____ Date _____ | 7b. Sheet _____ Line No. _____ | 7c. Extra unit No. 015 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> |
|---------------------------------------|---|--------------------------|--------------------------|---|---|--|---|--|--|---|

FORM **CE-802**
(1-1-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF LABOR
BUREAU OF LABOR STATISTICS

HOUSEHOLD CHARACTERISTICS QUESTIONNAIRE

CONSUMER EXPENDITURE SURVEYS

DIARY SURVEY

NOTICE - Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

| | | | |
|--|---|---|---|
| 9. ADDRESS (Sheet _____ Line _____) 9a. What is your (the) exact address? House No., Street, Apt. No., or other identification Place _____ State _____ ZIP Code _____ 9b. Is this also your (the) mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No - Specify below <input checked="" type="checkbox"/> Route No., PO Box, or other identification Place _____ State _____ ZIP Code _____ 9c. Group Quarters name _____ 9d. Type code 017 9e. Sample number _____ | 10. YEAR BUILT <input type="checkbox"/> Ask first visit <input type="checkbox"/> DO NOT ask When was this structure originally built? <input type="checkbox"/> Before 4-1-90 Continue interview <input type="checkbox"/> After 4-1-90 Complete item 11c when required; end interview | 11. COVERAGE QUESTIONS <input type="checkbox"/> Ask items that are marked <input type="checkbox"/> DO NOT ask a. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own in this building? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> b. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own on this floor? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> c. <input type="checkbox"/> Is there any other building on this property for people to live in - either occupied or vacant? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | 12. LAND USE - Follow instructions for box that is marked 018 1 <input type="checkbox"/> Urban - Go to item 13 2 <input type="checkbox"/> Rural - Regular units and Group Quarters units coded 92-N or 93-N item 9d - Go to item 12b - Group Quarters units not coded 92-N or 93-N in item 9d - Mark "No" in item 12b without asking, then go to item 13. 019 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
|--|---|---|---|

| | | | |
|--|--|--|--|
| 13. CLASSIFICATION OF LIVING QUARTERS - Mark by observation 13a. FIELD REPRESENTATIVE CHECK ITEM 020 Unit is - 1 <input type="checkbox"/> In a Group Quarters - Refer to the CE-350.1 and mark the appropriate box in either item 13c or item 13d. 2 <input type="checkbox"/> NOT in a Group Quarters | 13b. ACCESS 021 1 <input type="checkbox"/> Direct - Go to item 13c 2 <input type="checkbox"/> Through another unit - Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if appropriate.) | 13c. HOUSING unit 023 1 <input type="checkbox"/> House, apartment, flat 2 <input type="checkbox"/> HU, in nontransient hotel, motel, etc. 3 <input type="checkbox"/> HU, permanent in transient hotel, motel, etc. 4 <input type="checkbox"/> HU, in rooming house 5 <input type="checkbox"/> Mobile home or trailer with NO permanent room added 6 <input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added 7 <input type="checkbox"/> HU not specified above - Describe in "NOTES." | 13d. Group Quarters unit 8 <input type="checkbox"/> Quarters not HU in rooming or boarding house 9 <input type="checkbox"/> Student quarters in college dormitory 10 <input type="checkbox"/> Group Quarters unit not specified above - Describe in "NOTES." |
|--|--|--|--|

| | |
|---|--|
| 14. UNITS IN STRUCTURE Ask if not apparent. How many housing units, both occupied and vacant, are there in this structure? 024 1 <input type="checkbox"/> Only Group Quarters units 2 <input type="checkbox"/> Mobile home or trailer 3 <input type="checkbox"/> One, detached 4 <input type="checkbox"/> One, attached 5 <input type="checkbox"/> 2 6 <input type="checkbox"/> 3 - 4 7 <input type="checkbox"/> 5 - 9 8 <input type="checkbox"/> 10 - 19 9 <input type="checkbox"/> 20 - 49 10 <input type="checkbox"/> 50 or more Go to section 1, page 2 | PROCESSING USE ONLY 025 9 8 |
|---|--|

| | | | | |
|---|--|-------------------------------|-------------------------------|--|
| 15. WEEK 1 PLACEMENT PERIOD Earliest date _____ Latest date _____ | 16. RECORD OF TELEPHONE CONTACT AND REASON FOR CONTACT Enter code for reason of telephone contact from list. <input type="checkbox"/> 1 Telephone call to collect data <input type="checkbox"/> 2 Telephone call to schedule appointment <input type="checkbox"/> 3 Other telephone call | | | |
| Call (a) | Reason (Enter code) (b) | Field Representative Name (c) | Field Representative code (d) | SUPERVISOR'S USE R - Reint. O - Obs. (e) |
| 1 | 001 | | 002 | |
| 2 | 003 | | 004 | |
| 3 | 005 | | 006 | |
| 4 | 007 | | 008 | |
| 5 | 009 | | 010 | |
| 6 | 011 | | 012 | |
| 7 | 013 | | 014 | |
| 8 | 015 | | 016 | |
| 9 | 017 | | 018 | |
| 10 | 019 | | 020 | |
| 11 | 021 | | 022 | |
| 12 | 023 | | 024 | |
| 17. RECORD OF TRAVEL TIME (See page 20) | | | | |
| 18. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME (See page 20) | | | | |

| | |
|--|--|
| 19. DIARY START DATES WEEK 1 From _____ Month _____ Date _____ Year _____ Through _____ Month _____ Date _____ Year _____ WEEK 2 From _____ Month _____ Date _____ Year _____ Through _____ Month _____ Date _____ Year _____ | 20. FINAL INTERVIEW STATUS - Enter the appropriate code (01-19) for both placement and pickup for each week. Code 01 - Diary placed or completed NONINTERVIEW CODES Type A 02 - No one home (unable to contact) 03 - Temporarily absent during ENTIRE reference week 04 - Refused 05 - Other - Specify _____ Type B 06 - Vacant (for rent) 07 - Vacant (for sale) 08 - Vacant (other) 09 - Occupied by persons with URE 10 - Under construction, not ready 11 - Other - Specify _____ Type C 12 - Demolished 13 - House or mobile home moved 14 - Converted to permanent nonresidential use 15 - Merged 16 - Condemned 17 - Located on military base (post) 18 - CU moved 19 - Other - Specify _____ |
|--|--|

| | |
|---|---|
| WEEK 1 DIARY PLACEMENT 009 _____ Code If code is 01-05, enter month and date. If code is 02-05, mark race and enter number of household members and tenure code from item 21. 010 _____ Month/date of placement 011 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Eskimo, or Aleut 4 <input type="checkbox"/> Asian or Pacific Islander 012 _____ HH members 013 _____ Tenure DIARY PICKUP 014 _____ Code If code is 01-05, enter month and date. 015 _____ Month/date Mark (X) appropriate box 016 1 <input type="checkbox"/> Completed by respondent 2 <input type="checkbox"/> Partial recall 3 <input type="checkbox"/> Total recall | WEEK 2 DIARY PLACEMENT 017 _____ Code If code is 01-05, enter month and date. If code is 02-05, mark race and enter number of household members and tenure code from item 21. 018 _____ Month/date of placement 019 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Eskimo, or Aleut 4 <input type="checkbox"/> Asian or Pacific Islander 020 _____ HH members 021 _____ Tenure DIARY PICKUP 022 _____ Code If code is 01-05, enter month and date. 023 _____ Month/date Mark (X) appropriate box 024 1 <input type="checkbox"/> Completed by respondent 2 <input type="checkbox"/> Partial recall 3 <input type="checkbox"/> Total recall |
|---|---|

| | |
|---|--|
| 21. TENURE CODES 1 - Owned 2 - Rented | 22. Items on cover page to be filled for noninterviews TYPE A Item 5a Item 10 (If applicable) Item 11 (If applicable) Item 12 Item 13 Item 14 Items 16b-d Items 17-18 Item 20 Code Race HH members Tenure TYPE B Item 5a Item 10 (If applicable) Item 11 (If applicable) Items 13-14 Items 16b-d Items 17-18 Item 20, code TYPE C Item 5a Item 10 (If applicable) Item 11 (If applicable) Items 16b-d Items 17-18 Item 20, code |
|---|--|

Section 1 – HOUSEHOLD CHARACTERISTICS – Continued

| 8e. FINANCIAL RESPONSIBILITY | 311 01 | 311 02 | 311 03 | 311 04 | 311 05 |
|--|--|---|---|---|---|
| Ask first for reference person and all others related to reference person by blood, marriage, adoption or other legal arrangement. Then ask for each other person or group of related persons. | Line No.(s) 312 [] [] [] [] 314 [] [] [] [] | Line No.(s) 312 [] [] [] [] 314 [] [] [] [] | Line No.(s) 312 [] [] [] [] 314 [] [] [] [] | Line No.(s) 312 [] [] [] [] 314 [] [] [] [] | Line No.(s) 312 [] [] [] [] 314 [] [] [] [] |
| (1) Do(es) . . . pay for all . . . housing expenses with . . . own money? | 317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (2) Do(es) . . . pay for all . . . food expenses with . . . own money? | 318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (3) Do(es) . . . pay for all . . . other living expenses such as clothing, transportation, etc., with . . . own money? | 319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| FIELD REPRESENTATIVE CHECK ITEM Are two or more "YES" boxes marked in items 8e, 1–3? | 320 1 <input type="checkbox"/> Yes – Assign CU No. 1 in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4) | 320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4) | 320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4) | 320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4) | 320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4) |
| 8e. (4) Does all or part of the money to pay for . . . (Specify expenses with NO marked in items 8e, 1–3) come from someone in this household? | 321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign CU No. 1 in item 8g | 321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g | 321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g | 321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g | 321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g |
| (5) Who is (are) that (these) person(s)? | Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g. | Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g. | Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g. | Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g. | Line No.(s) 322 [] [] [] [] 323 [] [] [] [] Assign to same CU in item 8g. |

NOTE – If more than 4 CU's, stop interview. List the CU's on an INTER-COMM and call your office.

| 8f. FIELD REPRESENTATIVE INSTRUCTION – Consumer Unit | NOTES |
|---|---|
| Read to respondent: During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of related persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses. The person(s) I'm including in your CU (is/are) – Read names of all persons listed in item 3 with the same CU marked in item 8g. Go to item 9 on previous page. | |
| FIELD REPRESENTATIVE CHECK ITEM Does this household contain more than one CU? 1 <input type="checkbox"/> Yes – Go to item 15a 2 <input type="checkbox"/> No – Go to item 16a | |
| 15a. Does more than one person in this household regularly contribute to the expense of items such as food, cleaning supplies, or paper products? 330 1 <input type="checkbox"/> Yes – Go to item 15b 2 <input type="checkbox"/> No – Go to item 16a | |
| 16a. Are these living quarters used partly for business or rented to others? 333 1 <input type="checkbox"/> No – Go to section 2 2 <input type="checkbox"/> Part business 3 <input type="checkbox"/> Rented to others 4 <input type="checkbox"/> Both business and rented to others | |
| b. Does one person usually make the purchases? 331 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 16a If "YES" – Who? Enter line number 332 [] [] NOTE – If "YES", ask the person who usually makes the purchases to record the expenses for the shared items. | |
| b. What percent of the expenses is counted as a business expense? 334 [] [] .00 Percent | |
| ASK AT WEEK 1 AND WEEK 2 PICK-UP | |
| 17a. Were any CU members away overnight for one day or more last week (during the diary reference period)? | |
| 335 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 345 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| If "YES" – Which persons? Enter line numbers | 336 x <input type="checkbox"/> All 337 [] [] 338 [] [] 339 [] [] 346 x <input type="checkbox"/> All 347 [] [] 348 [] [] 349 [] [] |
| b. Did anyone else, such as visitors, stay here overnight for one day or more last week (during the diary reference period)? | |
| 343 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 353 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| If "YES" – How many such persons? Enter the number of persons. | 344 [] Persons 354 [] Persons |

Section 2 – CONSUMER UNIT CHARACTERISTICS (FIELD REPRESENTATIVE – Ask items 1–7 at Week 1 placement.)

Ask if not apparent from observation.

1a. Are these living quarters presently used as student housing by a college or university?

- 401 1 Yes – Go to item 3a
2 No

b. Are your living quarters owned or being bought by you (or any members of your CU)?

- 402 1 Yes – Go to item 1c
2 No – Go to item 1d

c. Are these quarters owned by regular ownership or as a condominium or cooperative?

- 403 1 Regular ownership } Go to item 2
2 Condominium }
3 Cooperative – Read probe and then skip to item 2

Probe:

In this survey, we consider a cooperative to be property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean? (FIELD REPRESENTATIVE: If the respondent answers "No" to the probe, try to determine whether the ownership is "regular" or "condominium" and mark the appropriate box.)

d. Are your living quarters rented for cash rent or occupied without payment of cash rent?

- 404 1 Rented for cash } Go to item 3a
2 Occupied without payment of cash rent }

Ask if "Yes" in item 1b.

2. Do you have a mortgage on this property?

- 405 1 Yes
2 No

3a. Since the 1st of (Month, 3 months ago), what was your usual weekly expense at the grocery store or supermarket?

- 406 \$ _____ .00
0 None – Go to item 3c

b. About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods and alcoholic beverages?

- 407 \$ _____ .00
0 None

c. Have you (or any member of your CU) purchased any food or nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience stores, dairy stores, vegetable stands, or farmers markets? Include any large purchases made for freezing or canning.

- 408 1 Yes
2 No – Go to item 4a

d. What was your usual weekly expense at these places?

- 409 \$ _____ .00

4a. Do you own an automobile, truck, or other vehicle?

Do not include any vehicle which is used entirely for business purposes.

- 410 1 Yes
2 No – Go to item 5a

b. How many?

- 411 _____ Number

c. Is this (are any of these) vehicle(s) used partially for business?

- 412 1 Yes
2 No – Go to item 5a

Ask if "Yes" in item 4c.

d. What percent of your total vehicle expense is counted as a business expense? Enter to nearest whole percent.

- 413 _____ .00 Percent

Ask only if preschool or school age children; otherwise mark "No".

5a. During the previous 30 days, have you (or members of your CU) purchased any meals at school or in a preschool program for preschool or school age children?

- 414 1 Yes
2 No – Go to item 6

b. If "Yes" – What are the names of all CU members who purchased meals at school? Enter the name of each CU member purchasing meals at school in column a, line number in column b, then ask columns c through d for each name entered.

| PROCESSING USE ONLY | a | b | c | d |
|---------------------|------|--|---|---|
| | Name | Enter line number from section 1, item 1 | What is the usual weekly expense for the meals . . . purchased at school? | How many weeks did . . . purchase meals? Enter number of weeks |
| 426 | | | \$.00 | |
| 427 | | | \$.00 | |
| 428 | | | \$.00 | |
| 429 | | | \$.00 | |
| 430 | | | \$.00 | |

6. What is your telephone number?

Area code | Number

7. What is the best time of day to call or visit?

_____ a.m.
_____ p.m.

FIELD REPRESENTATIVE – Explain to the respondent how to complete the diary, then leave diary for week 1.

NOTES

Section 3 – DIARY CHECK

(FIELD REPRESENTATIVE – Complete this section **unless** the entire CE-801 diary was completed by total recall for that week. In this case, go to Field Representative instruction at the bottom of page 9 for week 1 or week 2 pickup.)

WEEK 1 PICKUP

WEEK 2 PICKUP

Part 1 – FOOD AWAY FROM HOME

Part 1 – FOOD AWAY FROM HOME

Now I am going to quickly go through a list of items to help you remember purchases you (or members of your CU) may have forgotten to enter in your Diary.

Now I am going to quickly go through a list of items to help you remember purchases you (or members of your CU) may have forgotten to enter in your Diary.

Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from fast food, delivery, concession stands, buffets, or cafeterias?

Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from fast food, delivery, concession stands, buffets, or cafeterias?

1 Yes 2 No 3 Don't know

1 Yes 2 No 3 Don't know

| a Line No. | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | d Were alcoholic beverages included in total cost? Mark (X) one | | e If "Yes," How much? | |
|---------------|----------------|--|--|-------|---|----|--------------------------|-------|
| | | | Dollars | Cents | Yes | No | Dollars | Cents |
| | | | 101 | | | | | 1 |
| 102 | | | | | 1 | 2 | | |
| 103 | | | | | 1 | 2 | | |
| 104 | | | | | 1 | 2 | | |
| 105 | | | | | 1 | 2 | | |
| 106 | | | | | 1 | 2 | | |
| 107 | | | | | 1 | 2 | | |
| 108 | | | | | 1 | 2 | | |
| 109 | | | | | 1 | 2 | | |
| 110 | | | | | 1 | 2 | | |

| a Line No. | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | d Were alcoholic beverages included in total cost? Mark (X) one | | e If "Yes," How much? | |
|---------------|----------------|--|--|-------|---|----|--------------------------|-------|
| | | | Dollars | Cents | Yes | No | Dollars | Cents |
| | | | 101 | | | | | 1 |
| 102 | | | | | 1 | 2 | | |
| 103 | | | | | 1 | 2 | | |
| 104 | | | | | 1 | 2 | | |
| 105 | | | | | 1 | 2 | | |
| 106 | | | | | 1 | 2 | | |
| 107 | | | | | 1 | 2 | | |
| 108 | | | | | 1 | 2 | | |
| 109 | | | | | 1 | 2 | | |
| 110 | | | | | 1 | 2 | | |

Purchased from full service restaurants where you (or members of your CU) paid for your meal after eating it?

Purchased from full service restaurants where you (or members of your CU) paid for your meal after eating it?

1 Yes 2 No 3 Don't know

1 Yes 2 No 3 Don't know

| a Line No. | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | d Were alcoholic beverages included in total cost? Mark (X) one | | e If "Yes," How much? | |
|---------------|----------------|--|--|-------|---|----|--------------------------|-------|
| | | | Dollars | Cents | Yes | No | Dollars | Cents |
| | | | 111 | | | | | 1 |
| 112 | | | | | 1 | 2 | | |
| 113 | | | | | 1 | 2 | | |
| 114 | | | | | 1 | 2 | | |
| 115 | | | | | 1 | 2 | | |
| 116 | | | | | 1 | 2 | | |
| 117 | | | | | 1 | 2 | | |
| 118 | | | | | 1 | 2 | | |
| 119 | | | | | 1 | 2 | | |

| a Line No. | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | d Were alcoholic beverages included in total cost? Mark (X) one | | e If "Yes," How much? | |
|---------------|----------------|--|--|-------|---|----|--------------------------|-------|
| | | | Dollars | Cents | Yes | No | Dollars | Cents |
| | | | 111 | | | | | 1 |
| 112 | | | | | 1 | 2 | | |
| 113 | | | | | 1 | 2 | | |
| 114 | | | | | 1 | 2 | | |
| 115 | | | | | 1 | 2 | | |
| 116 | | | | | 1 | 2 | | |
| 117 | | | | | 1 | 2 | | |
| 118 | | | | | 1 | 2 | | |
| 119 | | | | | 1 | 2 | | |

Section 3 – DIARY CHECK (Continued)

| | |
|----------------------|----------------------|
| WEEK 1 PICKUP | WEEK 2 PICKUP |
|----------------------|----------------------|

| | |
|-------------------------------------|-------------------------------------|
| Part 1 – FOOD AWAY FROM HOME | Part 1 – FOOD AWAY FROM HOME |
|-------------------------------------|-------------------------------------|

| | |
|---|---|
| Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from vending machines or mobile vendors? | Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from vending machines or mobile vendors? |
|---|---|

| | |
|--|--|
| 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
|--|--|

| a | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | d Were alcoholic beverages included in total cost? Mark (X) one | | e If "Yes," How much? | | a | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | d Were alcoholic beverages included in total cost? Mark (X) one | | e If "Yes," How much? | |
|-----|----------------|--|--|-------|---|----|--------------------------|-------|-----|----------------|--|--|-------|---|----------|--------------------------|-------|
| | | | Dollars | Cents | Yes | No | Dollars | Cents | | | | Dollars | Cents | Yes | No | Dollars | Cents |
| | | | Line No. | | | | | | | | | | | | Line No. | | |
| 120 | | | | | 1 | 2 | | | 120 | | | | | 1 | 2 | | |
| 121 | | | | | 1 | 2 | | | 121 | | | | | 1 | 2 | | |
| 122 | | | | | 1 | 2 | | | 122 | | | | | 1 | 2 | | |
| 123 | | | | | 1 | 2 | | | 123 | | | | | 1 | 2 | | |

| | |
|--|--|
| Purchased from employer or school cafeterias? | Purchased from employer or school cafeterias? |
|--|--|

| | |
|--|--|
| 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
|--|--|

| a | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | a | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | |
|-----|----------------|--|--|-------|---|----------------|--|--|-------|
| | | | Dollars | Cents | | | | Dollars | Cents |
| | | | Line No. | | | | | | |
| 128 | | | | 128 | | | | | |
| 129 | | | | 129 | | | | | |
| 130 | | | | 130 | | | | | |
| 131 | | | | 131 | | | | | |

| | |
|--------------------------------|--------------------------------|
| For board or meal plan? | For board or meal plan? |
|--------------------------------|--------------------------------|

| | |
|--|--|
| 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
|--|--|

| a | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | a | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | |
|-----|----------------|--|--|-------|---|----------------|--|--|-------|
| | | | Dollars | Cents | | | | Dollars | Cents |
| | | | Line No. | | | | | | |
| 132 | | | | 132 | | | | | |
| 133 | | | | 133 | | | | | |

| | |
|---|---|
| Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for catered affairs? | Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for catered affairs? |
|---|---|

| | |
|--|--|
| 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 2 3 <input type="checkbox"/> Don't know – Go to part 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 2 3 <input type="checkbox"/> Don't know – Go to part 2 |
|--|--|

| a | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | d Were alcoholic beverages included in total cost? Mark (X) one | | e If "Yes," How much? | | a | PROCESSING USE | b List all meals, snacks, and beverages purchased | c Total cost Include tax and tip | | d Were alcoholic beverages included in total cost? Mark (X) one | | e If "Yes," How much? | |
|-----|----------------|--|--|-------|---|----|--------------------------|-------|-----|----------------|--|--|-------|---|----------|--------------------------|-------|
| | | | Dollars | Cents | Yes | No | Dollars | Cents | | | | Dollars | Cents | Yes | No | Dollars | Cents |
| | | | Line No. | | | | | | | | | | | | Line No. | | |
| 134 | | | | | 1 | 2 | | | 134 | | | | | 1 | 2 | | |
| 135 | | | | | 1 | 2 | | | 135 | | | | | 1 | 2 | | |

Section 3 – DIARY CHECK (Continued)

WEEK 1 PICKUP

WEEK 2 PICKUP

Part 2 – FOOD FOR HOME CONSUMPTION

Part 2 – FOOD FOR HOME CONSUMPTION

Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home?

Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home?

1 Yes 2 No – Go to part 3 3 Don't know – Go to part 3

1 Yes 2 No – Go to part 3 3 Don't know – Go to part 3

| a | | b | | | | c | | | | d | | a | | b | | | | c | | | | d | |
|----------|----------------|-------------------------|-----------------------------|--------|-------------------|-------|--|-------|----------|----------------|-------------------------|-----------------------------|--------|-------------------|-------|--|-------|---|--|--|--|---|--|
| Line No. | PROCESSING USE | Describe item purchased | Is this item – Mark (X) one | | | | Total cost Do not include sales tax | | Line No. | PROCESSING USE | Describe item purchased | Is this item – Mark (X) one | | | | Total cost Do not include sales tax | | | | | | | |
| | | | Fresh | Frozen | Bottled or canned | Other | Dollars | Cents | | | | Fresh | Frozen | Bottled or canned | Other | Dollars | Cents | | | | | | |
| | | | 1 | 2 | 3 | 4 | | | | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 201 | | | 1 | 2 | 3 | 4 | | | 201 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 202 | | | 1 | 2 | 3 | 4 | | | 202 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 203 | | | 1 | 2 | 3 | 4 | | | 203 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 204 | | | 1 | 2 | 3 | 4 | | | 204 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 205 | | | 1 | 2 | 3 | 4 | | | 205 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 206 | | | 1 | 2 | 3 | 4 | | | 206 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 207 | | | 1 | 2 | 3 | 4 | | | 207 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 208 | | | 1 | 2 | 3 | 4 | | | 208 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 209 | | | 1 | 2 | 3 | 4 | | | 209 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 210 | | | 1 | 2 | 3 | 4 | | | 210 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 211 | | | 1 | 2 | 3 | 4 | | | 211 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 212 | | | 1 | 2 | 3 | 4 | | | 212 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 213 | | | 1 | 2 | 3 | 4 | | | 213 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 214 | | | 1 | 2 | 3 | 4 | | | 214 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 215 | | | 1 | 2 | 3 | 4 | | | 215 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 216 | | | 1 | 2 | 3 | 4 | | | 216 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 217 | | | 1 | 2 | 3 | 4 | | | 217 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 218 | | | 1 | 2 | 3 | 4 | | | 218 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 219 | | | 1 | 2 | 3 | 4 | | | 219 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 220 | | | 1 | 2 | 3 | 4 | | | 220 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 221 | | | 1 | 2 | 3 | 4 | | | 221 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 222 | | | 1 | 2 | 3 | 4 | | | 222 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 223 | | | 1 | 2 | 3 | 4 | | | 223 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 224 | | | 1 | 2 | 3 | 4 | | | 224 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 225 | | | 1 | 2 | 3 | 4 | | | 225 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 226 | | | 1 | 2 | 3 | 4 | | | 226 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 227 | | | 1 | 2 | 3 | 4 | | | 227 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 228 | | | 1 | 2 | 3 | 4 | | | 228 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 229 | | | 1 | 2 | 3 | 4 | | | 229 | | | 1 | 2 | 3 | 4 | | | | | | | | |
| 230 | | | 1 | 2 | 3 | 4 | | | 230 | | | 1 | 2 | 3 | 4 | | | | | | | | |

| Section 3 – DIARY CHECK (Continued) | | | | | | | | | | | | | | | | | |
|---|----------------|-------------------------|---|--------|--|-------|---|-------|------------|----------------|-------------------------|---|--------|--|-------|--|-------|
| WEEK 1 PICKUP | | | | | | | WEEK 2 PICKUP | | | | | | | | | | |
| Part 3 – FOOD AND BEVERAGES PURCHASED AS GIFTS | | | | | | | Part 3 – FOOD AND BEVERAGES PURCHASED AS GIFTS | | | | | | | | | | |
| Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages for someone outside your CU? | | | | | | | Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages for someone outside your CU? | | | | | | | | | | |
| 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 4 3 <input type="checkbox"/> Don't know – Go to part 4 | | | | | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 4 3 <input type="checkbox"/> Don't know – Go to part 4 | | | | | | | | | | |
| a | PROCESSING USE | b | c | | | | d | | a | PROCESSING USE | b | c | | | | d | |
| Line No. | | Describe item purchased | Is this item – Mark (X) one | | | | Total cost <i>Do not include sales tax</i> | | Line No. | | Describe item purchased | Is this item – Mark (X) one | | | | Total cost <i>Do not include sales tax</i> | |
| | | | Fresh | Frozen | Bottled or canned | Other | Dollars | Cents | | | | Fresh | Frozen | Bottled or canned | Other | Dollars | Cents |
| | | | | | | | | | | | | | | | | | |
| 301 | | | 1 | 2 | 3 | 4 | | | 301 | | | 1 | 2 | 3 | 4 | | |
| 302 | | | 1 | 2 | 3 | 4 | | | 302 | | | 1 | 2 | 3 | 4 | | |
| 303 | | | 1 | 2 | 3 | 4 | | | 303 | | | 1 | 2 | 3 | 4 | | |
| 304 | | | 1 | 2 | 3 | 4 | | | 304 | | | 1 | 2 | 3 | 4 | | |
| 305 | | | 1 | 2 | 3 | 4 | | | 305 | | | 1 | 2 | 3 | 4 | | |
| 306 | | | 1 | 2 | 3 | 4 | | | 306 | | | 1 | 2 | 3 | 4 | | |
| WEEK 1 PICKUP | | | | | | | WEEK 2 PICKUP | | | | | | | | | | |
| Part 4 – CLOTHING, SHOES, AND JEWELRY | | | | | | | Part 4 – CLOTHING, SHOES, AND JEWELRY | | | | | | | | | | |
| Did you (or members of your CU) have any expenses which you did not enter in your Diary for clothing, shoes, or jewelry? | | | | | | | Did you (or members of your CU) have any expenses which you did not enter in your Diary for clothing, shoes, or jewelry? | | | | | | | | | | |
| 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 5 3 <input type="checkbox"/> Don't know – Go to part 5 | | | | | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part 5 3 <input type="checkbox"/> Don't know – Go to part 5 | | | | | | | | | | |
| a | PROCESSING USE | b | c | | d | | e | | a | PROCESSING USE | b | c | | d | | e | |
| Line No. | | Describe item purchased | Total cost <i>Do not include sales tax</i> | | Was this bought for someone outside your consumer unit? <i>Mark (X) one</i> | | For whom was this item purchased? <i>Enter code</i> | | Line No. | | Describe item purchased | Total cost <i>Do not include sales tax</i> | | Was this bought for someone outside your consumer unit? <i>Mark (X) one</i> | | For whom was this item purchased? <i>Enter code</i> | |
| | | | Dollars | Cents | Yes | No | Dollars | Cents | | | | Yes | No | | | | |
| | | | | | | | | | | | | | | | | | |
| 401 | | | | | 1 | 2 | | | 401 | | | 1 | 2 | | | | |
| 402 | | | | | 1 | 2 | | | 402 | | | 1 | 2 | | | | |
| 403 | | | | | 1 | 2 | | | 403 | | | 1 | 2 | | | | |
| 404 | | | | | 1 | 2 | | | 404 | | | 1 | 2 | | | | |
| 405 | | | | | 1 | 2 | | | 405 | | | 1 | 2 | | | | |
| 406 | | | | | 1 | 2 | | | 406 | | | 1 | 2 | | | | |
| 407 | | | | | 1 | 2 | | | 407 | | | 1 | 2 | | | | |
| 408 | | | | | 1 | 2 | | | 408 | | | 1 | 2 | | | | |
| 409 | | | | | 1 | 2 | | | 409 | | | 1 | 2 | | | | |
| 410 | | | | | 1 | 2 | | | 410 | | | 1 | 2 | | | | |

Section 3 – DIARY CHECK (Continued)

WEEK 1 PICKUP

WEEK 2 PICKUP

Part 5 – ALL OTHER PURCHASES AND EXPENSES

Part 5 – ALL OTHER PURCHASES AND EXPENSES

Did you (or members of your CU) have any expenses which you did not enter in your Diary for tobacco, gasoline, or postage stamps?

Did you (or members of your CU) have any expenses which you did not enter in your Diary for tobacco, gasoline, or postage stamps?

1 Yes 2 No 3 Don't know

1 Yes 2 No 3 Don't know

| a Line No. | PROCESSING USE | b Describe item purchased | c Total cost <i>Do not include sales tax</i> | | d Was this bought for someone outside your consumer unit? <i>Mark (X) one</i> | | a Line No. | PROCESSING USE | b Describe item purchased | c Total cost <i>Do not include sales tax</i> | | d Was this bought for someone outside your consumer unit? <i>Mark (X) one</i> | |
|---------------|----------------|------------------------------|--|-------|---|----|---------------|----------------|------------------------------|--|-------|---|-----|
| | | | Dollars | Cents | Yes | No | | | | Dollars | Cents | Yes | No |
| | | | 501 | | | | | | | | 1 | 2 | 501 |
| 502 | | | | | 1 | 2 | 502 | | | | 1 | 2 | |
| 503 | | | | | 1 | 2 | 503 | | | | 1 | 2 | |
| 504 | | | | | 1 | 2 | 504 | | | | 1 | 2 | |
| 505 | | | | | 1 | 2 | 505 | | | | 1 | 2 | |
| 506 | | | | | 1 | 2 | 506 | | | | 1 | 2 | |
| 507 | | | | | 1 | 2 | 507 | | | | 1 | 2 | |
| 508 | | | | | 1 | 2 | 508 | | | | 1 | 2 | |
| 509 | | | | | 1 | 2 | 509 | | | | 1 | 2 | |

Did you (or members of your CU) have any expenses for any other items which you may have forgotten to enter in your Diary?

Did you (or members of your CU) have any expenses for any other items which you may have forgotten to enter in your Diary?

1 Yes 2 No – *Go to Field Representative instructions at bottom of page* 3 Don't know – *Go to Field Representative instructions at bottom of page*

1 Yes 2 No – *Go to Field Representative instructions at bottom of page* 3 Don't know – *Go to Field Representative instructions at bottom of page*

| a Line No. | PROCESSING USE | b Describe item purchased | c Total cost <i>Do not include sales tax</i> | | d Was this bought for someone outside your consumer unit? <i>Mark (X) one</i> | | a Line No. | PROCESSING USE | b Describe item purchased | c Total cost <i>Do not include sales tax</i> | | d Was this bought for someone outside your consumer unit? <i>Mark (X) one</i> | |
|---------------|----------------|------------------------------|--|-------|---|----|---------------|----------------|------------------------------|--|-------|---|-----|
| | | | Dollars | Cents | Yes | No | | | | Dollars | Cents | Yes | No |
| | | | 510 | | | | | | | | 1 | 2 | 510 |
| 511 | | | | | 1 | 2 | 511 | | | | 1 | 2 | |
| 512 | | | | | 1 | 2 | 512 | | | | 1 | 2 | |
| 513 | | | | | 1 | 2 | 513 | | | | 1 | 2 | |
| 514 | | | | | 1 | 2 | 514 | | | | 1 | 2 | |
| 515 | | | | | 1 | 2 | 515 | | | | 1 | 2 | |
| 516 | | | | | 1 | 2 | 516 | | | | 1 | 2 | |
| 517 | | | | | 1 | 2 | 517 | | | | 1 | 2 | |
| 518 | | | | | 1 | 2 | 518 | | | | 1 | 2 | |

Section 4 — WORK EXPERIENCE AND INCOME

Part A FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.

| <p>1. FIELD REPRESENTATIVE ITEM</p> <p><i>Enter the first name and line number of each CU member 14 years old and over.</i></p> | <p>PROCESSING USE ONLY</p> <p>601 1</p> | | <p>5. What was the main reason . . . did not work during the past 12 months? Was . . .</p> <p>CODE</p> <p>1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p> | | <p>8. During the past 12 months, did . . . receive –</p> <p>a. Any Supplemental Security Income checks from the U.S. Government? 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Any Supplemental Security Income checks from the State or local Government? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><i>Ask if items 8a and/or 8b are marked "Yes" –</i></p> <p>How much did . . . receive in Supplemental Security Income checks altogether? 626 \$ _____ .00</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|--|--|-----|----|--------|-------------------------------|--------------------------------|----------------------------|------------------|---------------------------------------|--------------------------------|----------------------------|------------------|---|--------------------------------|----------------------------|--|--------------------------------|--------------------------------|----------------------------|------------------|----------------------------------|--------------------------------|----------------------------|------------------|---------------------------------|--------------------------------|----------------------------|------------------|---|--------------------------------|----------------------------|--|
| <p>2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.</p> | <p>603 _____ Weeks</p> <p>0 <input type="checkbox"/> Did not work – Go to item 5</p> | | | | <p>9. What was the gross amount of . . . 's last pay and what period of time did this cover?</p> <p><i>Ask items 9–12 only if item 6a is marked "YES".</i></p> <p><i>If 6a is marked "No," go to item 13a.</i></p> <p>627 \$ _____ .00</p> <p>628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p> | <p>604 _____ Hours per week</p> | | | | <p>10. Was there any money deducted from . . . 's last pay for –</p> <p><i>If YES – How much was deducted?</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>a. Federal income tax?</td> <td>629 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>630 \$ _____ .00</td> </tr> <tr> <td>b. State and local income tax?</td> <td>631 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>632 \$ _____ .00</td> </tr> <tr> <td>c. Social Security including Medicare?</td> <td>633 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>d. Railroad Retirement?</td> <td>634 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>635 \$ _____ .00</td> </tr> <tr> <td>e. Government Retirement?</td> <td>636 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>637 \$ _____ .00</td> </tr> <tr> <td>f. Private pension fund?</td> <td>638 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>639 \$ _____ .00</td> </tr> <tr> <td>g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</td> <td>640 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table> | | Yes | No | Amount | a. Federal income tax? | 629 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 630 \$ _____ .00 | b. State and local income tax? | 631 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 632 \$ _____ .00 | c. Social Security including Medicare? | 633 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | d. Railroad Retirement? | 634 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 635 \$ _____ .00 | e. Government Retirement? | 636 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 637 \$ _____ .00 | f. Private pension fund? | 638 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 639 \$ _____ .00 | g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck? | 640 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| | Yes | No | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Federal income tax? | 629 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 630 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. State and local income tax? | 631 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 632 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Social Security including Medicare? | 633 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Railroad Retirement? | 634 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 635 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Government Retirement? | 636 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 637 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Private pension fund? | 638 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 639 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck? | 640 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</p> <p><i>Enter one code.</i></p> <p>Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p> | <p>605 _____ Code</p> | <p>6. During the past 12 months, did . . . receive any money in –</p> <p>a. Wages or salary? <i>Include commissions, tips, Armed Forces pay and allowances.</i></p> <p>610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b</p> <p>What was the amount of income received before any deductions? 611 \$ _____ .00</p> <p>b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p> <p>612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c</p> <p>What was the amount of income or loss after expenses? 613 \$ _____ .00</p> <p>614 1 <input type="checkbox"/> Loss</p> <p>c. Income or loss from . . . 's own farm?</p> <p>615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7</p> <p>What was the amount of income or loss after expenses? 616 \$ _____ .00</p> <p>617 1 <input type="checkbox"/> Loss</p> | <p>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</p> <p><i>Ask if item 10c or 10g is marked "Yes" –</i></p> <p>641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>b. Was . . .</p> <p>CODE</p> <p>1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A FEDERAL government employee? 3 – A STATE government employee? 4 – A LOCAL government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p> | <p>607 _____ Code</p> <p><i>Ask if code 5 and not a farm – Is the business incorporated?</i></p> <p>608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>7. During the past 12 months, did . . . receive from the U.S. Government any money –</p> <p>a. From Social Security checks?</p> <p>618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. From Railroad Retirement checks?</p> <p>619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c. FIELD REPRESENTATIVE CHECK ITEM</p> <p><i>Is "YES" marked in items 7a and/or 7b?</i></p> <p>620 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p> <p>d. What was the amount of the last Social Security or Railroad Retirement payment received?</p> <p>621 \$ _____ .00</p> <p>e. Is this amount AFTER the deduction for a Medicare premium?</p> <p>622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p> <p>623 _____ Number</p> | <p>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?</p> <p>642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? <i>Exclude rollovers.</i></p> <p>643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. <i>Ask if item 13a is marked "Yes" – How much?</i></p> <p>644 \$ _____ .00</p> <p>14. FIELD REPRESENTATIVE CHECK ITEM</p> <p><i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</i></p> <p>645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section 4 — WORK EXPERIENCE AND INCOME - Continued

| Part A | | <i>FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|------------------|---|--|-----|----|--------|--|--|--|--|-------------------------------|----------------------------------|----------------------------|--------------------|---------------------------------------|----------------------------------|----------------------------|--------------------|---|----------------------------------|----------------------------|--|--------------------------------|----------------------------------|----------------------------|--------------------|----------------------------------|----------------------------------|----------------------------|--------------------|---------------------------------|----------------------------------|----------------------------|--------------------|---|----------------------------------|----------------------------|--|
| 1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i> | PROCESSING USE ONLY a. NAME b. LINE NUMBER | [601] 2 [602] | 5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘ | [609] _____ Code | 8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? [624] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? <i>Ask if items 8a and/or 8b are marked "Yes" -</i> [625] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No How much did . . . receive in Supplemental Security Income checks altogether? [626] \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave. | | [603] _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5 | | | 9. What was the gross amount of . . . 's last pay and what period of time did this cover? <i>Ask items 9-12 only if item 6a is marked "YES".</i> <i>If 6a is marked "No," go to item 13a.</i> [627] \$ _____ .00 [628] 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. In the weeks that . . . worked, how many hours did . . . usually work per week? | | [604] _____ Hours per week | | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 15%;">Amount</th> </tr> </thead> <tbody> <tr> <td>10. Was there any money deducted from . . . 's last pay for - <i>If YES - How much was deducted?</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>a. Federal income tax?</td> <td>[629] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>[630] \$ _____ .00</td> </tr> <tr> <td>b. State and local income tax?</td> <td>[631] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>[632] \$ _____ .00</td> </tr> <tr> <td>c. Social Security including Medicare?</td> <td>[633] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>d. Railroad Retirement?</td> <td>[634] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>[635] \$ _____ .00</td> </tr> <tr> <td>e. Government Retirement?</td> <td>[636] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>[637] \$ _____ .00</td> </tr> <tr> <td>f. Private pension fund?</td> <td>[638] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>[639] \$ _____ .00</td> </tr> <tr> <td>g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck?</td> <td>[640] 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table> | | Yes | No | Amount | 10. Was there any money deducted from . . . 's last pay for - <i>If YES - How much was deducted?</i> | | | | a. Federal income tax? | [629] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [630] \$ _____ .00 | b. State and local income tax? | [631] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [632] \$ _____ .00 | c. Social Security including Medicare? | [633] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | d. Railroad Retirement? | [634] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [635] \$ _____ .00 | e. Government Retirement? | [636] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [637] \$ _____ .00 | f. Private pension fund? | [638] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [639] \$ _____ .00 | g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck? | [640] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| | Yes | No | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Was there any money deducted from . . . 's last pay for - <i>If YES - How much was deducted?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Federal income tax? | [629] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [630] \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. State and local income tax? | [631] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [632] \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Social Security including Medicare? | [633] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Railroad Retirement? | [634] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [635] \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Government Retirement? | [636] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [637] \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Private pension fund? | [638] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | [639] \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck? | [640] 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <i>Enter one code.</i> Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces | [605] _____ Code | | 6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. [610] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b What was the amount of income received before any deductions? [611] \$ _____ .00 b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? [612] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c What was the amount of income or loss after expenses? [613] \$ _____ .00 [614] 1 <input type="checkbox"/> Loss c. Income or loss from . . . 's own farm? [615] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7 What was the amount of income or loss after expenses? [616] \$ _____ .00 [617] 1 <input type="checkbox"/> Loss | | 7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? [618] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? [619] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A FEDERAL government employee? 3 - A STATE government employee? 4 - A LOCAL government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? | [607] _____ Code <i>Ask if code 5 and not a farm - Is the business incorporated?</i> [608] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | 7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? [618] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? [619] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "YES" marked in items 7a and/or 7b?</i> [620] 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a d. What was the amount of the last Social Security or Railroad Retirement payment received? [621] \$ _____ .00 e. Is this amount AFTER the deduction for a Medicare premium? [622] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? [623] _____ Number | | 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? [641] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? [642] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. [643] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Ask if item 13a is marked "Yes" - How much? [644] \$ _____ .00 14. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13.</i> [645] 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section 4 — WORK EXPERIENCE AND INCOME - Continued

| Part A | | <i>FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i> | | | |
|---|---------------------|---|--|---|----------------|
| 1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i> | PROCESSING USE ONLY | 601 | 3 | | |
| | a. NAME | | | | |
| | b. LINE NUMBER | 602 | | | |
| 2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave. | | 603 | _____ Weeks <input type="checkbox"/> Did not work - Go to item 5 | | |
| 3. In the weeks that . . . worked, how many hours did . . . usually work per week? | | 604 | _____ Hours per week | | |
| 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <i>Enter one code.</i> Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces | | 605 | _____ Code | | |
| b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A FEDERAL government employee? 3 - A STATE government employee? 4 - A LOCAL government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? | | 607 | _____ Code <i>Ask if code 5 and not a farm - Is the business incorporated?</i> 608 <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | 5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘ | 609 _____ Code |
| | | | | 6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? 610 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 6b 611 \$ _____ .00 b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? 612 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 6c 613 \$ _____ .00 614 <input type="checkbox"/> Loss c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses? 615 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 7 616 \$ _____ .00 617 <input type="checkbox"/> Loss | |
| | | | | 7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? 618 <input type="checkbox"/> Yes <input type="checkbox"/> No b. From Railroad Retirement checks? 619 <input type="checkbox"/> Yes <input type="checkbox"/> No c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "YES" marked in items 7a and/or 7b?</i> 620 <input type="checkbox"/> Yes - Go to item 7d <input type="checkbox"/> No - Go to item 8a d. What was the amount of the last Social Security or Railroad Retirement payment received? 621 \$ _____ .00 e. Is this amount AFTER the deduction for a Medicare premium? 622 <input type="checkbox"/> Yes <input type="checkbox"/> No f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 623 _____ Number | |
| | | | | 8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? 624 <input type="checkbox"/> Yes <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? <i>Ask if items 8a and/or 8b are marked "Yes" -</i> How much did . . . receive in Supplemental Security Income checks altogether? 625 <input type="checkbox"/> Yes <input type="checkbox"/> No 626 \$ _____ .00 | |
| | | | | 9. What was the gross amount of . . . 's last pay and what period of time did this cover? <i>Ask items 9-12 only if item 6a is marked "YES".</i> <i>If 6a is marked "No," go to item 13a.</i> 627 \$ _____ .00 628 <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other - Specify ↘ | |
| | | | | 10. Was there any money deducted from . . . 's last pay for - <i>If YES - How much was deducted?</i> a. Federal income tax? 629 <input type="checkbox"/> Yes <input type="checkbox"/> No 630 \$ _____ .00 b. State and local income tax? 631 <input type="checkbox"/> Yes <input type="checkbox"/> No 632 \$ _____ .00 c. Social Security including Medicare? 633 <input type="checkbox"/> Yes <input type="checkbox"/> No d. Railroad Retirement? 634 <input type="checkbox"/> Yes <input type="checkbox"/> No 635 \$ _____ .00 e. Government Retirement? 636 <input type="checkbox"/> Yes <input type="checkbox"/> No 637 \$ _____ .00 f. Private pension fund? 638 <input type="checkbox"/> Yes <input type="checkbox"/> No 639 \$ _____ .00 g. <i>Ask if item 10c is marked "No" -</i> Are Social Security payments normally deducted from your paycheck? 640 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 641 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 642 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? <i>Exclude rollovers.</i> 643 <input type="checkbox"/> Yes <input type="checkbox"/> No b. <i>Ask if item 13a is marked "Yes" -</i> How much? 644 \$ _____ .00 | |
| | | | | 14. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13.</i> 645 <input type="checkbox"/> Records <input type="checkbox"/> No records used | |

Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part A FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.

| 1. FIELD REPRESENTATIVE ITEM PROCESSING USE ONLY Enter the first name and line number of each CU member 14 years old and over. | | 601 4 | 5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify <input checked="" type="checkbox"/> | | 8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Ask if items 8a and/or 8b are marked "Yes" - How much did . . . receive in Supplemental Security Income checks altogether? 626 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|---|--|--------|--|--|--|--|-----|----|--------|---|--|--|--|--|-------------------------------|--------------------------------|----------------------------|------------------|---------------------------------------|--------------------------------|----------------------------|------------------|---|--------------------------------|----------------------------|--|--------------------------------|--------------------------------|----------------------------|------------------|----------------------------------|--------------------------------|----------------------------|------------------|---------------------------------|--------------------------------|----------------------------|------------------|---|--------------------------------|----------------------------|--|
| 2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave. | | 603 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5 | CODE 609 _____ Code | | Ask items 9-12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. In the weeks that . . . worked, how many hours did . . . usually work per week? | | 604 _____ Hours per week | 6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b What was the amount of income received before any deductions? 611 \$ _____ .00 | | 9. What was the gross amount of . . . 's last pay and what period of time did this cover? 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Enter one code. Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces | | 605 _____ Code | b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? 612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c What was the amount of income or loss after expenses? 613 \$ _____ .00 614 1 <input type="checkbox"/> Loss | | <table border="1"> <thead> <tr> <th colspan="2"></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td colspan="2">10. Was there any money deducted from . . . 's last pay for - If YES - How much was deducted?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>a. Federal income tax?</td> <td>629 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>630 \$ _____ .00</td> </tr> <tr> <td>b. State and local income tax?</td> <td>631 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>632 \$ _____ .00</td> </tr> <tr> <td>c. Social Security including Medicare?</td> <td>633 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>d. Railroad Retirement?</td> <td>634 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>635 \$ _____ .00</td> </tr> <tr> <td>e. Government Retirement?</td> <td>636 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>637 \$ _____ .00</td> </tr> <tr> <td>f. Private pension fund?</td> <td>638 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>639 \$ _____ .00</td> </tr> <tr> <td>g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck?</td> <td>640 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table> | | | | Yes | No | Amount | 10. Was there any money deducted from . . . 's last pay for - If YES - How much was deducted? | | | | | a. Federal income tax? | 629 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 630 \$ _____ .00 | b. State and local income tax? | 631 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 632 \$ _____ .00 | c. Social Security including Medicare? | 633 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | d. Railroad Retirement? | 634 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 635 \$ _____ .00 | e. Government Retirement? | 636 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 637 \$ _____ .00 | f. Private pension fund? | 638 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 639 \$ _____ .00 | g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck? | 640 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| | | Yes | No | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Was there any money deducted from . . . 's last pay for - If YES - How much was deducted? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Federal income tax? | 629 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 630 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. State and local income tax? | 631 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 632 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Social Security including Medicare? | 633 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Railroad Retirement? | 634 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 635 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Government Retirement? | 636 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 637 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Private pension fund? | 638 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 639 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck? | 640 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A FEDERAL government employee? 3 - A STATE government employee? 4 - A LOCAL government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? | | 607 _____ Code Ask if code 5 and not a farm - Is the business incorporated? 608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | c. FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b? 620 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a | | 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | d. What was the amount of the last Social Security or Railroad Retirement payment received? 621 \$ _____ .00 | | 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | e. Is this amount AFTER the deduction for a Medicare premium? 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | b. Ask if item 13a is marked "Yes" - How much? 644 \$ _____ .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 623 _____ Number | | 14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13. 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section 4 — WORK EXPERIENCE AND INCOME - Continued

| Part A | | <i>FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i> | | |
|---|--|--|---|--|
| 1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small> | PROCESSING USE ONLY a. NAME b. LINE NUMBER | 601 6 602 | 5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘ | 8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <small>Ask if items 8a and/or 8b are marked "Yes" -</small> How much did . . . receive in Supplemental Security Income checks altogether? |
| 2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave. | 603 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5 | 604 _____ Hours per week | 609 _____ Code | 9. What was the gross amount of . . .'s last pay and what period of time did this cover? |
| 3. In the weeks that . . . worked, how many hours did . . . usually work per week? | 605 _____ Code | 6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? b. Income or loss from . . .'s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? c. Income or loss from . . .'s own farm? What was the amount of income or loss after expenses? | 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b 611 \$ _____ .00 612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c 613 \$ _____ .00 614 1 <input type="checkbox"/> Loss 615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7 616 \$ _____ .00 617 1 <input type="checkbox"/> Loss | 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 626 \$ _____ .00 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month |
| 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <small>Show Information Booklet, page 44</small> <small>Enter one code.</small> Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces | b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A FEDERAL government employee? 3 - A STATE government employee? 4 - A LOCAL government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? | 607 _____ Code 608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Ask if code 5 and not a farm - Is the business incorporated? | 7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? b. From Railroad Retirement checks? c. FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b? d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction for a Medicare premium? f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? | 10. Was there any money deducted from . . .'s last pay for - <small>If YES - How much was deducted?</small> a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck? |
| 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? | 609 _____ Number | 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 620 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a 621 \$ _____ .00 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 630 \$ _____ .00 631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 632 \$ _____ .00 633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 635 \$ _____ .00 636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 637 \$ _____ .00 638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 639 \$ _____ .00 640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 644 \$ _____ .00 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used |
| 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? | 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. Ask if item 13a is marked "Yes" - How much? |
| 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. | 644 \$ _____ .00 | 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used | 14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13. | 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used |

Section 4 — WORK EXPERIENCE AND INCOME - Continued

| Part A | | <i>FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i> | | |
|---|--|---|---|---|
| 1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small> | PROCESSING USE ONLY a. NAME b. LINE NUMBER | 601 7 602 | 5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘ | 8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <small>Ask if items 8a and/or 8b are marked "Yes" –</small> How much did . . . receive in Supplemental Security Income checks altogether? |
| 2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave. | | 603 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5 | 609 _____ Code | 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 626 \$ _____ .00 |
| 3. In the weeks that . . . worked, how many hours did . . . usually work per week? | | 604 _____ Hours per week | 6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses? | 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month |
| 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <small>Show Information Booklet, page 44</small> <small>Enter one code.</small> Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces | | 605 _____ Code | 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 611 \$ _____ .00 612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 613 \$ _____ .00 614 1 <input type="checkbox"/> Loss 615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 616 \$ _____ .00 617 1 <input type="checkbox"/> Loss | 9. What was the gross amount of . . . 's last pay and what period of time did this cover? <small>Ask items 9–12 only if item 6a is marked "YES".</small> <small>If 6a is marked "No," go to item 13a.</small> 10. Was there any money deducted from . . . 's last pay for – <small>If YES – How much was deducted?</small> a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck? |
| b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A FEDERAL government employee? 3 – A STATE government employee? 4 – A LOCAL government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm? | | 607 _____ Code 608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Ask if code 5 and not a farm – Is the business incorporated? | 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 620 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 621 \$ _____ .00 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 623 _____ Number | 629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 630 \$ _____ .00 631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 632 \$ _____ .00 633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 635 \$ _____ .00 636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 637 \$ _____ .00 638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 639 \$ _____ .00 640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 644 \$ _____ .00 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used |
| 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? | | | 7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? b. From Railroad Retirement checks? c. FIELD REPRESENTATIVE CHECK ITEM <small>Is "YES" marked in items 7a and/or 7b?</small> d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction for a Medicare premium? f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? | 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. Ask if item 13a is marked "Yes" – How much? 14. FIELD REPRESENTATIVE CHECK ITEM <small>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</small> |

Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part B – Ask for entire CU as a group

FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask these items for the entire CU as a group.

1. During the past 12 months, did you (or any members of your CU) receive income from any of the following –

a. Income from unemployment compensation?
 If YES – What was the total amount received by ALL CU members?
 701 1 Yes
 2 No – Go to item 1b
 702 \$ _____ .00

b. Income from worker’s compensation or veteran’s benefits including education benefits, but excluding military retirement?
 If YES – What was the total amount received by ALL CU members?
 703 1 Yes
 2 No – Go to item 1c
 704 \$ _____ .00

c. Income from public assistance or welfare including money received from job training grants such as Jobs Corps?
 If YES – What was the total amount received by ALL CU members?
 705 1 Yes
 2 No – Go to item 1d
 706 \$ _____ .00

d. Income from interest on savings accounts or bonds?
 If YES – What was the total amount received by ALL CU members?
 707 1 Yes
 2 No – Go to item 1e
 708 \$ _____ .00

e. Regular income from dividends, royalties, estates, or trusts?
 If YES – What was the total amount received by ALL CU members?
 709 1 Yes
 2 No – Go to item 1f
 710 \$ _____ .00

f. Income from pensions or annuities from private companies, military, or Government, IRA, or Keogh?
 If YES – What was the total amount received by ALL CU members?
 711 1 Yes
 2 No – Go to item 1g
 712 \$ _____ .00

g. Net income or loss from any type of rental of rooms or living units?
 If YES –
(1) How much net income or loss was received from roomers or boarders?
 713 1 Yes
 2 No – Go to item 1h
 714 \$ _____ .00
 715 0 None
 1 Loss

(2) How much net income or loss was received from payments from other rental units?
 716 \$ _____ .00
 717 0 None
 1 Loss

h. Income from child support?
 If YES –
(1) Did you receive a one time lump sum payment for child support?
 718 1 Yes
 2 No – Go to item 1i
 719 1 Yes
 2 No – Go to item 1h(2)
 If YES – What was the total amount received by ALL CU members in last 12 months?
 720 \$ _____ .00

(2) Did you receive any child support payments in other than a lump sum amount?
 If YES – What was the total amount received by ALL CU members in last 12 months?
 721 1 Yes
 2 No – Go to item 1i
 722 \$ _____ .00

i. Income from regular contributions from –

(1) Alimony? 723 1 Yes
 2 No

(2) Other sources such as from persons outside the CU? 724 1 Yes
 2 No

If YES – for item i(1) or i(2) –
Altogether what was the total amount received by ALL CU members? 725 \$ _____ .00

2. During the past 12 months, did you (or any members of your CU) receive any –

a. Lump sum payments from estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU?
 If YES – What was the total amount received by ALL CU members?
 726 1 Yes
 2 No – Go to item 2b
 727 \$ _____ .00

b. Money from the sale of household furnishings, equipment, clothing, jewelry, pets or other belongings, excluding the sale of vehicles or property?
 If YES – What was the total amount received by ALL CU members?
 728 1 Yes
 2 No – Go to item 2c
 729 \$ _____ .00

c. Other money income, including money received from cash scholarships and fellowships, stipends not based on working, or from the care of foster children?
 If YES – What was the total amount received by ALL CU members?
 730 1 Yes
 2 No – Go to item 3
 731 \$ _____ .00

3. During the past 12 months, did you (or any members of your CU) receive any refunds from the following –
 If YES – What was the total amount received by ALL CU members?

a. Federal income tax? 732 1 Yes
 2 No
 733 \$ _____ .00

b. State and local income tax? 734 1 Yes
 2 No
 735 \$ _____ .00

c. Overpayment on Social Security? 736 1 Yes
 2 No
 737 \$ _____ .00

d. Insurance policies? 738 1 Yes
 2 No
 739 \$ _____ .00

e. Property taxes? 740 1 Yes
 2 No
 741 \$ _____ .00

f. Other sources, including any other taxes? 742 1 Yes – Specify _____
 2 No
 743 \$ _____ .00

4. During the past 12 months, did you (or any members of your CU) pay any –
 If YES – What was the total amount paid by ALL CU members?

a. Federal income tax in addition to that withheld from earnings? 744 1 Yes
 2 No
 745 \$ _____ .00

b. State and local income tax in addition to that withheld from earnings? 746 1 Yes
 2 No
 747 \$ _____ .00

c. Personal property taxes not reported elsewhere? 748 1 Yes
 2 No
 749 \$ _____ .00

d. Other taxes not reported elsewhere? Do not include Social Security tax for the self-employed. 750 1 Yes – Specify in Notes on page 18
 2 No
 751 \$ _____ .00

5. During the past 12 months, did you or any member of your CU have any occupational expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits?
 If YES – What was the total amount of these occupational expenses?
 752 1 Yes
 2 No
 753 \$ _____ .00

6a. During the past 12 months, have any members of your CU received any free meals at work as part of their pay? 754 1 Yes
 2 No – Go to item 7a

b. About what was the weekly dollar value of such meals? 755 \$ _____ .00

c. How many weeks did members of your CU receive such meals during the past 12 months? 756 _____ Number of weeks

7a. Did you or any members of your CU receive any free or reduced rent for this unit as a form of pay during the past 12 months? 757 1 Yes
 2 No – Go to item 8a

b. What is the rental charge to another tenant for a similar unit? 758 \$ _____ .00

c. What period of time does this cover? 759 1 Week
 2 2 Weeks
 3 Month
 4 Other – Specify _____

8a. During the past 12 months, have any members of your CU received any Food Stamps? 760 1 Yes
 2 No – End interview

b. In how many of the past 12 months were Food Stamps received? 761 _____ Number of months

9a. In the past month, have any members of your CU received any Food Stamps? 762 1 Yes
 2 No – End interview

b. When were Food Stamps received? List all dates on which stamps were received during the past month.

| b | | | c | | |
|-------|-----|------|-----|----|-----------|
| Month | Day | Year | | | |
| 763 | | | 766 | \$ | _____ .00 |
| 764 | | | 767 | \$ | _____ .00 |
| 765 | | | 768 | \$ | _____ .00 |

c. What is the dollar value of the Food Stamps received on (Date in 9b)?

Table X — Determining if an Additional Living Quarters Qualifies as an EXTRA Unit

| Start Here (1) | AREA SEGMENTS | | PERMIT SEGMENTS | UNIT SEGMENTS | | SEPARATENESS | | NUMBER OF EXTRA UNITS |
|---|--|--|---|---|---|---|--|---|
| | (2) | (3) | (4) | Single Unit (5) | Multi-Unit (6) | (7) | (8) | (9) |
| <p>Check the listing sheet. Is the address of the additional living quarter already listed?</p> | <p>Are the additional living quarters within the area segment boundaries?</p> | <p>Are the additional living quarters in a group quarters?</p> | <p>Are the additional living quarters within the same structure and within the same space (See Footnote 1) occupied by the original sample unit?</p> | <p>Are the additional living quarters within the basic address (house number and street name) of the original sample unit?</p> | <p>Are the additional living quarters within the same space (See Footnote 1) occupied by the original sample unit?</p> <p style="text-align: center;">and</p> <p>Are the additional living quarters the result of a split apartment?</p> | <p>Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?</p> | <p>Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?</p> | <p>Have you found more than 3 EXTRA units?</p> |
| <p><input type="checkbox"/> Yes – Stop Table X.</p> <p><input type="checkbox"/> No – Go to column (2), (4), (5) or (6) depending on segment type.</p> | <p><input type="checkbox"/> Yes – Go to column (3).</p> <p><input type="checkbox"/> No – Stop Table X; do not interview.</p> | <p><input type="checkbox"/> Yes – Stop Table X; do not interview.</p> <p><input type="checkbox"/> No – Go to column (7).</p> | <p><input type="checkbox"/> Yes – Go to column (7).</p> <p><input type="checkbox"/> No – Stop Table X; do not interview.</p> | <p><input type="checkbox"/> Yes – Go to column (7).</p> <p><input type="checkbox"/> No – Stop Table X; do not interview.</p> | <p><input type="checkbox"/> Yes to both questions – Go to column (7).</p> <p><input type="checkbox"/> No to either question – Stop Table X; do not interview.</p> | <p><input type="checkbox"/> Yes – Go to column (8).</p> <p><input type="checkbox"/> No – Not a separate unit. Stop Table X. Include additional living quarters with the original unit and continue interview.</p> | <p><input type="checkbox"/> Yes – An EXTRA unit. Go to column (9).</p> <p><input type="checkbox"/> No – Not a separate unit. Stop Table X. Include additional living quarters with the original unit and continue interview.</p> | <p><input type="checkbox"/> Yes – Call your RO for instructions on which units to interview. Then, enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2)</p> <p><input type="checkbox"/> No – Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2)</p> |

FOOTNOTES:
 1 – Occupation of the "same space" occurs if a housing unit has been split into two or more separate housing units.
 2 – If you determine that you have found an EXTRA unit at a single unit address in a UNIT segment (yes in column (5)), you must prepare an INTER-COMM and fill out a BLANK listing sheet listing each unit at the address.

NOTES

| 17. RECORD OF TRAVEL TIME | | | | | | | | | | | | PERSONAL CONTACT CODES | | | | |
|---|--------------|--------------|-----------------|--------------|--------------|--------------|-----------------|----------|----------|------------|-----------------|------------------------|-----|-----|---|--|
| Record travel time and enter reason code for personal contact from list of personal contact codes to the right. | | | | | | | | | | | | | | | | |
| Trip (a) | Time (b) | Reason (c) | OFFICE USE ONLY | Trip (a) | Time (b) | Reason (c) | OFFICE USE ONLY | Trip (a) | Time (b) | Reason (c) | OFFICE USE ONLY | | | | | |
| 1 | Began | a.m. p.m. | 832 | 833 | 5 | Began | a.m. p.m. | 840 | 841 | 9 | Began | a.m. p.m. | 848 | 849 | 4 - Personal visit to collect data 5 - Personal visit to schedule appointment 6 - Other personal visit | |
| | Ended | a.m. p.m. | | | | Ended | a.m. p.m. | | | | Ended | a.m. p.m. | | | | |
| 2 | Began | a.m. p.m. | 834 | 835 | 6 | Began | a.m. p.m. | 842 | 843 | 10 | Began | a.m. p.m. | 850 | 851 | DIARY PICKUP APPOINTMENTS Month/Date _____ Time _____ a.m. p.m. Week 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ a.m. p.m. Week 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ a.m. p.m. | |
| | Ended | a.m. p.m. | | | | Ended | a.m. p.m. | | | | Ended | a.m. p.m. | | | | |
| 3 | Began | a.m. p.m. | 836 | 837 | 7 | Began | a.m. p.m. | 844 | 845 | 11 | Began | a.m. p.m. | 852 | 853 | Field Representative name _____ Field Representative code _____ NOTES | |
| | Ended | a.m. p.m. | | | | Ended | a.m. p.m. | | | | Ended | a.m. p.m. | | | | |
| 4 | Began | a.m. p.m. | 838 | 839 | 8 | Began | a.m. p.m. | 846 | 847 | 12 | Began | a.m. p.m. | 854 | 855 | | |
| | Ended | a.m. p.m. | | | | Ended | a.m. p.m. | | | | Ended | a.m. p.m. | | | | |
| 18. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME | | | | | | | | | | | | | | | | |
| Activity | Time | | | | | | OFFICE USE ONLY | | | | | | | | | |
| | 1st | | 2nd | | 3rd | | Total minutes | | | | | | | | | |
| | Began | Ended | Began | Ended | Began | Ended | | | | | | | | | | |
| Interviewing | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | 856 | | | | | | | | | |
| Field Representative review | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | 857 | | | | | | | | | |
| Office edit | a.m. p.m. | a.m. p.m. | | | | | 858 | | | | | | | | | |