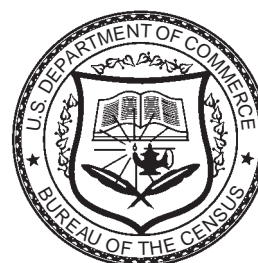


NOTE: Office staff should complete transcription items 1-4 below for interviewed CU's only.

1. Regional Office code	2. CONTROL NUMBER							3a. HH No.	3b. CU No.	4. Interview No.
REG_OFF	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit	HH_NUM	CU_NUM	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 5
	AREA CODE	SEGMENT	SEG_SUFF	SAMP_DES	SERIAL		CHECK			

A L P H A S U F

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



QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

1. Regional Office code REG_OFF 2. Control number PSU code Segment No. SEGMENT II Segment number suffix SEG_SUFF Sample designation SAMP_DES Serial No. SERIAL Serial suffix ALPHA_SUF Check digit CHECK 3a. HH No. HH_NUM 3b. CU No. CU_NUM 4. Interview No. 2 3 4 5

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT - Enter code for reason of telephone contact from list of codes below.

Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT, OFFICE USE ONLY. Rows 1-4 with call numbers 1-4 and reasons PH_CAL, 0100, 0120, 0140, 0160.

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.

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT - Record travel time and enter code for reason of visit from list of codes at right.

REASON FOR VISIT 4 Personal visit to collect data 5 Personal visit to schedule appointment 6 Other personal visit

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes). Rows: Interviewing, Field Representative review, Office edit, Office transcription.

8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY. Rows 1-4 with trip numbers 1-4 and times.

a. Enter the line number of the respondent who answered the most questionnaire sections - Enter code 99 for non CU member.

0660 Line number of main respondent RESPON

b. Enter the line number(s) of all other respondents - Enter code 99 for non CU member.

0670 OTHRESP 0700 0730 0680 0710 0740 0690 0720 0750

c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? Mark (X) one.

0760 1 Always 2 Almost always 3 Mostly 4 Occasionally 5 Almost never 6 Never RECORDS

d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information? Mark (X) all that apply.

0770 1 Bills 0780 2 Checkbook ledger or stubs 0790 3 Canceled checks 0800 4 Receipts of purchase (sales slips) 0810 5 Home file (provided by Census Bureau) 0820 6 Contracts or agreements 0830 7 Bank statements 0840 8 Other TYPERECD

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850 Section number SECTNO 0860 1 9 9 9 FORM_YR2

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (2, 3, 4, 5)

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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.

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT - Enter code for reason of telephone contact from list of codes below.

Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT - Record travel time and enter code for reason of visit from list of codes at right.

Table with columns: 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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.

a. Enter the line number of the respondent who answered the most questionnaire sections - Enter code 99 for non CU member. b. Enter the line number(s) of all other respondents - Enter code 99 for non CU member. c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? Mark (X) one. d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information? Mark (X) all that apply.

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number. PROCESSING USE ONLY 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (checkboxes 2, 3, 4, 5)

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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.

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT - Enter code for reason of telephone contact from list of codes below.

Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT - Record travel time and enter code for reason of visit from list of codes at right.

Table with columns: 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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.

a. Enter the line number of the respondent who answered the most questionnaire sections - Enter code 99 for non CU member. b. Enter the line number(s) of all other respondents - Enter code 99 for non CU member. c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? Mark (X) one. d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information? Mark (X) all that apply.

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number. PROCESSING USE ONLY 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No.

2, 3, 4, 5 checkboxes

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT - Enter code for reason of telephone contact from list of codes below.

Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT, OFFICE USE ONLY. Includes call logs 1-4 with reasons like 'Telephone call to collect data'.

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.

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes). Includes rows for Interviewing, Field Representative review, Office edit, Office transcription.

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT - Record travel time and enter code for reason of visit from list of codes at right.

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY. Includes travel logs 1-4 with reasons like 'Personal visit to collect data'.

8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.

a. Enter the line number of the respondent who answered the most questionnaire sections... b. Enter the line number(s) of all other respondents... c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

NOTES

9. LAST SECTION COMPLETED - If the respondent did not complete the interview to its conclusion, enter the last section completed.

PROCESSING USE ONLY

0850 Section number

0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (checkboxes 2, 3, 4, 5)

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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.

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT - Enter code for reason of telephone contact from list of codes below.

Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT - Record travel time and enter code for reason of visit from list of codes at right.

Table with columns: REASON FOR VISIT (4-6)

8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY (multiple columns)

a. Enter the line number of the respondent who answered the most questionnaire sections - Enter code 99 for non CU member.

0660 Line number of main respondent

b. Enter the line number(s) of all other respondents - Enter code 99 for non CU member.

Table with columns: 0670, 0700, 0730, 0680, 0710, 0740, 0690, 0720, 0750

c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?

Mark (X) one.

0760 1 Always, 2 Almost always, 3 Mostly, 4 Occasionally, 5 Almost never, 6 Never

d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

Mark (X) all that apply.

0770 Bills, 0780 Checkbook ledger or stubs, 0790 Canceled checks, 0800 Receipts of purchase (sales slips), 0810 Home file (provided by Census Bureau), 0820 Contracts or agreements, 0830 Bank statements, 0840 Other

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850 Section number

PROCESSING USE ONLY

0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION - Continued

FIELD

Part B - General Housing Characteristics - For New Consumer Units Only (For Returning Consumer Units, Go to Section 2)

1 01 26 1 ↓

<p><i>Ask if not apparent.</i></p> <p>1a. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?</p>	<p>0010 1 <input type="checkbox"/> Yes - Go to item 2 2 <input type="checkbox"/> No</p> <p>PUBLHOUS</p>	<p>5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?</p>	<p>0060 _____ Number</p> <p>ROOMSQ</p>	<p><i>Information Booklet, page 5</i></p> <p>9. Does this unit have any of the following? <i>Mark (X) all that apply.</i></p> <p>0130 01 <input type="checkbox"/> Swimming pool 0140 02 <input type="checkbox"/> Off street parking 0150 03 <input type="checkbox"/> Porch, terrace, patio, or balcony 0160 04 <input type="checkbox"/> Apartment or guest house 0170 05 <input type="checkbox"/> Central air conditioning 0180 06 <input type="checkbox"/> Window air conditioning</p> <p>SWIMPOOL OFSTPA RK PORCH APTMENT CNTRALAC WINDOWAC</p>
<p>b. If NO Are your housing costs lower because the Federal, State, or local government is paying part of the cost?</p>	<p>0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>GOVTCOST</p>	<p>6. How many bedrooms are there in this unit? <i>Count all rooms used MAINLY for sleeping, even if also used for other purposes.</i></p>	<p>0070 _____ Number 0 <input type="checkbox"/> None</p> <p>BEDROOMQ</p>	
<p><i>Ask if not apparent.</i></p> <p>2. Are these living quarters presently used as student housing by a college or university?</p>	<p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>ST_HOUS</p>	<p>7a. How many complete bathrooms are there in this unit? <i>A COMPLETE BATHROOM has a flush toilet, a bathtub or shower, and a wash basin with piped water.</i></p>	<p>0080 _____ Number 0 <input type="checkbox"/> None</p> <p>BATHRMQ</p>	
<p><i>Ask if not apparent by observation.</i> <i>Information Booklet, page 5</i></p> <p>3. Which best describes this building?</p>	<p>0040 01 <input type="checkbox"/> Single family detached (detached structure with only one primary residence; however, the structure could include a rental unit(s) in the basement, attic, etc.) 02 <input type="checkbox"/> Row or townhouse - inner unit (2, 3, or 4 story structure with 2 walls in common with other units and a private ground level entrance; it may have a rental unit as part of the structure) 03 <input type="checkbox"/> End row or end townhouse (one common wall) 04 <input type="checkbox"/> Duplex (detached two unit structure with one common wall between the units) 05 <input type="checkbox"/> 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) - Go to item 5 06 <input type="checkbox"/> Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the units not only have common walls but are also stacked on top of one another) - Go to item 5 07 <input type="checkbox"/> High-rise (a multi-unit structure which has 4 or more floors) - Go to item 5 08 <input type="checkbox"/> Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of one of the units described above) - Go to item 5 09 <input type="checkbox"/> Mobile home or trailer - Go to item 5 10 <input type="checkbox"/> College dormitory - Go to section 1, part C 11 <input type="checkbox"/> Other - Specify and go to item 4 ↘</p> <p>BUILDING</p>	<p>b. How many half bathrooms are there in this unit? <i>A HALF BATHROOM has at least a flush toilet OR bathtub or shower, but does not have all the facilities of a complete bathroom.</i></p>	<p>0090 _____ Number 0 <input type="checkbox"/> None</p> <p>HLFBATHQ</p>	<p>10. About when was this building originally built? <i>Do not consider later remodelings.</i></p> <p>0450 01 <input type="checkbox"/> 1990 or later 02 <input type="checkbox"/> 1985-1989 03 <input type="checkbox"/> 1980-1984 04 <input type="checkbox"/> 1975-1979 05 <input type="checkbox"/> 1970-1974 06 <input type="checkbox"/> 1965-1969 07 <input type="checkbox"/> 1960-1964 08 <input type="checkbox"/> 1955-1959 09 <input type="checkbox"/> 1950-1954 10 <input type="checkbox"/> 1945-1949 11 <input type="checkbox"/> 1940-1944 12 <input type="checkbox"/> 1930-1939 13 <input type="checkbox"/> 1920-1929 14 <input type="checkbox"/> 1910-1919 15 <input type="checkbox"/> 1900-1909 16 <input type="checkbox"/> Before 1900 X <input type="checkbox"/> Don't know</p> <p>BUILT</p>
		<p>8. What fuel is used most for - a. Heating this unit?</p>	<p>0100 01 <input type="checkbox"/> Gas (underground piping) 02 <input type="checkbox"/> Electricity 03 <input type="checkbox"/> Fuel oil 04 <input type="checkbox"/> Other - Specify ↘</p> <p>_____</p> <p>05 <input type="checkbox"/> No fuel used X <input type="checkbox"/> Don't know HEATFUEL</p>	
		<p>b. Heating water in this unit?</p>	<p>0110 01 <input type="checkbox"/> Gas (underground piping) 02 <input type="checkbox"/> Electricity 03 <input type="checkbox"/> Fuel oil 04 <input type="checkbox"/> Other - Specify ↘</p> <p>_____</p> <p>05 <input type="checkbox"/> No fuel used X <input type="checkbox"/> Don't know WATERHT</p>	
<p>4. What is the approximate size of the lot on which this unit is located?</p>	<p>Lot size (approximate acreage)</p> <p>0050 01 <input type="checkbox"/> 1 acre or less - 43,560 sq. ft. 02 <input type="checkbox"/> 2 acres - 87,120 sq. ft. 03 <input type="checkbox"/> 3 to 5 acres 04 <input type="checkbox"/> 6 to 10 acres LOT_SIZE ↗ 05 <input type="checkbox"/> Greater than 10 acres 06 <input type="checkbox"/> No lot X <input type="checkbox"/> Don't know</p>	<p>c. Cooking?</p>	<p>0120 01 <input type="checkbox"/> Gas (underground piping) 02 <input type="checkbox"/> Electricity 03 <input type="checkbox"/> Fuel oil 04 <input type="checkbox"/> Other - Specify ↘</p> <p>_____</p> <p>05 <input type="checkbox"/> No fuel used X <input type="checkbox"/> Don't know COOKING ↗</p>	<p>NOTES</p>

Section 1 – GENERAL SURVEY INFORMATION – Continued

Part C – Major Household Appliances – For New Consumer Units Only

3 01 28 3 →

NOTES

PROCESSING USE ONLY	a		b	c					NOTES
	Information Booklet, page 6 Does your CU have any of the following appliances?		If YES – How many?	Was this (Were any of these) – 1. Purchased for own use? 2. Included with own house? 3. Received as a gift? 4. Included with rental unit? 5. Rented separately? <i>FIELD REPRESENTATIVE – Mark (X) first box that applies.</i>					
	Yes	No		1	2	3	4	5	
0010	Electric cooking stove, range, or oven	<input type="checkbox"/>	<input type="checkbox"/>	MA	JA	PPLQ	A	PPLSTAT	
0020	Gas cooking stove, range, or oven	<input type="checkbox"/>	<input type="checkbox"/>						
0030	Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>						
0040	Other cooking stove, range, or oven	<input type="checkbox"/>	<input type="checkbox"/>						
0050	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>						
0060	Home-freezer	<input type="checkbox"/>	<input type="checkbox"/>						
0070	Built-in dishwasher	<input type="checkbox"/>	<input type="checkbox"/>						
0080	Portable dishwasher	<input type="checkbox"/>	<input type="checkbox"/>						
0090	Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>						
0100	Clothes washer	<input type="checkbox"/>	<input type="checkbox"/>						
0110	Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>						
0120	Color television	<input type="checkbox"/>	<input type="checkbox"/>						
0130	Computer, not solely for games	<input type="checkbox"/>	<input type="checkbox"/>						
0140	Sound components, component system, or compact disc sound system	<input type="checkbox"/>	<input type="checkbox"/>						
0150	Video tape recorder, video disc player, or video cassette recorder (VCR)	<input type="checkbox"/>	<input type="checkbox"/>						
GO TO SECTION 2									

Section 2 – RENTED LIVING QUARTERS

Part A – CU Tenure, Rental Payments, Facilities, and Services for the Sample Unit

1 02 01 2 ↓

<p>1. FIELD REPRESENTATIVE CHECK ITEM</p> <p>a. Mark (X) appropriate box based upon section 1, part B, item 2 for first interview or new consumer units. For subsequent interviews, this item will be prefilled.</p> <p>b. Are these living quarters owned or being bought by you (or any members of your CU)?</p> <p>ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX.</p> <p>c. Do you (or any members of your CU) pay rent for these living quarters?</p> <p>RENTED</p>		<p>4a. Did you (or any members of your CU) receive any reduced or free rent for this unit as a form of pay since the 1st of (month, 3 months ago)?</p> <p>b. What is the rental charge to another tenant for a similar unit?</p> <p>c. What period of time does this cover?</p>		<p>NOTES</p>										
<p>2a. What is the rental charge to your CU for this unit, including any extra charge for garage or parking facilities? Do not include direct payments by local, state, or federal agencies.</p> <p>b. What period of time does this cover?</p> <p>c. Since the 1st of (month, 3 months ago), how many payments have been made?</p> <p>d. Were all the payments in the amount of (rental charge reported in item 2a)?</p> <p>e. If NO – What was the amount of each payment and how many payments were made at that amount?</p> <table border="1"> <thead> <tr> <th>Payment</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>RTIREGX .00</td> <td>RTIREGQ</td> </tr> <tr> <td>.00</td> <td></td> </tr> <tr> <td>.00</td> <td></td> </tr> <tr> <td>.00</td> <td></td> </tr> </tbody> </table> <p>f. Were any payments made during the current month?</p> <p>g. If YES – How much?</p>		Payment	Number		RTIREGX .00	RTIREGQ	.00		.00		.00		<p>5a. Is any portion of this unit used for your own business?</p> <p>b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.</p>	
Payment	Number													
RTIREGX .00	RTIREGQ													
.00														
.00														
.00														
<p>3. Does the rental payment include the cost of –</p> <p>a. Electricity?</p> <p>b. Gas?</p> <p>c. Piped-in water?</p> <p>d. Heating?</p> <p>e. Trash/Garbage collection?</p> <p>f. Garage or parking facilities</p>		<p>6. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.</p>												

Section 2 – RENTED LIVING QUARTERS – Continued

FIELD REPRESENTATIVE – Complete a separate page for each rented unit other than the sample unit.

Part B – Rental Payments, Facilities, and Services for Other Than Sample Unit

RENTAL OF OTHER THAN SAMPLE UNIT	PROCESSING USE ONLY	1 02 02 0 ↓ m				NOTES
1a. What is the rental charge to your CU for the other unit, including any extra charge for garage or parking facilities?	0010	\$	RTREGX e .00	x <input type="checkbox"/> Don't know t i		
b. What period of time does this cover?	0020	4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify <u>z</u>		RNTL PRD		
c. Since the 1st of (month, 3 months ago), how many payments have been made?	0030	RTPM TQ		Number		
d. Were all the payments in the amount of (rental charge reported in item 1a)?	0040	1 <input type="checkbox"/> Yes – G 2 <input type="checkbox"/> No		RTPM TRG		
e. If NO – What was the amount of each payment and how many payments were made at that amount?	0050	Payment	RTIREGX .00	RTIREGX	0060	
	0070	\$	.00		0080	
	0090	\$	.00		0100	
	0110	\$	.00		0120	
	0170	1 <input type="checkbox"/> Yes RTCREXP 2 <input type="checkbox"/> No – Go to item 2				
g. If YES – How much?	0180	\$	RTCREXX .00			
2. Does the rental payment include the cost of –		Yes	No			
a. Electricity?	0190	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTELECT			
b. Gas?	0200	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTGAS			
c. Piped-in water?	0210	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTWATER			
d. Heating?	0220	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTHEAT			
e. Trash/Garbage collection?	0230	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTTRASH			
f. Garage or parking facilities?	0240	1 <input type="checkbox"/>	2 <input type="checkbox"/> RTPARK			
3a. Did you or any members of your CU receive any free or reduced rent for the unit as a form of pay since the 1st of (month, 3 months ago)?	0250	1 <input type="checkbox"/> Yes RTASPAY 2 <input type="checkbox"/> No – Go to item 4				
b. What is the rental charge to another tenant for a similar unit?	0260	\$	RTCOMPX .00	x <input type="checkbox"/> Don't know		
c. What period of time does this cover?	0270	4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify <u>z</u>		RTCMPPD		
4a. Is any portion of the unit used for your own business?	0280	1 <input type="checkbox"/> Yes RTBSNS 2 <input type="checkbox"/> No – Go to item 5				
b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.	0290	RTBSNSZ	.00	Percent		
5. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.	0300	1 <input type="checkbox"/> Yes – Complete part B for other rental property 2 <input type="checkbox"/> No – Go to next section				

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

Part A.1 – Screening Questions (If New Consumer Unit, Go to Part A.2)

If this box is marked – Go to item 3a (no owned properties reported in previous interviews).

FIELD REPRESENTATIVE INSTRUCTIONS

- After completing all screening items (Part A.1) fill the appropriate parts of section 3 for each property owned.
- For each property previously recorded and still owned ("Yes" in item 1, column g), complete part I.
- For each property previously recorded and disposed of within the last 3 months ("No" in item 1, column g), complete parts D and
-
-
-

1. Ask column g for each property listed, except if property has been disposed of previously ("YES" in column b). If mortgage information (amount paid), column j is recorded for a property, ask column k. If column l is "YES," ask column n.

8 03 00 7 →

PROPERTY INVENTORY CHART

PROCESSING USE ONLY	a		b		c	d	e	f	g		h		i	j				k		l		m	n		o	p	
	PROP_NOA	PROPDISP	Property disposed of (part D completed)						Do you still have (property description)?		Are (Were) any of the expenses for this property deducted as business, farm, or rental expenses?			Mortgage or lump sum home equity information reported in previous interview		Has your mortgage (lump sum home equity loan) payment of (amount paid) changed?		Line of Credit Home Equity Loan (Part H)		Since the 1st of (last month), have you (or your CU) made any payments for your line of credit home equity loan?			PD2A MTX	PRN2A MTX			
			YES	NO					1. Condo	2. Co-op	3. Something else (part B, item 10)	1. Yes		2. No	1. Yes	2. No	No mortgage or lump sum home equity loan	Mortgage or loan number	TYPE	Amount paid from part F, item 11 or part G, item 11	YES						NO
0001	PROP_NOA	1 <input type="checkbox"/>	2 <input type="checkbox"/>						1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00
0021	PROP_NO2	1 <input type="checkbox"/>	2 <input type="checkbox"/>						1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00
0041		1 <input type="checkbox"/>	2 <input type="checkbox"/>						1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00
0061		1 <input type="checkbox"/>	2 <input type="checkbox"/>						1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00
0081		1 <input type="checkbox"/>	2 <input type="checkbox"/>						1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00
0101		1 <input type="checkbox"/>	2 <input type="checkbox"/>						1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00
0121		1 <input type="checkbox"/>	2 <input type="checkbox"/>						1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00
0141		1 <input type="checkbox"/>	2 <input type="checkbox"/>						1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ ____ .00	\$ ____ .00

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

Part A.1 – Screening Questions – Continued

1 03 01 0 ↓

2a. Since the 1st of (month, 3 months ago), have you obtained any additional mortgages, including second mortgages or home equity loans for any property you own? 0010 1 Yes
2 No – Go to item 3a

b. If YES – For which property was this additional mortgage or home equity loan obtained?
Enter the appropriate property number(s) and property code(s) in item 2g below from the property inventory chart (items 1a and 1e).

Ask for each property.

c. Was this a mortgage or a home equity loan? 0020 1 Mortgage – Mark (X) "Yes" in mortgage column in item 2g
2 Home Equity Loan – Continue with item 2d

d. There are two basic types of home equity loans. I'll describe both types. Please tell me which type more closely describes your loan.
01 A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or
02 A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card?

e. Is this new loan a lump sum home equity loan? 0030 1 Yes – Mark (X) "Yes" in lump sum home equity loan column in item 2g
2 No – Continue with item 2f

Ask or verify.

f. Is this new loan a line of credit home equity loan? 0040 1 Yes – Mark (X) "Yes" in line of credit home equity loan column in item 2g

4. FIELD REPRESENTATIVE INSTRUCTION – Refer to the chart below. Complete all appropriate parts for each new property disposed of in the reference period and for each new property currently owned before moving on to the next property.

PROPERTY STATUS	
Currently owned ("Yes" in item 3b)	Disposed of ("No" in item 3b)
B, E, I	B, D, E, I

(NOTE: Do not fill any parts for property code 600.)

NOTES

g. Complete the chart below for each additional mortgage/home equity loan.

Property number	Property code	Mortgage (Complete a part F)	Lump sum home equity loan (Complete a part G)	Line of credit home equity loan (Complete a part H)
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or otherwise acquired any property or real estate? 0050 1 Yes – Ask items 3b and 3c
2 No – Go to next part or section

b. Please look at (page 7, Information Booklet). What kind of property was it (were they)?
ENTER PROPERTY CODE(S) FROM BELOW
100 The home in which you (your CU) currently live(s)
200 A home in which you (your CU) used to live
600 Property for business or investment purposes only
300 A second home, vacation home or recreational property
400 Unimproved land with no buildings on it
500 Other property – Specify _____

Property code	Still owned
0060 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
0080 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
0100 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

c. Do you still have this property?
Mark (X) the appropriate box in "still owned" column.

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

FIELD REPRESENTATIVE – Ask part A.2 questions 1 through 7 and then complete parts B through I as instructed.

Part A.2 – Screening Questions – For New Consumer Units Only

1. Now I want to talk about owned living quarters and other currently owned real estate. I'll be asking separately about each of these types of property. (Hand respondent Information Booklet, page 7.) Do you (any members of your CU) own the home in which you (your CU) currently live(s)? (Treat land contracts as ownership.)	Property code	YES	NO	If YES ask – How many such properties do you (does your CU) own?		NOTES						
	100	0010 1 <input type="checkbox"/>	2 <input type="checkbox"/>									
2. Since the first of (month, 3 months ago), have you (has anyone in your CU) lived in any other home that you (any member of your CU) still own(s)?	200	0020 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 3	0030 _____ Number								
3. Do you (Does your CU) own any property only for business or investment purposes?	600	0035 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 4									
READ IF "YES" IN ITEM 3 – In the following questions, please do not include any of the properties you (your CU) own(s) only for business or investment purposes.												
4. Other than property you have already mentioned, do you (does your CU) own a second home, vacation home, or recreational property?	300	0040 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 5	0050 _____ Number								
5. Other than property you have already mentioned, do you (does your CU) own any unimproved land, that is, land without buildings on it?	400	0060 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 6	0070 _____ Number								
6. Do you (Does your CU) own any other real estate? – Specify ↴ _____	500	0080 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 7a	0090 _____ Number								
7a. Since the first of (month, 3 months ago), did you (your CU) own any real estate or land that you (your CU) no longer own(s)?	0100 1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> Go to item 8									
b. If YES – How many different properties?	0110 _____ Number											
c. Please look at page 7 in the Information Booklet. What kind of property(ies) was it (were they)? Enter property code(s) from below. 100 – The home in which you (your CU) currently live(s) 200 – A home in which you (your CU) used to live 600 – Property for business or investment purposes only 300 – A second home, vacation home, or recreational property 400 – Unimproved land with no buildings on it 500 – Other property – Specify ↴ _____	0120	<input type="text"/>	0130	<input type="text"/>	0140	<input type="text"/>						
	0150	<input type="text"/>	0160	<input type="text"/>	0170	<input type="text"/>						
	0180	<input type="text"/>	0190	<input type="text"/>	0200	<input type="text"/>						
	0210	<input type="text"/>	0220	<input type="text"/>	0230	<input type="text"/>						
8. FIELD REPRESENTATIVE INSTRUCTIONS – Refer to the chart to the right. Complete all appropriate parts for each property disposed of in the reference period and for each property currently owned before moving on to next property. Note – Do not fill any parts for property code 600.	<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="2">PROPERTY STATUS</th> </tr> <tr> <th>Currently owned ("YES" in items 1–6)</th> <th>Disposed of ("YES" in item 7a)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">B, E, I</td> <td style="text-align: center;">B, D, E, I</td> </tr> </tbody> </table>						PROPERTY STATUS		Currently owned ("YES" in items 1–6)	Disposed of ("YES" in item 7a)	B, E, I	B, D, E, I
PROPERTY STATUS												
Currently owned ("YES" in items 1–6)	Disposed of ("YES" in item 7a)											
B, E, I	B, D, E, I											

NOTE: As of April 1999, Section 3 Part C no longer exists.

NOTES

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

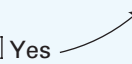


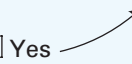
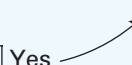
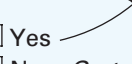
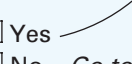

FIELD REPRESENTATIVE – Complete a column in part D for this property reported as disposed of in part A.1, item 1g, or part A.2, item 7, and continue with all appropriate parts for this property before going to next property.

Part D – Disposed of Property		1 03 33 3 ↓	1 03 34 1 ↓	1 03 35 8 ↓	1 03 36 6 ↓
1. FIELD REPRESENTATIVE ITEM <i>Complete at the 1st interview in which the property is reported as being disposed of. Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	PROCESSING USE ONLY				
	a. PROPERTY NUMBER	0010 _____ Number PROP_NOD	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. PROPERTY CODE	0020 [][] Code O W N Y D	0020 [][] Code	0020 [][] Code	0020 [][] Code
	c. DESCRIPTION	Description	Description	Description	Description
2. Did you (your CU) sell this property, give it to someone else (outside your CU), or do something else with it?	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘ _____ DISPM THD _____ Mark property traded-in as "sold."	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘ _____ _____ Mark property traded-in as "sold."	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘ _____ _____ Mark property traded-in as "sold."	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↘ _____ _____ Mark property traded-in as "sold."	
3. In what month and year did you (your CU) (sell/response to item 2) this property?	0040 [][] Month 0050 [][][][] Year DISPM O DISPYR If "sold" in item 2, go to item 4; otherwise go to part E.	0040 [][] Month 0050 [][][][] Year If "sold" in item 2, go to item 4; otherwise go to part E.	0040 [][] Month 0050 [][][][] Year If "sold" in item 2, go to item 4; otherwise go to part E.	0040 [][] Month 0050 [][][][] Year If "sold" in item 2, go to item 4; otherwise go to part E.	
4. What was the selling price (trade-in value)?	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00	
5. Hand the respondent Information Booklet, page 9. Here is a list of some of the costs people may have when selling (trading) property. Looking at the list may help you remember what your (your CU's) expenses were. What were the total expenses in selling (trading) this property?	0070 \$ _____ .00	0070 \$ _____ .00	0070 \$ _____ .00	0070 \$ _____ .00	
6a. Did you (your CU) finance any part of the sale (trade) for the buyer?	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E M O R T H O L D	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	
b. What was the amount of the mortgage that you (your CU) financed?	0090 \$ _____ .00	0090 \$ _____ .00	0090 \$ _____ .00	0090 \$ _____ .00	
		TX	NOTES		

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Ask part E questions 1 through 6 and then complete parts F, G, and/or H as instructed.


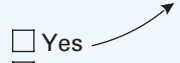


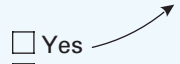
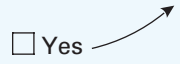

Part E – Mortgage/Home Equity Loan Screening Questions

1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	a. PROPERTY NUMBER	_____ Number	b. PROPERTY CODE	<input type="text"/> <input type="text"/> <input type="text"/> Code	c. DESCRIPTION	Description	7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage	
2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description). FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) appropriate box based upon part B, item 10.</i>	1 <input type="checkbox"/> Co-op property – Go to item 4a		2 <input type="checkbox"/> Not co-op		a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)			F		
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 3b		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)? _____ – Go to item 5 Number		b. Enter number of lump sum home equity loans for this property (from item 6a)			G		
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5		_____ – Go to item 5 Number		c. Enter number of line of credit home equity loans for this property (from item 6b)			H		
4a. In addition to your (your CU's) share of the cooperative's total costs, do you (does your CU) make payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 4b		_____ – Go to item 5 Number		• After completing the appropriate parts F, G, and/or H, continue with part I • If no mortgages nor home equity loans on this property, go to part I		NOTES			
b. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5		_____ – Go to item 5 Number							
5. Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)? _____ Number							
6. Now let's talk about your (your CU's) (loan description). There are two basic types of home equity loans. I'll describe both types. Please tell me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or • A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card.	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 6b		_____ Number							
a. Do you (Does your CU) have a lump sum home equity loan?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		_____ Number							
b. Do you (Does your CU) have a line of credit home equity loan?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		_____ Number							

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Ask part E questions 1 through 6 and then complete parts F, G, and/or H as instructed.

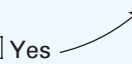

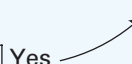
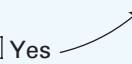
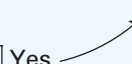
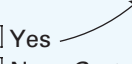
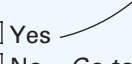
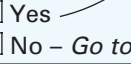
Part E – Mortgage/Home Equity Loan Screening Questions – Continued

1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	a. PROPERTY NUMBER	_____ Number	7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	b. PROPERTY CODE	<input type="text"/> <input type="text"/> <input type="text"/> Code			F
	c. DESCRIPTION	Description			
2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description). FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) appropriate box based upon part B, item 10.</i>	1 <input type="checkbox"/> Co-op property – Go to item 4a 2 <input type="checkbox"/> Not co-op				G
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 3b	<i>If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?</i> _____ – Go to item 5 Number	• After completing the appropriate parts F, G, and/or H, continue with part I • If no mortgages nor home equity loans on this property, go to part I		
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5	_____ – Go to item 5 Number				NOTES
4a. In addition to your (your CU's) share of the cooperative's total costs, do you (does your CU) make payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 4b	_____ – Go to item 5 Number			
b. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5	_____ – Go to item 5 Number			
5. Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7	<i>If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)?</i> _____ Number			
6. Now let's talk about your (your CU's) (loan description). There are two basic types of home equity loans. I'll describe both types. Please tell me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or • A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card.					
a. Do you (Does your CU) have a lump sum home equity loan?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 6b	_____ Number			
b. Do you (Does your CU) have a line of credit home equity loan?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7	_____ Number			

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Ask part E questions 1 through 6 and then complete parts F, G, and/or H as instructed.

Part E – Mortgage/Home Equity Loan Screening Questions – Continued

1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	a. PROPERTY NUMBER	_____ Number	b. PROPERTY CODE	<input type="text"/> <input type="text"/> <input type="text"/> Code	c. DESCRIPTION	Description	7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description). FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) appropriate box based upon part B, item 10.</i>	1 <input type="checkbox"/> Co-op property – Go to item 4a		2 <input type="checkbox"/> Not co-op		a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)			F	
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 3b		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)? _____ – Go to item 5 Number		b. Enter number of lump sum home equity loans for this property (from item 6a)			G	
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5		_____ – Go to item 5 Number		c. Enter number of line of credit home equity loans for this property (from item 6b)			H	
4a. In addition to your (your CU's) share of the cooperative's total costs, do you (does your CU) make payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 4b		_____ – Go to item 5 Number		• After completing the appropriate parts F, G, and/or H, continue with part I • If no mortgages nor home equity loans on this property, go to part I		NOTES		
b. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5		_____ – Go to item 5 Number						
5. Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)? _____ Number						
6. Now let's talk about your (your CU's) (loan description). There are two basic types of home equity loans. I'll describe both types. Please tell me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or • A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card.	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 6b		_____ Number						
a. Do you (Does your CU) have a lump sum home equity loan?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		_____ Number						
b. Do you (Does your CU) have a line of credit home equity loan?	<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7		_____ Number						

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Complete a separate column for each mortgage at the first interview in which the mortgage is reported.

Part F – Mortgages

1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d, beginning with 101 and assigning loan numbers consecutively, regardless of property number.	PROCESSING USE ONLY	1 03 43 2 ↓	1 03 44 0 ↓	1 03 45 7 ↓
	a. PROPERTY NUMBER	0010 _____ Number PROP_NOF	0010 _____ Number	0010 _____ Number
	b. PROPERTY CODE	0020 [][] Code OW NYF	0020 [][] Code	0020 [][] Code
	c. DESCRIPTION	Description	Description	Description
	d. LOAN NUMBER	0030 1 [][] Number LOAN_NOF	0030 1 [][] Number	0030 1 [][] Number
2. I'd like to ask some additional questions about your mortgage. In what month and year did you (your CU) make your (your CU's) first payment on this mortgage?	FRSTPYMO Month	FRSTPYR Year	Month	Year
	0035 [][]	0045 [][][][]	0035 [][]	0045 [][][][]
3. Is this a 30-year mortgage, a 15-year mortgage, or something else?	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year M TERM	0065 3 <input type="checkbox"/> Something else – Specify MORTERM Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year Number of years
4. What was the rate of interest at the time the mortgage was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0075 OLDMRRT Percent	0075 _____ Percent	0075 _____ Percent	0075 _____ Percent
5. What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.)	0080 NEWMRRT Percent	0080 _____ Percent	0080 _____ Percent	0080 _____ Percent
6a. Is this a fixed rate mortgage?	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No FIXEDRTE	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No
b. There are many different kinds of mortgages. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable PAYTYPE	0090 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know
7. Have you (Has your CU) refinanced or renegotiated this mortgage?	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No REFINED	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No
8. What was the amount of the mortgage when you (your CU) obtained it, excluding any interest?	0130 \$ _____ .00 ORGMRTX	0130 \$ _____ .00	0130 \$ _____ .00	0130 \$ _____ .00
9. How often are (were) mortgage payments due?	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify MRTPMPD	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify
10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance PAYPRIN PAYPROTX PAYPROIN PAYLIFIN	0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify PAYOTHER	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance
11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?	0235 \$ _____ .00 MRTPMTX	0235 \$ _____ .00	0235 \$ _____ .00	0235 \$ _____ .00
12. If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?	0245 \$ _____ .00 PRININTX	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Complete a separate column for each lump sum home equity loan at the first interview in which the loan is reported.

Part G – Lump Sum Home Equity Loans

1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d, beginning with 201 and assigning loan numbers consecutively, regardless of property number.	PROCESSING USE ONLY	1 03 58 0 ↓	1 03 59 8 ↓	1 03 60 6 ↓
	a. PROPERTY NUMBER	0010 _____ Number PROP_NOF	0010 _____ Number	0010 _____ Number
	b. PROPERTY CODE	0020 [][] Code OWN YF	0020 [][] Code	0020 [][] Code
	c. DESCRIPTION	Description	Description	Description
	d. LOAN NUMBER	0030 2 [][] Number LOAN_NOF	0030 2 [][] Number	0030 2 [][] Number
2. I'd like to ask some additional questions about your lump sum home equity loan. In what month and year did you (your CU) make your (your CU's) first payment on this loan?	FRSTPYM O Month	FRSTPYR Year	Month	Year
	0035 [][]	0045 [][][][]	0035 [][]	0045 [][][][]
3. Is this a 30-year home equity loan, a 15-year home equity loan, or something else?	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year M TERM	3 <input type="checkbox"/> Something else – Specify MORTTERM Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year Number of years
4. What was the rate of interest at the time the home equity loan was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0075 _____ Percent	_____ Percent	_____ Percent	_____ Percent
5. What is the current interest rate on your (your CU's) home equity loan? (Convert fractions to decimals.)	0080 _____ Percent	_____ Percent	_____ Percent	_____ Percent
6a. Is this a fixed rate home equity loan?	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	FIXEDRTE	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No
b. There are many different kinds of lump sum home equity loans. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable	5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify PAYTYPE	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable
7. Have you (Has your CU) refinanced or renegotiated this lump sum home equity loan?	0105 1 <input type="checkbox"/> Yes – Read to respondent – 2 <input type="checkbox"/> No	REFINED	0105 1 <input type="checkbox"/> Yes – Read to respondent – 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – 2 <input type="checkbox"/> No
8. What was the amount of the lump sum home equity loan when you (your CU) obtained it, excluding any interest?	0130 \$ _____ .00	ORGMRTX	0130 \$ _____ .00	0130 \$ _____ .00
9. How often are (were) loan payments due?	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly	5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify M RTPM PD	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly
10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance
11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?	0235 \$ _____ .00	_____ .00	0235 \$ _____ .00	0235 \$ _____ .00
12. If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?	0245 \$ _____ .00	x <input type="checkbox"/> Don't know	0245 \$ _____ .00	0245 \$ _____ .00

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Complete a separate part I for each property still owned or disposed of within the past 3 months.

Part I – Ownership Costs

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</p>	<p>PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE c. DESCRIPTION</p>	<p>1 03 77 0 ↓ 0010 PROP_NOI Number 0020 Code OW NYI Description</p>	<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p> <p>COOPRG#</p>	<p>0101 <input type="checkbox"/> Repayment of loans owed by cooperative 0202 <input type="checkbox"/> Property taxes 0303 <input type="checkbox"/> Property insurance 0404 <input type="checkbox"/> Management 0505 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0606 <input type="checkbox"/> Improvements 0707 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0808 <input type="checkbox"/> Security, including guards and alarm systems 0909 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 1010 <input type="checkbox"/> Trash collection 11011 <input type="checkbox"/> Other – Specify</p>	<p>11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</p>	<p>SPCLPAY 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p>
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>		<p>0030 1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – W A S M O R T Go to item 4a</p>	<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p> <p>HOCORG#</p>	<p>0270 21 <input type="checkbox"/> Management 0280 22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0290 23 <input type="checkbox"/> Improvements 0300 24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0310 25 <input type="checkbox"/> Parking 0320 26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0330 27 <input type="checkbox"/> Security, including guards and alarm systems 0340 28 <input type="checkbox"/> Maid service 0350 29 <input type="checkbox"/> Medical services 0360 30 <input type="checkbox"/> Trash collection 0370 31 <input type="checkbox"/> Other – Specify</p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided?</p> <p>HOCOSP</p>	<p>SERVICES FOR CO-OPS 0440 0 0450 0 0460 0 0470 0 0480 0 0490 0 0500 0 0510 0 0520 0 0530 1 0540 1 COOPSP SERVICES FOR CONDOS/ SOMETHING ELSE 0550 2 0560 2 0570 2 0580 2 0590 2 0600 2 0610 2 0620 2 0630 2 0640 3 0650 3</p>
<p>3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?</p> <p>b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?</p> <p>c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?</p> <p>d. Were there any penalty charges as a result of the extra payments?</p> <p>e. Since the 1st of (month, 3 months ago), how much were these penalty charges?</p> <p>f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p>		<p>0040 1 <input type="checkbox"/> Yes MORTSPEC 2 <input type="checkbox"/> No – Go to item 4a 0050 \$ SPECIALX .00 0060 \$ SPECLXCM .00 0070 1 <input type="checkbox"/> Yes SPPENCHG 2 <input type="checkbox"/> No – Go to item 4a 0080 \$ SPPENCHX .00 0090 \$ SPPCHCMX .00</p>	<p>10a. Are any of the costs included in your (your CU's) mortgage payment?</p> <p>b. If YES – How much per month?</p> <p>c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?</p> <p>d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</p> <p>e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p>	<p>0380 1 <input type="checkbox"/> Yes INC_MORT 2 <input type="checkbox"/> No – Go to item 10d 0390 \$ MGMORTX .00 0400 1 <input type="checkbox"/> Yes M G O T H E R 2 <input type="checkbox"/> No – Go to item 11a 0410 \$ M G O T H E R X .00 0420 \$ M G O T H R C X .00</p>	<p>c. Since the 1st of (month, 3 months ago), how much were these special payments?</p> <p>d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p>	<p>0660 \$ SPECLX .00 0670 \$ SPECLCX .00</p>
<p>4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?</p> <p>b. If YES – What was the total amount paid?</p> <p>c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p>		<p>0100 1 <input type="checkbox"/> Yes GRNDRENT 2 <input type="checkbox"/> No – Go to item 5 0110 \$ GRNDRNTX .00 0120 \$ GRNDRTCX .00</p>			<p>12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?</p> <p>b. What was the total amount paid?</p> <p>c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p>	<p>0680 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13 ASSESSM T 0690 \$ ASSESSX .00 0700 \$ ASSESSCX .00</p>
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. Refer to part B, item 10 or part A.1, item 1, column d</p> <p>6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?</p> <p>7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</p>		<p>0130 1 <input type="checkbox"/> Condominium – Go to item 7 2 <input type="checkbox"/> Co-op – Go to item 8 3 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6 TYPEPROP 0140 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a PAYHOASS 0150 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a PAYCONDO</p>			<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p>	<p>0710 \$ RNTEQVX .00 x <input type="checkbox"/> Don't know</p>

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Complete a separate part I for each property still owned or disposed of within the past 3 months.

Part I – Ownership Costs – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</p>	<p>PROCESSING USE ONLY 1 03 78 8 ↓</p> <p>a. PROPERTY NUMBER <input type="text"/> Number</p> <p>b. PROPERTY CODE <input type="text"/> Code</p> <p>c. DESCRIPTION Description</p>		<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p>	<p><input type="checkbox"/> 01 Repayment of loans owed by cooperative</p> <p><input type="checkbox"/> 02 Property taxes</p> <p><input type="checkbox"/> 03 Property insurance</p> <p><input type="checkbox"/> 04 Management</p> <p><input type="checkbox"/> 05 Repairs and maintenance, including lawn care and snow removal</p> <p><input type="checkbox"/> 06 Improvements</p> <p><input type="checkbox"/> 07 Recreational, including swimming, golf, and tennis facilities</p> <p><input type="checkbox"/> 08 Security, including guards and alarm systems</p> <p><input type="checkbox"/> 09 Utilities: such as gas, electricity, water, heat</p> <p><input type="checkbox"/> 10 Trash collection</p> <p><input type="checkbox"/> 11 Other – Specify <input type="text"/></p>	<p>11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</p> <p><input type="checkbox"/> 0430 1 Yes <input type="checkbox"/> 2 No – Go to item 12a</p>	
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>	<p><input type="checkbox"/> 0030 1 Mortgage/lump sum home equity loan</p> <p><input type="checkbox"/> 2 No mortgage/no lump sum home equity loan – Go to item 4a</p>		<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p>	<p><input type="checkbox"/> 0270 21 Management</p> <p><input type="checkbox"/> 0280 22 Repairs and maintenance, including lawn care and snow removal</p> <p><input type="checkbox"/> 0290 23 Improvements</p> <p><input type="checkbox"/> 0300 24 Utilities: such as gas, electricity, water, heat</p> <p><input type="checkbox"/> 0310 25 Parking</p> <p><input type="checkbox"/> 0320 26 Recreational, including swimming, golf, and tennis facilities</p> <p><input type="checkbox"/> 0330 27 Security, including guards and alarm systems</p> <p><input type="checkbox"/> 0340 28 Maid service</p> <p><input type="checkbox"/> 0350 29 Medical services</p> <p><input type="checkbox"/> 0360 30 Trash collection</p> <p><input type="checkbox"/> 0370 31 Other – Specify <input type="text"/></p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided?</p> <p>SERVICES FOR CO-OPS</p> <p><input type="text"/> 0440 <input type="text"/> 0 <input type="text"/> 0450 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0460 <input type="text"/> 0 <input type="text"/> 0470 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0480 <input type="text"/> 0 <input type="text"/> 0490 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0500 <input type="text"/> 0 <input type="text"/> 0510 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0520 <input type="text"/> 0 <input type="text"/> 0530 <input type="text"/> 1 <input type="text"/></p> <p><input type="text"/> 0540 <input type="text"/> 1 <input type="text"/></p> <p>SERVICES FOR CONDOS/ SOMETHING ELSE</p> <p><input type="text"/> 0550 <input type="text"/> 2 <input type="text"/> 0560 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0570 <input type="text"/> 2 <input type="text"/> 0580 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0590 <input type="text"/> 2 <input type="text"/> 0600 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0610 <input type="text"/> 2 <input type="text"/> 0620 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0630 <input type="text"/> 2 <input type="text"/> 0640 <input type="text"/> 3 <input type="text"/></p> <p><input type="text"/> 0650 <input type="text"/> 3 <input type="text"/></p>	
<p>3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?</p> <p><input type="checkbox"/> 0040 1 Yes <input type="checkbox"/> 2 No – Go to item 4a</p> <p>b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?</p> <p><input type="text"/> 0050 \$ <input type="text"/> .00</p> <p>c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?</p> <p><input type="text"/> 0060 \$ <input type="text"/> .00</p> <p>d. Were there any penalty charges as a result of the extra payments?</p> <p><input type="checkbox"/> 0070 1 Yes <input type="checkbox"/> 2 No – Go to item 4a</p> <p>e. Since the 1st of (month, 3 months ago), how much were these penalty charges?</p> <p><input type="text"/> 0080 \$ <input type="text"/> .00</p> <p>f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p> <p><input type="text"/> 0090 \$ <input type="text"/> .00</p>			<p>10a. Are any of the costs included in your (your CU's) mortgage payment?</p> <p><input type="checkbox"/> 0380 1 Yes <input type="checkbox"/> 2 No – Go to item 10d</p> <p>b. If YES – How much per month?</p> <p><input type="text"/> 0390 \$ <input type="text"/> .00</p> <p>c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?</p> <p><input type="checkbox"/> 0400 1 Yes <input type="checkbox"/> 2 No – Go to item 11a</p> <p>d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</p> <p><input type="text"/> 0410 \$ <input type="text"/> .00</p> <p>e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p> <p><input type="text"/> 0420 \$ <input type="text"/> .00</p>		<p>c. Since the 1st of (month, 3 months ago), how much were these special payments?</p> <p><input type="text"/> 0660 \$ <input type="text"/> .00</p> <p>d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p> <p><input type="text"/> 0670 \$ <input type="text"/> .00</p>	
<p>4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?</p> <p><input type="checkbox"/> 0100 1 Yes <input type="checkbox"/> 2 No – Go to item 5</p> <p>b. If YES – What was the total amount paid?</p> <p><input type="text"/> 0110 \$ <input type="text"/> .00</p> <p>c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p> <p><input type="text"/> 0120 \$ <input type="text"/> .00</p>					<p>12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?</p> <p><input type="checkbox"/> 0680 1 Yes <input type="checkbox"/> 2 No – Go to item 13</p> <p>b. What was the total amount paid?</p> <p><input type="text"/> 0690 \$ <input type="text"/> .00</p> <p>c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p> <p><input type="text"/> 0700 \$ <input type="text"/> .00</p>	
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. } Refer to part B, item 10 or If property is co-op, mark box 2. } part A.1, item 1, column d If property is neither, mark box 3.</p> <p><input type="checkbox"/> 0130 1 Condominium – Go to item 7</p> <p><input type="checkbox"/> 2 Co-op – Go to item 8</p> <p><input type="checkbox"/> 3 Neither condo nor co-op – Continue with item 6</p>					<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p> <p><input type="text"/> 0710 \$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>	
<p>6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?</p> <p><input type="checkbox"/> 0140 1 Yes – Go to item 9 <input type="checkbox"/> 2 No – Go to item 11a</p>						
<p>7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</p> <p><input type="checkbox"/> 0150 1 Yes – Go to item 9 <input type="checkbox"/> 2 No – Go to item 11a</p>						

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Complete a separate part I for each property still owned or disposed of within the past 3 months.

Part I – Ownership Costs – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</p>	<p>PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE c. DESCRIPTION</p>	<p>1 03 79 6 ↓ 0010 _____ Number 0020 _____ Code Description</p>	<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p>	<p>0160 01 <input type="checkbox"/> Repayment of loans owed by cooperative 0170 02 <input type="checkbox"/> Property taxes 0180 03 <input type="checkbox"/> Property insurance 0190 04 <input type="checkbox"/> Management 0200 05 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0210 06 <input type="checkbox"/> Improvements 0220 07 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0230 08 <input type="checkbox"/> Security, including guards and alarm systems 0240 09 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0250 10 <input type="checkbox"/> Trash collection 0260 11 <input type="checkbox"/> Other – Specify _____</p>	<p>11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</p>	<p>0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p>
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>		<p>0030 1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – Go to item 4a</p>	<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p>	<p>0270 21 <input type="checkbox"/> Management 0280 22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0290 23 <input type="checkbox"/> Improvements 0300 24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0310 25 <input type="checkbox"/> Parking 0320 26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0330 27 <input type="checkbox"/> Security, including guards and alarm systems 0340 28 <input type="checkbox"/> Maid service 0350 29 <input type="checkbox"/> Medical services 0360 30 <input type="checkbox"/> Trash collection 0370 31 <input type="checkbox"/> Other – Specify _____</p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided?</p>	<p>SERVICES FOR CO-OPS 0440 0 0450 0 0460 0 0470 0 0480 0 0490 0 0500 0 0510 0 0520 0 0530 1 0540 1 SERVICES FOR CONDOS/SOMETHING ELSE 0550 2 0560 2 0570 2 0580 2 0590 2 0600 2 0610 2 0620 2 0630 2 0640 3 0650 3</p>
<p>3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan? b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)? d. Were there any penalty charges as a result of the extra payments? e. Since the 1st of (month, 3 months ago), how much were these penalty charges? f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p>		<p>0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a 0050 \$ _____ .00 0060 \$ _____ .00 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a 0080 \$ _____ .00 0090 \$ _____ .00</p>	<p>10a. Are any of the costs included in your (your CU's) mortgage payment? b. If YES – How much per month? c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services? d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services? e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p>	<p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10d 0390 \$ _____ .00 0400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a 0410 \$ _____ .00 0420 \$ _____ .00</p>	<p>c. Since the 1st of (month, 3 months ago), how much were these special payments? d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p>	<p>0660 \$ _____ .00 0670 \$ _____ .00</p>
<p>4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)? b. If YES – What was the total amount paid? c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p>		<p>0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5 0110 \$ _____ .00 0120 \$ _____ .00</p>			<p>12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that? b. What was the total amount paid? c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p>	<p>0680 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13 0690 \$ _____ .00 0700 \$ _____ .00</p>
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. Refer to part B, item 10 or part A.1, item 1, column d. 6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association? 7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</p>		<p>0130 1 <input type="checkbox"/> Condominium – Go to item 7 2 <input type="checkbox"/> Co-op – Go to item 8 3 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6 0140 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a 0150 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a</p>			<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p>	<p>0710 \$ _____ .00 x <input type="checkbox"/> Don't know</p>

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity loan that has changed.

Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment

<p>1. FIELD REPRESENTATIVE ITEM</p> <p>Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k.</p> <p>Enter the property number in item 1a, the property code in item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark (X) the appropriate type of loan in item 1e.</p>	<p>PROCESSING USE ONLY</p> <p>1 03 92 9 ↓</p> <p>a. PROPERTY NUMBER 0010 _____ Number PROP_NOJ</p> <p>b. PROPERTY CODE 0020 [][] Code OW NYJ</p> <p>c. DESCRIPTION Description</p> <p>d. MORTGAGE (LOAN) NUMBER 0030 _____ Number LOAN_NOJ</p> <p>e. TYPE OF LOAN 0035 1 <input type="checkbox"/> Mortgage LOANTYPJ 2 <input type="checkbox"/> Lump sum home equity loan</p>		<p>6. How often are (were) mortgage (lump sum home equity loan) payments due?</p> <p>0090 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly MRTPM PDJ 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify _____</p>	
<p>2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (property description)?</p> <p>1 – Change in escrow account payment 2 – Change in interest rate 3 – Paid off 4 – Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 – Mortgage (loan) renegotiated (rollover or renegotiable mortgage (loan)) 6 – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan)) 7 – Other reasons 8 – More than one of the above X – Don't know</p>	<p>0040 1 <input type="checkbox"/> Go to item 8 2 <input type="checkbox"/> Go to item 7 3 <input type="checkbox"/> Go to item 11 4 <input type="checkbox"/> Go to item 8 5 <input type="checkbox"/> } 6 <input type="checkbox"/> } 7 <input type="checkbox"/> } Go to item 3 8 <input type="checkbox"/> } X <input type="checkbox"/> }</p> <p>MORTCHNG</p>	<p>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</p> <p>Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</p> <p>0100 _____ . _____ Percent</p> <p>NEW MRRTJ</p>	<p>8. On your (your CU's) last regular payment, which of these things were included?</p> <p>0125 1 <input type="checkbox"/> Principal and interest PYPRINIJ 0130 2 <input type="checkbox"/> Property taxes PYPROTXJ 0140 3 <input type="checkbox"/> Property insurance PYPROINJ 0150 4 <input type="checkbox"/> Life insurance PYLIFINJ 0160 5 <input type="checkbox"/> Mortgage guarantee insurance PYMORINJ 0170 6 <input type="checkbox"/> Any other payments – Specify _____ PYOTHERJ</p>	<p>9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?</p> <p>0175 \$ _____ .00 MRTPM TJX</p>
<p>3. Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?</p>	<p>0045 1 <input type="checkbox"/> 30-year ORW HAT 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify _____</p> <p>0050 [][] Number of years MRTTERM J</p>	<p>10. How much of that amount was for principal and interest?</p> <p>If any of Codes 2–6 marked in item 8 ask –</p> <p>0185 \$ _____ .00 PRININJX x <input type="checkbox"/> Don't know</p>	<p>11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?</p> <p>0195 [][] Month } Go to next property or next section MORTCHMO</p>	<p>NOTES</p>
<p>4a. Is this a fixed rate mortgage (lump sum home equity loan)?</p> <p>Hand respondent Information Booklet, page 10.</p> <p>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?</p>	<p>0055 1 <input type="checkbox"/> Yes – Go to item 5 FIXEDRTJ 2 <input type="checkbox"/> No</p> <p>0060 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable interest rate 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify _____ PATTYPJ</p> <p>x <input type="checkbox"/> Don't know</p>			
<p>5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?</p>	<p>0070 \$ _____ ORGM RTJX .00</p>			

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity loan that has changed.

Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment – Continued

<p>1. FIELD REPRESENTATIVE ITEM</p> <p>Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k.</p> <p>Enter the property number in item 1a, the property code in item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark (X) the appropriate type of loan in item 1e.</p>	<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 03 93 7 ↓</p>	<p>a. PROPERTY NUMBER <input type="text" value="0010"/> _____ Number</p> <p>b. PROPERTY CODE <input type="text" value="0020"/> <input type="text"/> <input type="text"/> <input type="text"/> Code</p> <p>c. DESCRIPTION Description</p> <p>d. MORTGAGE (LOAN) NUMBER <input type="text" value="0030"/> _____ Number</p> <p>e. TYPE OF LOAN</p> <p><input type="checkbox"/> 1 Mortgage <input type="checkbox"/> 2 Lump sum home equity loan</p>	<p>6. How often are (were) mortgage (lump sum home equity loan) payments due?</p> <p><input type="checkbox"/> 0090 1 <input type="checkbox"/> Weekly <input type="checkbox"/> 2 <input type="checkbox"/> Biweekly <input type="checkbox"/> 3 <input type="checkbox"/> Monthly <input type="checkbox"/> 4 <input type="checkbox"/> Quarterly <input type="checkbox"/> 5 <input type="checkbox"/> Semiannually <input type="checkbox"/> 6 <input type="checkbox"/> Annually <input type="checkbox"/> 7 <input type="checkbox"/> Other – Specify _____</p>	
<p>2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (property description)?</p> <p>1 – Change in escrow account payment 2 – Change in interest rate 3 – Paid off 4 – Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 – Mortgage (loan) renegotiated (rollover or renegotiable mortgage (loan)) 6 – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan)) 7 – Other reasons 8 – More than one of the above X – Don't know</p>	<p><input type="checkbox"/> 0040 1 <input type="checkbox"/> Go to item 8 <input type="checkbox"/> 2 <input type="checkbox"/> Go to item 7 <input type="checkbox"/> 3 <input type="checkbox"/> Go to item 11 <input type="checkbox"/> 4 <input type="checkbox"/> Go to item 8 <input type="checkbox"/> 5 } <input type="checkbox"/> 6 } Go to item 3 <input type="checkbox"/> 7 } <input type="checkbox"/> 8 } <input checked="" type="checkbox"/> X } Don't know</p>	<p>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</p> <p>Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</p> <p><input type="text" value="0100"/> _____ . _____ Percent</p> <p>Hand respondent Information Booklet, page 11.</p> <p>8. On your (your CU's) last regular payment, which of these things were included?</p> <p><input type="checkbox"/> 0125 1 <input type="checkbox"/> Principal and interest <input type="checkbox"/> 0130 2 <input type="checkbox"/> Property taxes <input type="checkbox"/> 0140 3 <input type="checkbox"/> Property insurance <input type="checkbox"/> 0150 4 <input type="checkbox"/> Life insurance <input type="checkbox"/> 0160 5 <input type="checkbox"/> Mortgage guarantee insurance <input type="checkbox"/> 0170 6 <input type="checkbox"/> Any other payments – Specify _____</p>		
<p>3. Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?</p>	<p><input type="checkbox"/> 0045 1 <input type="checkbox"/> 30-year <input type="checkbox"/> 2 <input type="checkbox"/> 15-year <input type="checkbox"/> 3 <input type="checkbox"/> Something else – Specify _____</p> <p><input type="text" value="0050"/> <input type="text"/> _____ Number of years</p>	<p>9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?</p> <p><input type="text" value="0175"/> \$ _____ .00</p>		
<p>4a. Is this a fixed rate mortgage (lump sum home equity loan)?</p>	<p><input type="checkbox"/> 0055 1 <input type="checkbox"/> Yes – Go to item 5 <input type="checkbox"/> 2 <input type="checkbox"/> No</p>	<p>If any of Codes 2–6 marked in item 8 ask –</p> <p>10. How much of that amount was for principal and interest?</p> <p><input type="text" value="0185"/> \$ _____ .00 <input checked="" type="checkbox"/> X <input type="checkbox"/> Don't know</p>		
<p>Hand respondent Information Booklet, page 10.</p> <p>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?</p>	<p><input type="checkbox"/> 0060 1 <input type="checkbox"/> Fixed rate of interest <input type="checkbox"/> 2 <input type="checkbox"/> Variable or adjustable interest rate <input type="checkbox"/> 3 <input type="checkbox"/> Graduated payment <input type="checkbox"/> 4 <input type="checkbox"/> Rollover or renegotiable <input type="checkbox"/> 5 <input type="checkbox"/> Deferred interest <input type="checkbox"/> 6 <input type="checkbox"/> Other – Specify _____</p> <p>X <input type="checkbox"/> Don't know</p>	<p>11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?</p> <p><input type="text" value="0195"/> <input type="text"/> <input type="text"/> _____ Month } Go to next property or next section</p>		
<p>5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?</p>	<p><input type="text" value="0070"/> \$ _____ .00</p>	NOTES		

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity loan that has changed.

Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment – Continued

<p>1. FIELD REPRESENTATIVE ITEM</p> <p>Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k.</p> <p>Enter the property number in item 1a, the property code in item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark (X) the appropriate type of loan in item 1e.</p>	<p>PROCESSING USE ONLY</p> <p>a. PROPERTY NUMBER <input type="text" value="0010"/> _____ Number</p> <p>b. PROPERTY CODE <input type="text" value="0020"/> <input type="text"/> <input type="text"/> <input type="text"/> Code</p> <p>c. DESCRIPTION Description</p> <p>d. MORTGAGE (LOAN) NUMBER <input type="text" value="0030"/> _____ Number</p> <p>e. TYPE OF LOAN <input type="checkbox"/> Mortgage <input type="checkbox"/> Lump sum home equity loan</p>	<p>1 03 94 5 ↓</p>	<p>6. How often are (were) mortgage (lump sum home equity loan) payments due?</p> <p><input type="checkbox"/> 1 Weekly <input type="checkbox"/> 2 Biweekly <input type="checkbox"/> 3 Monthly <input type="checkbox"/> 4 Quarterly <input type="checkbox"/> 5 Semiannually <input type="checkbox"/> 6 Annually <input type="checkbox"/> 7 Other – Specify _____</p>	<p><input type="text" value="0090"/> _____</p>
<p>2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (property description)?</p> <p>1 – Change in escrow account payment 2 – Change in interest rate 3 – Paid off 4 – Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 – Mortgage (loan) renegotiated (rollover or renegotiable mortgage (loan)) 6 – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan)) 7 – Other reasons 8 – More than one of the above X – Don't know</p>		<p><input type="checkbox"/> 0040 1 Go to item 8 <input type="checkbox"/> 2 Go to item 7 <input type="checkbox"/> 3 Go to item 11 <input type="checkbox"/> 4 Go to item 8 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 } Go to item 3 <input type="checkbox"/> 8 <input type="checkbox"/> X</p>	<p>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</p> <p>Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</p> <p><input type="text" value="0100"/> _____ . _____ Percent</p> <p>Hand respondent Information Booklet, page 11.</p>	<p><input type="checkbox"/> 0125 1 Principal and interest <input type="checkbox"/> 0130 2 Property taxes <input type="checkbox"/> 0140 3 Property insurance <input type="checkbox"/> 0150 4 Life insurance <input type="checkbox"/> 0160 5 Mortgage guarantee insurance <input type="checkbox"/> 0170 6 Any other payments – Specify _____</p>
<p>3. Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?</p>		<p><input type="checkbox"/> 0045 1 30-year <input type="checkbox"/> 2 15-year <input type="checkbox"/> 3 Something else – Specify _____</p> <p><input type="text" value="0050"/> _____ Number of years</p>	<p>8. On your (your CU's) last regular payment, which of these things were included?</p>	<p><input type="text" value="0175"/> \$ _____ .00</p>
<p>4a. Is this a fixed rate mortgage (lump sum home equity loan)?</p>		<p><input type="checkbox"/> 0055 1 Yes – Go to item 5 <input type="checkbox"/> 2 No</p>	<p>9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?</p> <p>If any of Codes 2–6 marked in item 8 ask –</p>	<p><input type="text" value="0185"/> \$ _____ .00 x <input type="checkbox"/> Don't know</p>
<p>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?</p> <p>Hand respondent Information Booklet, page 10.</p>		<p><input type="checkbox"/> 0060 1 Fixed rate of interest <input type="checkbox"/> 2 Variable or adjustable interest rate <input type="checkbox"/> 3 Graduated payment <input type="checkbox"/> 4 Rollover or renegotiable <input type="checkbox"/> 5 Deferred interest <input type="checkbox"/> 6 Other – Specify _____</p> <p>X <input type="checkbox"/> Don't know</p>	<p>10. How much of that amount was for principal and interest?</p>	<p><input type="text" value="0195"/> _____ Month } Go to next property or next section</p>
<p>5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?</p>		<p><input type="text" value="0070"/> \$ _____ .00</p>	<p>NOTES</p>	

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES

Part A – Telephone Expenses

1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any bills for telephone services? Do not include bills for telephones used entirely for business purposes.	PROCESSING USE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part B	1 04 01 8 ↴	PROCESSING USE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part B	1 04 02 6 ↴	NOTES						
2. What property(ies) was (were) the telephone bills for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, column a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.	UTLPROPI 0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description							
3. What is the name of the company which provides telephone services for (property description)?	OFFICE USE ONLY 0030 _____	Name of telephone company TEL_COMP	OFFICE USE ONLY 0030 _____	Name of telephone company							
4. How many telephone bills were received for (property description) from (company name)?	0040 _____ Number		0040 _____ Number								
5a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.	Bill 1 0060 <input type="checkbox"/> None TELCHGX \$ _____ .00	Bill 2 0120 <input type="checkbox"/> None \$ _____ .00	Bill 3 0180 <input type="checkbox"/> None \$ _____ .00	Bill 4 0240 <input type="checkbox"/> None \$ _____ .00	Bill 1 0060 <input type="checkbox"/> None \$ _____ .00	Bill 2 0120 <input type="checkbox"/> None \$ _____ .00	Bill 3 0180 <input type="checkbox"/> None \$ _____ .00	Bill 4 0240 <input type="checkbox"/> None \$ _____ .00			
	b. In what month was the bill received?										
								PRE			
								Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a	
										\$.00	
6. Does the total amount of the bill include –									Name of telephone company		
a. A basic service charge?	0080 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No TELBASIC	0140 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0200 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0260 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0080 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0140 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0200 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0260 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Outlet code		
b. Long distance call charges?	0090 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No TELNGDIS	0150 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0210 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0270 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0090 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0150 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0210 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0270 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a
c. Equipment purchases such as the purchase of a telephone?	0095 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No TELEQPUR	0155 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0215 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0275 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0095 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0155 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0215 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0275 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			\$.00
d. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?	0110 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book REC_EST	0170 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0230 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0290 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↘	0110 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0170 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0230 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	0290 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↘	Name of telephone company		
7a. Is any of the total charge to be deducted as a business expense?									Outlet code		
b. If YES – What percentage will be deducted?	0420 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8 TELBSNS							0420 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8	Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a
	0430 _____ .00 Percent TELBSNZ							0430 _____ .00 Percent			\$.00
8. Did you (or any members of your CU) receive any other telephone bills for telephones that are not used entirely for business purposes?									Name of telephone company		
									Outlet code		

Section 4 - UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES - Continued

Part A - Telephone Expenses - Continued

	PROCESSING USE ONLY	PROCESSING USE ONLY	NOTES	
	1 04 03 4 ↴	1 04 04 2 ↴		
2. What property(ies) was (were) the telephone bills for? • Owned properties – Enter a description of the property and enter a property number for – <i>Property previously reported in section 3, part A.1, item 1, column a</i> <i>Property reported at this interview in section 3, part B, item 1a</i> • All other properties – Mark (X) appropriate box and enter a description of the property.	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description
3. What is the name of the company which provides telephone services for (property description)?	OFFICE USE ONLY 0030 _____	Name of telephone company	OFFICE USE ONLY 0030 _____	Name of telephone company
4. How many telephone bills were received for (property description) from (company name)?	0040 _____ Number		0040 _____ Number	
5a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period. Complete a separate column for each bill received since the 1st of (month, 3 months ago).	Bill 1 0060 0 <input type="checkbox"/> None \$ _____ .00	Bill 2 0120 0 <input type="checkbox"/> None \$ _____ .00	Bill 3 0180 0 <input type="checkbox"/> None \$ _____ .00	Bill 4 0240 0 <input type="checkbox"/> None \$ _____ .00
	Bill 1 0060 0 <input type="checkbox"/> None \$ _____ .00	Bill 2 0120 0 <input type="checkbox"/> None \$ _____ .00	Bill 3 0180 0 <input type="checkbox"/> None \$ _____ .00	Bill 4 0240 0 <input type="checkbox"/> None \$ _____ .00
b. In what month was the bill received?	Month 0070 _____	Month 0130 _____	Month 0190 _____	Month 0250 _____
6. Does the total amount of the bill include – a. A basic service charge? b. Long distance call charges? c. Equipment purchases such as the purchase of a telephone? d. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or checkbook used or was an estimate given?</i>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	0095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0155 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0215 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0275 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book	0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book
7a. Is any of the total charge to be deducted as a business expense?	0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8		0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8	
b. If YES – What percentage will be deducted?	0430 _____ .00 Percent		0430 _____ .00 Percent	
8. Did you (or any members of your CU) receive any other telephone bills for telephones that are not used entirely for business purposes?	0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B		0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B	

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued

Part C – Detailed Questions

1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1 for utility codes 100–130.	PROCESSING USE ONLY				1 04 51 3 ↓				1 04 52 1 ↓										
	a. UTILITY CODE Code UTILY				Description				Code				Description						
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property. Ask for utility codes 100–120, 200–260, and 290 only.				0020 WHATPROP _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description			
3. What is the name of the company or government agency which provides (utility or fuel description)? Ask for utility codes 100–120, 200–260, and 290 only.				Name COMPNAME				Name				Name							
OFFICE USE ONLY				0030				0030				0030							
4. How many bills were received for (utility or fuel) for (property description)?				0045 _____ Number				0045 _____ Number				0045 _____ Number							
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.				0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				BLPERIOD				0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				BLPERIOD			
6. Do you have any of these bills or other records showing these (utility or fuel) charges?				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
Complete a separate column for each bill received since the 1st of (month, 3 months ago).				Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4				
7a. What was the amount of bill (bill number)?				0070 UTLCHGX \$ _____ .00	0140 _____ .00	0210 _____ .00	0280 _____ .00	0070 _____ .00	0140 _____ .00	0210 _____ .00	0280 _____ .00	0070 _____ .00	0140 _____ .00	0210 _____ .00	0280 _____ .00				
b. In what month was the bill received?				Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month				
0080 BILLMO				0150	0220	0290	0080	0150	0220	0290	0080	0150	0220	0290					
c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? Ask items 7c–f				Unit-of-measure UTLUNIT	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure				
OFFICE USE ONLY				0095	0165	0235	0305	0095	0165	0235	0305	0095	0165	0235	0305				
d. What was the quantity consumed for bill (bill number)?				Quantity 0105 UTILCON	Quantity 0175	Quantity 0245	Quantity 0315	Quantity 0105	Quantity 0175	Quantity 0245	Quantity 0315	Quantity 0105	Quantity 0175	Quantity 0245	Quantity 0315				
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?				0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g				
f. How much were these charges?				0120 INCSVCX \$ _____ .00	0190 _____ .00	0260 _____ .00	0330 _____ .00	0120 _____ .00	0190 _____ .00	0260 _____ .00	0330 _____ .00	0120 _____ .00	0190 _____ .00	0260 _____ .00	0330 _____ .00				
g. FIELD REPRESENTATIVE CHECK ITEM Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.				0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↑	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘				
8. Was any part of the charge deducted as a business expense?				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No UTILBUSN				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No							

Section 4 - UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES - Continued

Part C - Detailed Questions

<p>1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.</p>	<p>PROCESSING USE ONLY</p>	<p style="color: red;">1 04 53 9 ↘</p>	<p style="color: red;">1 04 54 7 ↘</p>																																				
	<p>a. UTILITY CODE</p>	<p>0010 Code</p>	<p>0010 Code</p>																																				
	<p>b. DESCRIPTION OF UTILITY OR FUEL</p>	<p>Description</p>	<p>Description</p>																																				
<p>2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.</p>	<p>0020 Property number</p> <p>97 <input type="checkbox"/> Rented sample unit</p> <p>98 <input type="checkbox"/> Other rented unit</p> <p>99 <input type="checkbox"/> Property not owned or rented by CU</p>	<p>Description</p>	<p>0020 Property number</p> <p>97 <input type="checkbox"/> Rented sample unit</p> <p>98 <input type="checkbox"/> Other rented unit</p> <p>99 <input type="checkbox"/> Property not owned or rented by CU</p>																																				
<p>3. What is the name of the company or government agency which provides (utility or fuel description)? <i>Ask for utility codes 100–120, 200–260, and 290 only.</i></p>	<p>Name</p>	<p>Name</p>	<p>Name</p>																																				
<p>OFFICE USE ONLY</p>		<p>0030</p>	<p>0030</p>																																				
<p>4. How many bills were received for (utility or fuel) for (property description)?</p>	<p>0045 Number</p>	<p>0045 Number</p>	<p>0045 Number</p>																																				
<p>5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.</p>	<p>0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter</p> <p> 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____</p>	<p>0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter</p> <p> 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____</p>	<p>0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter</p> <p> 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____</p>																																				
<p>6. Do you have any of these bills or other records showing these (utility or fuel) charges?</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																				
<p>7a. What was the amount of bill (bill number)? <i>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Bill 1</th> <th style="width:12.5%;">Bill 2</th> <th style="width:12.5%;">Bill 3</th> <th style="width:12.5%;">Bill 4</th> </tr> <tr> <td style="text-align: center;">0070</td> <td style="text-align: center;">0140</td> <td style="text-align: center;">0210</td> <td style="text-align: center;">0280</td> </tr> <tr> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> </table>	Bill 1	Bill 2	Bill 3	Bill 4	0070	0140	0210	0280	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Bill 1</th> <th style="width:12.5%;">Bill 2</th> <th style="width:12.5%;">Bill 3</th> <th style="width:12.5%;">Bill 4</th> </tr> <tr> <td style="text-align: center;">0070</td> <td style="text-align: center;">0140</td> <td style="text-align: center;">0210</td> <td style="text-align: center;">0280</td> </tr> <tr> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> </table>	Bill 1	Bill 2	Bill 3	Bill 4	0070	0140	0210	0280	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Bill 1</th> <th style="width:12.5%;">Bill 2</th> <th style="width:12.5%;">Bill 3</th> <th style="width:12.5%;">Bill 4</th> </tr> <tr> <td style="text-align: center;">0070</td> <td style="text-align: center;">0140</td> <td style="text-align: center;">0210</td> <td style="text-align: center;">0280</td> </tr> <tr> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> </table>	Bill 1	Bill 2	Bill 3	Bill 4	0070	0140	0210	0280	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00
Bill 1	Bill 2	Bill 3	Bill 4																																				
0070	0140	0210	0280																																				
\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00																																				
Bill 1	Bill 2	Bill 3	Bill 4																																				
0070	0140	0210	0280																																				
\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00																																				
Bill 1	Bill 2	Bill 3	Bill 4																																				
0070	0140	0210	0280																																				
\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00																																				
<p>b. In what month was the bill received?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> </tr> <tr> <td style="text-align: center;">0080</td> <td style="text-align: center;">0150</td> <td style="text-align: center;">0220</td> <td style="text-align: center;">0290</td> </tr> </table>	Month	Month	Month	Month	0080	0150	0220	0290	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> </tr> <tr> <td style="text-align: center;">0080</td> <td style="text-align: center;">0150</td> <td style="text-align: center;">0220</td> <td style="text-align: center;">0290</td> </tr> </table>	Month	Month	Month	Month	0080	0150	0220	0290	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> </tr> <tr> <td style="text-align: center;">0080</td> <td style="text-align: center;">0150</td> <td style="text-align: center;">0220</td> <td style="text-align: center;">0290</td> </tr> </table>	Month	Month	Month	Month	0080	0150	0220	0290												
Month	Month	Month	Month																																				
0080	0150	0220	0290																																				
Month	Month	Month	Month																																				
0080	0150	0220	0290																																				
Month	Month	Month	Month																																				
0080	0150	0220	0290																																				
<p>c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? <i>Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.</i></p>	<p>Unit-of-measure</p>	<p>Unit-of-measure</p>	<p>Unit-of-measure</p>																																				
<p>OFFICE USE ONLY</p>		<p>0095</p>	<p>0165</p>																																				
<p>d. What was the quantity consumed for bill (bill number)?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Quantity</th> <th style="width:12.5%;">Quantity</th> <th style="width:12.5%;">Quantity</th> <th style="width:12.5%;">Quantity</th> </tr> <tr> <td style="text-align: center;">0105</td> <td style="text-align: center;">0175</td> <td style="text-align: center;">0245</td> <td style="text-align: center;">0315</td> </tr> </table>	Quantity	Quantity	Quantity	Quantity	0105	0175	0245	0315	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Quantity</th> <th style="width:12.5%;">Quantity</th> <th style="width:12.5%;">Quantity</th> <th style="width:12.5%;">Quantity</th> </tr> <tr> <td style="text-align: center;">0105</td> <td style="text-align: center;">0175</td> <td style="text-align: center;">0245</td> <td style="text-align: center;">0315</td> </tr> </table>	Quantity	Quantity	Quantity	Quantity	0105	0175	0245	0315	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Quantity</th> <th style="width:12.5%;">Quantity</th> <th style="width:12.5%;">Quantity</th> <th style="width:12.5%;">Quantity</th> </tr> <tr> <td style="text-align: center;">0105</td> <td style="text-align: center;">0175</td> <td style="text-align: center;">0245</td> <td style="text-align: center;">0315</td> </tr> </table>	Quantity	Quantity	Quantity	Quantity	0105	0175	0245	0315												
Quantity	Quantity	Quantity	Quantity																																				
0105	0175	0245	0315																																				
Quantity	Quantity	Quantity	Quantity																																				
0105	0175	0245	0315																																				
Quantity	Quantity	Quantity	Quantity																																				
0105	0175	0245	0315																																				
<p>e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> </tr> <tr> <td style="text-align: center;">0110</td> <td style="text-align: center;">0180</td> <td style="text-align: center;">0250</td> <td style="text-align: center;">0320</td> </tr> </table>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110	0180	0250	0320	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> </tr> <tr> <td style="text-align: center;">0110</td> <td style="text-align: center;">0180</td> <td style="text-align: center;">0250</td> <td style="text-align: center;">0320</td> </tr> </table>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110	0180	0250	0320	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> <th style="width:12.5%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g</th> </tr> <tr> <td style="text-align: center;">0110</td> <td style="text-align: center;">0180</td> <td style="text-align: center;">0250</td> <td style="text-align: center;">0320</td> </tr> </table>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110	0180	0250	0320												
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g																																				
0110	0180	0250	0320																																				
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g																																				
0110	0180	0250	0320																																				
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g																																				
0110	0180	0250	0320																																				
<p>f. How much were these charges?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> </table>	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> </table>	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> </table>	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00																								
\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00																																				
\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00																																				
\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00																																				
<p>g. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘</th> </tr> <tr> <td style="text-align: center;">0130</td> <td style="text-align: center;">0200</td> <td style="text-align: center;">0270</td> <td style="text-align: center;">0340</td> </tr> </table>	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130	0200	0270	0340	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> </tr> <tr> <td style="text-align: center;">0130</td> <td style="text-align: center;">0200</td> <td style="text-align: center;">0270</td> <td style="text-align: center;">0340</td> </tr> </table>	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0130	0200	0270	0340	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗</th> <th style="width:12.5%;">1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘</th> </tr> <tr> <td style="text-align: center;">0130</td> <td style="text-align: center;">0200</td> <td style="text-align: center;">0270</td> <td style="text-align: center;">0340</td> </tr> </table>	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130	0200	0270	0340												
1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘																																				
0130	0200	0270	0340																																				
1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗																																				
0130	0200	0270	0340																																				
1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘																																				
0130	0200	0270	0340																																				
<p>8. Was any part of the charge deducted as a business expense?</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																				
<p>9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?</p>	<p>0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No</p>	<p>0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No</p>	<p>0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No</p>																																				

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued

Part C – Detailed Questions

1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.	PROCESSING USE ONLY				1 04 55 4 ↓ ↘				1 04 56 2 ↓ ↘			
	a. UTILITY CODE		Code		Description		Description					
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.		0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description		
3. What is the name of the company or government agency which provides (utility or fuel description)? Ask for utility codes 100–120, 200–260, and 290 only.		Name				Name						
OFFICE USE ONLY												
4. How many bills were received for (utility or fuel) for (property description)?		0045 _____ Number				0045 _____ Number						
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.		0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____		0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____								
6. Do you have any of these bills or other records showing these (utility or fuel) charges?		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
Complete a separate column for each bill received since the 1st of (month, 3 months ago).												
7a. What was the amount of bill (bill number)?		Bill 1 0070 \$ _____ .00	Bill 2 0140 \$ _____ .00	Bill 3 0210 \$ _____ .00	Bill 4 0280 \$ _____ .00	Bill 1 0070 \$ _____ .00	Bill 2 0140 \$ _____ .00	Bill 3 0210 \$ _____ .00	Bill 4 0280 \$ _____ .00			
b. In what month was the bill received?		Month 0080	Month 0150	Month 0220	Month 0290	Month 0080	Month 0150	Month 0220	Month 0290			
c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.		Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure			
OFFICE USE ONLY												
d. What was the quantity consumed for bill (bill number)?		Quantity 0105	Quantity 0175	Quantity 0245	Quantity 0315	Quantity 0105	Quantity 0175	Quantity 0245	Quantity 0315			
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g			
f. How much were these charges?		0120 \$ _____ .00	0190 \$ _____ .00	0260 \$ _____ .00	0330 \$ _____ .00	0120 \$ _____ .00	0190 \$ _____ .00	0260 \$ _____ .00	0330 \$ _____ .00			
g. FIELD REPRESENTATIVE CHECK ITEM Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.		0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘			
8. Was any part of the charge deducted as a business expense?		0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?		0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No						

Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY

FIELD REPRESENTATIVE – In this section,

Part A – Screening Questions

1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –? <i>Information Booklet, page 14</i>	Dwellings under construction including a vacation or second home	JOB CODE	YES	NO	PROCESSING USE ONLY 1 05 00 7 ↗
		100			
2. Have there been any expenses for property you owned or rented since the 1st of (month, 3 months ago), for any of the following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.) <i>Information Booklet, page 14</i>	Building an addition to the house or a new structure, such as a porch, garage, or new wing	110			4a. Have there been any expenses for any other property (property that you do not own or rent) by you (or any members of your CU)? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5 b. Which jobs were those expenses for? Enter job code(s) from items 1 through 3. 0010 [][][] 0020 [][][] 0030 [][][] 0040 [][][]
	Finishing a basement or an attic or enclosing a porch . . .	120			
	Remodeling one or more rooms in the house	130			
	Landscaping the ground or planting new shrubs or trees . . .	140			
	Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools . .	150			
3a. Have there been any expenses that deal with the upkeep or improvement of this unit or any other unit you owned or rented since the 1st of (month, 3 months ago)? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.) <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a b. Which of the following?	Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools	160			5. FIELD REPRESENTATIVE CHECK ITEM Job codes items 1, 2, 3, and 4 0050 1 <input type="checkbox"/> All "No" 2 <input type="checkbox"/> At least one "Yes" marked 6a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies for jobs not yet started? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a ADVMATER b. If YES – What kind of job will the materials be used for? Enter a job code. Description 0070 [][][] Job code CRM CODEA c. What was the total cost of these materials and supplies? 0080 \$ _____ .00 ADVMATX 7a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies not for any specific job? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8 MATNSPEC b. If YES – What was the total cost? 0100 \$ _____ .00 MATNSPCX
	Inside painting or papering	170			
	Outside painting	180			
	Plastering or paneling	190			
	Plumbing or water heating installations and repairs . . .	200			
	Electrical work	210			
	Heating or air-conditioning jobs	220			
	Flooring repair or replacement, including inlaid linoleum or vinyl tile	230			
	Insulation	240			
	Roofing, gutters, or downspouts	260			
	Siding	270			
	Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like	280			
	Masonry, brick, or stucco work	290			
Other improvements or repairs	300				
Use only if unable to itemize above – Combined expenses . . .	310				
8. FIELD REPRESENTATIVE INSTRUCTION – If any box marked "Yes" in item 1, 2, 3, or 4, fill section 5B.					
PRE					
	1	2	3	4	5
	Job code from part B, item 1	Property description from part B, item 2a	Property description code from part B, item 2b	Description from part B, item 3a	Total cost from part B, item 4
					\$.00
					\$.00
					\$.00
					\$.00
					\$.00

Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY – Continued

Part B – Job Description

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	7. Which of these items did it include and what was the cost of each?		OFFICE USE ONLY	Description	NOTES
JOB NUMBER		1 05 50 2 ↓	1		0130	APPCDE	
Enter the job code from part A. (For combined jobs use code 310.)		0010	Code CRM CODEB		0140	APPL_X x <input type="checkbox"/> Don't know	
2a. On which property was the (job description) done?		Description		2		OFFICE USE ONLY	Description
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.		0020	CRM PROPI Property number		0150		
		97	<input type="checkbox"/> Rented sample unit		0160	\$.00	x <input type="checkbox"/> Don't know
		98	<input type="checkbox"/> Other rented unit		8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?		
		99	<input type="checkbox"/> Property not owned or rented by CU		0250	1 <input type="checkbox"/> Yes CRM MATER 2 <input type="checkbox"/> No – Go to item 9a	
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.		Description		b. What was the total cost for all items purchased for this job in –		0260	
b. Job classification – Mark (X) one.		0030	CRM TYPE		(month, 3 months ago)?		\$.00
		1	<input type="checkbox"/> Addition		(month, 2 months ago)?		0270
		2	<input type="checkbox"/> Alteration		(last month)?		0280
		3	<input type="checkbox"/> Replacement		(the current month)?		0290
		4	<input type="checkbox"/> Maintenance and repair		0300		1 <input type="checkbox"/> Yes TOOLRENT 2 <input type="checkbox"/> No – Go to item 10a
		5	<input type="checkbox"/> New construction		b. What was the total cost for all items rented for this job in –		0310
OFFICE USE ONLY – Enter detail job codes.		0040	CRM CODE		(month, 3 months ago)?		0320
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.		0050	TOTJBCST		(month, 2 months ago)?		0330
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?		0060	CONTRACT		(last month)?		0340
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN –		0070	CNTRCTX 3		(the current month)?		0350
(month, 3 months ago)?		0080	CNTRCTX 2		10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?		0370
(month, 2 months ago)?		0090	CNTRCTX 1		b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?		0380
(last month)?		0100	CNTRCTX 0		11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?		0390
(the current month)?		0110	CONTRCTX		b. What percent was (will be) deducted?		
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?		\$.00		0 <input type="checkbox"/> None – Go to item 8a		CRM BSN SD 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next job	
6. Did the charge(s) include the cost of any appliances or equipment?		0120	MAJ_APPL		CRM BSN SZ Percent		
If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. Information Booklet, page 15		1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No – Go to item 8a			

Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY – Continued

Part B – Job Description – Continued

	PROCESSING USE ONLY	1 05 51 0 ↓			
1. FIELD REPRESENTATIVE ITEM <i>Enter the job code from part A. (For combined jobs use code 310.)</i>	JOB NUMBER 2				
	0010 [][] Code				
2a. On which property was the (job description) done? b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.	Description 0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				
3a. What work was done? <i>Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.</i> FIELD REPRESENTATIVE CHECK ITEM b. Job classification – Mark (X) one.	Description 0030 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction				
OFFICE USE ONLY – Enter detail job codes.	0040 [][]				
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.	0050 \$ _____ .00				
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work? b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – <i>(month, 3 months ago)?</i> <i>(month, 2 months ago)?</i> <i>(last month)?</i> <i>(the current month)?</i>	0060 1 <input type="checkbox"/> Self only – <i>Go to item 8a</i> 2 <input type="checkbox"/> Paid or contracted with someone else 0070 \$ _____ .00 0 <input type="checkbox"/> None 0080 \$ _____ .00 0 <input type="checkbox"/> None 0090 \$ _____ .00 0 <input type="checkbox"/> None 0100 \$ _____ .00 0 <input type="checkbox"/> None				
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?	0110 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to item 8a</i>				
6. Did the charge(s) include the cost of any appliances or equipment? <i>If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. Information Booklet, page 15</i>	0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 8a</i>				
7. Which of these items did it include and what was the cost of each? 8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job? b. What was the total cost for all items purchased for this job in – <i>(month, 3 months ago)?</i> <i>(month, 2 months ago)?</i> <i>(last month)?</i> <i>(the current month)?</i>	1	OFFICE USE ONLY 0130 [][] 0140 \$ _____ .00 x <input type="checkbox"/> Don't know	Description Description		
	2	OFFICE USE ONLY 0150 [][] 0160 \$ _____ .00 x <input type="checkbox"/> Don't know	Description Description		
	8a.	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 9a</i>			
	b.	0260 \$ _____ .00 0 <input type="checkbox"/> None 0270 \$ _____ .00 0 <input type="checkbox"/> None 0280 \$ _____ .00 0 <input type="checkbox"/> None 0290 \$ _____ .00 0 <input type="checkbox"/> None			
	9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 10a</i>			
	b. What was the total cost for all items rented for this job in – <i>(month, 3 months ago)?</i> <i>(month, 2 months ago)?</i> <i>(last month)?</i> <i>(the current month)?</i>	0310 \$ _____ .00 0 <input type="checkbox"/> None 0320 \$ _____ .00 0 <input type="checkbox"/> None 0330 \$ _____ .00 0 <input type="checkbox"/> None 0340 \$ _____ .00 0 <input type="checkbox"/> None			
	10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?	0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 11a</i>			
	b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 _____ .00 Percent			
	11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next job</i>			
	b. What percent was (will be) deducted?	0390 _____ .00 Percent			

Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY – Continued

Part B – Job Description – Continued

1. FIELD REPRESENTATIVE ITEM PROCESSING USE ONLY JOB NUMBER Enter the job code from part A. (For combined jobs use code 310.)	1 05 52 8 ↓	7. Which of these items did it include and what was the cost of each?	OFFICE USE ONLY Description 1 0130	NOTES
	3 0010 Code		1 0140 \$.00 x <input type="checkbox"/> Don't know	
2a. On which property was the (job description) done? Description	Description	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?	OFFICE USE ONLY Description 2 0150	
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties. 0020 Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	2 0160 \$.00 x <input type="checkbox"/> Don't know			
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview. Description	Description	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		
FIELD REPRESENTATIVE CHECK ITEM b. Job classification – Mark (X) one.	0030 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction	b. What was the total cost for all items purchased for this job in – (month, 3 months ago)? 0260 \$.00 o <input type="checkbox"/> None (month, 2 months ago)? 0270 \$.00 o <input type="checkbox"/> None (last month)? 0280 \$.00 o <input type="checkbox"/> None (the current month)? 0290 \$.00 o <input type="checkbox"/> None		
OFFICE USE ONLY – Enter detail job codes.	0040	9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a	
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.	0050 \$.00	b. What was the total cost for all items rented for this job in – (month, 3 months ago)? 0310 \$.00 o <input type="checkbox"/> None (month, 2 months ago)? 0320 \$.00 o <input type="checkbox"/> None (last month)? 0330 \$.00 o <input type="checkbox"/> None (the current month)? 0340 \$.00 o <input type="checkbox"/> None		
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?	0060 1 <input type="checkbox"/> Self only – Go to item 8a 2 <input type="checkbox"/> Paid or contracted with someone else	10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?	0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a	
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)? 0070 \$.00 o <input type="checkbox"/> None (month, 2 months ago)? 0080 \$.00 o <input type="checkbox"/> None (last month)? 0090 \$.00 o <input type="checkbox"/> None (the current month)? 0100 \$.00 o <input type="checkbox"/> None		b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent	
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?	0110 \$.00 o <input type="checkbox"/> None – Go to item 8a	11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next job	
If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. Information Booklet, page 15	0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	b. What percent was (will be) deducted?	0390 .00 Percent	

Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS

FIELD REPRESENTATIVE

Part A – Purchase of Household Appliances

8 06 02 6 →

a			b	c	d	e	f	g	h		i		j		PRE					
									YES	NO	NO	NO	YES	NO	1	2	3			
<p>Information Booklet, page 16</p> <p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU, or as a gift to someone outside your CU?</p> <p>Do not list any appliance previously reported in section 5B, item 7. If an appliance is reported in both section 5 and section 6, probe to verify that they are not duplicated.</p>			<p>What type did you purchase or rent?</p> <p>Enter a brand name or a brief description of item.</p>	<p>ENTER ITEM CODE from column a.</p> <p>MAJAPPLY</p>	<p>Was this –</p> <p>1 - Purchased for own use?</p> <p>2 - Rented? Go to column g.</p> <p>3 - Purchased as gift to others?</p> <p>GFTC_MAJ</p> <p>Mark (X) box</p>	<p>When did you purchase it?</p> <p>MAJ_MO</p> <p>Month</p>	<p>What was the purchase price after any trade-in allowance?</p> <p>MAJPURX</p>	<p>If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?</p> <p>MAJRENTX</p>	<p>Did this include sales tax?</p> <p>MAJTAX</p>	<p>Were there any extra charges for installation?</p> <p>If "Yes" – How much?</p> <p>MAJINSTX</p>	<p>Did you purchase or rent any other . . . ?</p> <p>If "No" go to next item in column a.</p>	<p>Description from column b and section 5B item 6</p>	<p>Month from column e</p>	<p>Cost from column f or column g and section 5B item 6</p>						
ITEM CODE	YES	NO													PROCESSING USE ONLY	MAJRENTX	MAJTAX	MAJINSTX	MAJRENTX	MAJTAX
COOKING STOVE, RANGE, OR OVEN																				
Electric	100			0010	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
Gas	110			0020	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
Microwave	120			0030	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
Other	130			0040	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
REFRIGERATOR	140			0050	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
HOME-FREEZER	150			0060	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
DISHWASHER				0070	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
Built-in	160			0080	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
Portable	170			0090	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
GARBAGE DISPOSAL	180			0100	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
CLOTHES WASHER	190			0110	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
CLOTHES DRYER	200			0120	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
RANGE HOOD	210			0130	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
Combination of any of the above items	220			0140	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 06 01 3 ↓			0150	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
Mark (X) box if there are no entries recorded in columns b–j.	0010 999 <input type="checkbox"/> Go to Part B			0160	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00
NOTES				0170	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00									\$.00

Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through i as each item is reported.

Part B – Purchase of Household Appliances and Other Selected Items

6 06 04 6 →

a				b	PROCESSING USE ONLY	c	d	e	f	g	h		i		NOTES	PRE		
Information Booklet, pages 16–18				What type did you purchase or rent? <i>Enter brand name or a brief description of the item.</i>		ENTER ITEM CODE from column a. MINAPPLY	Was this – 1 – Purchased for own use? 2 – Rented? <i>Go to column g</i> 3 – Purchased as gift to others? <i>Mark (X) box</i>	When did you purchase it? MIN_MO Month	What did it cost? (Include delivery charges, exclude installation charges.) MINPURX <i>Go to column h.</i>	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month? MINRENTX	Did this include sales tax? MINTAX YES NO	Did you purchase or rent any other...? <i>If "No," go to next item in column a.</i>		Description from column b		1	2	3
ITEM CODE	YES	NO																
SMALL HOUSEHOLD APPLIANCES																		
Small electrical kitchen appliances	230				0010		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
Electric personal care appliances	240				0020		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
Smoke detectors	250				0030		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
Electric floor cleaning equipment	260				0040		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
OTHER HOUSEHOLD APPLIANCES	270				0050		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
SEWING MACHINES	280				0060		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
CALCULATORS	590				0070		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
TELEPHONE AND ACCESSORIES	660				0080		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
TELEPHONE ANSWERING DEVICES	610				0090		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
TYPEWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE	620				0100		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
COMPUTERS, COMPUTER SYSTEMS AND RELATED HARDWARE FOR NON-BUSINESS USE	640				0110		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE	650				0120		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
PHOTOGRAPHIC EQUIPMENT	300				0130		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
LAWNMOWING MACHINERY AND OTHER YARD EQUIPMENT	310				0140		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
TOOLS FOR HOME USE					0150		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
Power tools	320				0160		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
Non-power tools	330				0170		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
HEATING AND COOLING EQUIPMENT					0180		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
Window air conditioners	340				0190		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
Portable cooling and heating equipment	350				0200		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>							\$.00
<i>Use only if unable to itemize above – Combined expenses</i>	800																	
2. FIELD REPRESENTATIVE CHECK ITEM																		
<i>Mark (X) box if there are no entries recorded in columns b–i.</i>																		

Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through i as each item is reported.

Part B – Purchase of Household Appliances and Other Selected Items – Continued

6 06 08 7 →

a			b	PROCESSING USE ONLY	c	d	e	f		g	h		i		NOTES	PRE		
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU or as a gift to someone outside your CU?			What type did you purchase or rent? <i>Enter brand name or a brief description of the item.</i>		ENTER ITEM CODE from column a.	Was this – 1 – Purchased for own use? 2 – Rented? Go to column g 3 – Purchased as gift to others? <i>Mark (X) box</i>	When did you purchase it? Month	What did it cost? <i>(Include delivery charges, exclude installation charges.)</i>	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?		Did this include sales tax?	Did you purchase or rent any other . . . ? <i>If "No," go to next item in column a.</i>			1	2	3	
ITEM CODE	YES	NO								YES	NO	YES	NO		Description from column b	Month from column e	Cost from column f or column g	
SPORTS, RECREATION, AND EXERCISE EQUIPMENT																		
General sports equipment <i>(Include here athletic shoes for sports related use, such as football, baseball, soccer, or bowling)</i>				0010	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
470				0020	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Health and exercise equipment				0030	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
480				0040	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Camping equipment				0050	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
490				0060	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Hunting and fishing equipment				0070	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
500				0080	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Winter sports equipment				0090	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
510				0100	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Water sports equipment				0110	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
520				0120	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Outboard motors				0130	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
530				0140	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Bicycles				0150	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
540				0160	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Tricycles and battery powered riders				0170	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
550				0180	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Playground equipment				0190	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
560				0200	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Other sports and recreation equipment							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
570							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Use only if unable to itemize above – Combined expenses							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
820							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
Mark (X) box if there are no entries recorded in columns b–i.							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
NOTES							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	
							\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>								\$.00	

Section 7 - HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING - Continued

FIELD REPRESENTATIVE -

Part C - Screening Question						PRE			NOTES
Did you (or any members of your CU) have any expenses for repairing, refinishing or reupholstering furniture, including the costs for fabric?				<input type="checkbox"/> Yes - Go to part D <input type="checkbox"/> No - Go to next section		1	2	3	
						Description from column a	Month from column c	Cost from column d	
Part D - Furniture Repair or Reupholstering						4 07 04 9 →			
Item No.	a What item of furniture was repaired or reupholstered? <i>Describe type of furniture.</i>	PROCESSING USE ONLY	b OFFICE USE ONLY FURNREPLY	c In what month did you have it repaired or reupholstered?		d How much did it cost? FURNREPX	e Did this include sales tax? FRNREPTX		
				Month			YES	NO	
1		0010	220	SRVCM	OD	\$.00	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/>	\$.00	
2		0020	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	
3		0030	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	
4		0040	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	
5		0050	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	
6		0060	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	
7		0070	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	
8		0080	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	
9		0090	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	
10		0100	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

Part A – Purchases				5 08 01 0 →														
a				b	c	d	e		f	g		h		NOTES	PRE			
															1	2	3	
Information Booklet, pages 21 and 22 Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased for your CU or as a gift to someone outside of your CU any of the following?				What did you purchase? Enter a brief description of the item purchased.	ENTER ITEM CODE from column a.	In what month did you purchase it?	Was this purchased for your CU or as a gift to someone outside the CU? FURNGFTC 1 – For use by the CU. 2 – As a gift to someone outside CU.		What was the purchase price?	Did this include sales tax?		Did you purchase any other ...?			Description from column b	Month from column d	Cost from column f	
ITEM CODE	YES	NO		PROCESSING USE ONLY	FURNPURY	FURNMO	Month	Mark box		FURNPURX	FURNPURTX		If "No," go to next item in column a.			Month		
LIVING, FAMILY, OR RECREATION ROOM FURNITURE																		
Sofas								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Living room chairs								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Living room tables								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Modular wall units, shelves or cabinets								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Ping-pong, pool tables and other similar recreation room items								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Other living room, family or recreation room furniture including desks								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Living room furniture combinations								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
DINING ROOM AND KITCHEN FURNITURE																		
All dining room and kitchen furniture								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
BEDROOM FURNITURE																		
Mattress and springs								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Bedroom furniture other than mattresses and springs								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Combined bedroom furniture (codes 120 and 121)								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
INFANTS FURNITURE AND EQUIPMENT																		
Infants furniture								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Infants equipment								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
OUTDOOR FURNITURE AND EQUIPMENT																		
Patio, porch or outdoor furniture								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Outdoor equipment								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
OFFICE FURNITURE FOR HOME USE																		
All office furniture for home use. Exclude any furniture used exclusively for business								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Combined furniture expense. Use only if unable to itemize separately								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
HOUSEHOLD DECORATIVE ITEMS																		
Clocks								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Lamps, and other lighting fixtures								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	
Other household decorative items								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					\$.00	

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed.

Part A – Purchases – Continued				5 08 02 8 →																
a				b	PROCESSING USE ONLY	c	d	e		f		g		h		NOTES	PRE			
Information Booklet, pages 23 and 24 Have you (or any members of your CU) purchased for your CU or as a gift to someone outside of your CU any of the following?				What did you purchase? <i>Enter a brief description of the item purchased.</i>		ENTER ITEM CODE from column a.	In what month did you purchase it?	Was this purchased for your CU or as a gift to someone outside the CU? 1 – For use by the CU. 2 – As a gift to someone outside CU.		What was the purchase price?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>			1	2	3	
CLOSET STORAGE AND TRAVEL ITEMS							Month	Mark box									Description from column b	Month from column d	Cost from column f	
ITEM CODE YES NO																				
Storage items				180				1	2	\$	.00	1	2	1	2				\$	.00
Travel items				181				1	2	\$	.00	1	2	1	2				\$	.00
DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE				190				1	2	\$	.00	1	2	1	2				\$	.00
Plastic dinnerware				191				1	2	\$	.00	1	2	1	2				\$	.00
China and other dinnerware				192				1	2	\$	.00	1	2	1	2				\$	.00
Stainless, silver, and other flatware				193				1	2	\$	.00	1	2	1	2				\$	.00
Glassware				195				1	2	\$	.00	1	2	1	2				\$	.00
Serving pieces other than silver				196				1	2	\$	.00	1	2	1	2				\$	.00
Non-electric cookware				197	/ / / /			1	2	\$	.00	1	2	1	2				\$	.00
<i>Use only if unable to itemize above – Combined kitchenware (Codes 190–196)</i>				198				1	2	\$	.00	1	2	1	2				\$	.00
Silver serving pieces				199				1	2	\$	.00	1	2	1	2				\$	.00
HOUSEHOLD LINENS				200				1	2	\$	.00	1	2	1	2				\$	.00
Bedroom linens				201				1	2	\$	.00	1	2	1	2				\$	.00
Bathroom linens				202				1	2	\$	.00	1	2	1	2				\$	.00
Kitchen and dining room linens				203				1	2	\$	.00	1	2	1	2				\$	.00
Other linens				204	/ / / /			1	2	\$	.00	1	2	1	2				\$	.00
<i>Use only if unable to itemize above – Combined linens (Codes 200–203)</i>				205				1	2	\$	.00	1	2	1	2				\$	.00
Slipcovers, decorative pillows and cushions				206				1	2	\$	.00	1	2	1	2				\$	.00
FLOOR AND WINDOW COVERINGS				210				1	2	\$	.00	1	2	1	2				\$	.00
Original wall-to-wall carpet				211				1	2	\$	.00	1	2	1	2				\$	.00
Replacement wall-to-wall carpet				212				1	2	\$	.00	1	2	1	2				\$	.00
Room size rugs and other non-permanent floor coverings, including carpet squares				213				1	2	\$	.00	1	2	1	2				\$	.00
Curtains and drapes				214				1	2	\$	.00	1	2	1	2				\$	.00
Venetian blinds, window shades, other window coverings				215				1	2	\$	.00	1	2	1	2				\$	.00
<i>Use only if unable to itemize above – Combined expenses</i>				220				1	2	\$	.00	1	2	1	2				\$	.00

Part B – Rental or Leasing of Furniture				1 08 03 5 ↓															
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented or leased any furniture?				0010	1 <th colspan="1" style="text-align: center;">2 <th colspan="1" style="text-align: center;">FURNRNTL <th colspan="12"></th> </th></th>	2 <th colspan="1" style="text-align: center;">FURNRNTL <th colspan="12"></th> </th>	FURNRNTL <th colspan="12"></th>												
b. If YES – What was the total expense for renting or leasing furniture, excluding any expenses for the current month?				0020	\$ <th colspan="1" style="text-align: center;">FURNRNTX <th colspan="1" style="text-align: center;">.00 <th colspan="12"></th> </th></th>	FURNRNTX <th colspan="1" style="text-align: center;">.00 <th colspan="12"></th> </th>	.00 <th colspan="12"></th>												
								NOTES											

Section 9 – CLOTHING AND SEWING MATERIALS

Part A – Clothing															6 09 02 4 →						
a			b		c	d		e	f		g		h		i		PRE				
																	1	2	3	4	
Information Booklet, page 25 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?			What did you buy? Describe briefly the item purchased.		ENTER ITEM CODE from column a. CLOTHYA	For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15 PERSONY		How many did you purchase? Enter number of identical items purchased. CLOTHQA	In what month did you purchase it? CLOTHMOA		How much did it cost? CLOTHXA		Did this include sales tax? CLOTHTXA		Did you purchase any other . . . ? If "No," go to next item in column a.		Description from column b	Person from column d	Month from column f	Cost from column g	
ITEM CODE	YES	NO				Name	Line No. or code		Month			YES	NO	YES	NO		Name	Month			
Coats, jackets, and furs	100				0010						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Sport coats and tailored jackets	110				0020						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Suits	120				0030						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Vests	130				0040						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Sweaters and sweater sets	140				0050						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Pants, slacks, and jeans	150				0060						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Shorts and short sets Exclude all athletic shorts	160				0070						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Dresses	170				0080						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Skirts	180				0090						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Shirts, blouses, and tops	190				0100						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.	1 09 01 7 ↓				0110						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0010 999 <input type="checkbox"/> Go to next page				0120						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
NOTES					0130						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0140						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0150						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0160						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0170						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0180						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

FIELD REPRESENTATIVE - Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a and complete columns b through i as each item or set of identical items purchased is reported. Identical items are those of the SAME TYPE and purchased in the SAME MONTH, for the SAME PERSON.

a			b			c			d			e			f			g			h			i			PRE															
Information Booklet, page 26 1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?			What did you buy? Describe briefly the item purchased.			PROCESSING USE ONLY ENTER ITEM CODE from column a.			For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15			How many did you purchase? Enter number of identical items purchased.			In what month did you purchase it?			How much did it cost?			Did this include sales tax?			Did you purchase any other . . . ? If "No," go to next item in column a.			1 Description from column b				2 Person from column d				3 Month from column f				4 Cost from column g			
																											YES NO				YES NO				Name Month				Name Month			
Undergarments			200			0010												1 <input type="checkbox"/> 2 <input type="checkbox"/>																								
Hosiery			210			0020															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0030															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
2. FIELD REPRESENTATIVE CHECK ITEM			1 09 03 3 ↓			0040															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
Mark (X) box if there are no entries recorded in columns b-i.			0010 999 <input type="checkbox"/> Go to next page			0050															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
NOTES						0060															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0070															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0080															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0090															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0100															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0110															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0120															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0130															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0140															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0150															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0160															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0170															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
						0180															1 <input type="checkbox"/> 2 <input type="checkbox"/>																					

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a and complete columns b through i as each item or set of identical items purchased is reported. Identical items are those of the SAME TYPE and purchased in the SAME MONTH, for the SAME PERSON.

Part A – Clothing – Continued				6 09 06 5 →																			
a Information Booklet, page 26 1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?				b What did you buy? Describe briefly the item purchased.		c ENTER ITEM CODE from column a.		d For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15		e How many did you purchase? Enter number of identical items purchased.		f In what month did you purchase it?		g How much did it cost?		h Did this include sales tax?		i Did you purchase any other . . . ? If "No," go to next item in column a.		PRE			
																				1		2		3		4
ITEM CODE YES NO				PROCESSING USE ONLY		Name Line No. or code		Month		YES NO		YES NO		Description from column b		Person from column d		Month from column f		Cost from column g			
Nightwear and loungewear				220																			
Accessories				230																			
Active sportswear				240																			
Uniforms, for which the cost is not reimbursed				250		0010																	
Costumes				260		0020																	
Combined clothing – This should be used only if the respondent cannot itemize clothing purchases. Specify (in the Notes) the types of clothing combined				270		0030																	
Footwear (Include here athletic shoes not specifically purchased for sports related use.)				280		0040																	
2. Have you (or any members of your CU) purchased any other clothing which you have not previously mentioned? Do not include infants clothing. If YES – probe and assign an item code.				0050																			
				0060																			
3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.				0070																			
				0080																			
1 09 05 8 ↓				0090																			
0010 999 ☐ Go to part B				0100																			
NOTES				0110																			
				0120																			
				0130																			
				0140																			
				0150																			
				0160																			
				0170																			
				0180																			

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

Part A - Clothing - Continued 6 09 07 3 →

b What did you buy? <i>Describe briefly the item purchased.</i>	PROCESSING USE ONLY	c ENTER ITEM CODE from column a from the preceding pages.	d For whom was it purchased? <i>If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 - Male 16 and over 91 - Female 16 and over 92 - Male 2-15 93 - Female 2-15</i>		e How many did you purchase? <i>Enter number of identical items purchased.</i>	f In what month did you purchase it? Month	g How much did it cost?		h Did this include sales tax?		i Did you purchase any other...? <i>If "No," go to next item in column a.</i>		NOTES	PRE				
			Name	Line No. or code			YES	NO	YES	NO	1 Description from column b	2 Person from column d Name		3 Month from column f Month	4 Cost from column g			
	0010						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0020						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0030						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0040						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0050						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0060						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0070						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0080						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0090						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0100						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0110						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0120						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0130						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0140						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0150						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0160						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0170						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0180						\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

Part B - Infants Clothing, Watches, Jewelry, and Hairpieces - Continued

6 09 13 1 →

b What did you buy? <i>Describe briefly the item purchased.</i>	c ENTER ITEM CODE from column a from the preceding page.	d Was this purchased for your CU or for someone outside of your CU?		e How many did you purchase? <i>Enter number of identical items purchased.</i>	f In what month did you purchase it?	g How much did it cost?		h Did this include sales tax?		i Did you purchase any other...? <i>If "No," go to next item in column a.</i>		NOTES	PRE			
		CU member	Non-CU member			Month	YES	NO	YES	NO	1 Description from column b		2 Month from column f	3 Cost from column g		
	0010	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0020	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0030	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0040	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0050	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0060	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0070	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0080	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0090	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0100	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0110	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0120	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0130	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0140	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0150	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0160	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0170	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0180	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

Part C – Sewing Materials

5 09 22 4 →

a				b		c	d		e		f		g		h		PRE		
							Was this purchased for your CU or for someone outside of your CU?		In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ?		1	2	3
1. Have you (or any members of your CU) purchased any sewing materials, either for members of your CU or for someone outside your CU?				What did you buy? <i>Describe briefly the item purchased.</i>		PROCESSING USE ONLY	ENTER ITEM CODE from column a. SEW INGY	SEW GFTC	SEW INGM O	SEW INGX	SEW INGX	SEW INGX	SEW INGX	SEW INGX	SEW INGX	SEW INGX	Description from column b	Month from column e	Cost from column f
Information Booklet, page 27 <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 2 If YES, read the list of individual items below. Complete columns b–h for each item purchased. Were these – Sewing materials for making slipcovers, curtains, etc., and for handwork in the home including yarn? Sewing materials for making clothes? Sewing notions? Other sewing materials? Use only if unable to itemize separately – Combined sewing materials				CU member	Non-CU member			Month	YES	NO	YES	NO	YES	NO	YES	NO			
						0010	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0020	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0030	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0040	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0050	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0060	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM						0070	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
Mark (X) box if there are no entries recorded in columns b–h.						0080	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0090	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
NOTES						0100	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0110	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0120	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0130	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0140	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0150	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0160	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0170	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
						0180	1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

FIELD REPRESENTATIVE - Hand the respondent the Information Booklet with instructions to read the list of items as you proceed.

a			b			PROCESSING USE ONLY	c			d		e		f		g		h		PRE		
1. Have you (or any members of your CU) had expenses for any of the following, either for members of your CU or for someone outside your CU?			What did you buy? <i>Describe briefly the item purchased.</i>				CLOTHYD	ENTER ITEM CODE from column a.			Was this purchased for your CU or for someone outside of your CU? CLSVGFTC		In what month did you purchase it? CLOTHMOD		How much did it cost? CLSRVCK		Did this include sales tax? CLSRVCTX		Did you purchase any other...? <i>If "No," go to next item in column a.</i>		1	2	3
ITEM CODE	YES	NO						CU member	Non-CU member	Month				YES	NO	YES	NO	Description from column b	Month from column e	Cost from column f		
450						0010	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
460						0020	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
470						0030	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
480						0040	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
490						0050	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
2. FIELD REPRESENTATIVE CHECK ITEM			1 09 31 4 ↓			0060	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
Mark (X) box if there are no entries in columns b-h.			0010 999 <input type="checkbox"/> Go to section 10			0070	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
NOTES						0080	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0090	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0100	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0110	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0120	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0130	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0140	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0150	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0160	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0170	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0180	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		

Section 10 – RENTED AND LEASED VEHICLES

Part A.1 – Screening Questions (If New Consumer Unit, Go to Part A.2.)

Information Booklet, page 28
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.
 Yes No – Go to item 6
 If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.
b. If YES to an individual item ask – How many?

2. FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 10 01 5 ↓	1 10 02 3 ↓	1 10 03 1 ↓	1 10 04 9 ↓
a. Describe briefly the type of vehicle rented, such as "auto" or "boat."	VEHICLE NUMBER	1	2	3	4
	Description	Description	Description	Description	Description
b. Enter vehicle code from item 1b.	RENTCODE Code	0010	0010	0010	0010
3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No ANYVACAT	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No
4. Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle? <i>If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.</i>	0080 \$ RENTEXPX .00	0080 \$.00	0080 \$.00	0080 \$.00	0080 \$.00
5a. Were (Will) any of the rental expenses (be) deducted as business expenses, reimbursed, or paid by someone else?	0130 1 <input type="checkbox"/> Yes ANYBSNRM 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6
b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.	0140 BSN SPCT Z .00 Percent	0140 .00 Percent	0140 .00 Percent	0140 .00 Percent	0140 .00 Percent

	VEHICLE CODE	YES	NO	HOW MANY?
Automobile	100			
Truck, including vans	110			
Motorized camper-coach	120			
Trailer-type camper	130			
Other attachable-type camper	140			
Motorcycle, motor scooter, or moped (motorized bicycle)	150			
Boat, with a motor	160			
Boat, without a motor	170			
Trailer, other than camper type, such as for a boat or cycle	180			
Private plane	190			
Any other vehicle	200			

LEASED VEHICLES

If this box is marked, no vehicles were previously reported
6. Ask column f for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b below).

7 10 10 3 → LEASED VEHICLE INVENTORY CHART																			
PROCESSING USE ONLY	a Vehicle number	b Vehicle disposed of		c Vehicle identification from part B, item 2				d Vehicle used for business from part B, item 6a		e LVICODE	f Do you still have vehicle? If NO LVIHAVE		g How many miles are on the vehicle? Enter and go to next vehicle or to item 7a. LVIMILE	h What month was the lease terminated? LVIENDMO		i Were any fees incurred at the termination of the lease? TERM FEE		j If YES – How much? Enter and go to next vehicle or item 7a. TERM FEEX	
		YES	NO	YEAR	MAKE	MODEL	YES	NO	YES		NO	Month		YES	NO	\$	.00		
0010	1										1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0020	2										1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0030	3										1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0040	4										1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0050	5										1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0060	6										1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0070	7										1 <input type="checkbox"/>	2 <input type="checkbox"/>				1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00

NOTES

Section 10 – RENTED AND LEASED VEHICLES – Continued

FIELD REPRESENTATIVE – Ask item 7 for all respondents.

Part A.1 – Screening Questions – Continued

7a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) begun leasing any automobile or truck not used ENTIRELY for business?		1 10 11 4 ↓		NOTES
		0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to section 11		
b. If YES – What kind of vehicle was it? Enter vehicle code		0020		
		0030		
VEHICLE CODE		0040		
		0050		
Automobile		0060		
Truck, including vans		0070		
		0080		
		0090		
		0100		
		0110		
FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased vehicle.				

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part A.2 – Screening Questions – FOR NEW CONSUMER UNITS ONLY

Information Booklet, page 28 1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles. <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.		2. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 10 12 2 ↓	1 10 13 0 ↓	1 10 14 8 ↓	1 10 15 5 ↓																																																										
		VEHICLE NUMBER			1	2	3	4																																																										
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles. <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.		a. Describe briefly the type of vehicle rented, such as "auto" or "boat."		Description	Description	Description	Description																																																											
		b. Enter vehicle code from item 1b.		RENTCODE	Code	Code	Code	Code																																																										
b. If YES to an individual item ask – How many?		3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?		0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No ANYVACAT	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	0030 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No																																																											
		4. Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle? If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.		0080 \$ RENTEXPX .00	0080 \$.00	0080 \$.00	0080 \$.00																																																											
<table border="1"> <thead> <tr> <th>VEHICLE CODE</th> <th>YES</th> <th>NO</th> <th>HOW MANY?</th> </tr> </thead> <tbody> <tr> <td>Automobile</td> <td>100</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Truck, including vans</td> <td>110</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Motorized camper-coach</td> <td>120</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trailer-type camper</td> <td>130</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other attachable-type camper</td> <td>140</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Motorcycle, motor scooter, or moped (motorized bicycle)</td> <td>150</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Boat, with a motor</td> <td>160</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Boat, without a motor</td> <td>170</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trailer, other than camper type, such as for a boat or cycle</td> <td>180</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Private plane</td> <td>190</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other vehicle</td> <td>200</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		VEHICLE CODE	YES	NO	HOW MANY?	Automobile	100				Truck, including vans	110				Motorized camper-coach	120				Trailer-type camper	130				Other attachable-type camper	140				Motorcycle, motor scooter, or moped (motorized bicycle)	150				Boat, with a motor	160				Boat, without a motor	170				Trailer, other than camper type, such as for a boat or cycle	180				Private plane	190				Any other vehicle	200				5a. Were (Will) any of the rental expenses (be) deducted as business expenses, reimbursed, or paid by someone else?		0130 1 <input type="checkbox"/> Yes ANYBSNRM 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6
		VEHICLE CODE	YES	NO	HOW MANY?																																																													
Automobile	100																																																																	
Truck, including vans	110																																																																	
Motorized camper-coach	120																																																																	
Trailer-type camper	130																																																																	
Other attachable-type camper	140																																																																	
Motorcycle, motor scooter, or moped (motorized bicycle)	150																																																																	
Boat, with a motor	160																																																																	
Boat, without a motor	170																																																																	
Trailer, other than camper type, such as for a boat or cycle	180																																																																	
Private plane	190																																																																	
Any other vehicle	200																																																																	
b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.		BSN SPCT Z 0140 .00 Percent		0140 .00 Percent	0140 .00 Percent	0140 .00 Percent																																																												
NOTES		LEASED VEHICLES			1 10 20 5 ↓	NOTES																																																												
		6a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any lease payments or begun leasing any automobile or truck not used ENTIRELY for business?		0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to section 11																																																														
NOTES		b. If YES – What kind of vehicle was it? Enter vehicle code		0020 [][] [][]	0030 [][] [][]																																																													
		<table border="1"> <thead> <tr> <th>VEHICLE CODE</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Automobile</td> <td>0040</td> <td>[][]</td> <td>0050 [][]</td> </tr> <tr> <td>Truck, including vans</td> <td>0060</td> <td>[][]</td> <td>0070 [][]</td> </tr> <tr> <td></td> <td>0080</td> <td>[][]</td> <td>0090 [][]</td> </tr> <tr> <td></td> <td>0100</td> <td>[][]</td> <td>0110 [][]</td> </tr> <tr> <td></td> <td>0120</td> <td>[][]</td> <td>0130 [][]</td> </tr> </tbody> </table>		VEHICLE CODE				Automobile	0040	[][]	0050 [][]	Truck, including vans	0060	[][]	0070 [][]		0080	[][]	0090 [][]		0100	[][]	0110 [][]		0120	[][]	0130 [][]																																							
VEHICLE CODE																																																																		
Automobile	0040	[][]	0050 [][]																																																															
Truck, including vans	0060	[][]	0070 [][]																																																															
	0080	[][]	0090 [][]																																																															
	0100	[][]	0110 [][]																																																															
	0120	[][]	0130 [][]																																																															
NOTES		FIELD REPRESENTATIVE INSTRUCTION Complete part B on next page for each leased vehicle.																																																																

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 10 21 3 ↓		10a. What was the number of payments contracted for?	NUMPAY	NOTES
a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		a. VEHICLE NUMBER	0010	Number LSDNUM	b. In what month and year was the first payment made?	PMT MONTH Year PMT YEAR 0200 [][] 0210 [][][][]	
		b. VEHICLE CODE	0020	LSDCODE Code	c. What is the amount of each payment?	0220 \$ PAYEXPX .00	
2. What is the year, make, and model?		Year Make Model		d. What period is covered by each payment?	0230 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input type="checkbox"/> 4 <input type="checkbox"/> Quarter PAYTIME		
		OFFICE USE ONLY Enter auto code		0030	MODELYR MODEL		
3. How many cylinders does it have?		0050 Cylinders NUMCYL 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)		e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 <input type="checkbox"/> Yes S ANYEXTRA 2 <input type="checkbox"/> No } Go to item 11 x <input type="checkbox"/> Don't know		
4. Does it have –		Yes No		f. If YES – How much of the payment is for these extra charges?	0250 \$ EXTRAEXP .00 x <input type="checkbox"/> Don't know		
a. Automatic transmission?		0060 1 <input type="checkbox"/> 2 <input type="checkbox"/> ANYAUTO		11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 <input type="checkbox"/> Yes – / How much? ANYEMPLY- 2 <input type="checkbox"/> No		
b. Power steering?		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> ANYSTEER		0270 \$ EMPLOYEXP .00			
c. Power brakes?		0080 1 <input type="checkbox"/> 2 <input type="checkbox"/> ANYBRAKE		12. Was a trade-in allowance received?	0280 1 <input type="checkbox"/> Yes – If YES – How much? ANYTRADE 2 <input type="checkbox"/> No		
d. Air conditioning?		0090 1 <input type="checkbox"/> 2 <input type="checkbox"/> ANYAC		0290 \$ TRADEEXP .00			
e. Sun roof?		0100 1 <input type="checkbox"/> 2 <input type="checkbox"/> ANYROOF		13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300 1 <input type="checkbox"/> Yes – If YES – How much? ANYDOWN 2 <input type="checkbox"/> No – Go to item 14a		
f. Turbo charged engine?		0110 1 <input type="checkbox"/> 2 <input type="checkbox"/> ANYTURBO		0310 \$ DOWNEXP .00			
g. Diesel engine?		0120 1 <input type="checkbox"/> 2 <input type="checkbox"/> ANYDIESL		b. Was any portion of the cash down payment paid by an employer?	0320 1 <input type="checkbox"/> Yes – If YES – How much? ANYDNEMP 2 <input type="checkbox"/> No		
h. Four wheel drive?		0121 1 <input type="checkbox"/> 2 <input type="checkbox"/> ANYWHEEL		0330 \$ DNEMPEXP .00			
(Ask for vehicle code 100)				14a. Do you still have this vehicle?	0340 1 <input type="checkbox"/> Yes – Go to next vehicle or section 11 2 <input type="checkbox"/> No ANYHAVE		
5a. How many doors does it have?		0122 Doors DOORS		b. In what month was the lease terminated?	Month LSDENDMO 0350 [][]		
b. Is it a . . . ?		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other? TYPEVEH		c. Were any fees incurred at the termination of the lease?	0360 1 <input type="checkbox"/> Yes – If YES – How much? ANYFEES 2 <input type="checkbox"/> No – Go to next vehicle or section 11		
6a. Is it used for business?		0130 1 <input type="checkbox"/> Yes, used for business ANYBUSIN 2 <input type="checkbox"/> Personal use only – Go to item 7		0370 \$ FEESEXP .00			
b. If used for business – What percent of the mileage is counted as a business expense?		0140 PRCBSNSZ Percent { If 100%, delete this vehicle and go to next vehicle.					
7. How many miles are currently on the vehicle?		0150 MILESVEH Miles (Enter to nearest whole mile)					
8. Was it new or used when first leased?		0160 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used NEW USED					
9. Was this vehicle leased from a –		0170 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – Specify <input type="checkbox"/> LSDSOURC					

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles – Continued

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 10 27 0 ↓		NOTES
a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		a. VEHICLE NUMBER	0010	Number	
		b. VEHICLE CODE	0020	Code	
2. What is the year, make, and model?		Year	0030	Make	Model
		OFFICE USE ONLY Enter auto code	0040		
3. How many cylinders does it have?		0050	Cylinders	<input type="checkbox"/> No cylinders (rotary, turbine or electric)	
4. Does it have –		0060	Yes	0070	No
a. Automatic transmission?		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
b. Power steering?		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
c. Power brakes?		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
d. Air conditioning?		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
e. Sun roof?		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
f. Turbo charged engine?		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
g. Diesel engine?		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
h. Four wheel drive?		1 <input type="checkbox"/>	2 <input type="checkbox"/>		
(Ask for vehicle code 100)					
5a. How many doors does it have?		0122	Doors		
b. Is it a . . . ?		0123	<input type="checkbox"/> Station wagon? <input type="checkbox"/> Convertible? <input type="checkbox"/> Hatchback? <input type="checkbox"/> Other?		
6a. Is it used for business?		0130	<input type="checkbox"/> Yes, used for business <input type="checkbox"/> Personal use only – Go to item 7		
b. If used for business – What percent of the mileage is counted as a business expense?		0140	Percent	{ If 100%, delete this vehicle and go to next vehicle.	
7. How many miles are currently on the vehicle?		0150	Miles	(Enter to nearest whole mile)	
8. Was it new or used when first leased?		0160	<input type="checkbox"/> New <input type="checkbox"/> Used		
9. Was this vehicle leased from a –		0170	<input type="checkbox"/> New or used vehicle dealer? <input type="checkbox"/> Independent leasing company? <input type="checkbox"/> Bank? <input type="checkbox"/> Someplace else? – Specify ↘		
10a. What was the number of payments contracted for?		0190	Payments		
b. In what month and year was the first payment made?		0200	Month	0210	Year
c. What is the amount of each payment?		0220	\$	.00	
d. What period is covered by each payment?		0230	<input type="checkbox"/> Week <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Month <input type="checkbox"/> Other – Specify ↘ <input type="checkbox"/> Quarter		
e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?		0240	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't know } Go to item 11		
f. If YES – How much of the payment is for these extra charges?		0250	\$	.00	
		x <input type="checkbox"/> Don't know			
11. Is any of the (period reported in item 10d) leasing cost paid by an employer?		0260	<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No		
		0270	\$	.00	
12. Was a trade-in allowance received?		0280	<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No		
		0290	\$	.00	
13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)		0300	<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No – Go to item 14a		
		0310	\$	.00	
b. Was any portion of the cash down payment paid by an employer?		0320	<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No		
		0330	\$	.00	
14a. Do you still have this vehicle?		0340	<input type="checkbox"/> Yes – Go to next vehicle or section 11 <input type="checkbox"/> No		
b. In what month was the lease terminated?		0350	Month		
c. Were any fees incurred at the termination of the lease?		0360	<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No – Go to next vehicle or section 11		
		0370	\$	.00	

Section 11 – OWNED VEHICLES

FIELD REPRESENTATIVE –

Part A.1 – Screening Questions (If New Consumer Unit, Go to Part A.2)

If this box is marked, no vehicles were previously reported – Go to item 2a.

1. Ask column h for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b).

For each vehicle code 100 through 120 and 150 listed which has not been disposed of, ask column i.

Information Booklet, page 28

2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or acquired any vehicle not used exclusively for business? Include those vehicles purchased for your own use or as a gift to others.

1 11 01 3 ↓

0010 1 Yes
2 No – Go to next part or section

4 11 00 9 →

OWNED VEHICLE INVENTORY CHART

PROCESSING USE ONLY	a Vehicle number OVANUM	b Vehicle disposed of (part C completed)		c Vehicle description from part B, item 2	d Vehicle identification from part B, item 3			e Vehicle used for business from part B, item 7a YES NO	f Codes 100–120 and 150 only Enter mileage from part B, item 10b or part A.1, column i	g Enter vehicle code from part B, item 1b. OVACODE	h Do you still have (vehicle)? If NO – complete part C for all vehicles disposed of. OVAHAVE		i Codes 100–120 and 150 only How many miles are currently on the vehicle? Enter to nearest whole mile. OVAMILE
		YES	NO		YEAR	MAKE	MODEL				YES	NO	
0010	1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0020	2	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0030	3	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0040	4	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0050	5	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0060	6	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0070	7	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0080	8	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0090	9	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0100	10	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0110	11	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0120	12	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0130	13	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0140	14	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0150	15	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0160	16	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0170	17	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>
0180	18	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/>

b. If YES – What kind of vehicle was it?
Enter vehicle code from item 3 below.

0020	<input type="text"/>	0030	<input type="text"/>
0040	<input type="text"/>	0050	<input type="text"/>
0060	<input type="text"/>	0070	<input type="text"/>
0080	<input type="text"/>	0090	<input type="text"/>
0100	<input type="text"/>	0110	<input type="text"/>

3. FIELD REPRESENTATIVE INSTRUCTION
Complete part B for each new vehicle.

	VEHICLE CODE
Automobile	100
Truck, including vans	110
Motorized camper-coach	120
Trailer type camper	130
Other attachable type camper	140
Motorcycle, motor scooter, or moped (motorized bicycle)	150
Boat, purchased with a motor	160
Boat, purchased without a motor	170
Trailer other than camper type, such as for a boat or cycle	180
Private plane	190
Any other vehicle (snowmobile, dune buggy, riding golf cart, etc.)	200

NOTES

Section 11 – OWNED VEHICLES – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask part A.2 questions 1 through 3 for all vehicles and then complete part B for each vehicle reported. Also complete part C for each vehicle disposed of.

Part A.2 – Screening Questions – FOR NEW CONSUMER UNITS ONLY

1 11 02 1 ↓

Information Booklet, page 28 1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?	VEHICLE CODE	YES	NO	If YES – How many?	4. FIELD REPRESENTATIVE INSTRUCTIONS Complete part B for each vehicle reported in items 1 and 2. Complete parts B and C for each vehicle reported in item 3.
a. Automobile	100	0010 <input type="checkbox"/>	2 <input type="checkbox"/>	0020	NOTES
b. Truck, including vans	110	0030 <input type="checkbox"/>	2 <input type="checkbox"/>	0040	
c. Motorized camper-coach	120	0050 <input type="checkbox"/>	2 <input type="checkbox"/>	0060	
d. Trailer type camper	130	0070 <input type="checkbox"/>	2 <input type="checkbox"/>	0080	
e. Other attachable type camper	140	0090 <input type="checkbox"/>	2 <input type="checkbox"/>	0100	
f. Motorcycle, motor scooter, or moped (motorized bicycle)	150	0110 <input type="checkbox"/>	2 <input type="checkbox"/>	0120	
g. Boat, purchased with a motor	160	0130 <input type="checkbox"/>	2 <input type="checkbox"/>	0140	
h. Boat, purchased without a motor	170	0150 <input type="checkbox"/>	2 <input type="checkbox"/>	0160	
i. Trailer other than camper type, such as for a boat or cycle	180	0170 <input type="checkbox"/>	2 <input type="checkbox"/>	0180	
j. Private plane	190	0190 <input type="checkbox"/>	2 <input type="checkbox"/>	0200	
k. Any other vehicle	200	0210 <input type="checkbox"/>	2 <input type="checkbox"/>	0220	
2a. Have you (or any members of your CU) purchased any such vehicles since the 1st of the (month, 3 months ago) as a gift to someone outside of your CU?	0230 <input type="checkbox"/> Yes – Ask items 2b and 2c 2 <input type="checkbox"/> No – Go to item 3a				
b. If YES – How many?	0240 _____ Number				
c. What kind of vehicle(s) did you purchase? Enter a separate code for each vehicle.	0250 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0260 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0270 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0280 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0290 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0300 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0310 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0320 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0330 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
3a. Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)?	0340 <input type="checkbox"/> Yes – Ask items 3b and 3c 2 <input type="checkbox"/> No – Go to item 4				
b. If YES – How many?	0350 _____ Number				
c. What kind of vehicle(s) did you dispose of? Enter a separate code for each vehicle.	0360 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0370 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0380 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0390 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0400 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0410 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0420 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0430 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0440 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0450 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0460 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0470 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

<p>1. FIELD REPRESENTATIVE ITEM</p> <p>a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.</p> <p>b. Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 04 7 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0190 <input type="text"/> <input type="text"/> 0200 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>2. Briefly describe the (vehicle).</p> <p><i>Do not ask for vehicle codes 100 or 110.</i></p>		<p>a. VEHICLE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number</p> <p>b. VEHICLE CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>12a. Was any portion of the purchase price financed?</p> <p>0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p>
<p>3. What is the year, make, and model?</p> <p><i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>		<p>Description</p> <p>Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make: <input type="text"/> Model: <input type="text"/></p>	<p>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</p> <p>0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments</p>
<p>4. How many cylinders does it have?</p>		<p>0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OFFICE USE ONLY Enter auto code</p>	<p>13a. Was a trade-in allowance received?</p> <p>0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c</p>
<p>5. Does it have –</p> <p>a. Automatic transmission? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Power steering? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Power brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Sun roof? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Turbo charged engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Four wheel drive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>0050 <input type="text"/> Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>	<p>b. If YES – How much?</p> <p>0240 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>6a. How many doors does it have?</p> <p><i>Ask for vehicle code 100.</i></p>		<p>0060 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0070 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0080 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0090 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0100 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0110 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0120 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>0121 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>c. What was the amount paid for it after trade-in allowance and discount?</p> <p>0250 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>6b. Is it a . . . ?</p>		<p>0122 <input type="text"/> Doors</p> <p>0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>	<p>d. Did this price include sales tax?</p> <p>0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p>
<p>7a. Is it used for business?</p> <p>b. If used for business – What percent of the mileage is counted as a business expense?</p>		<p>0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8</p> <p>0140 <input type="text"/> Percent { If 100%, delete this vehicle and go to next vehicle. }</p>	<p>e. Was any of the amount or price paid by an employer?</p> <p>0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p>
<p>8. Was it new or used when acquired?</p>		<p>0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>	<p>f. If YES – How much?</p> <p>0280 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>9. Was this vehicle purchased from –</p>		<p>0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____</p>	<p>14. What was the amount of the cash down payment?</p> <p>0290 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>10a. Was this vehicle –</p> <p>b. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>		<p>0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?</p> <p>0180 <input type="text"/> Miles – If item 10a is code 3, go to next vehicle ↗</p>	<p>15a. What was the source of credit?</p> <p>0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify ↘ 4 <input type="checkbox"/> Credit Union</p>
			<p>b. Was this a home equity loan?</p> <p>0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
			<p>c. How much was borrowed, excluding any interest?</p> <p>0310 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
			<p>d. What was the number of payments contracted for?</p> <p>0320 <input type="text"/> Payments</p>
			<p>e. In what month and year was the first payment made?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0330 <input type="text"/> <input type="text"/> 0340 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
			<p>f. What is the amount of each payment?</p> <p>0350 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
			<p>g. What period is covered by each payment?</p> <p>0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↘ 4 <input type="checkbox"/> Quarter</p>
			<p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part or section x <input type="checkbox"/> Don't know</p>
			<p>i. If YES – How much of the payment is for these extra charges?</p> <p>0380 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

<p>1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 05 4 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>2. Briefly describe the (vehicle).</p> <p><i>Do not ask for vehicle codes 100 or 110.</i></p>	<p>a. VEHICLE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number</p> <p>b. VEHICLE CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>Description</p>	<p>12a. Was any portion of the purchase price financed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p>
<p>3. What is the year, make, and model?</p> <p><i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>	<p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make <input type="text"/> Model <input type="text"/></p>	<p>OFFICE USE ONLY Enter auto code</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</p> <p><input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. <input type="checkbox"/> Remaining payments</p>
<p>4. How many cylinders does it have?</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>		<p>13a. Was a trade-in allowance received?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 13c</p>
<p>5. Does it have –</p> <p>a. Automatic transmission? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Power steering? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Power brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Sun roof? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Turbo charged engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Four wheel drive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>b. If YES – How much?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>6a. How many doors does it have?</p> <p><i>Ask for vehicle code 100.</i></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Doors</p>		<p>c. What was the amount paid for it after trade-in allowance and discount?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>b. Is it a . . . ?</p>	<p><input type="checkbox"/> Station wagon? <input type="checkbox"/> Convertible? <input type="checkbox"/> Hatchback? <input type="checkbox"/> Other?</p>		<p>d. Did this price include sales tax?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>7a. Is it used for business?</p>	<p><input type="checkbox"/> Yes, used for business <input type="checkbox"/> Personal use only – Go to item 8</p>		<p>e. Was any of the amount or price paid by an employer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 14</p>
<p>b. If used for business – What percent of the mileage is counted as a business expense?</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Percent <i>If 100%, delete this vehicle and go to next vehicle.</i></p>		<p>f. If YES – How much?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>8. Was it new or used when acquired?</p>	<p><input type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>14. What was the amount of the cash down payment?</p> <p><i>Ask items 14 and 15 for credit payments only, "2" marked in item 12b.</i></p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>9. Was this vehicle purchased from –</p>	<p><input type="checkbox"/> Vehicle dealership? <input type="checkbox"/> Private individual? <input type="checkbox"/> Other? – Specify _____</p>		<p>15a. What was the source of credit?</p> <p><input type="checkbox"/> Auto dealer <input type="checkbox"/> Insurance company <input type="checkbox"/> Finance company <input type="checkbox"/> Individual <input type="checkbox"/> Bank <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Credit Union</p>
<p>10a. Was this vehicle –</p>	<p><input type="checkbox"/> Purchased for own use? <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 <input type="checkbox"/> Received as gift?</p>		<p>b. Was this a home equity loan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles – If item 10a is code 3, go to next vehicle</p>		<p>c. How much was borrowed, excluding any interest?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
			<p>d. What was the number of payments contracted for?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Payments</p>
			<p>e. In what month and year was the first payment made?</p> <p>Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
			<p>f. What is the amount of each payment?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
			<p>g. What period is covered by each payment?</p> <p><input type="checkbox"/> Week <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Month <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Quarter</p>
			<p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p>
			<p>i. If YES – How much of the payment is for these extra charges?</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 <input type="checkbox"/> Don't know</p>

Section 11 - OWNED VEHICLES - Continued

Part B - Detailed Questions - Continued

1. FIELD REPRESENTATIVE ITEM a. New CU's - Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews - Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY 1 11 06 2 ↓	11. In what month and year was it purchased? Month: 0190 [] [] Year: 0200 [] [] [] []
2. Briefly describe the (vehicle). Do not ask for vehicle codes 100 or 110.		a. VEHICLE NUMBER 0010 _____ Number b. VEHICLE CODE 0020 [] [] [] Code	12a. Was any portion of the purchase price financed? 0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.
3. What is the year, make, and model? Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).		Description Year: 0030 [] [] [] [] Make: _____ Model: _____	b. If YES - On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made? 0220 1 <input type="checkbox"/> Paid off - If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments
4. How many cylinders does it have?		OFFICE USE ONLY Enter auto code 0040 [] [] [] []	13a. Was a trade-in allowance received? 0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c
5. Does it have - a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?		0050 _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	b. If YES - How much? 0240 \$ _____ .00
6a. How many doors does it have? Ask for vehicle code 100.		Yes No 0060 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0080 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0090 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0100 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0110 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0120 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0121 1 <input type="checkbox"/> 2 <input type="checkbox"/>	c. What was the amount paid for it after trade-in allowance and discount? 0250 \$ _____ .00
6a. How many doors does it have? b. Is it a . . . ?		0122 _____ Doors 0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?	d. Did this price include sales tax? 0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No
7a. Is it used for business? b. If used for business - What percent of the mileage is counted as a business expense?		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only - Go to item 8 0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.	e. Was any of the amount or price paid by an employer? 0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14
8. Was it new or used when acquired?		0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	f. If YES - How much? 0280 \$ _____ .00
9. Was this vehicle purchased from -		0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? - Specify _____	14. What was the amount of the cash down payment? Ask items 14 and 15 for credit payments only, "2" marked in item 12b. 0290 \$ _____ .00
10a. Was this vehicle - Ask for item codes 100-120 and 150 only.		0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? - Go to item 11 3 <input type="checkbox"/> Received as gift?	15a. What was the source of credit? 0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Credit Union
b. How many miles are currently on the vehicle? Ask for item codes 100-120 and 150 only.		0180 _____ Miles - If item 10a is code 3, go to next vehicle	b. Was this a home equity loan? Ask if codes "2," "3," or "4" marked in item 15a. 0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
			c. How much was borrowed, excluding any interest? 0310 \$ _____ .00
			d. What was the number of payments contracted for? 0320 _____ Payments
			e. In what month and year was the first payment made? Month: 0330 [] [] Year: 0340 [] [] [] []
			f. What is the amount of each payment? 0350 \$ _____ .00
			g. What period is covered by each payment? 0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Quarter
			h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? 0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section
			i. If YES - How much of the payment is for these extra charges? 0380 \$ _____ .00 x <input type="checkbox"/> Don't know

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

<p>1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.</p>	<p>PROCESSING USE ONLY</p>	<p>1 11 07 0 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>12a. Was any portion of the purchase price financed?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p> <p>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</p> <p>1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments</p> <p>13a. Was a trade-in allowance received?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c</p> <p>b. If YES – How much?</p> <p>\$ <input type="text"/> .00</p> <p>c. What was the amount paid for it after trade-in allowance and discount?</p> <p>\$ <input type="text"/> .00</p> <p>d. Did this price include sales tax?</p> <p>1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p> <p>e. Was any of the amount or price paid by an employer?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>f. If YES – How much?</p> <p>\$ <input type="text"/> .00</p> <p><i>Ask items 14 and 15 for credit payments only, "2" marked in item 12b.</i></p> <p>14. What was the amount of the cash down payment?</p> <p>\$ <input type="text"/> .00</p> <p>15a. What was the source of credit?</p> <p>1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Credit Union</p> <p><i>Ask if codes "2," "3," or "4" marked in item 15a.</i></p> <p>b. Was this a home equity loan?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c. How much was borrowed, excluding any interest?</p> <p>\$ <input type="text"/> .00</p> <p>d. What was the number of payments contracted for?</p> <p><input type="text"/> Payments</p> <p>e. In what month and year was the first payment made?</p> <p>Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f. What is the amount of each payment?</p> <p>\$ <input type="text"/> .00</p> <p>g. What period is covered by each payment?</p> <p>1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter</p> <p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p> <p>i. If YES – How much of the payment is for these extra charges?</p> <p>\$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>
<p>2. Briefly describe the (vehicle).</p> <p><i>Do not ask for vehicle codes 100 or 110.</i></p> <p>3. What is the year, make, and model?</p> <p><i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>	<p>a. VEHICLE NUMBER</p> <p>b. VEHICLE CODE</p>	<p>0010 _____ Number</p> <p>0020 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>Description</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make <input type="text"/> Model <input type="text"/></p>
<p>4. How many cylinders does it have?</p>	<p>OFFICE USE ONLY Enter auto code</p>	<p>0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>
<p>5. Does it have –</p> <p>a. Automatic transmission?</p> <p>b. Power steering?</p> <p>c. Power brakes?</p> <p>d. Air conditioning?</p> <p>e. Sun roof?</p> <p>f. Turbo charged engine?</p> <p>g. Diesel engine?</p> <p>h. Four wheel drive?</p>	<p>Yes No</p>	<p>0060 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0070 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0080 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0090 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0100 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0110 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0120 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0121 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>6a. How many doors does it have?</p> <p><i>Ask for vehicle code 100.</i></p> <p>b. Is it a . . . ?</p> <p>1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>
<p>7a. Is it used for business?</p> <p>b. If used for business – What percent of the mileage is counted as a business expense?</p>	<p>0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8</p>	<p>0140 _____ Percent</p> <p><i>If 100%, delete this vehicle and go to next vehicle.</i></p>	<p>8. Was it new or used when acquired?</p> <p>1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>
<p>9. Was this vehicle purchased from –</p>	<p>0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____</p>	<p>0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?</p>	<p>10a. Was this vehicle –</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p> <p>b. How many miles are currently on the vehicle?</p> <p>0180 _____ Miles – If item 10a is code 3, go to next vehicle</p>

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

<p>1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.</p>	<p>PROCESSING USE ONLY</p>	<p>1 11 08 8 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>12a. Was any portion of the purchase price financed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p> <p>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</p> <p><input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. <input type="checkbox"/> Remaining payments</p> <p>13a. Was a trade-in allowance received?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 13c</p> <p>b. If YES – How much?</p> <p>\$ <input type="text"/> .00</p> <p>c. What was the amount paid for it after trade-in allowance and discount?</p> <p>\$ <input type="text"/> .00</p> <p>d. Did this price include sales tax?</p> <p><input type="checkbox"/> Yes x <input type="checkbox"/> Don't know <input type="checkbox"/> No</p> <p>e. Was any of the amount or price paid by an employer?</p> <p><input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>f. If YES – How much?</p> <p>\$ <input type="text"/> .00</p>
<p>2. Briefly describe the (vehicle). <i>Do not ask for vehicle codes 100 or 110.</i></p> <p>3. What is the year, make, and model? <i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>	<p>a. VEHICLE NUMBER</p> <p>b. VEHICLE CODE</p>	<p>0010 _____ Number</p> <p>0020 <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>12b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</p> <p><input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. <input type="checkbox"/> Remaining payments</p> <p>13a. Was a trade-in allowance received?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 13c</p> <p>b. If YES – How much?</p> <p>\$ <input type="text"/> .00</p> <p>c. What was the amount paid for it after trade-in allowance and discount?</p> <p>\$ <input type="text"/> .00</p> <p>d. Did this price include sales tax?</p> <p><input type="checkbox"/> Yes x <input type="checkbox"/> Don't know <input type="checkbox"/> No</p> <p>e. Was any of the amount or price paid by an employer?</p> <p><input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>f. If YES – How much?</p> <p>\$ <input type="text"/> .00</p>
<p>4. How many cylinders does it have?</p>	<p>OFFICE USE ONLY Enter auto code</p>	<p>0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year</p> <p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>14. What was the amount of the cash down payment?</p> <p>Ask items 14 and 15 for credit payments only, "2" marked in item 12b.</p> <p>\$ <input type="text"/> .00</p> <p>15a. What was the source of credit?</p> <p><input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Credit Union</p> <p>b. Was this a home equity loan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. How much was borrowed, excluding any interest?</p> <p>\$ <input type="text"/> .00</p> <p>d. What was the number of payments contracted for?</p> <p><input type="text"/> Payments</p> <p>e. In what month and year was the first payment made?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f. What is the amount of each payment?</p> <p>\$ <input type="text"/> .00</p> <p>g. What period is covered by each payment?</p> <p><input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Quarter</p> <p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p> <p>i. If YES – How much of the payment is for these extra charges?</p> <p>\$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>
<p>5. Does it have –</p> <p>a. Automatic transmission? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Power steering? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Power brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Sun roof? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Turbo charged engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Four wheel drive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>0050 _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>	<p>0060 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>0070 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>0080 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>0090 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>0100 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>0110 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>0120 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>0121 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>15b. Was this a home equity loan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. How much was borrowed, excluding any interest?</p> <p>\$ <input type="text"/> .00</p> <p>d. What was the number of payments contracted for?</p> <p><input type="text"/> Payments</p> <p>e. In what month and year was the first payment made?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f. What is the amount of each payment?</p> <p>\$ <input type="text"/> .00</p> <p>g. What period is covered by each payment?</p> <p><input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Quarter</p> <p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p> <p>i. If YES – How much of the payment is for these extra charges?</p> <p>\$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>
<p>6a. How many doors does it have? <i>Ask for vehicle code 100.</i></p> <p>b. Is it a . . . ?</p>	<p>0122 _____ Doors</p>	<p>0123 <input type="checkbox"/> Station wagon? <input type="checkbox"/> Convertible? <input type="checkbox"/> Hatchback? <input type="checkbox"/> Other?</p>	<p>15c. How much was borrowed, excluding any interest?</p> <p>\$ <input type="text"/> .00</p> <p>d. What was the number of payments contracted for?</p> <p><input type="text"/> Payments</p> <p>e. In what month and year was the first payment made?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f. What is the amount of each payment?</p> <p>\$ <input type="text"/> .00</p> <p>g. What period is covered by each payment?</p> <p><input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Quarter</p> <p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p> <p>i. If YES – How much of the payment is for these extra charges?</p> <p>\$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>
<p>7a. Is it used for business?</p> <p>b. If used for business – What percent of the mileage is counted as a business expense?</p>	<p>0130 <input type="checkbox"/> Yes, used for business <input type="checkbox"/> Personal use only – Go to item 8</p>	<p>0140 _____ Percent</p> <p><i>If 100%, delete this vehicle and go to next vehicle.</i></p>	<p>15d. What was the number of payments contracted for?</p> <p><input type="text"/> Payments</p> <p>e. In what month and year was the first payment made?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f. What is the amount of each payment?</p> <p>\$ <input type="text"/> .00</p> <p>g. What period is covered by each payment?</p> <p><input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Quarter</p> <p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p> <p>i. If YES – How much of the payment is for these extra charges?</p> <p>\$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>
<p>8. Was it new or used when acquired?</p>	<p>0150 <input type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>0180 _____ Miles – If item 10a is code 3, go to next vehicle</p>	<p>15e. In what month and year was the first payment made?</p> <p>Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f. What is the amount of each payment?</p> <p>\$ <input type="text"/> .00</p> <p>g. What period is covered by each payment?</p> <p><input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Quarter</p> <p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p> <p>i. If YES – How much of the payment is for these extra charges?</p> <p>\$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>
<p>9. Was this vehicle purchased from –</p>	<p>0160 <input type="checkbox"/> Vehicle dealership? <input type="checkbox"/> Private individual? <input type="checkbox"/> Other? – Specify _____</p>	<p>0170 <input type="checkbox"/> Purchased for own use? <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 <input type="checkbox"/> Received as gift?</p>	<p>15f. What is the amount of each payment?</p> <p>\$ <input type="text"/> .00</p> <p>g. What period is covered by each payment?</p> <p><input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Quarter</p> <p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p> <p>i. If YES – How much of the payment is for these extra charges?</p> <p>\$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>
<p>10a. Was this vehicle –</p> <p>b. How many miles are currently on the vehicle? <i>Ask for item codes 100–120 and 150 only.</i></p>	<p>0180 _____ Miles – If item 10a is code 3, go to next vehicle</p>	<p>0180 _____ Miles – If item 10a is code 3, go to next vehicle</p>	<p>15g. What period is covered by each payment?</p> <p><input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Quarter</p> <p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p> <p>i. If YES – How much of the payment is for these extra charges?</p> <p>\$ <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>

Section 11 – OWNED VEHICLES – Continued

Part C – Disposed of Vehicles

1. FIELD REPRESENTATIVE ITEM <i>Complete a column in the 1st interview in which the vehicle is disposed of. Enter vehicle number and vehicle code.</i>	PROCESSING USE ONLY	1 11 51 8 ↓	1 11 52 6 ↓	1 11 53 4 ↓	1 11 54 2 ↓
	a. VEHICLE NUMBER	0010 _____ Number VEHICIC	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. VEHICLE CODE	0020 [][] Code VEHICYC	0020 [][] Code	0020 [][] Code	0020 [][] Code
2a. How did you dispose of the vehicle? <i>Mark (X) one box.</i>	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? VEHDISP 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	
b. In what month was it (read answer from item 2a)?	0040 [][] Month – If code 3 in item 2a, go to item 5a VDISPMO	0040 [][] Month – If code 3 in item 2a, go to item 5a	0040 [][] Month – If code 3 in item 2a, go to item 5a	0040 [][] Month – If code 3 in item 2a, go to item 5a	
3. How much did you sell it for? <i>If sold (code 1, item 2a).</i>	0050 \$ SALEX [] [] .00 Go to item 5a	0050 \$ [] [] [] [] .00 Go to item 5a	0050 \$ [] [] [] [] .00 Go to item 5a	0050 \$ [] [] [] [] .00 Go to item 5a	
4a. Were you reimbursed for the value of the vehicle? <i>If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a).</i>	0060 1 <input type="checkbox"/> Yes REIMBURS 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	
b. How much did you receive for the vehicle?	0070 \$ REIMBURX [] [] .00 Go to item 5a	0070 \$ [] [] [] [] .00 Go to item 5a	0070 \$ [] [] [] [] .00 Go to item 5a	0070 \$ [] [] [] [] .00 Go to item 5a	
c. Do you expect to be reimbursed for the value of the vehicle?	0080 1 <input type="checkbox"/> Yes EXREIMB 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know	
d. How much will you receive for the vehicle?	0090 \$ EXREIMBX [] [] .00 x <input type="checkbox"/> Don't know	0090 \$ [] [] [] [] .00 x <input type="checkbox"/> Don't know	0090 \$ [] [] [] [] .00 x <input type="checkbox"/> Don't know	0090 \$ [] [] [] [] .00 x <input type="checkbox"/> Don't know	
5a. Were there any outstanding loans on the vehicle when it was disposed of?	0100 1 <input type="checkbox"/> Yes LOANSTAT 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	
b. Were any final payments made on the loan?	0110 1 <input type="checkbox"/> Yes FINPAYMT 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	
c. If YES – How much was the final payment?	0120 \$ FINPAYMX [] [] .00	0120 \$ [] [] [] [] .00	0120 \$ [] [] [] [] .00	0120 \$ [] [] [] [] .00	

NOTES

Section 11 – OWNED VEHICLES – Continued

Part C – Disposed of Vehicles – Continued

1. FIELD REPRESENTATIVE ITEM <i>Complete a column in the 1st interview in which the vehicle is disposed of. Enter vehicle number and vehicle code.</i>	PROCESSING USE ONLY	1 11 55 9 ↓	1 11 56 7 ↓	1 11 57 5 ↓	1 11 58 3 ↓			
	a. VEHICLE NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number			
b. VEHICLE CODE	0020 [][] [][] Code	0020 [][] [][] Code	0020 [][] [][] Code	0020 [][] [][] Code	0020 [][] [][] Code			
2a. How did you dispose of the vehicle? <i>Mark (X) one box.</i>	0030	1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030	1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030	1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____	0030	1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____
b. In what month was it (read answer from item 2a)?	0040	[][] Month – If code 3 in item 2a, go to item 5a	0040	[][] Month – If code 3 in item 2a, go to item 5a	0040	[][] Month – If code 3 in item 2a, go to item 5a	0040	[][] Month – If code 3 in item 2a, go to item 5a
3. How much did you sell it for? <i>If sold (code 1, item 2a).</i>	0050	\$ _____ .00 Go to item 5a	0050	\$ _____ .00 Go to item 5a	0050	\$ _____ .00 Go to item 5a	0050	\$ _____ .00 Go to item 5a
4a. Were you reimbursed for the value of the vehicle? <i>If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a).</i>	0060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	0060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c
b. How much did you receive for the vehicle?	0070	\$ _____ .00 Go to item 5a	0070	\$ _____ .00 Go to item 5a	0070	\$ _____ .00 Go to item 5a	0070	\$ _____ .00 Go to item 5a
c. Do you expect to be reimbursed for the value of the vehicle?	0080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know	0080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know	0080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know	0080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know
d. How much will you receive for the vehicle?	0090	\$ _____ .00 x <input type="checkbox"/> Don't know	0090	\$ _____ .00 x <input type="checkbox"/> Don't know	0090	\$ _____ .00 x <input type="checkbox"/> Don't know	0090	\$ _____ .00 x <input type="checkbox"/> Don't know
5a. Were there any outstanding loans on the vehicle when it was disposed of?	0100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle
b. Were any final payments made on the loan?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle
c. If YES – How much was the final payment?	0120	\$ _____ .00	0120	\$ _____ .00	0120	\$ _____ .00	0120	\$ _____ .00

NOTES

Section 12 – VEHICLE OPERATING EXPENSES

Part A – Vehicle Maintenance and Repair, Parts, and Equipment

8 12 02 4 →

a				PROCESSING USE ONLY	b	c	d		e		f	g		h		i		j	k		PRE		
							YES	NO	Description	Vehicle code		Month	YES	NO	YES	NO	YES		NO	Description from column b	Month from column f	Cost from column g	
<p><i>Information Booklet, pages 29 and 30</i> I will now ask about expenses for vehicle services, parts, and equipment. Please do not include expenses for vehicles used entirely for business.</p> <p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?</p>				PROCESSING USE ONLY VOPSERVY VOPLABOR VOPVENYA VOPMOA VOPEXPX VOPTAX VOPREIMB VOPRMBXA	What was the expense for? <i>Enter a brief description.</i>	ENTER ITEM CODE from column a.	Did this expense include labor?	Which vehicle was it for? <i>Describe briefly and enter the vehicle code from the vehicle code list.</i>		In what month did you have this expense?	What was the total cost?	Did this include sales tax?	Has any of this expense or will any of it be reimbursed?	IF YES – How much?	Did you have any other expenses for . . . ?	Description from column b Month from column f Cost from column g							
					Oil change, lubrication, and oil filter	100	0010	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Motor tune-up	110	0020	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Brake work	120	0030	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Battery purchases and installation	130	0040	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Tire purchases and mounting	140	0050	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Tire repair	150	0060	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Front end alignment, wheel balancing and wheel rotation	160	0070	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Steering or front-end work	170	0080	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Electrical system work	180	0090	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Engine repair or replacement	190	0100	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Air conditioning work	200	0110	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
					Engine cooling system work	210	0120	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
							0130	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
							0140	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00		
		0150	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>			\$.00							
NOTES																							
<p>2. FIELD REPRESENTATIVE CHECK ITEM</p> <p>Mark (X) box if there are no entries recorded in columns b–k.</p>				1 12 01 1 ↓ 0010 999 <input type="checkbox"/> Go to next page																<p style="text-align: center;">VEHICLE CODES</p>			
															Automobile	100							
															Truck	110							
															Motorized camper	120							
															Trailer camper	130							
															Other attachable-type camper	140							
															Motorcycle, scooter, or moped	150							
															Boat, with motor	160							
															Boat, without motor	170							
															Trailer, other than camper such as for boat	180							
															Private plane	190							
															Any other vehicle	200							

Section 12 – VEHICLE OPERATING EXPENSES – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a and complete columns b through k for each expense reported before going to the next item in column a. Complete a separate line for each item.

Part A – Vehicle Maintenance and Repair, Parts, and Equipment

8 12 04 0 →

a			PROCESSING USE ONLY	b	c	d		e		f	g		h		i		j	k		PRE		
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?				What was the expense for? <i>Enter a brief description.</i>	ENTER ITEM CODE from column a.	YES	NO	Which vehicle was it for? <i>Describe briefly and enter the vehicle code from the vehicle code list.</i>		In what month did you have this expense?	What was the total cost?	Did this include sales tax?		Has any of this expense or will any of it be reimbursed? <i>If "No", go to column k.</i>		IF YES – How much?	Did you have any other expenses for . . . ? <i>If "No", go to next item in column a.</i>		Description from column b	Month from column f	Cost from column g	
ITEM CODE	YES	NO						Description	Vehicle code	Month		YES	NO	YES	NO		YES	NO				
Exhaust system work																						
Clutch or transmission work			0010			1																
Body work and painting			0020			1																
Shock absorber replacement			0030			1																
Drive shaft or rear-end work			0040			1																
Audio equipment and installation			0050			1																
Vehicle accessories and customizing			0060			1																
Other vehicle services, parts, and equipment			0070			1																
			0080			1																
			0090			1																
			0100			1																
			0110			1																
			0120			1																
			0130			1																
			0140			1																
			0150			1																
NOTES																						
2. FIELD REPRESENTATIVE CHECK ITEM																						
Mark (X) box if there are no entries recorded in columns b–k.																						

Section 12 – VEHICLE OPERATING EXPENSES – Continued

FIELD REPRESENTATIVE – Ask column a and complete columns b–f for each expense reported before going to next item in column a.

Part B – Licensing, Registration, and Inspection of Vehicles

3 12 26 4 →

a				PROCESSING USE ONLY	b	c	d	e	f		PRE			NOTES	
									Did you have any other expenses for . . . ?		1	2	3		
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –					Enter the item description from column a.	ENTER ITEM CODE from column a.	In what month did you have this expense?	What was the total amount of the expense?			Description from column b	Month from column d	Cost from column e		
ITEM CODE	YES	NO		VOPREGY		VOPMO_C	VOPREGX	Month	YES	NO			\$	.00	
Driver's license?	400														
Vehicle inspection?	410														
Vehicle registration?	420														
Use only if unable to itemize above – Combined expenses	430														
				0010				\$	.00					\$	.00
				0020				\$	.00					\$	.00
				0030				\$	.00					\$	.00
				0040				\$	.00					\$	.00
				0050				\$	.00					\$	.00
				0060				\$	.00					\$	.00
				0070				\$	.00					\$	.00
				0080				\$	.00					\$	.00
				0090				\$	.00					\$	.00
				0100				\$	.00					\$	.00
				0110				\$	.00					\$	.00
				0120				\$	.00					\$	.00
				0130				\$	.00					\$	.00
				0140				\$	.00					\$	.00
				0150				\$	.00					\$	.00
				0160				\$	.00					\$	.00
				0170				\$	.00					\$	.00
				0180				\$	.00					\$	.00

Section 12 – VEHICLE OPERATING EXPENSES – Continued

Part C – Other Vehicle Operating Expenses		1 12 51 6 ↓
1a. Since the 1st of (month, 3 months ago), what has been the CU's AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles?	0010 \$ <u>VOPGA SX</u> .00 0 <input type="checkbox"/> None – Go to item 2a	4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for –
b. Was any of this expense for the purchase of diesel fuel?	0020 1 <input type="checkbox"/> Yes VOPDIES 2 <input type="checkbox"/> No – Go to item 1d	a. Parking, including garage rental, metered parking, and parking lot fees, except any expenses included in property ownership costs? Do not include parking expenses that are totally reimbursed or paid entirely for business.
c. If YES – How much?	0030 \$ <u>VOPDIESX</u> .00	b. If YES – How much was paid, excluding any payments made this month?
d. Was any of the average monthly cost counted as a business expense?	0040 1 <input type="checkbox"/> Yes VOPBSNS 2 <input type="checkbox"/> No – Go to item 2a	c. Towing charges, excluding contracted or pre-paid towing charges?
e. How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$ <u>VOPBSNSX</u> .00	d. If YES – How much was paid, excluding any payments made in the current month?
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any oil for operating vehicles, other than oil included with the purchase of an oil change? Do not include purchases for vehicles used entirely for business.	0060 1 <input type="checkbox"/> Yes VOPOIL 2 <input type="checkbox"/> No – Go to item 3a	e. Docking and landing fees for boats and planes?
b. What was the total cost?	0070 \$ <u>VOPOILX</u> .00	f. If YES – How much was paid, excluding any payments made in the current month?
c. Was any of this purchased this month?	0080 1 <input type="checkbox"/> Yes VOPOILNT 2 <input type="checkbox"/> No – Go to item 3a	5a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for auto repair service policies? Do not include service policies for vehicles used entirely for business.
d. If YES – How much was purchased this month?	0090 \$ <u>VOPOILNX</u> .00	b. If YES – How much?
3a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any antifreeze, brake fluid, transmission fluid, or additives, except if purchased with a tune-up? Do not include purchases for vehicles used entirely for business.	0100 1 <input type="checkbox"/> Yes VOPFLUID 2 <input type="checkbox"/> No – Go to item 4a	6a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for bottled or tank gas for recreational vehicles, including vans, campers, and boats?
b. What was the total cost of these purchases?	0110 \$ <u>VOPFLUDX</u> .00	b. If YES – How much?

NOTES

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask items 1–3 in part A.2 and then complete a column in part B for each policy reported.

Part A.2 – Screening Questions – FOR NEW CONSUMER UNITS ONLY				1 13 02 7 ↓	NOTES
<i>Information Booklet, page 32</i>		Insurance code	YES NO	If YES – How many policies or plans does your CU have?	
1. Do you (or any members of your CU) have any –					
a. Life insurance or other policies which provide benefits in case of death or disability?		100	0010 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0020 _____ Number	
b. Automobile or other vehicle insurance?		200	0030 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0040 _____ Number	
c. Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –					
(1) Homeowner’s insurance?		300	0050 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0060 _____ Number	
(2) Tenant’s insurance?		400	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0080 _____ Number	
d. Other types of nonhealth insurance?		500	0090 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0100 _____ Number	
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?		0130 1 <input type="checkbox"/> Yes – Ask items 2b and 2c 2 <input type="checkbox"/> No – Go to item 3a			
b. What kind of insurance policy(ies) was it (were they)? <i>Enter insurance code from items 1a–d for each policy reported.</i>		Insurance code		How many?	
		0140		0150 _____ Number	
c. How many?		0160		0170 _____ Number	
		0180		0190 _____ Number	
		0200		0210 _____ Number	
		0220		0230 _____ Number	
3a. Have you (or any members of your CU) made any payments for insurance policies, other than health, for persons not in your CU?		0300 1 <input type="checkbox"/> Yes – Ask items 3b and 3c 2 <input type="checkbox"/> No – Go to item 4			
b. What kind of insurance policy(ies) was it (were they)? <i>Enter insurance code from items 1a–d for each policy reported.</i>		Insurance code		How many?	
		0310		0320 _____ Number	
c. How many?		0330		0340 _____ Number	
		0350		0360 _____ Number	
		0370		0380 _____ Number	
		0390		0400 _____ Number	
4. FIELD REPRESENTATIVE INSTRUCTIONS <i>Complete a column in part B for each policy reported.</i> <i>Complete a column in part B for each discontinued policy. Be sure to mark the discontinued box, part B, item 1b.</i>					

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

FIELD REPRESENTATIVE – Combine payments if more than one policy is held through the same company for the same type of insurance (for example: automobile insurance) and for the same time period.

Part B – Detailed Questions

1. FIELD REPRESENTATIVE ITEM New CU's – Enter policy numbers in consecutive order beginning with 1. 2nd through 5th interviews – Enter the next available policy number from chart in part A.1.	PROCESSING USE ONLY	1 13 03 5 ↘	1 13 04 3 ↘	1 13 05 0 ↘	1 13 06 8 ↘	
	a. POLICY NUMBER 0010 _____ Number POLICYIB b. DISCONTINUED 0020 1 <input type="checkbox"/> PLCYSTAB	0010 _____ Number 0020 1 <input type="checkbox"/>	0010 _____ Number 0020 1 <input type="checkbox"/>	0010 _____ Number 0020 1 <input type="checkbox"/>	0010 _____ Number 0020 1 <input type="checkbox"/>	0010 _____ Number 0020 1 <input type="checkbox"/>
2a. What type of insurance is (was) it?	Description	Description	Description	Description	Description	
b. Enter insurance code from part A.1 or part A.2.	0030 _____ Code POLICYYB	0030 _____ Code	0030 _____ Code	0030 _____ Code	0030 _____ Code	
3. What is the name of the insurance company? <i>Enter name of insurance company, not the insurance agent.</i>	Insurance company name	Insurance company name	Insurance company name	Insurance company name	Insurance company name	
4. Ask only for insurance code 200 from item 2b. <i>Describe briefly what vehicles are covered.</i>	Description	Description	Description	Description	Description	
5a. Ask only for insurance code 300 from item 2b. <i>Describe briefly the property this policy covers.</i>	Description	Description	Description	Description	Description	
b. Enter property number from section 3, part B.	0160 _____ 0170 NSRPY 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	
6a. Are the policy premiums paid . . . ?	0220 1 <input type="checkbox"/> Entirely by CU PREM PAID 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } <i>Go to next policy</i>	
b. Are any premiums paid through payroll deductions?	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No PAYDEDPR	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
7. How often are premiums on this policy paid? <i>Mark (X) the appropriate box.</i>	0240 1 <input type="checkbox"/> Weekly PREM PERD 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – <i>Go to next policy</i> 9 <input type="checkbox"/> Other – <i>Specify</i> ↘
8a. Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy? <i>Enter the actual amount the CU paid, do not include any expenses paid for the CU by others.</i>	0250 \$ _____ INSEX PBX .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	0250 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	0250 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	0250 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	0250 \$ _____ .00 0 <input type="checkbox"/> None – <i>Go to next policy</i>	
b. Were any payments made this month?	0260 1 <input type="checkbox"/> Yes INSEX PB 2 <input type="checkbox"/> No – <i>Go to next policy</i>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next policy</i>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next policy</i>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next policy</i>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to next policy</i>	
c. If YES – How much was paid this month?	0270 \$ _____ INSNEXXB .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

FIELD REPRESENTATIVE – Combine payments if more than one policy is held through the same company for the same type of insurance (for example: automobile insurance) and for the same time period.

Part B – Detailed Questions – Continued

1. FIELD REPRESENTATIVE ITEM New CU's – Enter policy numbers in consecutive order beginning with 1. 2nd through 5th interviews – Enter the next available policy number from chart in part A.1.	PROCESSING USE ONLY 1 13 07 6 ↘	1 13 08 4 ↘	1 13 09 2 ↘	1 13 10 0 ↘
	a. POLICY NUMBER 0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
b. DISCONTINUED 0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
2a. What type of insurance is (was) it? Description	Description	Description	Description	Description
b. Enter insurance code from part A.1 or part A.2. 0030 _____ Code	0030 _____ Code	0030 _____ Code	0030 _____ Code	0030 _____ Code
3. What is the name of the insurance company? Enter name of insurance company, not the insurance agent.	Insurance company name	Insurance company name	Insurance company name	Insurance company name
4. Ask only for insurance code 200 from item 2b. Describe briefly what vehicles are covered.	Description	Description	Description	Description
5a. Ask only for insurance code 300 from item 2b. Describe briefly the property this policy covers.	Description	Description	Description	Description
b. Enter property number from section 3, part B. 0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____
6a. Are the policy premiums paid . . . ? 0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy
b. Are any premiums paid through payroll deductions? 0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7. How often are premiums on this policy paid? Mark (X) the appropriate box. 0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘
8a. Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy? Enter the actual amount the CU paid, do not include any expenses paid for the CU by others. 0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy
b. Were any payments made this month? 0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
c. If YES – How much was paid this month? 0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE

FIELD REPRESENTATIVE – Complete questions 1, 2, and 3 of part A.1 and for each new policy reported, complete part B. Complete part C for all CU's.

Part A.1 – Screening Questions (For New Consumer Units, Go to Part A.2)

If this box is marked, no policies were previously reported – Go to item 2a.

1. Complete columns i through m in the "Health Insurance Policy Inventory Chart" below for each policy previously reported, except policies that were discontinued ("YES" in column f).

8 14 00 4 →

HEALTH INSURANCE POLICY INVENTORY CHART

PROCESSING USE ONLY	Policy number	b Insurance description from part B, item 4a	c Type code from part B, item 4a	d Name of insurance company from part B, item 2	e Payroll deductions from part B, item 7.		f Policy discontinued from part B, item 1b		g Expenses reported in previous interview			h Premium paid entirely by someone outside the CU from part B, item 6 (code 3 or 4)		i Do you still have (policy)?		j Since the 1st of (month, 3 months ago), were any payments made on this policy by any member of your CU? (Include those made by payroll deductions.) If NO – Go to next policy		k Since the 1st of (month, 3 months ago), what was the total amount paid by CU members for this policy?		l Were any payments made during the current month? If NO – Go to next policy or if last policy go to item 2a		m If YES – How much was paid this month?		
					YES	NO	YES	NO	Enter payment from part B, item 8a or item 10 or 14A.1 column k	Enter time period covered from part B, item 8b	Enter payments made this month from part B, item 11b or 14A.1 column m	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO			
												HHIPROUT		HHISTILL		HHIANYPD		HHIPDAMT		HHICMEXA			HHICMXXA	
0010	1		HHICDEA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0020	2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0030	3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0040	4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0050	5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0060	6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0070	7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0080	8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0090	9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0100	10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0110	11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0120	12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00

<p>2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any (additional) health or hospitalization insurance?</p> <p>b. If YES – How many policies did you buy? Complete a column in part B for each new policy.</p>		<p>1 14 01 7 ↓</p> <p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>	NOTES
<p>3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?</p> <p>b. If YES – How many policies did you buy? Complete a column in part B for each policy.</p>		<p>0020 _____ Number</p> <p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next part</p> <p>0040 _____ Number</p>	
<p>4. FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each new policy reported. If "No," to items 2 and 3 – Go to part C.</p>			

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

FIELD REPRESENTATIVE – Ask items 1, 2, and 3 and complete part B for each policy reported. Complete part C for all CU's.

Part A.2 – Screening Questions – FOR NEW CONSUMER UNITS ONLY – Continued

1 14 02 5 ↓

NOTES

1a. Do you (or any members of your CU) have any hospitalization or health insurance plans or belong to a plan that pays all or part of your medical expenses? Please consider any special purpose plans you may have, such as those listed on page 32a of the Information Booklet.

0010 1 Yes
2 No – Go to item 2a

b. If YES – How many policies do you have?

0020 _____ Number

2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made payments for hospitalization or health insurance policies which you no longer have?

0030 1 Yes
2 No – Go to item 3a

b. If YES – How many policies?

0040 _____ Number

3a. Have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?

0050 1 Yes
2 No – Go to item 4

b. If YES – How many policies?

0060 _____ Number

4. FIELD REPRESENTATIVE INSTRUCTIONS
 Complete a column in part B for each policy reported.
 If the policy was reported in item 2, be sure to mark the discontinued box in part B, item 1b.
 If "No," to items 1, 2, and 3 – Go to part C.

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

Part B – Detailed Questions

		1 14 03 3 ↓	1 14 04 1 ↓	1 14 05 8 ↓	1 14 06 6 ↓	1 14 07 4 ↓
1. FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive order beginning with 1. 2nd thru 5th interviews – Enter policy number in consecutive order using the next available number in policy chart in part A.1.	PROCESSING USE ONLY					
	a. POLICY NUMBER	0010 HHIPDLIB _____ Number	0010 _____ Number 5	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. DISCONTINUED	0020 1 <input type="checkbox"/> HHISTATB	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
2. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. → If Blue Cross/Blue Shield, Mark (X) box.	Insurance company name	HHIBCBS				
		0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield
3. How many CU members are covered by this policy?		0060 HHICVOV _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None
4a. What type of insurance plan is it? Information Booklet, page 32a 1 – Health Maintenance Organization 2 – Fee for Service Plan 3 – Commercial Medicare Supplement 4 – Other special purpose plan		0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 HHICODE	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – G	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5
	b. If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses? Ask only if item 4a is "1."		0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No } HHIPOS	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 ☐ Yes } Go to item 5 2 ☐ No }
c. Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan Ask only if item 4a is "4."		0063 1 <input type="checkbox"/> } HHIFEET 2 <input type="checkbox"/> } Go to item 5	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }
d. Is this special purpose insurance plan– 1 – Dental insurance? 4 – Mental health insurance? 2 – Vision insurance? 5 – Dread disease policy? 3 – Prescription drug insurance? 6 – Other type of special purpose health insurance?		0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/> HHISPECT	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>
5. Was the policy obtained on an individual or group basis? 1 – Individually obtained 3 – Group through other organization 2 – Group through place of employment		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> HHIGROUP	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
6. Are premiums paid – 1 – Entirely by CU members? 4 – Entirely by another group or person outside of the CU? 2 – Partially by CU members? 3 – Entirely by an employer or union?		0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy HHIPRMPD	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy
7. Are any of the premiums paid through payroll deductions?		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No HHIPRDED	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. What is your part of the regular health insurance payment, (including all payroll deductions)?		0110 \$ HHIRPMXB .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00
	b. What period of time is covered by the regular payment?	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter HHIRPMPD	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 ☐ Week 5 ☐ 6 months 2 ☐ 2 weeks 6 ☐ Year 3 ☐ Month 7 ☐ Other – Specify ☒ 4 ☐ Quarter
9a. Since the 1st of (month, 3 months ago), were any payments made on this policy?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy HHICPMTB	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
b. Was each payment in the amount of (regular payment amount reported in item 8a)?		0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10 HHIRPMTB	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10
c. How many payments were made?		0150 HHIQPMTB } Go to Number } item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a
10. What was the total expense paid for this policy? Ask only if item 9b is "NO."		0160 \$ HHIIRGXB .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00
11a. Were any payments made during the current month?		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy HHICMEXB	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
b. If YES – How much was paid during the current month?		0180 \$ HHICMXXB .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

Part B – Detailed Questions

		1 14 08 2 ↓	1 14 09 0 ↓	1 14 10 8 ↓	1 14 11 6 ↓	1 14 12 4 ↓
1. FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive order beginning with 1. 2nd thru 5th interviews – Enter policy number in consecutive order using the next available number in policy chart in part A.1.	PROCESSING USE ONLY					
	a. POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
2. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. → If Blue Cross/Blue Shield, Mark (X) box.	Insurance company name					
		0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield
3. How many CU members are covered by this policy?		0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None
4a. What type of insurance plan is it? <i>Information Booklet, page 32a</i> 1 – Health Maintenance Organization 2 – Fee for Service Plan 3 – Commercial Medicare Supplement 4 – Other special purpose plan		0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5
	b. If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses? <i>Ask only if item 4a is "1."</i>		0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }
c. Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan <i>Ask only if item 4a is "4."</i>		0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }
	d. Is this special purpose insurance plan – 1 – Dental insurance? 4 – Mental health insurance? 2 – Vision insurance? 5 – Dread disease policy? 3 – Prescription drug insurance? 6 – Other type of special purpose health insurance?		0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ✓
5. Was the policy obtained on an individual or group basis? 1 – Individually obtained 3 – Group through other organization 2 – Group through place of employment		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
	6. Are premiums paid – 1 – Entirely by CU members? 4 – Entirely by another group or person outside of the CU? 2 – Partially by CU members? 3 – Entirely by an employer or union?		0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, 2 <input type="checkbox"/> 4 <input type="checkbox"/> } go to next policy
7. Are any of the premiums paid through payroll deductions?		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. What is your part of the regular health insurance payment, including all payroll deductions?		0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00
	b. What period of time is covered by the regular payment?	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ✓ 4 <input type="checkbox"/> Quarter
9a. Since the 1st of (month, 3 months ago), were any payments made on this policy?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
	b. Was each payment in the amount of (regular payment amount reported in item 8a)?	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10
c. How many payments were made?		0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a
10. What was the total expense paid for this policy? <i>Ask only if item 9b is "NO."</i>		0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00
11a. Were any payments made during the current month?		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
	b. If YES – How much was paid during the current month?	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00

Section 15 – MEDICAL AND HEALTH EXPENDITURES

Part A – Screening Questions for Payments			Part B – Payments For Medical Expenses				4 15 02 6 →		PRE						
<p>Hand respondent Information Booklet, pages 33 and 34.</p> <p>Now I am going to ask you some questions about medical payments and reimbursements. I will begin with your payments.</p> <p>By payments I mean any expenses paid by any members of your CU directly to a medical provider by cash, check, or credit card for a medical service or item. Include all payments, even those for persons who are not CU members.</p> <p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for the following? Read all bold items below.</p>			PROCESSING USE ONLY	a ENTER ITEM CODE from part A. MEDPCARY	b Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?			c Always ask – In what month was (were) the payment(s) made? Month	d What was the amount of the payment? MEDPMTX	e Did you make any other payment(s) for...? If "No," go to next item in part A.		1 Care/service or item from column b	2 Name from column b	3 Month from column c Month	4 Total from column d
					Care/service or item	Person's name	CU member YES NO			YES	NO				
			0010				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
			0020				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
			0030				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
EYE CARE, such as			0040				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Eye examinations, treatment, or surgery	110		0050				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Purchase of eye glasses or contact lenses	120		0060				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Combined eye care services	130		0070				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
DENTAL CARE	200		0080				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
INPATIENT HOSPITAL CARE, such as			0090				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Hospital room	310		0100				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Hospital services	320		0110				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Combined hospital room and services	330		0120				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS	410		0130				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
PHYSICIAN SERVICES	420		0140				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Combined hospital care and physicians' services	430		0150				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM			0160				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Mark (X) box if there are no entries recorded in part B.			0170				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
											NOTES				

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet. Read the introduction and definition for reimbursement. Ask part C, question 1, followed by general category heading and sub-categories. Complete a separate line in part D for each reimbursement or set of identical reimbursements. Identical items are those for the SAME SERVICE for the SAME PERSON, in the SAME MONTH. For combined services complete one line.

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

Part C – Screening Questions for Reimbursements		Part D – Reimbursements For Medical Expenses				4 15 07 5 →		PRE									
<p>Hand respondent Information Booklet, pages 33 and 34.</p> <p>Now I am going to ask you some questions about your reimbursements.</p> <p>By reimbursements I mean money received for any members of your CU from an insurance company, medical care provider, or non CU member, for medical expenses which you previously paid or will pay.</p> <p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following? Read all bold items below.</p>	<p>PROCESSING USE ONLY</p>	<p>a</p> <p>ENTER ITEM CODE from p</p> <p>MEDRCARY</p>	b		<p>c</p> <p>Always ask –</p> <p>In what month was (were) the reimbursement(s) received?</p> <p>Month</p>	<p>d</p> <p>What was the amount of the reimbursements?</p> <p>MEDRMBX</p>	<p>e</p> <p>Did you receive any other reimbursement(s) for ...?</p> <p>If "No," go to next item in part C.</p> <p>YES NO</p>	1	2	3	4						
			<p>Ask if not apparent –</p> <p>What was the (care/service or item)?</p> <p>Who received the (care/service or item)?</p> <p>Was the person a CU member?</p>									<p>MEDRGFTC</p> <p>CU member</p> <p>YES NO</p>	<p>MEDRMBX</p>	<p>Care/service or item from column b</p>	<p>Name from column b</p>	<p>Month from column c</p>	<p>Total from column d</p>
			Care/service or item	Person's name													
		0010			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
		0020			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
		0030			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
EYE CARE, such as																	
Eye examinations, treatment, or surgery	110				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
Purchase of eye glasses or contact lenses	120				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
Combined eye care services	130				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
DENTAL CARE	200				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
INPATIENT HOSPITAL CARE, such as																	
Hospital room	310				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
Hospital services	320				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
Combined hospital room and services	330				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00						
SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS	410				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>	NOTES									
PHYSICIAN SERVICES	420				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>										
Combined hospital care and physicians' services	430				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>										
2. FIELD REPRESENTATIVE CHECK ITEM																	
Mark (X) box if there are no entries recorded in part D.	1 15 06 3 ↓	0010	999	<input type="checkbox"/>	Go to next page												
		0160			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>										
		0170			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>										

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet. Ask part C, question 1, followed by general category heading and sub-categories. Complete a separate line in part D for each reimbursement or set of identical reimbursements. Identical items are those for the SAME SERVICE for the SAME PERSON, in the SAME MONTH. For combined services complete one line.

Part C – Screening Questions for Reimbursements – Continued			Part D – Reimbursements for Medical Expenses – Continued							4 15 09 1 →						
Hand respondent Information Booklet, pages 34 and 35. 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following? Read all bold items below.			PROCESSING USE ONLY	a	b			c	d		e		PRE			
				ENTER ITEM CODE from part C.	Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?			Always ask – In what month was (were) the reimbursement(s) received?	What was the amount of the reimbursements?	Did you receive any other reimbursement(s) for . . . ? If "No," go to next item in part C.		1	2	3	4	
		Reimbursements		Care/service or item	Person's name	CU member		Month		YES	NO	Care/service or item from column b	Name from column b	Month from column c	Total from column d	
ITEM CODE	YES	NO				YES	NO		\$					Month	\$	
OTHER MEDICAL CARE SERVICES, such as			0010													
			0020													
Lab tests or x-rays			0030													
Care in convalescent or nursing home			0040													
Other medical care			0050													
<i>Combined medical care services</i>			0060													
MEDICINE AND MEDICAL SUPPLIES, such as			0070													
Hearing aids			0080													
Prescribed medicines or prescribed drugs			0090													
Rental of supportive or convalescent equipment			0100													
Purchase of supportive or convalescent equipment			0110													
Rental of medical or surgical equipment for general use			0120													
Purchase of medical or surgical equipment for general use			0130													
<i>Combined medicine and medical supplies</i>			0140													
			0150													
2. FIELD REPRESENTATIVE CHECK ITEM			0160													
<i>Mark (X) box if there are no entries recorded in part D.</i>			0170													

Section 16 – EDUCATIONAL EXPENSES – Continued

7 16 04 3 →

a				b	c	d		e	f	g		h		i	j		PRE					
Information Booklet, page 36.						ENTER ITEM CODE from column a.	What was the expense for? Describe briefly the expense.	Who was it for? If CU member, enter name and line number from Control Card. If someone outside CU, enter 99.		Complete without asking if information is known. What kind of school was it? 1 – College or university 2 – Elementary or high school 3 – Child day care center 4 – Nursery school or preschool 5 – Other school Mark (X) box	In what month was the payment made? Month	How much was paid?	Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person? If "No," go to column j.		If "Yes" in column h – How much was or will be reimbursed?		Did you make any other payments for . . . ? If "No," go to next item in column a.		1	2	3	4
ITEM CODE	YES	NO		PROCESSING USE ONLY				Name	Line No. or code	1	2	3	4	5	6	7	8	9	10	11	12	13	14
340																						
350																						
360				0010				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
360				0020				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
370				0030				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
370				0040				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
380				0050				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
380				0060				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
380				0070				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
380				0080				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
380				0090				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
380				0100				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
380				0110				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
4.	FIELD REPRESENTATIVE CHECK ITEM	1 16 03 8 ↓		0120				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
	Mark (X) box if there are no entries recorded in columns b-j.	0010 999 <input type="checkbox"/> Go to next section		0130				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
				0140				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									
				0150				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$			1 <input type="checkbox"/> 2 <input type="checkbox"/>									

Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES

FIELD REPRESENTATIVE – Ask column a and complete columns b–g for each item before going to the next item.

Part A – Subscriptions and Memberships				4 17 02 2 →												NOTES																									
a				PROCESSING USE ONLY	b			c			d		e		f		g			PRE																					
																				1	2	3		4																	
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following for your own use?				ITEM CODE	YES	NO	ENTER ITEM CODE from column a.	S17 CODEA	What is the name of the (subscription, club, or organization reported in column a)?	Mark (X) the appropriate box.	S17 GFTCA	What was the total cost during this period? (Include shipping and handling fees.)	S17 PURXA	How much of this amount was paid this month?	S17 CMEXX	Did you purchase any other...?	If "No," go to next item in column a.	Description from column c	Item code from column b	COST		Total from column e	This month from column f																		
None	YES	NO	None																																						
FIELD REPRESENTATIVE – Read each item listed below.																																									
Newspaper delivery . . .				100																																					
Books purchased from a book club				200			0010				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00														
Compact discs, tapes, videos, or records purchased from a mail-order club				300			0020				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00														
Magazine or periodical subscriptions				400			0030				1	2	\$	.00	\$	.00	0						\$	.00	\$	.00														
Theater, concert, opera, or other musical series, season tickets				500			0040				1	2	\$.00	\$.00	0						\$.00	\$.00															
Season tickets to sporting events				600			0050				1	2	\$.00	\$.00	0						\$.00	\$.00															
Reference books NOT in sets				900			0060				1	2	\$.00	\$.00	0						\$.00	\$.00															
Encyclopedias or other sets of reference books				700			0070				1	2	\$.00	\$.00	0						\$.00	\$.00															
2a. Have you (or any members of your CU) purchased any of these as a gift to someone outside the CU? <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 3							0080				1	2	\$.00	\$.00	0						\$.00	\$.00															
If YES –							0090				1	2	\$.00	\$.00	0						\$.00	\$.00															
b. What was purchased? Complete a separate line for each gift purchased.							0100				1	2	\$.00	\$.00	0						\$.00	\$.00															
3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–g.				1 17 01 0 ↓			0110				1	2	\$.00	\$.00	0						\$.00	\$.00															
				0010 999 <input type="checkbox"/> Go to next page			0120				1	2	\$.00	\$.00	0						\$.00	\$.00															
							0130				1	2	\$.00	\$.00	0						\$.00	\$.00															
							0140				1	2	\$.00	\$.00	0						\$.00	\$.00															
							0150				1	2	\$.00	\$.00	0						\$.00	\$.00															
							0160				1	2	\$.00	\$.00	0						\$.00	\$.00															
							0170				1	2	\$.00	\$.00	0						\$.00	\$.00															
							0180				1	2	\$.00	\$.00	0						\$.00	\$.00															
							0190				1	2	\$.00	\$.00	0						\$.00	\$.00															
							0200				1	2	\$.00	\$.00	0						\$.00	\$.00															

Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES – Continued

FIELD REPRESENTATIVE – Ask column a and complete columns b–g for each item before going to the next item.

Part A – Subscriptions and Memberships – Continued				4 17 04 8 →																			
a				PROCESSING USE ONLY	b		c		d		e		f			g			PRE				NOTES
																			1	2	3		
4. Have you (or any members of your CU) had any membership costs or other expenses related to any of the following? <i>Do not include contributions to or membership in religious, professional, business, or other tax deductible organizations.</i>																							
FIELD REPRESENTATIVE – Read each item listed below.																						OWN USE	GIFT	None	YES	NO	Description from column c	Item code from column b	Total from column e	This month from column f	None
ITEM CODE	YES	NO																					
Country clubs, health clubs, swimming pools, tennis clubs, social or other recreational organizations	800			0010				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
Civic, service, or fraternal organizations	810			0020				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
Credit card memberships	820			0030				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
Automobile service clubs	830			0040				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
				0050				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
				0060				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
				0070				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
5a. Have you (or any members of your CU) purchased any memberships as a gift to someone outside the CU? <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 6								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
b. What memberships were purchased? <i>Complete a separate line for each gift membership.</i>								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
6. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–g.</i>								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
1 17 03 6 ↓								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
0010 999 <input type="checkbox"/> Go to the next section								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
NOTES								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
								1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					

Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES – Continued

Part B – Books and Entertainment Expenses		1 17 26 7 ↓
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any fees for participating in sports such as tennis, golf, bowling, or swimming?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5a <p style="text-align: right;">SPORTFEE</p>	
b. What was the total expense for them?	<input type="text" value="0020"/> \$ <input type="text" value="SPORTFEEX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0030"/> \$ <input type="text" value="SPFEECMX"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
2a. Have you (or any members of your CU) paid any single admissions to spectator sporting events such as football, baseball, hockey, or soccer?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3a <p style="text-align: right;">SPORTADM</p>	
b. What was the total expense for them?	<input type="text" value="0050"/> \$ <input type="text" value="SPORTADX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0060"/> \$ <input type="text" value="SPRTADXC"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
3a. Have you (or any members of your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a <p style="text-align: right;">RECADMIT</p>	
b. What was the total expense for them?	<input type="text" value="0080"/> \$ <input type="text" value="RECADMX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0090"/> \$ <input type="text" value="RECADMXC"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
4a. Have you (or any members of your CU) bought any (other) books, including paperbacks, not purchased through a book club? (Exclude reference books or school books.)	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5a <p style="text-align: right;">OTHBOOKS</p>	
b. What was the total expense for them?	<input type="text" value="0110"/> \$ <input type="text" value="OTHBOOKX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0120"/> \$ <input type="text" value="OTHBKXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
5a. Have any CU members bought any magazines not included in a subscription?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a <p style="text-align: right;">MAGAZINE</p>	
b. What was the total expense for them?	<input type="text" value="0140"/> \$ <input type="text" value="MAGAZX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0150"/> \$ <input type="text" value="MAGAZXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
6a. Have any CU members purchased single copies of newspapers (non-subscription)?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7a <p style="text-align: right;">NEWSPR</p>	
b. What was the total expense for them?	<input type="text" value="0170"/> \$ <input type="text" value="NEWSPRX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0180"/> \$ <input type="text" value="NEWSPXC"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
7a. Have any CU members purchased compact discs, audio tapes, needles, or records other than through a mail-order club?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8a <p style="text-align: right;">RECORDYN</p>	
b. What was the total expense for them?	<input type="text" value="0200"/> \$ <input type="text" value="RECORDX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0210"/> \$ <input type="text" value="RECORDXM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
8a. Have any CU members purchased any photographic film?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 9a <p style="text-align: right;">FILM</p>	
b. What was the total amount spent?	<input type="text" value="0230"/> \$ <input type="text" value="FILMX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0240"/> \$ <input type="text" value="FILMXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
9a. Have any CU members paid for film processing?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 10a <p style="text-align: right;">FILMPCRS</p>	
b. What was the total amount spent?	<input type="text" value="0260"/> \$ <input type="text" value="FLMPCRSX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0270"/> \$ <input type="text" value="FLMPCRCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
10a. Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 11a <p style="text-align: right;">VIDEOPUR</p>	
b. What was the total expense for them?	<input type="text" value="0290"/> \$ <input type="text" value="VIDOPURX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0300"/> \$ <input type="text" value="VDPURXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
11a. Have any CU members rented any video cassettes, video tapes, or video discs?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to next section <p style="text-align: right;">VIDEORNT</p>	
b. What was the total expense for them?	<input type="text" value="0320"/> \$ <input type="text" value="VIDORNTX"/> <input type="text" value=".00"/>	
c. How much of the total amount was spent this month?	<input type="text" value="0330"/> \$ <input type="text" value="VDRNTXCM"/> <input type="text" value=".00"/> <input type="checkbox"/> None	
NOTES		

FIELD REPRESENTATIVE – Ask part A items 1–7, filling in item 8 for each trip or set of identical trips reported. Identical trips are trips taken in the SAME month to the SAME destination which are reimbursed to the SAME degree (i.e., entirely vs. partially paid for by CU).

Section 18 – TRIPS AND VACATIONS

Part A – Screening Questions		1 18 00 0 ↓	1 18 01 8 ↘																																																																													
<p>1a. Now I'm going to ask about trips and vacations. First I'd like to ask about trips taken by you (or any members of your CU) which were paid for by someone else. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips entirely paid for by anyone outside your CU, such as a business, employer, or relative?</p> <p>b. If YES – How many trips like this did you have?</p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2</p> <p>ANYOUTSD</p>	<p>8. Ask columns c–i for each trip reported in items 2–7b. Do not record any trip more than once. Trips reported in item 1b will be</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">a</th> <th style="width: 5%;">b</th> <th style="width: 20%;">c</th> <th style="width: 10%;">d</th> <th style="width: 10%;">e</th> <th style="width: 10%;">f</th> <th style="width: 10%;">g</th> <th style="width: 10%;">h</th> <th style="width: 10%;">i</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Trip not ended</td> <td style="text-align: center;">Line No.</td> <td style="text-align: center;">Trip type</td> <td style="text-align: center;">Where did you (they) go on this trip?</td> <td style="text-align: center;">In what month did this trip end?</td> <td style="text-align: center;">How many trips did you (or members of your CU) take to (destination) in (month ended)?</td> <td style="text-align: center;">Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?</td> <td style="text-align: center;">How many of these trips were paid for entirely by you (your CU)?</td> <td style="text-align: center;">How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?</td> </tr> <tr> <td style="text-align: center;">Trip ended</td> <td style="text-align: center;">TRIPLINE</td> <td style="text-align: center;">TYPETRIP</td> <td style="text-align: center;">City or place</td> <td style="text-align: center;">ENDTRPMO</td> <td style="text-align: center;">NUMTRIPS</td> <td style="text-align: center;">ANYBYOTH</td> <td style="text-align: center;">NUMCUPAY</td> <td style="text-align: center;">NUMREIMB</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Month 0 <input type="checkbox"/> Not ended – Go to next trip</td> <td style="text-align: center;">____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td style="text-align: center;">1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td style="text-align: center;">____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.</td> <td style="text-align: center;">____ Trips partially reimbursed – Enter trip I.D. No. below TRIPID1 Trip identification No. TRIPID2 Trip identification No.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">2</td> <td style="text-align: center;">FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Month 0 <input type="checkbox"/> Not ended – Go to next trip</td> <td style="text-align: center;">____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td style="text-align: center;">1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td style="text-align: center;">____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.</td> <td style="text-align: center;">____ Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">3</td> <td style="text-align: center;">FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Month 0 <input type="checkbox"/> Not ended – Go to next trip</td> <td style="text-align: center;">____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td style="text-align: center;">1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td style="text-align: center;">____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.</td> <td style="text-align: center;">____ Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">4</td> <td style="text-align: center;">FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Month 0 <input type="checkbox"/> Not ended – Go to next trip</td> <td style="text-align: center;">____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td style="text-align: center;">1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td style="text-align: center;">____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.</td> <td style="text-align: center;">____ Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.</td> </tr> </tbody> </table>		a	b	c	d	e	f	g	h	i	Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?	Trip ended	TRIPLINE	TYPETRIP	City or place	ENDTRPMO	NUMTRIPS	ANYBYOTH	NUMCUPAY	NUMREIMB	<input type="checkbox"/>	1	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State	Month 0 <input type="checkbox"/> Not ended – Go to next trip	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below TRIPID1 Trip identification No. TRIPID2 Trip identification No.	<input type="checkbox"/>	2	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State	Month 0 <input type="checkbox"/> Not ended – Go to next trip	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.	<input type="checkbox"/>	3	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State	Month 0 <input type="checkbox"/> Not ended – Go to next trip	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.	<input type="checkbox"/>	4	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State	Month 0 <input type="checkbox"/> Not ended – Go to next trip	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.	<p>0020 NUMOUTSD Trips Go to item 2</p>	<p>2. Last interview you reported _____ trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now.</p> <p><input type="checkbox"/> FIELD REPRESENTATIVE – Ask if box is marked.</p>		<p>Complete items 8e–8i for each trip checked in 8a.</p>	<p>0030 ANYRELS 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p>	<p>0040 NUMRELS Trips Ask items 8c–8i for each trip reported</p>	<p>0050 ANYBSNS 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a</p>	<p>0060 NUMBSNS Trips Ask items 8c–8i for each trip reported</p>	<p>0070 ANYREC 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p>	<p>0080 NUMREC Trips Ask items 8c–8i for each trip reported</p>	<p>0090 ANYOTHER 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p>	<p>0100 NUMOTHER Trips Ask items 8c–8i for each trip reported</p>	<p>0110 ANYTRP75 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9</p>	<p>0120 NUMTRP75 Trips Ask items 8c–8i for each trip reported</p>
a	b	c	d	e	f	g	h	i																																																																								
Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?																																																																								
Trip ended	TRIPLINE	TYPETRIP	City or place	ENDTRPMO	NUMTRIPS	ANYBYOTH	NUMCUPAY	NUMREIMB																																																																								
<input type="checkbox"/>	1	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State	Month 0 <input type="checkbox"/> Not ended – Go to next trip	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below TRIPID1 Trip identification No. TRIPID2 Trip identification No.																																																																								
<input type="checkbox"/>	2	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State	Month 0 <input type="checkbox"/> Not ended – Go to next trip	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.																																																																								
<input type="checkbox"/>	3	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State	Month 0 <input type="checkbox"/> Not ended – Go to next trip	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.																																																																								
<input type="checkbox"/>	4	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State	Month 0 <input type="checkbox"/> Not ended – Go to next trip	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.																																																																								
<p>7a. Now let's talk about times when you (or any members of your CU) did not stay away overnight, but went somewhere at least 75 miles away from home. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that?</p> <p>b. If YES – How many such trips were taken?</p>		<p>9. TRIP TALLY CHART</p> <ul style="list-style-type: none"> For trips ENTIRELY paid for by someone outside the CU, complete one part D. For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6"></th> <th colspan="2" style="text-align: center;">PRE</th> </tr> <tr> <th colspan="6"></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> </tr> <tr> <th colspan="6"></th> <th style="text-align: center;">Destination</th> <th style="text-align: center;">Month ended</th> </tr> <tr> <th style="text-align: center;">Trip identification No.</th> <th style="text-align: center;">Trip paid for entirely by CU (from column h)</th> <th style="text-align: center;">Trip partially paid for by non-CU members (from column i)</th> <th style="text-align: center;">Trip identification No.</th> <th style="text-align: center;">Trip paid for entirely by CU (from column h)</th> <th style="text-align: center;">Trip partially paid for by non-CU members (from column i)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">5</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">6</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">7</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">8</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> </tbody> </table>								PRE								1	2							Destination	Month ended	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)			1	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	5	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			2	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	6	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			3	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	7	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			4	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	8	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C															
						PRE																																																																										
						1	2																																																																									
						Destination	Month ended																																																																									
Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)																																																																											
1	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	5	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C																																																																											
2	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	6	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C																																																																											
3	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	7	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C																																																																											
4	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	8	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C																																																																											

Section 18 – TRIPS AND VACATIONS – Continued

Part A – Screening Questions – Continued

1 18 02 6 ↘

NOTES

8. Ask columns c-i for each trip reported in items 2-7b. Do not record any trip more than once. Trips reported in item 1b will be recorded in part D.

a	b	c	d	e	f	g	h	i
Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?
<input type="checkbox"/>	5	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<input type="checkbox"/> <input type="checkbox"/> Month 0 <input type="checkbox"/> Not ended – Go to next trip	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	_____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. _____ Trip identification No.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
<input type="checkbox"/>	6	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<input type="checkbox"/> <input type="checkbox"/> Month 0 <input type="checkbox"/> Not ended – Go to next trip	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	_____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. _____ Trip identification No.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
<input type="checkbox"/>	7	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<input type="checkbox"/> <input type="checkbox"/> Month 0 <input type="checkbox"/> Not ended – Go to next trip	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	_____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. _____ Trip identification No.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
<input type="checkbox"/>	8	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<input type="checkbox"/> <input type="checkbox"/> Month 0 <input type="checkbox"/> Not ended – Go to next trip	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	_____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. _____ Trip identification No.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.

9. TRIP TALLY CHART – Continued

- For trips ENTIRELY paid for by someone outside the CU, complete one part D.
- For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip.

NOTES

Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)
9	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	13	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
10	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	14	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
11	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	15	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
12	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	16	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C

Section 18 - TRIPS AND VACATIONS - Continued

FIELD REPRESENTATIVE - Ask part B for trips paid for entirely by CU. (Ask all questions in part B first for one trip or set of identical trips before asking questions in this part about other trips.)

Part B - Trips Paid Entirely By CU

1. FIELD REPRESENTATIVE ITEM
In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

PROCESSING USE ONLY 1 18 34 9 ↓

a. TRIP IDENTIFICATION NUMBER TRIPIDBC Identification number

b. DESTINATION TRIPDEST

OFFICE USE ONLY

c. NUMBER OF (IDENTICAL) TRIPS NUMSA ME Number

d. MONTH ENDED EOTRIPMO

e. If set of identical trips read Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.

f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.

g. Verify, if already reported. Otherwise, ask how many nights did you (or any members of your CU) spend away from home on this trip?

NUMNIGHT Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

Yes No - Go to item 3a

b. Did the package deal include . . .

	Yes	No	DK
FOODDEAL <input type="text" value="0070"/> Food and beverages . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LODGDEAL <input type="text" value="0080"/> Lodging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANDEAL <input type="text" value="0090"/> Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELSEDEAL <input type="text" value="0100"/> Anything else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify _____

c. How much did you (or any members of your CU) pay for the package deal?

\$

NOTES

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE - Any other kinds of transportation on this trip?

If no codes 1-12 marked, go to item 4.

- COMMERCIAL
- 01 Local (taxi, etc.) CMLOCALY
- 02 Airplane CMPLANEY
- 03 Train CMTRAINY
- 04 Bus CMBUSY
- 05 Ship CMSHIPY
- RENTED
- 06 Car, jeep RTCA RY
- 07 Truck, van RTTRUCKY
- 08 Motorcycle, moped RTMOPEDY
- 09 Private plane RTPLANEY
- 10 Boat, trailer RTBOA TY
- 11 Camper RTCA MPY
- 12 Other vehicles RTOTHERY
- PRIVATE
- 13 Car owned by CU PVCA RY
- 14 Vehicle leased by CU PVLEA SY
- 15 Other vehicle owned by CU PVOTHERY
- 16 Vehicle owned by someone else PVELSEY
- 17 Other transport PVTRA NSY

3b. Ask for each code 1-5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?

Ask for each code 6-12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL

01 \$ None

02 \$ None

03 \$ None

04 \$ None

05 \$ None

RENTED

06 \$ None

07 \$ None

08 \$ None

09 \$ None

10 \$ None

11 \$ None

12 \$ None

4. Codes 6-17: If no codes 6-17 marked in item 3a, go to item 6a. If any codes 6-17 marked, continue with item 5a.

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		1 18 35 6 ↓	NOTES
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010	1 <input type="checkbox"/> Yes A NYGAS 2 <input type="checkbox"/> No – Go to item 5c	
b. How much did you (or any members of your CU) spend for that?	0020	\$ GA SOILX .00	
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes A NYTOLL 2 <input type="checkbox"/> No – Go to item 5e	
If YES – d. How much did you (or any members of your CU) spend for tolls?	0040	\$ TRPTOLLX .00	
e. Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes A NYPA RK 2 <input type="checkbox"/> No – Go to item 6a	
If YES – f. How much were they?	0060	\$ PARKINGX .00	
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070	1 <input type="checkbox"/> Yes LODGING 2 <input type="checkbox"/> No – Go to item 7a	
If YES – b. What was the cost, including taxes and tips?	0080	\$ LDGCOSTX .00	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090	1 <input type="checkbox"/> Yes TRPFOOD 2 <input type="checkbox"/> No – Go to item 8a	
If YES – b. What was the cost, including taxes and tips?	0100	\$ TRPFOODX .00	
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes TRPALCIN 2 <input type="checkbox"/> No – Go to item 8a	
If YES – d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ TRPALCHX .00	
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130	1 <input type="checkbox"/> Yes A NYGROC 2 <input type="checkbox"/> No – Go to item 9a	
If YES – b. What were the expenses, including taxes?	0140	\$ TRPGROCX .00	
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes ANYALC 2 <input type="checkbox"/> No – Go to item 9a	
If YES – d. What was the cost for alcoholic beverages, including taxes?	0160	\$ TRPALCGX .00	
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170	1 <input type="checkbox"/> Yes A NYSPEQP 2 <input type="checkbox"/> No – Go to item 10a	
If YES – b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ TRSPRTX .00	
10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190	1 <input type="checkbox"/> Yes A NYSPO RT 2 <input type="checkbox"/> No – Go to item 11a	
If YES – b. How much did you (or any members of your CU) pay?	0200	\$ TRSPORTX .00	
11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210	1 <input type="checkbox"/> Yes A NYENTER 2 <input type="checkbox"/> No – Go to item 12a	
If YES – b. How much did you (or any members of your CU) spend?	0220	\$ TRPETRTX .00	
12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230	1 <input type="checkbox"/> Yes A NYMISC 2 <input type="checkbox"/> No – Go to item 13a	
If YES – b. How much were these expenses?	0240	\$ TRMISCTX .00	
13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250	1 <input type="checkbox"/> Yes TRPGFTC 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D	
b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.			
FOODOUTS	0260	Food and beverages . . . 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
LODGOUTS	0270	Lodging 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
TRANOUTS	0280	Transportation 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
ELSEOUTS	0290	Other expenses 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
c. How much of the total expenses for this trip were for persons outside your CU?	0300	\$ TRPGFTCX .00	
14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310	\$ TCOMBEST .00	
b. Does this (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.			
FOODCOMB	0320	Food and beverages . . . 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
LODGCOMB	0330	Lodging 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
TRANCOMB	0340	Transportation 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
ELSECOMB	0350	Other expenses 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
OTHRCOMB	0360	Expenses for others . . . 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK	
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.			

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part B for trips paid for entirely by CU. (Ask all questions in part B first for one trip or set of identical trips before asking questions in this part about other trips.)

Part B – Trips Paid Entirely By CU – Continued

1. FIELD REPRESENTATIVE ITEM
In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

PROCESSING USE ONLY	1 18 36 4 ↓	
a. TRIP IDENTIFICATION NUMBER	0010	Identification number
b. DESTINATION		
OFFICE USE ONLY	0020	
c. NUMBER OF (IDENTICAL) TRIPS	0030	Number
d. MONTH ENDED	0040	

e. *If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.*

f. *Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.*

g. *Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?*

0050 _____ Nights

2a. *Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?*

0060 1 Yes
 2 No – Go to item 3a

b. *If "Yes," ask for each item: Did the package deal include . . .*
FIELD REPRESENTATIVE – Read each item listed.

	Yes	No	DK
0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0100 Anything else ↗	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<i>Specify _____</i>			

c. *How much did you (or any members of your CU) pay for the package deal?*

0110 \$ _____ .00

NOTES

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

- COMMERCIAL
- 0120 01 Local (taxi, etc.)
 - 0130 02 Airplane
 - 0140 03 Train
 - 0150 04 Bus
 - 0160 05 Ship

- RENTED
- 0170 06 Car, jeep
 - 0180 07 Truck, van
 - 0190 08 Motorcycle, moped
 - 0200 09 Private plane
 - 0210 10 Boat, trailer
 - 0220 11 Camper
 - 0230 12 Other vehicles

- PRIVATE
- 0240 13 Car owned by CU
 - 0250 14 Vehicle leased by CU
 - 0260 15 Other vehicle owned by CU
 - 0270 16 Vehicle owned by someone else
 - 0280 17 Other transport

4. *Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.*

3b. *Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?*

Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL

- 0290 01 \$ _____ .00 0 None
- 0300 02 \$ _____ .00 0 None
- 0310 03 \$ _____ .00 0 None
- 0320 04 \$ _____ .00 0 None
- 0330 05 \$ _____ .00 0 None

RENTED

- 0340 06 \$ _____ .00 0 None
- 0350 07 \$ _____ .00 0 None
- 0360 08 \$ _____ .00 0 None
- 0370 09 \$ _____ .00 0 None
- 0380 10 \$ _____ .00 0 None
- 0390 11 \$ _____ .00 0 None
- 0400 12 \$ _____ .00 0 None

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		1 18 37 2 ↓	NOTES																							
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																								
b. How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00																								
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e																								
If YES – d. How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00																								
e. Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																								
If YES – f. How much were they?	0060	\$ _____ .00																								
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																								
If YES – b. What was the cost, including taxes and tips?	0080	\$ _____ .00																								
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																								
If YES – b. What was the cost, including taxes and tips?	0100	\$ _____ .00																								
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																								
If YES – d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00																								
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																								
If YES – b. What were the expenses, including taxes?	0140	\$ _____ .00																								
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																								
If YES – d. What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00																								
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																								
If YES – b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00																								
10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
If YES – b. How much did you (or any members of your CU) pay?	0200	\$ _____ .00																								
11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
If YES – b. How much did you (or any members of your CU) spend?	0220	\$ _____ .00																								
12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
If YES – b. How much were these expenses?	0240	\$ _____ .00																								
13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	0260	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
	YES	NO	DK																							
Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
c. How much of the total expenses for this trip were for persons outside your CU?	0300	\$ _____ .00																								
14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310	\$ _____ .00																								
b. Does this (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	0320	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
	YES	NO	DK																							
Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																										

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part B for trips paid for entirely by CU. (Ask all questions in part B first for one trip or set of identical trips before asking questions in this part about other trips.)

Part B – Trips Paid Entirely By CU – Continued

<p>1. FIELD REPRESENTATIVE ITEM <i>In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red; font-weight: bold;">1 18 38 0 ↓</p>																											
<p>a. TRIP IDENTIFICATION NUMBER 0010 _____ Identification number</p>																												
<p>b. DESTINATION</p>																												
<p>OFFICE USE ONLY 0020 _____</p>																												
<p>c. NUMBER OF (IDENTICAL) TRIPS 0030 _____ Number</p>																												
<p>d. MONTH ENDED 0040 <input type="text"/> <input type="text"/></p>																												
<p>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</p>																												
<p>f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.</p>																												
<p>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</p>				0050 _____ Nights																								
<p>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																											
<p>b. If "Yes," ask for each item: Did the package deal include . . . <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0070 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0080 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0090 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0100 Anything else <input checked="" type="checkbox"/></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td colspan="4"><i>Specify _____</i></td> </tr> </tbody> </table>				Yes	No	DK	0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	<i>Specify _____</i>				
	Yes	No	DK																									
0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
<i>Specify _____</i>																												
<p>c. How much did you (or any members of your CU) pay for the package deal?</p>	<p>0110 \$ _____ .00</p>																											
NOTES																												

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

COMMERCIAL		COMMERCIAL
0120 01 <input type="checkbox"/> Local (taxi, etc.)		0290 01 \$ _____ .00 0 <input type="checkbox"/> None
0130 02 <input type="checkbox"/> Airplane		0300 02 \$ _____ .00 0 <input type="checkbox"/> None
0140 03 <input type="checkbox"/> Train		0310 03 \$ _____ .00 0 <input type="checkbox"/> None
0150 04 <input type="checkbox"/> Bus		0320 04 \$ _____ .00 0 <input type="checkbox"/> None
0160 05 <input type="checkbox"/> Ship		0330 05 \$ _____ .00 0 <input type="checkbox"/> None
RENTED		RENTED
0170 06 <input type="checkbox"/> Car, jeep		0340 06 \$ _____ .00 0 <input type="checkbox"/> None
0180 07 <input type="checkbox"/> Truck, van		0350 07 \$ _____ .00 0 <input type="checkbox"/> None
0190 08 <input type="checkbox"/> Motorcycle, moped		0360 08 \$ _____ .00 0 <input type="checkbox"/> None
0200 09 <input type="checkbox"/> Private plane		0370 09 \$ _____ .00 0 <input type="checkbox"/> None
0210 10 <input type="checkbox"/> Boat, trailer		0380 10 \$ _____ .00 0 <input type="checkbox"/> None
0220 11 <input type="checkbox"/> Camper		0390 11 \$ _____ .00 0 <input type="checkbox"/> None
0230 12 <input type="checkbox"/> Other vehicles		0400 12 \$ _____ .00 0 <input type="checkbox"/> None
PRIVATE		
0240 13 <input type="checkbox"/> Car owned by CU		
0250 14 <input type="checkbox"/> Vehicle leased by CU		
0260 15 <input type="checkbox"/> Other vehicle owned by CU		
0270 16 <input type="checkbox"/> Vehicle owned by someone else		
0280 17 <input type="checkbox"/> Other transport		

4. Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		1 18 39 8 ↓	NOTES																												
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																													
b. How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00																													
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e																													
<i>If YES –</i> d. How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00																													
e. Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																													
<i>If YES –</i> f. How much were they?	0060	\$ _____ .00																													
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																													
<i>If YES –</i> b. What was the cost, including taxes and tips?	0080	\$ _____ .00																													
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																													
<i>If YES –</i> b. What was the cost, including taxes and tips?	0100	\$ _____ .00																													
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																													
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00																													
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																													
<i>If YES –</i> b. What were the expenses, including taxes?	0140	\$ _____ .00																													
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																													
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00																													
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																													
<i>If YES –</i> b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00																													
10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																													
<i>If YES –</i> b. How much did you (or any members of your CU) pay?	0200	\$ _____ .00																													
11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																													
<i>If YES –</i> b. How much did you (or any members of your CU) spend?	0220	\$ _____ .00																													
12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																													
<i>If YES –</i> b. How much were these expenses?	0240	\$ _____ .00																													
13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																													
b. Did these expenses include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><i>FIELD REPRESENTATIVE – Read each item listed.</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">0260 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0270 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0280 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0290 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>				YES	NO	DK	<i>FIELD REPRESENTATIVE – Read each item listed.</i>				0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
	YES	NO	DK																												
<i>FIELD REPRESENTATIVE – Read each item listed.</i>																															
0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																												
0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																												
0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																												
0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																												
c. How much of the total expenses for this trip were for persons outside your CU?	0300	\$ _____ .00																													
14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310	\$ _____ .00																													
b. Does this (amount) include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><i>FIELD REPRESENTATIVE – Read each item listed.</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">0320 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0330 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0340 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0350 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0360 Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>				YES	NO	DK	<i>FIELD REPRESENTATIVE – Read each item listed.</i>				0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
	YES	NO	DK																												
<i>FIELD REPRESENTATIVE – Read each item listed.</i>																															
0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																												
0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																												
0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																												
0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																												
0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																												
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																															

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		1 18 41 4 ↓	NOTES
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c	
b. How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00	
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e	
<i>If YES –</i> d. How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00	
e. Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	
<i>If YES –</i> f. How much were they?	0060	\$ _____ .00	
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	
<i>If YES –</i> b. What was the cost, including taxes and tips?	0080	\$ _____ .00	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> b. What was the cost, including taxes and tips?	0100	\$ _____ .00	
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00	
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> b. What were the expenses, including taxes?	0140	\$ _____ .00	
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00	
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a	
<i>If YES –</i> b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00	
10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)			0190
<i>If YES –</i> b. How much did you (or any members of your CU) pay?			0200
11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)			0210
<i>If YES –</i> b. How much did you (or any members of your CU) spend?			0220
12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?			0230
<i>If YES –</i> b. How much were these expenses?			0240
13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?			0250
b. Did these expenses include anything for . . . ?			
<i>FIELD REPRESENTATIVE – Read each item listed.</i>			
0260 Food and beverages . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK
0270 Lodging			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK
0280 Transportation			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK
0290 Other expenses			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK
c. How much of the total expenses for this trip were for persons outside your CU?			0300
14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.			0310
b. Does this (amount) include anything for . . . ?			
<i>FIELD REPRESENTATIVE – Read each item listed.</i>			
0320 Food and beverages . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK
0330 Lodging			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK
0340 Transportation			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK
0350 Other expenses			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK
0360 Expenses for others . . .			1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO x <input type="checkbox"/> DK
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.			

Section 18 – TRIPS AND VACATIONS – Continued

Part C – Partially Reimbursed Trips – Continued		1 77 02 2 ↓	NOTES																								
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 <input type="checkbox"/> Yes A NYGAS 2 <input type="checkbox"/> No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 <input type="checkbox"/> Yes A NYSPORT 2 <input type="checkbox"/> No – Go to item 11a																								
b. What costs for gasoline or other fuels won't be reimbursed?	0020 \$ GA SOILX .00 0 <input type="checkbox"/> None	If YES – b. What costs for playing sports won't be reimbursed?	0200 \$ TRSPORTX .00 0 <input type="checkbox"/> None																								
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 <input type="checkbox"/> Yes A NYTOLL 2 <input type="checkbox"/> No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210 1 <input type="checkbox"/> Yes A NYENTER 2 <input type="checkbox"/> No – Go to item 12a																								
If YES – d. What costs for tolls won't be reimbursed?	0040 \$ TRPTOLLX .00 0 <input type="checkbox"/> None	If YES – b. What costs for entertainment and admissions won't be reimbursed?	0220 \$ TRPETRTX .00 0 <input type="checkbox"/> None																								
e. Did you (or any members of your CU) have any parking fees?	0050 1 <input type="checkbox"/> Yes A NYPA RK 2 <input type="checkbox"/> No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230 1 <input type="checkbox"/> Yes A NYMISC 2 <input type="checkbox"/> No – Go to item 13a																								
If YES – f. What costs for parking fees won't be reimbursed?	0060 \$ PA RKINGX .00 0 <input type="checkbox"/> None	If YES – b. What costs for these things won't be reimbursed?	0240 \$ TRMISCX .00 0 <input type="checkbox"/> None																								
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070 1 <input type="checkbox"/> Yes LODGING 2 <input type="checkbox"/> No – Go to item 7a	13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?	0250 1 <input type="checkbox"/> Yes TRPGFTC 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
If YES – b. What costs for lodging, including taxes and tips, won't be reimbursed?	0080 \$ LDGCOSTX .00 0 <input type="checkbox"/> None	b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>0260 Food and beverages . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0270 Lodging</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0280 Transportation</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0290 Other expenses</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
	YES	NO	DK																								
0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 <input type="checkbox"/> Yes TRPFOOD 2 <input type="checkbox"/> No – Go to item 8a	c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$ TRPGFTCX .00																								
If YES – b. What costs for these things won't be reimbursed?	0100 \$ TRPFOODX .00 0 <input type="checkbox"/> None	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here.	0310 \$ TCOMBEST .00																								
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 <input type="checkbox"/> Yes TRPA LCIN 2 <input type="checkbox"/> No – Go to item 8a	b. Does this (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>0320 Food and beverages . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0330 Lodging</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0340 Transportation</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0350 Other expenses</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0360 Expenses for others . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
	YES	NO	DK																								
0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
If YES – d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$ TRPA LCHX .00 0 <input type="checkbox"/> None	GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																									
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 <input type="checkbox"/> Yes A NYGROC 2 <input type="checkbox"/> No – Go to item 9a																										
If YES – b. What costs, including taxes, won't be reimbursed?	0140 \$ TRPGROCX .00 0 <input type="checkbox"/> None																										
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 <input type="checkbox"/> Yes A NYALC 2 <input type="checkbox"/> No – Go to item 9a																										
If YES – d. What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$ TRPALCGX .00 0 <input type="checkbox"/> None																										
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 <input type="checkbox"/> Yes A NYSPEQP 2 <input type="checkbox"/> No – Go to item 10a																										
If YES – b. What costs for renting sports equipment won't be reimbursed?	0180 \$ TRSPRTX .00 0 <input type="checkbox"/> None																										

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part C for partially reimbursed trips. (Ask all questions in part C first for one trip or set of identical trips before asking questions in this part about other trips.)

Part C – Partially Reimbursed Trips – Continued

<p>1. FIELD REPRESENTATIVE ITEM <i>In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red; font-weight: bold;">1 77 03 0 ↓</p>																											
<p>a. TRIP IDENTIFICATION NUMBER 0010 _____ Identification number</p>																												
<p>b. DESTINATION</p>																												
<p>OFFICE USE ONLY 0020 _____</p>																												
<p>c. NUMBER OF (IDENTICAL) TRIPS 0030 _____ Number</p>																												
<p>d. MONTH ENDED 0040 <input type="text"/> <input type="text"/></p>																												
<p>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</p>																												
<p>f. You told me that someone outside your CU paid for part of the trip(s) you (your CU) took to (trip destination). In the next questions I'm interested only in the costs you (your CU) had to pay, not those paid or to be paid by a business or employer. If day trip, go to item 2a.</p>																												
<p>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</p>	<p>0050 _____ Nights</p>																											
<p>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																											
<p>b. If "Yes," ask for each item: Did the package deal include . . . <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0070 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0080 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0090 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0100 Anything else <input checked="" type="checkbox"/></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><i>Specify</i> _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	DK	0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	<i>Specify</i> _____				
	Yes	No	DK																									
0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
<i>Specify</i> _____																												
<p>c. How much did you (or any members of your CU) pay for the package deal?</p>	<p>0110 \$ _____ .00</p>																											
NOTES																												

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

COMMERCIAL			
0120	01 <input type="checkbox"/> Local (taxi, etc.)	0290	01 \$ _____ .00 0 <input type="checkbox"/> None
0130	02 <input type="checkbox"/> Airplane	0300	02 \$ _____ .00 0 <input type="checkbox"/> None
0140	03 <input type="checkbox"/> Train	0310	03 \$ _____ .00 0 <input type="checkbox"/> None
0150	04 <input type="checkbox"/> Bus	0320	04 \$ _____ .00 0 <input type="checkbox"/> None
0160	05 <input type="checkbox"/> Ship	0330	05 \$ _____ .00 0 <input type="checkbox"/> None
RENTED			
0170	06 <input type="checkbox"/> Car, jeep	0340	06 \$ _____ .00 0 <input type="checkbox"/> None
0180	07 <input type="checkbox"/> Truck, van	0350	07 \$ _____ .00 0 <input type="checkbox"/> None
0190	08 <input type="checkbox"/> Motorcycle, moped	0360	08 \$ _____ .00 0 <input type="checkbox"/> None
0200	09 <input type="checkbox"/> Private plane	0370	09 \$ _____ .00 0 <input type="checkbox"/> None
0210	10 <input type="checkbox"/> Boat, trailer	0380	10 \$ _____ .00 0 <input type="checkbox"/> None
0220	11 <input type="checkbox"/> Camper	0390	11 \$ _____ .00 0 <input type="checkbox"/> None
0230	12 <input type="checkbox"/> Other vehicles	0400	12 \$ _____ .00 0 <input type="checkbox"/> None
PRIVATE			
0240	13 <input type="checkbox"/> Car owned by CU		
0250	14 <input type="checkbox"/> Vehicle leased by CU		
0260	15 <input type="checkbox"/> Other vehicle owned by CU		
0270	16 <input type="checkbox"/> Vehicle owned by someone else		
0280	17 <input type="checkbox"/> Other transport		

3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?

Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

4. Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.

Section 18 – TRIPS AND VACATIONS – Continued

Part C – Partially Reimbursed Trips – Continued		1 77 04 8 ↓	NOTES																								
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
b. What costs for gasoline or other fuels won't be reimbursed?	0020 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for playing sports won't be reimbursed?	0200 \$ _____ .00 0 <input type="checkbox"/> None																								
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
<i>If YES –</i> d. What costs for tolls won't be reimbursed?	0040 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for entertainment and admissions won't be reimbursed?	0220 \$ _____ .00 0 <input type="checkbox"/> None																								
e. Did you (or any members of your CU) have any parking fees?	0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
<i>If YES –</i> f. What costs for parking fees won't be reimbursed?	0060 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for these things won't be reimbursed?	0240 \$ _____ .00 0 <input type="checkbox"/> None																								
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
<i>If YES –</i> b. What costs for lodging, including taxes and tips, won't be reimbursed?	0080 \$ _____ .00 0 <input type="checkbox"/> None	b. Did these expenses include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0260 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0270 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0280 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0290 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
	YES	NO	DK																								
0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	<i>FIELD REPRESENTATIVE – Read each item listed.</i>																									
<i>If YES –</i> b. What costs for these things won't be reimbursed?	0100 \$ _____ .00 0 <input type="checkbox"/> None	c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$ _____ .00																								
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here.	0310 \$ _____ .00																								
<i>If YES –</i> d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$ _____ .00 0 <input type="checkbox"/> None	b. Does this (amount) include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0320 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0330 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0340 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0350 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0360 Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
	YES	NO	DK																								
0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																									
<i>If YES –</i> b. What costs, including taxes, won't be reimbursed?	0140 \$ _____ .00 0 <input type="checkbox"/> None																										
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																										
<i>If YES –</i> d. What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$ _____ .00 0 <input type="checkbox"/> None																										
9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																										
<i>If YES –</i> b. What costs for renting sports equipment won't be reimbursed?	0180 \$ _____ .00 0 <input type="checkbox"/> None																										

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Complete item 1 for all CU's.

Part D – 100% Reimbursed Trips		1 77 67 5 ↓				NOTES
1. FIELD REPRESENTATIVE CHECK ITEM Enter number of trips ENTIRELY paid for by NON-CU member from part A, item 1a or 1b.	<input type="text" value="0010"/> NUMYUPD Trips 0 <input type="checkbox"/> None – Go to part E					
2a. You told me that you (your CU) had (number from item 1) trip(s) entirely paid for by non-CU members. Even on trips entirely paid for by non-CU members there are sometimes miscellaneous expenses which are not paid for. Did you (your CU) have any expenses on this trip (these trips) that will not be covered by a business, employer, or other non-CU member?	<input type="text" value="0020"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E		A NYUYUPD			
b. Did these expenses include anything for – ? <i>FIELD REPRESENTATIVE – Read each item listed.</i>		YES	NO	DK		
FOODYUPD <input type="text" value="0030"/> Food and beverages . . .		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
LODGYUPD <input type="text" value="0040"/> Lodging		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
TRANUYUPD <input type="text" value="0050"/> Transportation		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
ELSEYUPD <input type="text" value="0060"/> Anything else – Specify ↗ _____		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
c. What was the total amount for these expenses?	<input type="text" value="0070"/> \$ TOTYUPDX <input type="text" value=""/> .00					

GO TO PART E

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part E for all CU's.

Part E – Trip Expenses for Non-CU Members

1 77 68 3 ↓

NOTES

1a. Sometimes people in a CU don't take a trip themselves, but pay for part or all of a trip that someone else takes. Since the 1st of (month, three months ago), have you (has your CU) paid for part or all of such a trip for any non-CU members?

0010 1 Yes
2 No – Go to part F A NYNONCU

If Yes –

b. How many trips was that?

0020 NUMNONCU Trips

c. Did these expenses include anything for – ?

FIELD REPRESENTATIVE – Read each item listed.

		YES	NO	DK
FOODNOCU	0030 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
LODGNOCU	0040 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
TRANNOCU	0050 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
ELSENOCU	0060 Anything else – Specify <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>

d. What was the total amount that you (your CU) paid for that trip (those trips)?

0070 \$ TRNONCUX .00

GO TO PART F

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part F for all CU's.
(Ask all questions in this part for one stay before asking about other stays.)

Part F – Local Overnight Stays		1 77 69 1 ↓																				
1. We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section	ANYLOC																				
2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020 NUMLOC Nights																					
3a. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	ANYLOCDL																				
b. Ask for each item – Did the package deal include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>FOODLCDL</td> <td>0040 <input type="checkbox"/></td> <td>0041 <input type="checkbox"/></td> <td>0042 <input type="checkbox"/></td> </tr> <tr> <td>LODGLCDL</td> <td>0050 <input type="checkbox"/></td> <td>0051 <input type="checkbox"/></td> <td>0052 <input type="checkbox"/></td> </tr> <tr> <td>ENTRLCDL</td> <td>0060 <input type="checkbox"/></td> <td>0061 <input type="checkbox"/></td> <td>0062 <input type="checkbox"/></td> </tr> <tr> <td>ELSELCDL</td> <td>0070 <input type="checkbox"/></td> <td>0071 <input type="checkbox"/></td> <td>0072 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	FOODLCDL	0040 <input type="checkbox"/>	0041 <input type="checkbox"/>	0042 <input type="checkbox"/>	LODGLCDL	0050 <input type="checkbox"/>	0051 <input type="checkbox"/>	0052 <input type="checkbox"/>	ENTRLCDL	0060 <input type="checkbox"/>	0061 <input type="checkbox"/>	0062 <input type="checkbox"/>	ELSELCDL	0070 <input type="checkbox"/>	0071 <input type="checkbox"/>	0072 <input type="checkbox"/>	
	YES	NO	DK																			
FOODLCDL	0040 <input type="checkbox"/>	0041 <input type="checkbox"/>	0042 <input type="checkbox"/>																			
LODGLCDL	0050 <input type="checkbox"/>	0051 <input type="checkbox"/>	0052 <input type="checkbox"/>																			
ENTRLCDL	0060 <input type="checkbox"/>	0061 <input type="checkbox"/>	0062 <input type="checkbox"/>																			
ELSELCDL	0070 <input type="checkbox"/>	0071 <input type="checkbox"/>	0072 <input type="checkbox"/>																			
c. How much did you (or any members of your CU) pay for the package deal?	0080 \$ LOCDEALX .00																					
4a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a	ANYLODGE																				
b. What was the cost, including taxes and tips?	0100 \$ LOCLODGX .00																					
5a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	ANYMEAL																				
b. What was the cost, including taxes and tips?	0120 \$ LOCMEALX .00																					
c. Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	ANYALCML																				
d. What was the cost for alcoholic beverages, including taxes and tips?	0140 \$ ALCMEALX .00																					
6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	ANYLCGR																				
b. What were the expenses, including taxes?	0160 \$ LOCGROCX .00																					
c. Was any of the (amount in item 6b) for alcoholic beverages?	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	ANYALCGR																				
d. What was the cost for alcoholic beverages, including taxes?	0180 \$ ALCGROCX .00																					
7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8	ANYADMISS																				
b. How much did you (or any members of your CU) pay?	0200 \$ LOCADMSX .00																					
8. If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0210 \$ LOCCOMBX .00																					
Did the (amount) include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>FOODLCCM</td> <td>0220 <input type="checkbox"/></td> <td>0221 <input type="checkbox"/></td> <td>0222 <input type="checkbox"/></td> </tr> <tr> <td>LODGLCCM</td> <td>0230 <input type="checkbox"/></td> <td>0231 <input type="checkbox"/></td> <td>0232 <input type="checkbox"/></td> </tr> <tr> <td>ENTRLCCM</td> <td>0240 <input type="checkbox"/></td> <td>0241 <input type="checkbox"/></td> <td>0242 <input type="checkbox"/></td> </tr> <tr> <td>ELSELCCM</td> <td>0250 <input type="checkbox"/></td> <td>0251 <input type="checkbox"/></td> <td>0252 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	FOODLCCM	0220 <input type="checkbox"/>	0221 <input type="checkbox"/>	0222 <input type="checkbox"/>	LODGLCCM	0230 <input type="checkbox"/>	0231 <input type="checkbox"/>	0232 <input type="checkbox"/>	ENTRLCCM	0240 <input type="checkbox"/>	0241 <input type="checkbox"/>	0242 <input type="checkbox"/>	ELSELCCM	0250 <input type="checkbox"/>	0251 <input type="checkbox"/>	0252 <input type="checkbox"/>	
	YES	NO	DK																			
FOODLCCM	0220 <input type="checkbox"/>	0221 <input type="checkbox"/>	0222 <input type="checkbox"/>																			
LODGLCCM	0230 <input type="checkbox"/>	0231 <input type="checkbox"/>	0232 <input type="checkbox"/>																			
ENTRLCCM	0240 <input type="checkbox"/>	0241 <input type="checkbox"/>	0242 <input type="checkbox"/>																			
ELSELCCM	0250 <input type="checkbox"/>	0251 <input type="checkbox"/>	0252 <input type="checkbox"/>																			
9. Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section																					
NOTES																						

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part F for all CU's.
(Ask all questions in this part for one stay before asking about other stays.)

Part F – Local Overnight Stays – Continued		1 77 70 9 ↓																				
1. We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section																					
2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020 _____ Nights																					
3a. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a																					
b. Ask for each item – Did the package deal include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0040 Food and beverages</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0050 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0060 Entertainment</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0070 Anything else – Specify ↴ _____</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0040 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0050 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0060 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0070 Anything else – Specify ↴ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
	YES	NO	DK																			
0040 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0050 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0060 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0070 Anything else – Specify ↴ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
c. How much did you (or any members of your CU) pay for the package deal?	0080 \$ _____ .00																					
4a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a																					
b. What was the cost, including taxes and tips?	0100 \$ _____ .00																					
5a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																					
b. What was the cost, including taxes and tips?	0120 \$ _____ .00																					
c. Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																					
d. What was the cost for alcoholic beverages, including taxes and tips?	0140 \$ _____ .00																					
6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																					
b. What were the expenses, including taxes?	0160 \$ _____ .00																					
c. Was any of the (amount in item 6b) for alcoholic beverages?	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																					
d. What was the cost for alcoholic beverages, including taxes?	0180 \$ _____ .00																					
7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8																					
b. How much did you (or any members of your CU) pay?	0200 \$ _____ .00																					
8. If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0210 \$ _____ .00																					
Did the (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0220 Food and beverages</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0230 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0240 Entertainment</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0250 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0220 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0230 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0240 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0250 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
	YES	NO	DK																			
0220 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0230 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0240 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0250 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
9. Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section																					
NOTES																						

Section 19 – MISCELLANEOUS EXPENSES

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the list of items as you proceed. Ask column a and complete columns b through g for each "YES" response. For continuing expenses such as "housekeeping" or "babysitting," mark the box in column d and enter the total expense for the reference period, excluding the current month.

4 19 02 8 →

a	b	PROCESSING USE ONLY	c	d		e		f		g		NOTES	PRE					
				In what month did you have this expense? <i>If it is a continuous expense throughout the reference period, mark box.</i>		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? <i>For continuing expenses, do not include expenses for the current month.</i>		Did you have any other expenses for . . . ?			1	2	3			
				Month	Continuous expense	CU	Outside CU			YES	NO					Description from column b	Month or code from column d	Expense from column f
<p>Information Booklet, pages 41 and 42</p> <p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?</p>	<p>What was the expense for? <i>Describe briefly.</i></p>		<p>ENTER ITEM CODE from column a.</p> <p>MISCODE</p>															
<p>FUNERALS, BURIALS, OR CREMATION 100</p> <p>PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS 110</p> <p>COMBINATIONS OF THE ABOVE <i>Use only if cannot itemize the above</i> 120</p> <p>CATERED AFFAIRS 130</p> <p>FRESH FLOWERS OR POTTED PLANTS 140</p> <p>LEGAL FEES <i>Do not include legal fees related to real estate closing costs which were reported in section 3.</i> 150</p> <p>ACCOUNTING FEES 160</p> <p>HOME SERVICES 170</p> <p>Gardening or lawn care services 170</p> <p>Housekeeping services 180</p> <p>Other home services and small repair jobs around the house, not previously reported 210</p> <p>Babysitting or other child care in your own home 190</p> <p>Babysitting or other child care in someone else's home 220</p> <p>Care for invalids, convalescents, handicapped or elderly persons in the home 200</p> <p>ADULT DAY CARE CENTERS 350</p> <p>PROFESSIONAL PHOTOGRAPHY FEES 360</p> <p>HOME SECURITY SYSTEM SERVICE FEES 370</p>																		
<p>2. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b</i></p>																		

Section 19 - MISCELLANEOUS EXPENSES - Continued

4 19 04 4 →

a				b What was the expense for? Describe briefly.	PROCESSING USE ONLY	c			d		e		f		g		NOTES	PRE					
ITEM CODE	YES	NO	ENTER ITEM CODE from column a.			In what month did you have this expense? <i>If it is a continuous expense throughout the reference period, mark box.</i>	Was this expense for your CU or someone outside of your CU?		What was the total amount of the expense? <i>For continuing expenses, do not include expenses for the current month.</i>	Did you have any other expenses for . . . ?		1	2	3									
							Month	Continuous expense		CU	Outside CU				YES	NO		Description from column b	Month or code from column d	Expense from column f			
3. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?																							
COMPUTER INFORMATION SERVICES	280			0010				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>							\$.00	
TV COMPUTER GAMES AND COMPUTER GAME SOFTWARE	290			0020				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0030				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
HAND HELD COMPUTER GAMES AND COMPUTER BOARD GAMES	300			0040				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0050				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
TOYS AND GAMES	330			0060				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0070				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
HOBBIES	340			0080				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0090				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
MOVING, STORAGE, AND FREIGHT EXPRESS	230			0100				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0110				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
PURCHASE OF PETS, PET SUPPLIES, AND MEDICINE FOR PETS	240			0120				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0130				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
PET SERVICES	250			0140				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0150				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
VETERINARIAN EXPENSES FOR PETS	260			0160				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0170				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
ALIMONY	310			0180				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0190				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
CHILD SUPPORT	320			0200				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
				0210				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
MONEY GIVEN TO NON-CU MEMBERS, CHARITIES, AND OTHER ORGANIZATIONS	270			0220				13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>								\$.00
4. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b-g.				1 19 03 2 ↓ 0010 ⁹⁹⁹ <input type="checkbox"/> Go to section 20																			

Section 20 – EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS – Continued

Part B – Selected Services and Goods		1 20 03 0 ↓
1a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) used public pay phone service?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 2a	PA YPHONE
b. What was the total expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 2a	0010 \$ PA YPHONX .00 0 <input type="checkbox"/> None
2a. Have you (or any members of your CU) used coin-operated laundry or dry cleaning machines?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3a	LNDROMA T
b. What was the total cost for these machines?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3a	0030 \$ LNDRYX .00
c. Was any of this amount for items other than clothes?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3a	OTHLNDRY
d. How much?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3a	0050 \$ OTHLNDRX .00 x <input type="checkbox"/> Don't know
3a. Have you (or any members of your CU) sent clothes or other items to the dry cleaners or laundry?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a	DRYCLEAN
b. What was the total cost for dry cleaning or laundry services?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a	0070 \$ DRYCLNX .00
c. Was any of this amount for items other than clothes?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a	OTHDRCLN
d. How much?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a	0090 \$ OTHDCLNX .00 x <input type="checkbox"/> Don't know
4. Do any members of your CU use tobacco products, such as –	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4c	CIGA RETT
a. Cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4c	0110 \$ CIGA RETX .00
b. If YES – What is the usual WEEKLY expense for cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5	0120 \$ OTHTOBA C .00
c. Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5	0130 \$ OTHTBA CX .00
d. If YES – What is the usual WEEKLY expense for cigars, pipe tobacco, or other tobaccos?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5	0140 \$ HA IRMOX .00 0 <input type="checkbox"/> None
5. What is the usual MONTHLY expense for haircutting, styling, and other related services for all members of your CU?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7a	0150 \$ SA FDPST .00 0 <input type="checkbox"/> None
6a. Do you (or any members of your CU) rent a safe deposit box located in a bank or a similar financial institution?		
b. What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago)?		
0170 \$ SA FDPSTX .00 0 <input type="checkbox"/> None		
7a. Do you (or any members of your CU) have any expenses for checking accounts or other banking services?		
b. What is the usual MONTHLY charge?		
0190 \$ BANKMOX .00		
8a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) used taxis or limousines for nonbusiness purposes, except those used while on a trip?		
b. If YES – What was the total expense?		
0210 \$ TXLIMX .00		
9a. Do you (or any members of your CU) use mass transportation services such as a bus, subway, mini-bus/or train, including commuter bus and train service?		
b. What is the usual MONTHLY cost to use mass transit to go to –		
(1) Work? 0300 \$ TRANWRKX .00		
(2) School? 0350 \$ TRANSCHX .00		
(3) Other places? 0370 \$ TRA NOTHX .00		
NOTES		

Section 21 – CREDIT LIABILITY

FIELD REPRESENTATIVE – Complete columns b through e for each store, bank, credit account, etc., reported in column a.

Part A.1 – Credit Balances – Second Quarter Only

1 21 02 0 ↓

a				PROCESSING USE ONLY	b			c			d			e		NOTES
1. On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans.					ENTER ITEM CODE from column a CREDITR1	What is the name of the (credit source) to which you owe money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc. CREDITX1			How much was owed to (credit source)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.				
CREDIT SOURCE	ITEM CODE	YES	NO								Don't know	YES	NO			
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100			0010				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stores for installment credit accounts	200			0020				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Banks and savings and loan companies	300			0030				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Credit unions	400			0040				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Finance companies	500			0050				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insurance companies (Do not include insurance premium payments)	600			0060				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	700			0070				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other credit sources	800			0080				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0090				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0100				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0110				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0120				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0130				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0140				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				0150				\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

2. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) box if there are no entries recorded in columns b-e.

1 21 01 2 ↓

0010 999 Go to next section

Section 21 – CREDIT LIABILITY – Continued

FIELD REPRESENTATIVE – Complete columns b through e for each store, bank, credit account, etc., reported in column a.

Part A.1 – Credit Balances – Continued – Second Quarter Only

1 21 03 8 ↴

a		PROCESSING USE ONLY	b			c			d			e		NOTES
CREDIT SOURCE	ITEM CODE		ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owe money? <i>Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.</i>			How much was owed to (credit source)?			Did any member of your CU owe any money to any other (credit source)? <i>If "No," go to next credit source in column a.</i>				
									Don't know	YES	NO			
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100	0010				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stores for installment credit accounts	200	0020				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Banks and savings and loan companies	300	0030				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Credit unions	400	0040				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Finance companies	500	0050				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Insurance companies (Do not include insurance premium payments)	600	0060				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	700	0070				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other credit sources	800	0080				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0090				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0100				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0110				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0120				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0130				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0140				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0150				\$	.00	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 21 – CREDIT LIABILITY

FIELD REPRESENTATIVE – Complete columns b through f for each store, bank, credit account, etc., reported in column a.

Part A.2 – Credit Balances – Fifth Quarter Only				1 21 11 1 ↓										NOTES			
a				PROCESSING USE ONLY	b		c		d			e			f		NOTES
1. On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans. Read each item listed below. Complete a separate line for each individual store, credit card, etc. CREDIT SOURCE					ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.		Ask if "Yes" in item 1. How much was owed to (credit source)? CREDITS			What was the total amount owed on the 1st of (current month, one year ago)? OWE MONEY			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.			
ITEM CODE	YES	NO								Don't know		None	Don't know	YES	NO		
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.			100	0010			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stores for installment credit accounts.			200	0020			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Banks and savings and loan companies.			300	0030			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Credit unions.			400	0040			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finance companies.			500	0050			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance companies (Do not include insurance premium payments)			600	0060			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance.			700	0070			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other credit sources.			800	0080			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2a. On the 1st day of (current month, one year ago), did you (or any members of your CU) owe money to any creditor that you did not owe money to on the 1st day of (the current month, the current year)? <input type="checkbox"/> YES <input type="checkbox"/> NO				0090			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. What was the source of the credit?				0100			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Complete columns b, c, e, and f for each credit source reported.				0110			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				0120			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. FIELD REPRESENTATIVE CHECK ITEM				0130			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mark (X) box if there are no entries recorded in columns b-f.				0010			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				0140			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				0150			\$	.00		<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 21 – CREDIT LIABILITY – Continued

FIELD REPRESENTATIVE – Complete columns b through f for each store, bank, credit account, etc., reported in column a.

Part A.2 – Credit Balances – Continued – Fifth Quarter Only

1 21 12 9 ↴

a		PROCESSING USE ONLY	b			c			d			e			f		NOTES
CREDIT SOURCE			ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money? <i>Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.</i>			Ask if "Yes" in item 1. How much was owed to (credit source)?			What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.				
ITEM CODE								Don't know	None	Don't know	YES	NO					
100	Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	0010				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
200	Stores for installment credit accounts	0020				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
300	Banks and savings and loan companies	0030				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
400	Credit unions	0040				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
500	Finance companies	0050				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
600	Insurance companies (Do not include insurance premium payments)	0060				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
700	Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	0070				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
800	Other credit sources	0080				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0090				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0100				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0110				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0120				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0130				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		-140				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0150				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

FIELD REPRESENTATIVE – Ask items a through h and record the total amount of finance charges or interest paid during the past 12 months for each item.

Section 21 – CREDIT LIABILITY – Continued

Part B – Finance Charges – Fifth Quarter Only	1 21 20 2 ↓	NOTES
<p>During the past 12 months, have you (or any members of your CU) paid any finance charges, interest charges or late fees to any of the following except for mortgage, home equity loans, or automobile loans?</p>		
<p>a. Revolving credit accounts including store, gasoline and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.?</p> <p><i>Do not include yearly fees.</i></p> <p><i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0010 1 <input type="checkbox"/> Yes CREDCA RD 2 <input type="checkbox"/> No</p> <p>0020 \$ CRDCA RDX .00 x <input type="checkbox"/> Don't know</p>	
<p>b. Stores for installment credit accounts?</p> <p><i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0030 1 <input type="checkbox"/> Yes INSTA LL 2 <input type="checkbox"/> No</p> <p>0040 \$ INSTA LLX .00 x <input type="checkbox"/> Don't know</p>	
<p>c. Banks and Savings and Loans?</p> <p><i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0050 1 <input type="checkbox"/> Yes BA NK 2 <input type="checkbox"/> No</p> <p>0060 \$ BA NKX .00 x <input type="checkbox"/> Don't know</p>	
<p>d. Credit unions?</p> <p><i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0070 1 <input type="checkbox"/> Yes CRDUNION 2 <input type="checkbox"/> No</p> <p>0080 \$ CDUNIONX .00 x <input type="checkbox"/> Don't know</p>	
<p>e. Finance companies?</p> <p><i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0090 1 <input type="checkbox"/> Yes FINA NCE 2 <input type="checkbox"/> No</p> <p>0100 \$ FININT .00 x <input type="checkbox"/> Don't know</p>	
<p>f. Insurance companies?</p> <p><i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0110 1 <input type="checkbox"/> Yes INSURE 2 <input type="checkbox"/> No</p> <p>0120 \$ INSUREX .00 x <input type="checkbox"/> Don't know</p>	
<p>g. Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance?</p> <p><i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0130 1 <input type="checkbox"/> Yes MEDICA L 2 <input type="checkbox"/> No</p> <p>0140 \$ MEDICA LX .00 x <input type="checkbox"/> Don't know</p>	
<p>h. Other credit sources?</p> <p><i>If YES – How much was paid for finance, interest and late charges?</i></p>	<p>0150 1 <input type="checkbox"/> Yes OTHER 2 <input type="checkbox"/> No</p> <p>0160 \$ PDOTHERX .00 x <input type="checkbox"/> Don't know</p>	

Section 22 – WORK EXPERIENCE AND INCOME

FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.

Part A – Second Quarter, Fifth Quarter or New Consumer Units Only

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY a. NAME b. LINE NUMBER</p>	<p>1 22 01 0 ↓ 0010 MEMBNO</p>	<p>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 →</p>	<p>0100 INCNONWKCode</p>	<p>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? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No SUPPLINC 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No SLSSI 0360 \$ SSIX .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>0020 INCWEEKQ _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>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?</p>	<p>0200 1 <input type="checkbox"/> Yes SALARYST 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ SALARYX .00</p>	<p>Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of . . . 's last pay and what period of time did this cover?</p>	<p>0370 \$ GROSPAYX .00 0380 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 PAYPERD</p>																																
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>		<p>0030 INC_HRSQ _____ Hours per week</p>	<p>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?</p>	<p>0220 1 <input type="checkbox"/> Yes NONFARM 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ NONFARMX .00 0240 3 <input type="checkbox"/> Loss NFRMLOSS 0250 1 <input type="checkbox"/> Yes FARMINC 2 <input type="checkbox"/> No – Go to item 7 0260 \$ FARMINCX .00 0270 3 <input type="checkbox"/> Loss FARMLOSS</p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? 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. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>FEDTAX</td> <td>0390 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0400 \$ AMTFED .00</td> </tr> <tr> <td>SLTAX</td> <td>0410 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0420 \$ SLTAXX .00</td> </tr> <tr> <td>SSDED</td> <td>0430 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>RRRDED</td> <td>0440 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0450 \$ RRRDEDX .00</td> </tr> <tr> <td>GOVRET</td> <td>0460 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0470 \$ GOVRET X .00</td> </tr> <tr> <td>PRIVPENS</td> <td>0480 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0490 \$ PRIVPENX .00</td> </tr> <tr> <td>SSNORM</td> <td>0500 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Yes	No	Amount	FEDTAX	0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$ AMTFED .00	SLTAX	0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$ SLTAXX .00	SSDED	0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>		RRRDED	0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$ RRRDEDX .00	GOVRET	0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$ GOVRET X .00	PRIVPENS	0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$ PRIVPENX .00	SSNORM	0500 1 <input type="checkbox"/>	2 <input type="checkbox"/>	
	Yes	No	Amount																																			
FEDTAX	0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$ AMTFED .00																																			
SLTAX	0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$ SLTAXX .00																																			
SSDED	0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>																																				
RRRDED	0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$ RRRDEDX .00																																			
GOVRET	0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$ GOVRET X .00																																			
PRIVPENS	0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$ PRIVPENX .00																																			
SSNORM	0500 1 <input type="checkbox"/>	2 <input type="checkbox"/>																																				
<p>Information Booklet, page 44 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: 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>OCCUCODE 0070 _____ Code</p>	<p>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?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No SOCSECIN 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No RRRETINC</p>	<p>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No MEDICOV</p>																																
<p>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?</p>		<p>0080 INCOM EY Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCORP</p>	<p>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?</p>	<p>0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ RRRETIRX .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCMEDCR 0330 SS_RRQ 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? 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES – How much? 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.</p>	<p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No EMPLCONT 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 INDRETAC 0530 \$ INDRET X .00 0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used RECSUSED</p>																																

Section 22 - WORK EXPERIENCE AND INCOME - Continued

FIELD REPRESENTATIVE - Ask a separate page of part A for each CU member 14 years old and over.

Part A - Second Quarter, Fifth Quarter or New Consumer Units Only - Continued

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	1 22 06 9 ↓ 0010	5. <i>Ask if item 2 marked "Did not work" -</i> 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	0100 _____ Code	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? <i>If YES in items 8a and/or 8b -</i> How much did . . . receive in Supplemental Security Income checks altogether?	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .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.		0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	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?	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b 0210 \$ _____ .00	9. <i>Ask items 9-12 only if item 6a is YES (code 1).</i> What was the gross amount of . . . 's last pay and what period of time did this cover?	0370 \$ _____ .00 0380 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?		0030 _____ Hours per week	b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?	0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss	10. Was there any money deducted from . . . 's last pay for - <i>If YES - How much was deducted?</i> 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. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0400 \$ _____ .00</td> </tr> <tr> <td>0410 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0420 \$ _____ .00</td> </tr> <tr> <td>0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>0440 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0450 \$ _____ .00</td> </tr> <tr> <td>0460 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0470 \$ _____ .00</td> </tr> <tr> <td>0480 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0490 \$ _____ .00</td> </tr> <tr> <td>0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	0390 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0400 \$ _____ .00	0410 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0420 \$ _____ .00	0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0440 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0450 \$ _____ .00	0460 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0470 \$ _____ .00	0480 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0490 \$ _____ .00	0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	Yes	No	Amount																																			
0390 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0400 \$ _____ .00																																			
0410 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0420 \$ _____ .00																																			
0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>																																						
0440 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0450 \$ _____ .00																																			
0460 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0470 \$ _____ .00																																			
0480 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0490 \$ _____ .00																																			
0500 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: 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		0070 _____ Code	c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss	11. <i>Ask if "Yes" in item 10c or 10g</i> Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 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?		0080 _____ Code <i>Ask if code 5 and not a farm - Is the business incorporated?</i> 0090 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? b. From Railroad Retirement checks?	0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 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?	0510 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>	0300 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a	13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES - How much?	0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14 0530 \$ _____ .00																																
			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?	0310 \$ _____ .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	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>	0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used																																
			f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?	0330 _____ Number																																		

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.

Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 22 11 9 ↓</p>		<p>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 ↘</p>		<p>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? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</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>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>		<p>0100 _____ Code</p>		<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0360 \$ _____ .00</p>																																	
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>		<p>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?</p>	<p>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b</p> <p>0210 \$ _____ .00</p> <p>0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c</p> <p>0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss</p> <p>0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7</p> <p>0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p>0370 \$ _____ .00 0380 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><i>Information Booklet, page 44</i> 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: 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>0070 _____ Code</p>		<p>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?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p> <p>0310 \$ _____ .00</p> <p>0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0330 _____ Number</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>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? a. Federal income tax?</td> <td>0390 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0400 \$ _____ .00</td> </tr> <tr> <td>b. State and local income tax?</td> <td>0410 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0420 \$ _____ .00</td> </tr> <tr> <td>c. Social Security including Medicare?</td> <td>0430 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>0440 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0450 \$ _____ .00</td> </tr> <tr> <td>e. Government Retirement?</td> <td>0460 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0470 \$ _____ .00</td> </tr> <tr> <td>f. Private pension fund?</td> <td>0480 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0490 \$ _____ .00</td> </tr> <tr> <td>g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</td> <td>0500 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?	0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$ _____ .00	b. State and local income tax?	0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$ _____ .00	c. Social Security including Medicare?	0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>		d. Railroad Retirement?	0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$ _____ .00	e. Government Retirement?	0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$ _____ .00	f. Private pension fund?	0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$ _____ .00	g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	0500 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?	0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$ _____ .00																																			
b. State and local income tax?	0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$ _____ .00																																			
c. Social Security including Medicare?	0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>																																				
d. Railroad Retirement?	0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$ _____ .00																																			
e. Government Retirement?	0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$ _____ .00																																			
f. Private pension fund?	0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$ _____ .00																																			
g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	0500 1 <input type="checkbox"/>	2 <input type="checkbox"/>																																				
<p>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?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		<p>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 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. If YES – How much? 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.</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>0530 \$ _____ .00</p> <p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>																																		

Section 22 - WORK EXPERIENCE AND INCOME - Continued

FIELD REPRESENTATIVE - Ask a separate page of part A for each CU member 14 years old and over.

Part A - Second Quarter, Fifth Quarter or New Consumer Units Only - Continued

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	1 22 16 8 ↓ 0010	5. <i>Ask if item 2 marked "Did not work" -</i> 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	0100 _____ Code	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>If YES in items 8a and/or 8b -</small> How much did . . . receive in Supplemental Security Income checks altogether?	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .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.		0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	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?	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b 0210 \$ _____ .00	<small>Ask items 9-12 only if item 6a is YES (code 1).</small> 9. What was the gross amount of . . . 's last pay and what period of time did this cover?	0370 \$ _____ .00 0380 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?		0030 _____ Hours per week	b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?	0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss	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. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Amount	0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00				0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00				0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00				0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00				0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00				0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	Yes	No	Amount																																			
0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00																																						
0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00																																						
0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>																																						
0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00																																						
0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00																																						
0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00																																						
0500 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: 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		0070 _____ Code	c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss	<small>Ask if "Yes" in item 10c or 10g</small> 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 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?		0080 _____ Code <small>Ask if code 5 and not a farm - Is the business incorporated?</small> 0090 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?	0280 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?	0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																
			b. From Railroad Retirement checks?	0290 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. If YES - How much?	0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14 0530 \$ _____ .00																																
			d. What was the amount of the last Social Security or Railroad Retirement payment received?	0300 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a 0310 \$ _____ .00	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>	0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used																																
			e. Is this amount AFTER the deduction for a Medicare premium?	0320 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?	0330 _____ Number																																		

Section 22 - WORK EXPERIENCE AND INCOME - Continued

FIELD REPRESENTATIVE - Ask a separate page of part A for each CU member 14 years old and over.

Part A - Second Quarter, Fifth Quarter or New Consumer Units Only - Continued

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	1 22 26 7 ↓ 0010	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 ↘	0100 _____ Code	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>If YES in items 8a and/or 8b -</small> How much did . . . receive in Supplemental Security Income checks altogether?	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .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.		0020 _____ 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? <small>Ask items 9-12 only if item 6a is YES (code 1).</small>	0370 \$ _____ .00 0380 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?		0030 _____ 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?	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b 0210 \$ _____ .00																																		
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <small>Information Booklet, page 44</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		0070 _____ Code	b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?	0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss	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. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0400 \$ _____ .00</td> </tr> <tr> <td>0410 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0420 \$ _____ .00</td> </tr> <tr> <td>0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>0440 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0450 \$ _____ .00</td> </tr> <tr> <td>0460 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0470 \$ _____ .00</td> </tr> <tr> <td>0480 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0490 \$ _____ .00</td> </tr> <tr> <td>0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	0390 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0400 \$ _____ .00	0410 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0420 \$ _____ .00	0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0440 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0450 \$ _____ .00	0460 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0470 \$ _____ .00	0480 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0490 \$ _____ .00	0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	Yes	No	Amount																																			
0390 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0400 \$ _____ .00																																			
0410 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0420 \$ _____ .00																																			
0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>																																						
0440 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0450 \$ _____ .00																																			
0460 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0470 \$ _____ .00																																			
0480 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0490 \$ _____ .00																																			
0500 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?		0080 _____ Code <small>Ask if code 5 and not a farm - Is the business incorporated?</small> 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss	<small>Ask if "Yes" in item 10c or 10g</small> 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0501 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? b. From Railroad Retirement checks?	0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 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? 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES - How much?	0300 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a 0310 \$ _____ .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14 0530 \$ _____ .00																																
			c. FIELD REPRESENTATIVE CHECK ITEM <small>Is "Yes" marked in items 7a and/or 7b?</small>	0300 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a	13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES - How much?	0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used																																
			d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$ _____ .00	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>	0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used																																
			e. Is this amount AFTER the deduction for a Medicare premium?	0320 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?	0330 _____ Number																																		

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD

Part B – Second Quarter, Fifth Quarter or New Consumer Units – Ask for entire CU as a group.

<p>1. During the past 12 months, did you (or any members of your CU) receive income from any of the following –</p> <p>a. Income from unemployment compensation? If YES – What was the total amount received by ALL CU members?</p> <p>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?</p> <p>c. Income from public assistance or welfare including money received from job training grants such as Job Corps? If YES – What was the total amount received by ALL CU members?</p> <p>d. Income from interest on savings accounts or bonds? If YES – What was the total amount received by ALL CU members?</p> <p>e. Regular income from dividends, royalties, estates, or trusts? If YES – What was the total amount received by ALL CU members?</p> <p>f. Income from pensions or annuities from private companies, military, Government, IRA, or Keogh? If YES – What was the total amount received by ALL CU members?</p> <p>g. Net income or loss from any type of rental of rooms or living units? If YES –</p> <p>(1) How much net income or loss was received from roomers or boarders?</p> <p>(2) How much net income or loss was received from payments from other rental units?</p>	<p>PROCESSING USE ONLY</p> <p style="text-align: right;">1 2 2 9 7 8 ↓</p>	<p>1h. Income from child support?</p> <p>If YES –</p> <p>(1) Did you receive a one time lump sum payment for child support? If YES – What was the total amount received by ALL CU members in last 12 months?</p> <p>(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?</p> <p>i. Income from regular contributions from –</p> <p>(1) Alimony?</p> <p>(2) Other sources such as from persons outside the CU? If YES – for item i(1) or i(2) – Altogether what was the total amount received by ALL CU members?</p> <p>2. During the past 12 months, did you (or any members of your CU) receive any –</p> <p>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?</p> <p>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?</p> <p>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?</p>	<p>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?</p> <p>a. Federal income tax?</p> <p>b. State and local income tax?</p> <p>c. Overpayment on Social Security?</p> <p>d. Insurance policies?</p> <p>e. Property taxes?</p> <p>f. Other sources, including any other taxes? Specify in notes.</p> <p>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?</p> <p>a. Federal income tax in addition to that withheld from earnings?</p> <p>b. State and local income tax in addition to that withheld from earnings?</p> <p>c. Personal property taxes not reported elsewhere?</p> <p>d. Other taxes not reported elsewhere? Do not include Social Security tax for the self-employed – Specify in notes.</p>
NOTES			

NOTE: As of January, 1996, Section 22 Part C no longer exists.

NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued

Part D – Third and Fourth Quarter – CU Members 14 Years Old and Over who previously did not work

1. OFFICE TRANSCRIPTION ITEMS CU members who previously reported not working.	PROCESSING USE ONLY	1 23 13 3 ↓	1 23 14 1 ↓	1 23 15 8 ↓	1 23 16 6 ↓	1 23 17 4 ↓	1 23 18 2 ↓
	a. NAME						
	b. LINE NUMBER	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____
2. Since the 1st of (month, 3 months ago), did... earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____

• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.

1. OFFICE TRANSCRIPTION ITEMS CU members who previously reported not working.	PROCESSING USE ONLY	1 23 19 0 ↓	1 23 20 8 ↓	1 23 21 6 ↓	1 23 22 4 ↓	1 23 23 2 ↓	1 23 24 0 ↓
	a. NAME						
	b. LINE NUMBER	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____
2. Since the 1st of (month, 3 months ago), did... earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____

• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.

NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY a. NAME b. LINE NUMBER</p>	<p>1 23 25 7 ↓ MEMBNO 0010</p>	<p>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 ↘</p>	<p>0100 INCNONWK Code</p>	<p>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? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No SUPPLINC 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No SLSSI 0360 \$ SSIX .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>0020 INCWEEKQ _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>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?</p>	<p>0200 1 <input type="checkbox"/> Yes SALARYST 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ SALARYX .00 0220 1 <input type="checkbox"/> Yes NONFARM 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ NONFARMX .00 0240 3 <input type="checkbox"/> Loss NFRMLOSS 0250 1 <input type="checkbox"/> Yes FARMINC 2 <input type="checkbox"/> No – Go to item 7 0260 \$ FARMINCX .00 0270 3 <input type="checkbox"/> Loss FARMLOSS</p>	<p>Ask items 9–11 only if item 6a is YES (code 1). 9. What was the gross amount of . . . 's last pay and what period of time did this cover?</p>	<p>0370 \$ GROSPAYX .00 0380 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 PAYPERD 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>0030 INC HRSQ _____ Hours per week</p>	<p>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?</p>	<p>0280 1 <input type="checkbox"/> Yes SOCSECIN 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes RRRETINC 2 <input type="checkbox"/> No 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ RRRETIRX .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCMEDCR 0330 SS RRQ _____ Number</p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? 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. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0400 \$ AMTFED .00</td> </tr> <tr> <td>0410 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0420 \$ SLTAXX .00</td> </tr> <tr> <td>0430 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>0440 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0450 \$ RRRDEDX .00</td> </tr> <tr> <td>0460 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0470 \$ GOVRET X .00</td> </tr> <tr> <td>0480 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>0490 \$ PRIVPENX .00</td> </tr> <tr> <td>0500 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Yes	No	Amount	0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$ AMTFED .00	0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$ SLTAXX .00	0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>		0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$ RRRDEDX .00	0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$ GOVRET X .00	0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$ PRIVPENX .00	0500 1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Yes	No	Amount																												
0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$ AMTFED .00																												
0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$ SLTAXX .00																												
0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>																													
0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$ RRRDEDX .00																												
0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$ GOVRET X .00																												
0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$ PRIVPENX .00																												
0500 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: 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>OCCUCODE 0070 _____ Code</p>	<p>0070 _____ Code</p>	<p>8. 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?</p>	<p>0280 1 <input type="checkbox"/> Yes SOCSECIN 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes RRRETINC 2 <input type="checkbox"/> No 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ RRRETIRX .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCMEDCR 0330 SS RRQ _____ Number</p>	<p>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No MEDICOV</p>																								
<p>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?</p>	<p>INCOM EY 0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCORP</p>	<p>0080 _____ Code 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCORP</p>	<p>9. 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?</p>	<p>0280 1 <input type="checkbox"/> Yes SOCSECIN 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes RRRETINC 2 <input type="checkbox"/> No 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ RRRETIRX .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCMEDCR 0330 SS RRQ _____ 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? 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES – How much?</p>	<p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No EMPLCONT 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 INDRETAC 0530 \$ INDRET X .00</p>																								
<p>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.</p>					<p>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.</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used RECSUSED</p>																								

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Section 22 – WORK EXPERIENCE AND INCOME – Continued

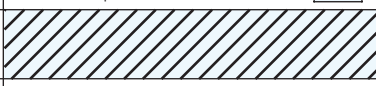
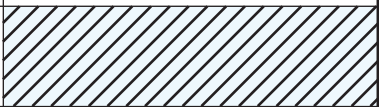
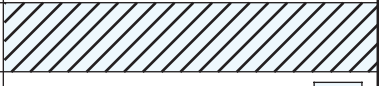
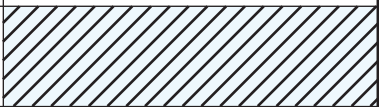
Part E – Third and Fourth Quarter – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 30 7 ↓</p>	<p>a. NAME</p> <p>b. LINE NUMBER 0010</p>	<p>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 ↘</p>	<p>0100 _____ Code</p>	<p>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? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0360 \$ _____ .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>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>0030 _____ Hours per week</p>	<p>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?</p>	<p>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b</p> <p>0210 \$ _____ .00</p> <p>0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c</p> <p>0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss</p> <p>0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7</p> <p>0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p>Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of . . . 's last pay and what period of time did this cover?</p>	<p>0370 \$ _____ .00 0380 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>0030 _____ Hours per week</p>	<p>0070 _____ Code</p>	<p>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?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of . . . 's last pay and what period of time did this cover?</p>	<p>0390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0400 \$ _____ .00 0410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0420 \$ _____ .00 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0450 \$ _____ .00 0460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0470 \$ _____ .00 0480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0490 \$ _____ .00 0500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>Information Booklet, page 44 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: 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>0070 _____ Code</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 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 – 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?</p>	<p>0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p> <p>0310 \$ _____ .00</p> <p>0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0330 _____ Number</p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? 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. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</p> <p>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</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>Ask if "Yes" in item 10c or 10g 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES – How much?</p>	<p>Yes No Amount</p> <p>0390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0400 \$ _____ .00 0410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0420 \$ _____ .00 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0450 \$ _____ .00 0460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0470 \$ _____ .00 0480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0490 \$ _____ .00 0500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>0530 \$ _____ .00</p>
<p>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?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 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 – 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?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p> <p>0310 \$ _____ .00</p> <p>0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0330 _____ Number</p>	<p>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</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>Ask if "Yes" in item 10c or 10g 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES – How much?</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>0530 \$ _____ .00</p> <p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 35 6 ↓</p>	<p>a. NAME b. LINE NUMBER 0010</p>	<p>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 ↘</p> <p>0100 _____ Code</p>	<p>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether? 0360 \$ _____ .00</p>	<p>Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>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>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>		<p>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? 0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>0030 _____ Hours per week</p>		<p>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? 0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>  d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> </p>
<p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Information Booklet, page 44 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>0070 _____ Code</p>		<p>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? 0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>  d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> </p>
<p>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?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 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>Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 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 – a. From Social Security checks? </p>		

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 40 6 ↓</p>	<p>a. NAME b. LINE NUMBER 0010</p>	<p>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 ↘</p>	<p>0100 _____ Code</p>	<p>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? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .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>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>0030 _____ Hours per week</p>	<p>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?</p>	<p>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00 0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? Ask items 9–12 only if item 6a is YES (code 1).</p>	<p>0370 \$ _____ .00 0380 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>Information Booklet, page 44 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: 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>0070 _____ Code</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 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 – 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?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ _____ .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0330 _____ Number</p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? 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. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00				0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00				0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00				0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00				0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00				0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	Yes	No	Amount																																			
0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00																																						
0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00																																						
0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>																																						
0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00																																						
0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00																																						
0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00																																						
0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>																																						
<p>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?</p>	<p>0080 _____ Code 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 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. If YES – How much?</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 0530 \$ _____ .00</p>	<p>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.</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>																																

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.

Part F – Occupational Expenses and Contributions – Fifth Quarter Only

		NOTES
1. During the past 12 months, did you (or any members 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?	1 <input type="checkbox"/> Yes OCCEXP N 2 <input type="checkbox"/> No – Go to item 2a 1 22 98 6 ↓ 0010	
	\$ OCCEXP N X .00 0020	
2. During the past 12 months, did you (or any members of your CU) make any – a. Cash contributions for support of persons not in the CU, including alimony, child support, or students living away at college? If YES – How much?	1 <input type="checkbox"/> Yes CSHCNTR B 2 <input type="checkbox"/> No – Go to item 2b 0030	
	\$ CSHCNTR B X .00 0040	
(1) How much of this amount was for alimony?	\$ ALIM O X .00 x <input type="checkbox"/> Don't know 0041	
(2) How much of this amount was for child support?	\$ CHLDSUP X .00 x <input type="checkbox"/> Don't know 0042	
(3) How much of this amount was for the expenses of college or university students while attending school away from home?	\$ COLLEX P X .00 x <input type="checkbox"/> Don't know 0060	
b. Gifts of cash, bonds, or stocks to persons not in the CU? If YES – How much?	1 <input type="checkbox"/> Yes CBSGIFT 2 <input type="checkbox"/> No – Go to item 2c 0070	
	\$ CBSGFT X .00 0080	
c. Contributions to charities, such as United Way, Red Cross, etc.? If YES – How much?	1 <input type="checkbox"/> Yes CNTRCHAR 2 <input type="checkbox"/> No – Go to item 2d 0090	
	\$ CNTRCHR X .00 0100	
d. Contributions to church and other religious organizations, excluding parochial school expenses? If YES – How much?	1 <input type="checkbox"/> Yes CNTRELG 2 <input type="checkbox"/> No – Go to item 2e 0110	
	\$ CNTRELG X .00 0120	
e. Contributions to educational organizations? If YES – How much?	1 <input type="checkbox"/> Yes CNTREDOR 2 <input type="checkbox"/> No – Go to item 2f 0130	
	\$ CNTEDOR X .00 0140	
f. Political contributions? If YES – How much?	1 <input type="checkbox"/> Yes CNTRPOL 2 <input type="checkbox"/> No – Go to item 2g 0150	
	\$ CNTRPOL X .00 0160	
g. Other contributions? – Specify in "Notes". If YES – How much?	1 <input type="checkbox"/> Yes MISCCNTR 2 <input type="checkbox"/> No – Go to next part 0170	
	\$ MISCCNTR X .00 0180	

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.

Part G – Changes In Assets – Fifth Quarter Only

<p>1. On the last day of (last month), what was the total amount your CU had in –</p> <p>a. Savings accounts in banks, savings and loans, credit unions and similar accounts?</p> <p>b. Checking accounts, brokerage accounts and other similar accounts?</p> <p>c. U.S. Savings bonds?</p>	<p>1 22 99 4 ↓</p> <p>0010 \$ SAVACCTX .00 0 <input type="checkbox"/> None</p> <p>0020 \$ CKBKACTX .00 0 <input type="checkbox"/> None</p> <p>0030 \$ USBNDX .00 0 <input type="checkbox"/> None</p>	<p>5. During the past 12 months, did you (or any members of your CU) sell any stocks, mutual funds or bonds?</p> <p><i>If YES – What was the net amount received from sales after subtracting broker fees?</i></p> <p>6. During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm?</p> <p><i>If YES – How much did you invest?</i></p> <p>7. During the past 12 months, did you (or any members of your CU) withdraw any assets from your own business or farm?</p> <p><i>If YES – What was the value of such assets?</i></p>	<p>0160 1 <input type="checkbox"/> Yes SELLSEC 2 <input type="checkbox"/> No – Go to item 6</p> <p>0170 \$ SELLSECX .00</p> <p>0180 1 <input type="checkbox"/> Yes BSINVST 2 <input type="checkbox"/> No – Go to item 7</p> <p>0190 \$ BSINVSTX .00</p> <p>0200 1 <input type="checkbox"/> Yes WDBSAST 2 <input type="checkbox"/> No – Go to item 8a</p> <p>0210 \$ WDBSASTX .00</p>	<p>NOTES</p>
<p>2. How does the amount your CU had at the end of the last day of (last month) compare with the amount your CU had on the last day of (last month, one year ago) in –</p> <p><i>If more or less – How much more (less)?</i></p> <p>a. Savings accounts?</p> <p>b. Checking accounts?</p> <p>c. U.S. Savings bonds?</p>	<p>0040 1 <input type="checkbox"/> Same – Go to item 2b 2 <input type="checkbox"/> More COMPSAV 3 <input type="checkbox"/> Less</p> <p>0050 \$ COMPSAVX .00</p> <p>0060 1 <input type="checkbox"/> Same – Go to item 2c 2 <input type="checkbox"/> More COM PCKG 3 <input type="checkbox"/> Less</p> <p>0070 \$ COM PCKGX .00</p> <p>0080 1 <input type="checkbox"/> Same – Go to item 3a 2 <input type="checkbox"/> More COM P BND 3 <input type="checkbox"/> Less</p> <p>0090 \$ COM P BNDX .00</p>	<p>8a. During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use?</p> <p>b. What was the value of these goods or services?</p>	<p>0220 1 <input type="checkbox"/> Yes WDBSGDS 2 <input type="checkbox"/> No – Go to item 9a</p> <p>0230 \$ WDBSGDSX .00</p>	
<p>3a. Did you (or any members of your CU) own any securities, such as stocks, mutual funds, private bonds, government bonds or Treasury notes on the last day of (last month)?</p> <p>b. If YES – What was the estimated value of all such securities on the last day of (last month)?</p> <p>c. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?</p> <p><i>If more or less – How much more (less)?</i></p>	<p>0100 1 <input type="checkbox"/> Yes SECOWND 2 <input type="checkbox"/> No – Go to item 4</p> <p>0110 \$ SECESTX^o .00</p> <p>0120 1 <input type="checkbox"/> Same – G 2 <input type="checkbox"/> More COM PSEC 3 <input type="checkbox"/> Less</p> <p>0130 \$ COM PSECX .00</p>	<p>9a. On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU?</p> <p>b. How does the amount owed to your CU on the last day of (last month) compare with the amount owed to your CU by persons outside your CU on the last day of (last month, one year ago)?</p> <p><i>If more or less – How much more (less)?</i></p>	<p>0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10 MONYOWE</p> <p>0250 1 <input type="checkbox"/> Same – Go to item 10 2 <input type="checkbox"/> More COM POW D 3 <input type="checkbox"/> Less</p> <p>0260 \$ COM POW DX .00</p>	
<p>4. During the past 12 months, did you (or any members of your CU) purchase any stocks, mutual funds or bonds?</p> <p><i>If YES – What was the total purchase price including broker fees?</i></p>	<p>0140 1 <input type="checkbox"/> Yes PURSSEC 2 <input type="checkbox"/> No – Go to item 5</p> <p>0150 \$ PURSSECX .00</p>	<p>10. Did anyone outside of your CU owe money to you or any member of your CU on the last day of (last month, one year ago)?</p> <p><i>If YES – How much was owed?</i></p> <p>11a. During the past 12 months, did you (or any members of your CU) receive settlement on surrender of any insurance policies (life or annuity)?</p> <p><i>If YES – How much did you receive?</i></p>	<p>0270 1 <input type="checkbox"/> Yes MONYOW D 2 <input type="checkbox"/> No – Go to item 11</p> <p>0280 \$ MONYOW DX .00</p> <p>0290 1 <input type="checkbox"/> Yes SETLINS 2 <input type="checkbox"/> No</p> <p>0300 \$ SETLINSX .00</p>	

Section 24 – TOTAL CU INCOME – For New Consumer Units Only

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask the question and read each income range category beginning with code 1.

TOTAL CU INCOME <i>Information Booklet, page 43</i>	1 24 01 6 ↓	NOTES
<p>1. Which category represents the total combined income of this CU during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received by all CU members 14 years of age or older.</p>	<p>CUINCOME</p> <p>0010 1 <input type="checkbox"/> Loss</p> <p>2 <input type="checkbox"/> Under \$3,000</p> <p>3 <input type="checkbox"/> \$3,000–5,999</p> <p>4 <input type="checkbox"/> \$6,000–7,499</p> <p>5 <input type="checkbox"/> \$7,500–9,999</p> <p>6 <input type="checkbox"/> \$10,000–12,999</p> <p>7 <input type="checkbox"/> \$13,000–14,999</p> <p>8 <input type="checkbox"/> \$15,000–19,999</p> <p>9 <input type="checkbox"/> \$20,000–24,999</p> <p>10 <input type="checkbox"/> \$25,000–29,999</p> <p>11 <input type="checkbox"/> \$30,000–34,999</p> <p>12 <input type="checkbox"/> \$35,000–49,999</p> <p>13 <input type="checkbox"/> \$50,000–74,999</p> <p>14 <input type="checkbox"/> \$75,000+</p> <p>15 <input type="checkbox"/> Refused</p> <p>X <input type="checkbox"/> Don't know</p>	

GENERAL SURVEY INFORMATION	Section 1
RENTED LIVING QUARTERS	Section 2
OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE	Section 3
UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES	Section 4
CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY	Section 5
APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS	Section 6
HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING	Section 7
HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS	Section 8
CLOTHING AND SEWING MATERIALS	Section 9
RENTED AND LEASED VEHICLES	Section 10
OWNED VEHICLES	Section 11
VEHICLE OPERATING EXPENSES	Section 12
INSURANCE OTHER THAN HEALTH	Section 13
HOSPITALIZATION AND HEALTH INSURANCE	Section 14
MEDICAL AND HEALTH EXPENDITURES	Section 15
EDUCATIONAL EXPENSES	Section 16
SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES	Section 17
TRIPS AND VACATIONS	Section 18
MISCELLANEOUS EXPENSES	Section 19
EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS	Section 20
CREDIT LIABILITY	Section 21
WORK EXPERIENCE AND INCOME	Section 22
TOTAL CU INCOME	Section 24