

PGM 2

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

FORM CE-802 (11-1-96) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS

HOUSEHOLD CHARACTERISTICS QUESTIONNAIRE CONSUMER EXPENDITURE SURVEYS DIARY SURVEY

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

9. ADDRESS (Sheet, Line), 9a. What is your (the) exact address? (House No., Street, Apt. No., or other identification; Place, State, ZIP Code), 9b. Is this also your (the) mailing address? (Yes/No - Specify below), 9c. Group Quarters name, 9d. Type code (017), 9e. Sample number, 10. YEAR BUILT, 11. COVERAGE QUESTIONS (a. Are there any occupied or vacant living quarters besides your own in this building?, b. Are there any occupied or vacant living quarters besides your own on this floor?, c. Is there any other building on this property for people to live in - either occupied or vacant?), 12. LAND USE - Follow instructions for box that is marked (12a. 018 1 Urban - Go to item 13, 2 Rural; 12b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more? 019 1 Yes, 2 No).

13. CLASSIFICATION OF LIVING QUARTERS - Mark by observation (13a. FIELD REPRESENTATIVE CHECK ITEM 020 1 In a Group Quarters - Refer to the CE-350.1 and mark the appropriate box in either item 13c or item 13d., 2 NOT in a Group Quarters; 13b. ACCESS 021 1 Direct - Go to item 13c, 2 Through another unit - Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if appropriate.); 13c. HOUSING unit 023 1 House, apartment, flat, 2 HU, in nontransient hotel, motel, etc., 3 HU, permanent in transient hotel, motel, etc., 4 HU, in rooming house, 5 Mobile home or trailer with NO permanent room added, 6 Mobile home or trailer with one or more permanent rooms added, 7 HU not specified above - Describe in "NOTES.", 13d. Group Quarters unit 024 8 Quarters not HU in rooming or boarding house, 9 Student quarters in college dormitory, 10 Group Quarters unit not specified above - Describe in "NOTES.").

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

15. WEEK 1 PLACEMENT PERIOD (Earliest date, Latest date)

16. RECORD OF TELEPHONE CONTACT AND REASON FOR CONTACT (Enter code for reason of telephone contact from list. 1 Telephone call to collect data, 2 Telephone call to schedule appointment, 3 Other telephone call)

Table with 5 columns: Call (a), Reason (Enter code) (b), Field Representative Name (c), Field Representative code (d), SUPERVISOR'S USE R - Reint. O - Obs. (e). Rows 1-12 with codes 001-023.

17. RECORD OF TRAVEL TIME (See page 16)

18. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME (See page 16)

19. DIARY START DATES (WEEK 1, WEEK 2) with PGM 4 and PGM 3 labels, From, Through, Month, Date, Year fields.

20. FINAL INTERVIEW STATUS - Enter the appropriate code (01-19) for both placement and pickup for each week. Code, 01 - Diary placed or completed NONINTERVIEW CODES, Type A (02 - No one home, 03 - Temporarily absent, 04 - Refused), Type B (06 - Vacant for rent, 07 - Vacant for sale, 08 - Vacant other, 09 - Occupied by persons with URE, 10 - Under construction), Type C (12 - Demolished, 13 - House or mobile home moved, 14 - Converted to permanent nonresidential use, 15 - Merged, 16 - Condemned, 17 - Located on military base, 18 - CU moved, 19 - Other - Specify).

DIARY PLACEMENT WEEK 1 (009 Code, 010 Month/date of placement, 011 1 White, 2 Black, 3 American Indian, Eskimo, or Aleut, 4 Asian or Pacific Islander), DIARY PICKUP WEEK 1 (012 HH members, 013 Tenure, 014 Code, 015 Month/date, 016 1 Completed by respondent, 2 Partial recall, 3 Total recall).

DIARY PLACEMENT WEEK 2 (017 Code, 018 Month/date of placement, 019 1 White, 2 Black, 3 American Indian, Eskimo, or Aleut, 4 Asian or Pacific Islander), DIARY PICKUP WEEK 2 (020 HH members, 021 Tenure, 022 Code, 023 Month/date, 024 1 Completed by respondent, 2 Partial recall, 3 Total recall).

21. TENURE CODES (1 - Owned, 2 - Rented), 22. Items on cover page to be filled for noninterviews (TYPE A: Item 5a, 10, 11, 12, 13, 14, 16b-d, 17-18, 20; TYPE B: Item 5a, 10, 11, 13-14, 16b-d, 17-18, 20; TYPE C: Item 5a, 10, 11, 16b-d, 17-18, 20).

Section 1 – HOUSEHOLD CHARACTERISTICS – Continued		PGM 4	
8e. FINANCIAL RESPONSIBILITY			
<p><i>Ask first for reference person and all others related to reference person by blood, marriage, adoption or other legal arrangement. Then ask for each other person or group of related persons.</i></p>	311	01	311
	Line No.(s)	Line No.(s)	Line No.(s)
	312	312	312
	314	314	314
(1) Do(es) . . . pay for all . . . housing expenses with . . . own money?	317	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	317
(2) Do(es) . . . pay for all . . . food expenses with . . . own money?	318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	318
(3) Do(es) . . . pay for all . . . other living expenses such as clothing, transportation, etc., with . . . own money?	319	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	319
FIELD REPRESENTATIVE CHECK ITEM Are two or more "YES" boxes marked in items 8e, 1–3?	320	1 <input type="checkbox"/> Yes – Assign CU No. 1 in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)	320
8e. (4) Does all or part of the money to pay for . . . (Specify expenses with NO marked in items 8e, 1–3) come from someone in this household?	321	1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign CU No. 1 in item 8g	321
(5) Who is (are) that (these) person(s)?	Line No.(s)	Line No.(s)	Line No.(s)
	322	322	322
	323	323	323
	<i>Assign to same CU in item 8g.</i>		
NOTE – If more than 4 CU's, stop interview. List the CU's on an INTER-COMM and call your office.			
8f. FIELD REPRESENTATIVE INSTRUCTION – Consumer Unit <i>Read to respondent: During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of related persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses. The person(s) I'm including in your CU (is/are) – Read names of all persons listed in item 3 with the same CU marked in item 8g. Go to item 9 on previous page.</i>			NOTES
FIELD REPRESENTATIVE CHECK ITEM Does this household contain more than one CU? 1 <input type="checkbox"/> Yes – Go to item 15a 2 <input type="checkbox"/> No – Go to item 16a	b. Does one person usually make the purchases? 331 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 16a <i>If "YES" – Who? Enter line number</i> 332 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>NOTE – If "YES", ask the person who usually makes the purchases to record the expenses for the shared items.</i>		
15a. Does more than one person in this household regularly contribute to the expense of items such as food, cleaning supplies, or paper products? 330 1 <input type="checkbox"/> Yes – Go to item 15b 2 <input type="checkbox"/> No – Go to item 16a	b. What percent of the expenses is counted as a business expense? 334 _____ .00 Percent		
16a. Are these living quarters used partly for business or rented to others? 333 1 <input type="checkbox"/> No – Go to section 2 2 <input type="checkbox"/> Part business 3 <input type="checkbox"/> Rented to others 4 <input type="checkbox"/> Both business and rented to others			
<i>ASK AT WEEK 1 AND WEEK 2 PICK-UP</i>	PGM 4	WEEK 1	WEEK 2
17a. Were any CU members away overnight for one day or more last week (during the diary reference period)?	335	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	345
<i>If "YES" – Which persons?</i> <i>Enter line numbers</i>	336	x <input type="checkbox"/> All	346
	337	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 338 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 339 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	347
b. Did anyone else, such as visitors, stay here overnight for one day or more last week (during the diary reference period)?	343	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	353
<i>If "YES" – How many such persons?</i> <i>Enter the number of persons.</i>	344	_____ Persons	354
		_____ Persons	

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

Ask if not apparent from observation.

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

PGM 4

401 1 Yes – Go to item 3a
2 No

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

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

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

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

Probe:

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

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

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

Ask if "Yes" in item 1b.

2. Do you have a mortgage on this property?

405 1 Yes
2 No

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

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

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

407 \$ _____ .00
0 None

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

408 1 Yes
2 No – Go to item 4a

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

409 \$ _____ .00

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

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

410 1 Yes
2 No – Go to item 5a

b. How many?

411 _____ Number

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

412 1 Yes
2 No – Go to item 5a

Ask if "Yes" in item 4c.

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

413 _____ .00 Percent

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

414 1 Yes
2 No – Go to item 6

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

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

PGM 6		a	b	c	d
PROCESSING USE ONLY		Name	Enter line number from section 1, item 1	What is the usual weekly expense for the meals . . . purchased at school?	How many weeks did . . . purchase meals? Enter number of weeks
				\$.00	
	427			\$.00	
	428			\$.00	
	429			\$.00	
	430			\$.00	

6. What is your telephone number?

Area code | Number

_____ - _____

a.m.
p.m.

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

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

NOTES

Section 3 – DIARY CHECK

(FIELD REPRESENTATIVE – Complete this section **unless** the entire CE-801 diary was completed by total recall for that week. In this case, go to Field Representative instruction at the bottom of page 7 for week 1 or week 2 pickup.)

WEEK 1 PICKUP

WEEK 2 PICKUP

Part 1 – FOOD FOR HOME CONSUMPTION

Part 1 – FOOD FOR HOME CONSUMPTION

Did you (or members of your CU) purchase any food, nonalcoholic or alcoholic beverages for consumption at home which you may have forgotten to enter in the Diary?

Did you (or members of your CU) purchase any food, nonalcoholic or alcoholic beverages for consumption at home which you may have forgotten to enter in the Diary?

PGM 9 1 1 Yes 2 No – Go to part 2 3 Don't know – Go to part 2

PGM 9 2 1 Yes 2 No – Go to part 2 3 Don't know – Go to part 2

a		b				c				d		a		b				c				d	
Line No.	PROCESSING USE	Describe item purchased	Is this item – Mark (X) one				Total cost Do not include sales tax		Line No.	PROCESSING USE	Describe item purchased	Is this item – Mark (X) one				Total cost Do not include sales tax							
	PGM 10		Fresh	Frozen	Bottled or canned	Other	Dollars	Cents		PGM 10		Fresh	Frozen	Bottled or canned	Other	Dollars	Cents						
101			1	2	3	4			101			1	2	3	4								
102			1	2	3	4			102			1	2	3	4								
103			1	2	3	4			103			1	2	3	4								
104			1	2	3	4			104			1	2	3	4								
105			1	2	3	4			105			1	2	3	4								
106			1	2	3	4			106			1	2	3	4								
107			1	2	3	4			107			1	2	3	4								
108			1	2	3	4			108			1	2	3	4								
109			1	2	3	4			109			1	2	3	4								
110			1	2	3	4			110			1	2	3	4								
111			1	2	3	4			111			1	2	3	4								
112			1	2	3	4			112			1	2	3	4								
113			1	2	3	4			113			1	2	3	4								
114			1	2	3	4			114			1	2	3	4								
115			1	2	3	4			115			1	2	3	4								
116			1	2	3	4			116			1	2	3	4								
117			1	2	3	4			117			1	2	3	4								
118			1	2	3	4			118			1	2	3	4								
119			1	2	3	4			119			1	2	3	4								
120			1	2	3	4			120			1	2	3	4								

Section 3 – DIARY CHECK (Continued)																	
WEEK 1 PICKUP							WEEK 2 PICKUP										
Part 2 – FOOD AND BEVERAGES PURCHASED AS GIFTS							Part 2 – FOOD AND BEVERAGES PURCHASED AS GIFTS										
Did you (or members of your CU) purchase any food, nonalcoholic or alcoholic beverages for someone outside your CU which you may have forgotten to enter in the Diary?							Did you (or members of your CU) purchase any food, nonalcoholic or alcoholic beverages for someone outside your CU which you may have forgotten to enter in the Diary?										
PGM 9 1 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part 3 <input type="checkbox"/> Don't know – Go to part 3							PGM 9 2 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part 3 <input type="checkbox"/> Don't know – Go to part 3										
a	PROCESSING USE	b	c				d		a	PROCESSING USE	b	c				d	
Line No.	PGM 11	Describe item purchased	Is this item – Mark (X) one				Total cost Do not include sales tax		Line No.	PGM 11	Describe item purchased	Is this item – Mark (X) one				Total cost Do not include sales tax	
			Fresh	Frozen	Bottled or canned	Other	Dollars	Cents				Fresh	Frozen	Bottled or canned	Other	Dollars	Cents
201			1	2	3	4			201			1	2	3	4		
202			1	2	3	4			202			1	2	3	4		
203			1	2	3	4			203			1	2	3	4		
204			1	2	3	4			204			1	2	3	4		
205			1	2	3	4			205			1	2	3	4		
Part 3 – FOOD AWAY FROM HOME							Part 3 – FOOD AWAY FROM HOME										
Did you (or members of your CU) purchase any meals, snacks or alcoholic beverages at a restaurant or carry-out which you may have forgotten to enter in the Diary?							Did you (or members of your CU) purchase any meals, snacks or alcoholic beverages at a restaurant or carry-out which you may have forgotten to enter in the Diary?										
PGM 9 1 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part 4 <input type="checkbox"/> Don't know – Go to part 4							PGM 9 2 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part 4 <input type="checkbox"/> Don't know – Go to part 4										
a	PROCESSING USE	b	c		d		e	a	PROCESSING USE	b	c		d		e		
Line No.	PGM 12	List all meals, snacks, and beverages purchased	Total cost Include tax and tip		Were alcoholic beverages included in total cost? Mark (X) one		If "Yes," How much?		Line No.	PGM 12	List all meals, snacks, and beverages purchased	Total cost Include tax and tip		Were alcoholic beverages included in total cost? Mark (X) one		If "Yes," How much?	
			Dollars	Cents	Yes	No	Dollars	Cents				Dollars	Cents	Dollars	Cents	Yes	No

Section 3 - DIARY CHECK (Continued)

WEEK 1 PICKUP

WEEK 2 PICKUP

Part 4 - CLOTHING, SHOES, AND JEWELRY

Part 4 - CLOTHING, SHOES, AND JEWELRY

Did you (or members of your CU) purchase any clothing, shoes, or jewelry which you may have forgotten to enter in the Diary?

Did you (or members of your CU) purchase any clothing, shoes, or jewelry which you may have forgotten to enter in the Diary?

PGM 9 1 1 Yes 2 No - Go to part 5 3 Don't know - Go to part 5

PGM 9 2 1 Yes 2 No - Go to part 5 3 Don't know - Go to part 5

Line No.	PROCESSING USE	Describe item purchased	Total cost <i>Do not include sales tax</i>		Was this bought for someone outside your consumer unit? <i>Mark (X) one</i>		For whom was this item purchased? 1 - Male 16 or over 2 - Female 16 or over 3 - Male 2 through 15 4 - Female 2 through 15 5 - Under 2 years <i>Enter code</i>
			Dollars	Cents	Yes	No	
	PGM 13						
401					1	2	
402					1	2	
403					1	2	
404					1	2	
405					1	2	
406					1	2	
407					1	2	
408					1	2	

Line No.	PROCESSING USE	Describe item purchased	Total cost <i>Do not include sales tax</i>		Was this bought for someone outside your consumer unit? <i>Mark (X) one</i>		For whom was this item purchased? 1 - Male 16 or over 2 - Female 16 or over 3 - Male 2 through 15 4 - Female 2 through 15 5 - Under 2 years <i>Enter code</i>
			Dollars	Cents	Yes	No	
	PGM 13						
401					1	2	
402					1	2	
403					1	2	
404					1	2	
405					1	2	
406					1	2	
407					1	2	
408					1	2	

Part 5 - ALL OTHER PURCHASES AND EXPENSES

Part 5 - ALL OTHER PURCHASES AND EXPENSES

Did you (or members of your CU) purchase any other items such as tobacco, gasoline, or postage stamps, which you may have forgotten to enter in the Diary?

Did you (or members of your CU) purchase any other items such as tobacco, gasoline, or postage stamps, which you may have forgotten to enter in the Diary?

PGM 9 1 1 Yes 2 No - Go to Field Representative instructions at bottom of page 3 DK - Go to Field Representative instructions at bottom of page

PGM 9 2 1 Yes 2 No - Go to Field Representative instructions at bottom of page 3 DK - Go to Field Representative instructions at bottom of page

Line No.	PROCESSING USE	Describe item purchased	Total cost <i>Do not include sales tax</i>		Was this bought for someone outside your consumer unit? <i>Mark (X) one</i>	
			Dollars	Cents	Yes	No
	PGM 14					
501					1	2
502					1	2
503					1	2
504					1	2
505					1	2
506					1	2
507					1	2
508					1	2

Line No.	PROCESSING USE	Describe item purchased	Total cost <i>Do not include sales tax</i>		Was this bought for someone outside your consumer unit? <i>Mark (X) one</i>	
			Dollars	Cents	Yes	No
	PGM 14					
501					1	2
502					1	2
503					1	2
504					1	2
505					1	2
506					1	2
507					1	2
508					1	2

Section 4 — WORK EXPERIENCE AND INCOME

Part A PGM 4 FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.

<p>1. FIELD REPRESENTATIVE ITEM</p> <p><i>Enter the first name and line number of each CU member 14 years old and over.</i></p>	<p>PROCESSING USE ONLY</p> <p>601</p>	<p>1</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . .</p> <p>CODE</p> <p>1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>609 _____ Code</p>	<p>8. During the past 12 months, did . . . receive –</p> <p>a. Any Supplemental Security Income checks from the U.S. Government? 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Any Supplemental Security Income checks from the State or local Government? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><i>Ask if items 8a and/or 8b are marked "Yes" –</i></p> <p>How much did . . . receive in Supplemental Security Income checks altogether? 626 \$ _____ .00</p> <p><i>Ask items 9–12 only if item 6a is marked "YES".</i></p> <p><i>If 6a is marked "No," go to item 13a.</i></p> <p>9. What was the gross amount of . . .'s last pay and what period of time did this cover?</p> <p>627 \$ _____ .00</p> <p>628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%;">Yes</th> <th style="width:10%;">No</th> <th style="width:10%;">Amount</th> </tr> </thead> <tbody> <tr> <td>10. Was there any money deducted from . . .'s last pay for – <i>If YES – How much was deducted?</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>a. Federal income tax?</td> <td>629 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>630 \$ _____ .00</td> </tr> <tr> <td>b. State and local income tax?</td> <td>631 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>632 \$ _____ .00</td> </tr> <tr> <td>c. Social Security including Medicare?</td> <td>633 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>d. Railroad Retirement?</td> <td>634 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>635 \$ _____ .00</td> </tr> <tr> <td>e. Government Retirement?</td> <td>636 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>637 \$ _____ .00</td> </tr> <tr> <td>f. Private pension fund?</td> <td>638 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>639 \$ _____ .00</td> </tr> <tr> <td>g. <i>Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</i></td> <td>640 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table> <p>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</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? 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. <i>Ask if item 13a is marked "Yes" – How much?</i> 644 \$ _____ .00</p> <p>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></p> <p>645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>		Yes	No	Amount	10. Was there any money deducted from . . .'s last pay for – <i>If YES – How much was deducted?</i>				a. Federal income tax?	629 1 <input type="checkbox"/>	2 <input type="checkbox"/>	630 \$ _____ .00	b. State and local income tax?	631 1 <input type="checkbox"/>	2 <input type="checkbox"/>	632 \$ _____ .00	c. Social Security including Medicare?	633 1 <input type="checkbox"/>	2 <input type="checkbox"/>		d. Railroad Retirement?	634 1 <input type="checkbox"/>	2 <input type="checkbox"/>	635 \$ _____ .00	e. Government Retirement?	636 1 <input type="checkbox"/>	2 <input type="checkbox"/>	637 \$ _____ .00	f. Private pension fund?	638 1 <input type="checkbox"/>	2 <input type="checkbox"/>	639 \$ _____ .00	g. <i>Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</i>	640 1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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<p>2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.</p> <p>603 _____ Weeks</p> <p><input type="checkbox"/> Did not work – Go to item 5</p>	<p>602</p>	<p>604 _____ Hours per week</p>	<p>6. During the past 12 months, did . . . receive any money in –</p> <p>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b</p> <p>What was the amount of income received before any deductions? 611 \$ _____ .00</p> <p>b. Income or loss from . . .'s own nonfarm business, partnership, or professional practice? 612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c</p> <p>What was the amount of income or loss after expenses? 613 \$ _____ .00</p> <p>614 1 <input type="checkbox"/> Loss</p> <p>c. Income or loss from . . .'s own farm? 615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7</p> <p>What was the amount of income or loss after expenses? 616 \$ _____ .00</p> <p>617 1 <input type="checkbox"/> Loss</p>	<p>605 _____ Code</p>	<p>7. During the past 12 months, did . . . receive from the U.S. Government any money –</p> <p>a. From Social Security checks? 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. From Railroad Retirement checks? 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "YES" marked in items 7a and/or 7b?</i> 620 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p> <p>d. What was the amount of the last Social Security or Railroad Retirement payment received? 621 \$ _____ .00</p> <p>e. Is this amount AFTER the deduction for a Medicare premium? 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 623 _____ Number</p>																																				
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Section 4 — WORK EXPERIENCE AND INCOME - Continued

Part A		PGM 4	FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.		
1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	601 602	2 603 604	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘	8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <i>Ask if items 8a and/or 8b are marked "Yes" –</i> How much did . . . receive in Supplemental Security Income checks altogether?
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6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?		610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b	611 \$.00	612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c
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 <i>Is "YES" marked in items 7a and/or 7b?</i> 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?		613 \$.00	614 1 <input type="checkbox"/> Loss	615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7	616 \$.00
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>Ask if items 8a and/or 8b are marked "Yes" -</i> How much did . . . receive in Supplemental Security Income checks altogether? <i>Ask items 9-12 only if item 6a is marked "YES".</i> <i>If 6a is marked "No," go to item 13a.</i>		624	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	626 \$.00
9. What was the gross amount of . . . 's last pay and what period of time did this cover? Yes No Amount 10. Was there any money deducted from . . . 's last pay for - <i>If YES - How much was deducted?</i> a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck?		627 \$.00	628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	629 1 <input type="checkbox"/> 2 <input type="checkbox"/> 630 \$.00	631 1 <input type="checkbox"/> 2 <input type="checkbox"/> 632 \$.00
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. Ask if item 13a is marked "Yes" - How much?		633 1 <input type="checkbox"/> 2 <input type="checkbox"/>	634 1 <input type="checkbox"/> 2 <input type="checkbox"/> 635 \$.00	636 1 <input type="checkbox"/> 2 <input type="checkbox"/> 637 \$.00	638 1 <input type="checkbox"/> 2 <input type="checkbox"/> 639 \$.00
14. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13.</i>		640 1 <input type="checkbox"/> 2 <input type="checkbox"/>	641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		644	\$.00	645	1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used

Section 4 — WORK EXPERIENCE AND INCOME – Continued																																																											
Part A		PGM 4	<i>FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i>																																																								
1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	601 5 602	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify <input type="checkbox"/>																																																								
2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.	603 _____ Weeks <input type="checkbox"/> Did not work – Go to item 5	604 _____ Hours per week	6. During the past 12 months, did . . . receive any money in – a. Wages or salary? <i>Include commissions, tips, Armed Forces pay and allowances.</i> What was the amount of income received before any deductions? 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 611 \$ _____ .00 b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? 612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 613 \$ _____ .00 614 1 <input type="checkbox"/> Loss c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses? 615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 616 \$ _____ .00 617 1 <input type="checkbox"/> Loss																																																								
3. In the weeks that . . . worked, how many hours did . . . usually work per week?	605 _____ Code	606 _____ Code	7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "YES" marked in items 7a and/or 7b?</i> 620 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a d. What was the amount of the last Social Security or Railroad Retirement payment received? 621 \$ _____ .00 e. Is this amount AFTER the deduction for a Medicare premium? 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 623 _____ Number																																																								
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <i>Enter one code.</i> Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces	607 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? <i>Ask if items 8a and/or 8b are marked "Yes" –</i> How much did . . . receive in Supplemental Security Income checks altogether? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 626 \$ _____ .00 <i>Ask items 9–12 only if item 6a is marked "YES".</i> <i>If 6a is marked "No," go to item 13a.</i> 9. What was the gross amount of . . . 's last pay and what period of time did this cover? 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify <input type="checkbox"/> 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">Amount</th> </tr> </thead> <tbody> <tr> <td>10. Was there any money deducted from . . . 's last pay for – <i>If YES – How much was deducted?</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>a. Federal income tax?</td> <td>629 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>630 \$ _____ .00</td> </tr> <tr> <td>b. State and local income tax?</td> <td>631 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>632 \$ _____ .00</td> </tr> <tr> <td>c. Social Security including Medicare?</td> <td>633 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>d. Railroad Retirement?</td> <td>634 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>635 \$ _____ .00</td> </tr> <tr> <td>e. Government Retirement?</td> <td>636 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>637 \$ _____ .00</td> </tr> <tr> <td>f. Private pension fund?</td> <td>638 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>639 \$ _____ .00</td> </tr> <tr> <td>g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</td> <td>640 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</td> <td>641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td></td> <td></td> </tr> <tr> <td>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?</td> <td>642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td></td> <td></td> </tr> <tr> <td>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.</td> <td>643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td></td> <td></td> </tr> <tr> <td>b. Ask if item 13a is marked "Yes" – How much?</td> <td>644 \$ _____ .00</td> <td></td> <td></td> </tr> <tr> <td>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></td> <td>645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Amount	10. Was there any money deducted from . . . 's last pay for – <i>If YES – How much was deducted?</i>				a. Federal income tax?	629 1 <input type="checkbox"/>	2 <input type="checkbox"/>	630 \$ _____ .00	b. State and local income tax?	631 1 <input type="checkbox"/>	2 <input type="checkbox"/>	632 \$ _____ .00	c. Social Security including Medicare?	633 1 <input type="checkbox"/>	2 <input type="checkbox"/>		d. Railroad Retirement?	634 1 <input type="checkbox"/>	2 <input type="checkbox"/>	635 \$ _____ .00	e. Government Retirement?	636 1 <input type="checkbox"/>	2 <input type="checkbox"/>	637 \$ _____ .00	f. Private pension fund?	638 1 <input type="checkbox"/>	2 <input type="checkbox"/>	639 \$ _____ .00	g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640 1 <input type="checkbox"/>	2 <input type="checkbox"/>		11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?	642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			13a. 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Section 4 — WORK EXPERIENCE AND INCOME – Continued

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

Section 4 — WORK EXPERIENCE AND INCOME – Continued

Part B – Ask for entire CU as a group		PGM 4	FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask these items for the entire CU as a group.																													
1. During the past 12 months, did you (or any members of your CU) receive income from any of the following – a. Income from unemployment compensation? <i>If YES – What was the total amount received by ALL CU members?</i> 701 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1b 702 \$ _____ .00 b. Income from worker’s compensation or veteran’s benefits including education benefits, but excluding military retirement? <i>If YES – What was the total amount received by ALL CU members?</i> 703 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1c 704 \$ _____ .00 c. Income from public assistance or welfare including money received from job training grants such as Jobs Corps? <i>If YES – What was the total amount received by ALL CU members?</i> 705 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1d 706 \$ _____ .00 d. Income from interest on savings accounts or bonds? <i>If YES – What was the total amount received by ALL CU members?</i> 707 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1e 708 \$ _____ .00 e. Regular income from dividends, royalties, estates, or trusts? <i>If YES – What was the total amount received by ALL CU members?</i> 709 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1f 710 \$ _____ .00 f. Income from pensions or annuities from private companies, military, or Government, IRA, or Keogh? <i>If YES – What was the total amount received by ALL CU members?</i> 711 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1g 712 \$ _____ .00 g. Net income or loss from any type of rental of rooms or living units? 713 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1h <i>If YES –</i> (1) How much net income or loss was received from roomers or boarders? 714 \$ _____ .00 715 <input type="checkbox"/> None <input type="checkbox"/> Loss (2) How much net income or loss was received from payments from other rental units? 716 \$ _____ .00 717 <input type="checkbox"/> None <input type="checkbox"/> Loss h. Income from child support? 718 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1i <i>If YES –</i> (1) Did you receive a one time lump sum payment for child support? 719 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1h(2) <i>If YES – What was the total amount received by ALL CU members in last 12 months?</i> 720 \$ _____ .00 (2) Did you receive any child support payments in other than a lump sum amount? 721 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1i <i>If YES – What was the total amount received by ALL CU members in last 12 months?</i> 722 \$ _____ .00	i. Income from regular contributions from – (1) Alimony? 723 <input type="checkbox"/> Yes <input type="checkbox"/> No (2) Other sources such as from persons outside the CU? 724 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES – for item i(1) or i(2) –</i> Altogether what was the total amount received by ALL CU members? 725 \$ _____ .00 2. During the past 12 months, did you (or any members of your CU) receive any – a. Lump sum payments from estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU? 726 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 2b <i>If YES – What was the total amount received by ALL CU members?</i> 727 \$ _____ .00 b. Money from the sale of household furnishings, equipment, clothing, jewelry, pets or other belongings, excluding the sale of vehicles or property? 728 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 2c <i>If YES – What was the total amount received by ALL CU members?</i> 729 \$ _____ .00 c. Other money income, including money received from cash scholarships and fellowships, stipends not based on working, or from the care of foster children? 730 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3 <i>If YES – What was the total amount received by ALL CU members?</i> 731 \$ _____ .00 3. During the past 12 months, did you (or any members of your CU) receive any refunds from the following – <i>If YES – What was the total amount received by ALL CU members?</i> 732 <input type="checkbox"/> Yes <input type="checkbox"/> No a. Federal income tax? 733 \$ _____ .00 b. State and local income tax? 734 <input type="checkbox"/> Yes <input type="checkbox"/> No 735 \$ _____ .00 c. Overpayment on Social Security? 736 <input type="checkbox"/> Yes <input type="checkbox"/> No 737 \$ _____ .00 d. Insurance policies? 738 <input type="checkbox"/> Yes <input type="checkbox"/> No 739 \$ _____ .00 e. Property taxes? 740 <input type="checkbox"/> Yes <input type="checkbox"/> No 741 \$ _____ .00 f. Other sources, including any other taxes? 742 <input type="checkbox"/> Yes – Specify <input type="checkbox"/> _____ 743 \$ _____ .00	4. During the past 12 months, did you (or any members of your CU) pay any – <i>If YES – What was the total amount paid by ALL CU members?</i> 744 <input type="checkbox"/> Yes <input type="checkbox"/> No a. Federal income tax in addition to that withheld from earnings? 745 \$ _____ .00 b. State and local income tax in addition to that withheld from earnings? 746 <input type="checkbox"/> Yes <input type="checkbox"/> No 747 \$ _____ .00 c. Personal property taxes not reported elsewhere? 748 <input type="checkbox"/> Yes <input type="checkbox"/> No 749 \$ _____ .00 d. Other taxes not reported elsewhere? Do not include Social Security tax for the self-employed. 750 <input type="checkbox"/> Yes – Specify in Notes on page 15 <input type="checkbox"/> No 751 \$ _____ .00 5. During the past 12 months, did you or any member of your CU have any occupational expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits? 752 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES – What was the total amount of these occupational expenses?</i> 753 \$ _____ .00 6a. During the past 12 months, have any members of your CU received any free meals at work as part of their pay? 754 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7a b. About what was the weekly dollar value of such meals? 755 \$ _____ .00 c. How many weeks did members of your CU receive such meals during the past 12 months? 756 _____ Number of weeks <i>If CU owns this unit – Go to item 8a.</i> 7a. Did you or any members of your CU receive any free or reduced rent for this unit as a form of pay during the past 12 months? 757 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8a b. What is the rental charge to another tenant for a similar unit? 758 \$ _____ .00 c. What period of time does this cover? 759 <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month <input type="checkbox"/> Other – Specify <input type="checkbox"/> 8a. During the past 12 months, have any members of your CU received any Food Stamps? 760 <input type="checkbox"/> Yes <input type="checkbox"/> No – End interview b. In how many of the past 12 months were Food Stamps received? 761 _____ Number of months 9a. In the past month, have any members of your CU received any Food Stamps? 762 <input type="checkbox"/> Yes <input type="checkbox"/> No – End interview b. When were Food Stamps received? List all dates on which stamps were received during the past month. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">b</th> <th colspan="3" style="text-align: center;">c</th> </tr> <tr> <th style="width: 25%;">Month</th> <th style="width: 25%;">Day</th> <th style="width: 25%;">Year</th> <th style="width: 25%;">Month</th> <th style="width: 25%;">Day</th> <th style="width: 25%;">Year</th> </tr> </thead> <tbody> <tr> <td>763</td> <td></td> <td></td> <td>766</td> <td></td> <td></td> </tr> <tr> <td>764</td> <td></td> <td></td> <td>767</td> <td></td> <td></td> </tr> <tr> <td>765</td> <td></td> <td></td> <td>768</td> <td></td> <td></td> </tr> </tbody> </table> 766 \$ _____ .00 767 \$ _____ .00 768 \$ _____ .00 c. What is the dollar value of the Food Stamps received on (Date in 9b)?	b			c			Month	Day	Year	Month	Day	Year	763			766			764			767			765			768		
b			c																													
Month	Day	Year	Month	Day	Year																											
763			766																													
764			767																													
765			768																													

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

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

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

NOTES

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