<b>NOTE:</b> Office st	NOTE: Office staff should complete transcription items 1–4 below for interviewed CU's only.											
<b>1.</b> Regional Office code	2. CONTROL NUMBER PSU code   Segment   number	Segment number   suffix 	Sample designation <b>Q</b>	Serial   number 	Serial   suffix 	Check   digit 	<b>3a.</b> HH No.	<b>3b.</b> CU No.	<b>4.</b> Intervi □ 2 □ 3	iew No. □ 4 □ 5		

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 FORM **CE-302** (7-1-96)

Se	ctior	tion 1 – GENERAL SURVEY INFORMATION													FORM <b>CE-302</b>		U.	S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
Pa	rt A ·	- Field Rep	resent	ative Red	cords		1 01	25 3 🗸							(7-1-96)			ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR
1. Reg Offi		2. Control nu								<b>3</b> a.	HH No.	<b>3b.</b> CU No.	<b>4.</b> Inte	erview No.		QUESTION	NAIRE	BUREAU OF LABOR STATISTICS
cod			Segment number	I Segment r I suffix	number	Sample   designa		erial <sup> </sup> Seri umber   suff							0	<b>UARTERLY INTER</b>	VIEW SURVEY	
				1		0	I	I						5		CONSUMER EXPENDI	TURE SURVEYS	
		DF TELEPHONE				R CONTA	1		i						-			
Call (a) 0010 1	0020	Reason (b)	Ca (a 0090	)	Reason (b)		Call (a) 0170 g (	Rea (I 0180	)	TELEPHO	SON FOR NE CONTAC	T	FICE USE	ONLY	<ul> <li>NOTICE – Your report to the only by sworn Census emplo</li> </ul>	Census Bureau is <b>confide</b> byees and may be used only	<b>ntial</b> by law (title 13, U.S y for statistical purposes.	6. Code). It may be seen
0030 2				6 0120			0190 10 (			1 lelept to col	hone call lect data	0250			<b>7.</b> RECORD OF INTERVIEW AN	D OFFICE ACTIVITY TIME		
										2 Telepl sched	hone call to				Activity	TIM	1E	OFFICE USE ONLY
0050 3	0060		0130	7 0140			0210 11 (	0220		appoi	ntment				Activity	Began	Ended	Total minutes
0070 4	0800		0150	8 0160			0230 12	0240		3 Other call	telephone				Interviewing	a.m. p.m.	a.m. p.m.	0620
<b>6.</b> REC	CORD	OF TRAVEL TIM	E AND RE	ASON FOR \	VISIT – F	Record tr	avel time a	and enter co	de for			ASON FOR			Field Representative review	a.m. p.m.	a.m. p.m.	0630
					r	eason oi	t visit from	list of code	s at right.			sit to collect sit to schedu		tment	Office edit	a.m. p.m.	a.m. p.m.	0640
										6 (	Other perso	onal visit	1		Office transcription	a.m.	a.m.	0650
Trip		Time	Reason	OFFICE USE			Time	Reaso	OFFICE USE			ime	Reason	OFFICE USE ONLY	<b>8.</b> QUESTIONNAIRE DEBRIEFIN	p.m.	p.m.	
(a)	Begai	(b)	(c)		(a)	Began	(b)	(c)		(a)	Began	(b)	(c)		<b>a.</b> Enter the line number of	the respondent who answe		ire sections – Enter
0260	2090	a.m. p.m.	0270	0280	0380	ogan		.m. 0390 .m.	0400	0500	2090	a.m. p.m.	0510	0520	code 99 for non CU mem	nber.		
1	Endeo	•	-		5	Ended	p			9	Ended	p.m.	-		0660 Line number of	main respondent		
		a.m. p.m.						.m. .m.				a.m. p.m.			<b>b.</b> Enter the line number(s)	of all other respondents – E	Enter code 99 for non CU	member.
0290	Begai	<u>.</u> า	0300	0310	0410	Began		0420	0430	0530	Began		0540	0550	0670	0700	0730	
2		a.m. p.m.			6			.m				a.m. p.m.						
2	Endeo	d a.m.			0	Ended	а	.m.		10	Ended	a.m.			0680	0710	0740	
		p.m.						.m.				p.m.						 
0320	Begai	n a.m.	0330	0340	0440	Began	a	.m. 0450	0460	0560	Began	a.m.	0570	0580	0690	0720	0750	
3		p.m.	_		7		р	.m.		11		p.m.	-		<b>C.</b> In answering questions a	bout expenses, did the res	pondent consult bills, rec	eipts, check stubs,
	Endeo	a.m.				Ended		.m.			Ended	a.m.			expense books, tax return	ns, or other records?		
	Begai	p.m.				Began		.m.			Began	p.m.			Mark (X) one.	<b>—</b> ———————————————————————————————————		
0350	Begai	a.m. p.m.	0360	0370	0470	Degan	a	.m. 0480 .m.	0490	0590	Degan	a.m. p.m.	0600	0610	0760 1 Always 2 Almost always	3	5	
4	Endeo	•	-		8	Ended				12	Ended	p.m.	-		d. If any bills, receipts, or re		es did the respondent(s)	use to give
		a.m. p.m.						.m. .m.				a.m. p.m.			cost information? Mark (X) all that apply.			
		P			-		NO <sup>-</sup>		r				1		0770 1 🗌 Bills	0800 4 Receipts of pu		30 7 🗌 Bank statements
															0780 2 Checkbook ledger or stubs	0810 5 Home file (pro Census Bureau	vided by 08	40 8□ Other
															0790 3 Canceled checks	0820 6□ Contracts or ag		
															9. LAST SECTION COMPLETED	)		PROCESSING USE ONLY
															If the respondent did not cor section completed.	mplete the interview to its o	conclusion, enter the last	
																		0860 9 6
															0850 Section nu	umber		

Se	ctior	tion 1 – GENERAL SURVEY INFORMATION													FORM <b>CE-302</b>		U.	S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
Pa	rt A ·	- Field Rep	resent	ative Red	cords		1 01	25 3 🗸							(7-1-96)			ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR
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cod			Segment number	I Segment r I suffix	number	Sample   designa		erial <sup> </sup> Seri umber   suff							0	<b>UARTERLY INTER</b>	VIEW SURVEY	
				1		0	I	I						5		CONSUMER EXPENDI	TURE SURVEYS	
		DF TELEPHONE				R CONTA	1		i						-			
Call (a) 0010 1	0020	Reason (b)	Ca (a 0090	)	Reason (b)		Call (a) 0170 g (	Rea (I 0180	)	TELEPHO	SON FOR NE CONTAC	T	FICE USE	ONLY	<ul> <li>NOTICE – Your report to the only by sworn Census emplo</li> </ul>	Census Bureau is <b>confide</b> byees and may be used only	<b>ntial</b> by law (title 13, U.S y for statistical purposes.	6. Code). It may be seen
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<b>6.</b> REC	CORD	OF TRAVEL TIM	E AND RE	ASON FOR \	VISIT – F	Record tr	avel time a	and enter co	de for			ASON FOR			Field Representative review	a.m. p.m.	a.m. p.m.	0630
					r	eason oi	t visit from	list of code	s at right.			sit to collect sit to schedu		tment	Office edit	a.m. p.m.	a.m. p.m.	0640
										6 (	Other perso	onal visit	1		Office transcription	a.m.	a.m.	0650
Trip		Time	Reason	OFFICE USE			Time	Reaso	OFFICE USE			ime	Reason	OFFICE USE ONLY	<b>8.</b> QUESTIONNAIRE DEBRIEFIN	p.m.	p.m.	
(a)	Begai	(b)	(c)		(a)	Began	(b)	(c)		(a)	Began	(b)	(c)		<b>a.</b> Enter the line number of	the respondent who answe		ire sections – Enter
0260	2090	a.m. p.m.	0270	0280	0380	ogan		.m. 0390 .m.	0400	0500	2090	a.m. p.m.	0510	0520	code 99 for non CU mem	nber.		
1	Endeo	•	-		5	Ended	p			9	Ended	p.m.	-		0660 Line number of	main respondent		
		a.m. p.m.						.m. .m.				a.m. p.m.			<b>b.</b> Enter the line number(s)	of all other respondents – E	Enter code 99 for non CU	member.
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2		a.m. p.m.			6			.m				a.m. p.m.						
2	Endeo	d a.m.			0	Ended	а	.m.		10	Ended	a.m.			0680	0710	0740	
		p.m.						.m.				p.m.						 
0320	Begai	n a.m.	0330	0340	0440	Began	a	.m. 0450	0460	0560	Began	a.m.	0570	0580	0690	0720	0750	
3		p.m.	_		7		р	.m.		11		p.m.	-		<b>C.</b> In answering questions a	bout expenses, did the res	pondent consult bills, rec	eipts, check stubs,
	Endeo	a.m.				Ended		.m.			Ended	a.m.			expense books, tax return	ns, or other records?		
	Begai	p.m.				Began		.m.			Began	p.m.			Mark (X) one.	<b>—</b> ———————————————————————————————————		
0350	Begai	a.m. p.m.	0360	0370	0470	Began	a	.m. 0480 .m.	0490	0590	Degan	a.m. p.m.	0600	0610	0760 1 Always 2 Almost always	3	5	
4	Endeo	•	-		8	Ended				12	Ended	p.m.	-		d. If any bills, receipts, or re		es did the respondent(s)	use to give
		a.m. p.m.						.m. .m.				a.m. p.m.			cost information? Mark (X) all that apply.			
		P			-		NO <sup>-</sup>		r				1		0770 1 🗌 Bills	0800 4 Receipts of pu		30 7 🗌 Bank statements
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cod			Segment number	│ Segment r │ suffix	number	Sample   designa		erial <sup> </sup> Seri umber   suff							0	<b>UARTERLY INTER</b>	VIEW SURVEY	
				1		0	I	I						5		CONSUMER EXPENDI	TURE SURVEYS	
		DF TELEPHONE				R CONTA	1		i						-			
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(a)	Begai	(b)	(c)		(a)	Began	(b)	(c)		(a)	Began	(b)	(c)		<b>a.</b> Enter the line number of	the respondent who answe		ire sections – Enter
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2		a.m. p.m.			6			.m				a.m. p.m.						
2	Endeo	d a.m.			0	Ended	а	.m.		10	Ended	a.m.			0680	0710	0740	
		p.m.						.m.				p.m.						 
0320	Begai	n a.m.	0330	0340	0440	Began	a	.m. 0450	0460	0560	Began	a.m.	0570	0580	0690	0720	0750	
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Section 1 – GENERAL SURVEY INFORMATION – Continued											
Part A.1 – Consumer Unit and Reference	Part A.1 – Consumer Unit and Reference Period Explanations										
FIELD REPRESENTATIVE NOTE: Read the following paragrap	ohs (control card items 23f and 35b) ONLY if you have NOT read	d them already.									
	2. Reference Period Most questions that I will be asking refer to a	NOTES									
During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses.	Most questions that I will be asking refer to a specific time period. During this interview, the time period, unless I state otherwise, is for the past three months, that is, from the first day of (Month, three months previous to this month) to										
<b>The person(s) I'm including in your CU (is/are):</b> (READ NAMES OF ALL PERSONS LISTED IN CONTROL CARD ITEM 18 WITH THE SAME CU MARKED IN CONTROL CARD ITEM 23g.)	today.										

0020 01 Single family detached (detached	3.	How many reams are there in		1.6	
structure with only one primary residence; however, the structure could include a rental unit(s) in the basement, attic, etc.)		How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?	0040 Number	Information Book <b>9. Does this unit h</b> <b>the following?</b> Mark (X) all that a	
<ul> <li>02 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)</li> <li>03 End row or end townhouse (one common wall)</li> </ul>	4.	How many bedrooms are there in this unit? Count all rooms used MAINLY for sleeping, even if also used for other purposes.	0050 Number 0 🗌 None		
<ul> <li>04 Duplex (detached two unit structure with one common wall between the units)</li> <li>05 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) - Go to item 3</li> <li>06 Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the</li> </ul>	5a	<ul> <li>How many complete bathrooms are there in this unit?</li> <li>A COMPLETE BATHROOM has a flush toilet, a bathtub or shower, and a wash basin with piped water.</li> </ul>	0060 Number 0 🗌 None		
are also stacked on top of one another) – Go to item 3 07 High-rise (a multi-unit structure which has 4 or more floors) – Go to item 3 08 Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of	b.	<ul> <li>How many half bathrooms are there in this unit?</li> <li>A HALF BATHROOM has at least a flush toilet OR bathtub or shower, but does not have all the facilities of a complete bathroom.</li> </ul>	0070 Number 0 🗌 None	Do not	n <mark>g original</mark> consider la
Go to item 3 Go to item 3 $OP \square$ Mobile home or trailer – Go to item 3 $OQ \square$ College dormitory – Go to section 1, part C $OQ$ Dther – Specify and go to item 2 $\swarrow$	6.	Information Booklet, page 5 What fuel is used most for heating this unit?	0080       01       Gas (underground pipes)         03       Electricity         04       Fuel oil         09       Other - Specify         X       Don't know	remode	əlings.
Lot size (approximate acreage) 0030 01 $\square$ 1/16 acre - 2,722 sq. ft. 02 $\square$ 1/8 acre - 5,445 sq. ft. 03 $\square$ 1/4 acre - 10,890 sq. ft. 04 $\square$ 1/2 acre - 21,780 sq. ft. 05 $\square$ 3/4 acre - 32,670 sq. ft.	7.	Information Booklet, page 5 What fuel is used for heating water in this unit?	0090 01 Gas (underground pipes) 03 Electricity 04 Fuel oil 09 Other – Specify X Don't know		
06 $\Box$ 1 acre - 43,560 sq. ft. 07 $\Box$ 2 acres - 87,120 sq. ft. 08 $\Box$ 3 to 5 acres 09 $\Box$ 6 to 10 acres 10 $\Box$ Greater than 10 acres 11 $\Box$ No lot X $\Box$ Don't know	8.	Information Booklet, page 5 <b>What fuel is used for</b> <b>cooking?</b> Mark (X) all that apply.	0100       01 □ Gas (underground pipes)         0110       03 □ Electricity         0120       04 □ Fuel oil         0130       09 □ Other fuel - Specify         0140       10 □ No fuel used         0150       x □ Don't know		
	attic, etc.) attic, etc.) a	<ul> <li>attic, etc.)</li> <li>02 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)</li> <li>03 End row or end townhouse (one common wall)</li> <li>04 Duplex (detached two unit structure with one common wall between the units)</li> <li>05 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – Go to item 3</li> <li>06 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 3</li> <li>07 High-rise (a multi-unit structure which has 4 or more floors) – Go to item 3</li> <li>08 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 3</li> <li>09 Mobile home or trailer – Go to item 3</li> <li>10 College dormitory – Go to section 1, part C</li> <li>11 Other – Specify and go to item 2 2</li> <li>11 Other – 5,445 sq. ft.</li> <li>03 1/4 acre – 10,890 sq. ft.</li> <li>04 1/2 acre – 21,780 sq. ft.</li> <li>05 3/4 acre – 32,670 sq. ft.</li> <li>06 1 acre – 43,560 sq. ft.</li> <li>07 2 acres – 87,120 sq. ft.</li> <li>08 3 to 5 acres</li> <li>09 6 to 10 acres</li> <li>00 Greater than 10 acres</li> <li>11 No lot</li> </ul>	<ul> <li>attic, etc.)</li> <li>attic, etc.)</li></ul>	attic, stc.)       4.       How many badrooms are thore in this unit?         actor, structure with 2 walls in common with the units and a private ground level entrance; it may have a rental unit as part of the structure)       4.       How many badrooms are thore in this unit?         actor, structure with 2 walls in common well)       Count all rooms used MAINLY for sleeping, even if also used for other purposes.       0.050       Number         actor, structure, usually with other units and a private with all units occupying the same level or levels) - Go to item 3       54.       How many badrooms are there in this unit?       0.060       Number         actor, and unit out described above) - Go to item 3       Co item 3       0.060       Number       0.060         actor (a multi-unit structure which are also stacked on top of one another), actor, structure which here on trailer - Go to item 3       0.070       Number         actor (a multi-unit structure which here on trailer - Go to item 3       0.060       0.070       Number         actor (a the described above) - Go to item 3       0.060       0.0000       0.0000       0.0000         actor (a multi-unit structure which here on trailer - Go to item 3       0.0000       0.0000       0.0000       0.0000         actor (a the described above) - Go to item 3       0.00000       0.00000       0.000000       0.000000       0.0000000       0.0000000000000       0.000000000000000000000000000000	attic. etc.)       A How many beforems are there in this unit?       0050       □       Number         action of the statuture with 2 wells in common with other units and a private ground tevel entrance; it may have a rental unit as part of the structure with 2 wells in common wells but wells in the sum int?       Image: well in a but wells in common wells but wells in this unit?         act is seend floor, if a well is the common wells but wells in this wnit?       Image: well in a but wells in thi

eir first interview. Hand the respondent the Information ns with you as you proceed.

1 26 1 🖌	
klet, page 5 nave any of	0160 01 🗌 Swimming pool
apply.	0170 02 🗌 Tennis court
appiy.	0180 03 🗌 Barn or stable
	0190 04 🗌 Greenhouse
	0200 05 Guest house or separate servant's quarters
	0210 06  Enclosed porch
	0220 07 🗌 Terrace
	0230 08 🗌 Patio or balcony
	0240 09 🗌 Apartment
	0250 10 🗌 Off street parking
	0260 11 🗌 Window air conditioning
	0270 12 Central air conditioning
as this ally built? later	0450 01 ☐ 1990 or later 02 ☐ 1985–1989 03 ☐ 1980–1984 04 ☐ 1975–1979 05 ☐ 1970–1974 06 ☐ 1965–1969 07 ☐ 1960–1964 08 ☐ 1955–1959 09 ☐ 1950–1954 10 ☐ 1945–1949 11 ☐ 1940–1944 12 ☐ 1930–1939 13 ☐ 1920–1929 14 ☐ 1910–1919 15 ☐ 1900–1909 16 ☐ Before 1900 x ☐ Don't know

a oformation Booklet, page 6 oes your CU have any of the ollowing appliances? lectric cooking stove, as cooking stove, range, r oven licrowave oven ther cooking stove, range, r oven	Yes 1	No 2 🗌 2 🗌	b If YES – How many?	these 1. Pu 2. Inc 3. Re 4. Inc 5. Re <i>FIELD</i> <i>Mark</i>	rchase ceived ceived cluded nted so <i>REPRE</i> (X) first	ed for with as a g with eparat	own u own ho gift? rental	ouse? unit?	NOTES
ellowing appliances? lectric cooking stove, ange, or oven as cooking stove, range, r oven licrowave oven ther cooking stove, range,	Yes	2	many?	2. Inc 3. Re 4. Inc 5. Re FIELD Mark	ceived ceived cluded nted s REPRE (X) first	with o l as a g with i eparat	own ho gift? rental tely? A <i>TIVE -</i>	ouse? unit?	
ange, or oven as cooking stove, range, r oven licrowave oven ther cooking stove, range,				1 🗆		I			
r oven licrowave oven ther cooking stove, range,	1 🗌	<u>_</u>			2	   з 🗌	4	     5 🗌	
ther cooking stove, range,				1	2	     3 🗌	     4 🗌	     5 🗌	
	1 🗌	2 🗌		1 🗌	2 🗌	   3	     4 🗌	     5 🗌	
	1 🗌	2 🗌		1 🗌	2 🗌	     3 🗌	     4 🗌 	     5 🗌 	
efrigerator	1 🗌	2 🗌		1	2 🗌	     3 🗌	   4 🗌	     5 🗌	
ome-freezer	1 🗌	2 🗌		1	2 🗌	3 3	4	5	
uilt-in dishwasher	1	2 🗌		1 🗌	2 🗌	     3 🗌	   4 🗌	     5 🗌 	
ortable dishwasher	1 🗌	2 🗌		1	2 🗌	   3 🗌	4	   5 🗌	
arbage disposal	1 🗌	2 🗌		1 🗌	2 🗌	   3 🗌 	   4 🗌 	     5 🗌 	
lothes washer	1 🗌	2 🗌		1	2 🗌	   3 🗌 	   4 🗌 	   5 🗌 	
lothes dryer	1 🗌	2 🗌		1 🗌	2 🗌	   3 🗌	   4 🗌	   5 🗌	
olor television	1	2		1 🗌	2 🗌	3	4	5	
omputer, not solely for ames	1 🗌	2 🗌		1 🗌	2 🗌	   3 🗌 	   4 🗌	   5 🗌 	
omponent system, or ompact disc sound system		2 🗌		1 🗌	2 🗌	3	4	   5 🗌	
ideo tono recordor utilar	1	2		1 🗌	2	     3 🗌	     4 🗌	     5 🗌	
lo ol ar ol or	thes dryer or television mputer, not solely for nes und components, nponent system, or npact disc sound system	thes dryer       1         or television       1         mputer, not solely for       1         mes       1         und components,       1         mpact disc sound system       1         leo tape recorder, video       1         c player, or video cassette       1         order (VCR)       1	thes dryer       1       2         or television       1       2         mputer, not solely for       1       2         ind components,       1       2         ind components,       1       2         ind components,       1       2         ind components,       1       2         ind component system, or       1       2         ieo tape recorder, video       1       2         ieo tape recorder, video       1       2	thes dryer       1       2         or television       1       2         mputer, not solely for       1       2         ind components,       1       2         mpact disc sound system       1       2         leo tape recorder, video       1       2         order (VCR)       1       2	thes dryer       1       2       1         or television       1       2       1         mputer, not solely for       1       2       1         mputer, not solely for       1       2       1         und components,       1       2       1         mpact disc sound system       1       2       1         eo tape recorder, video       1       2       1         order (VCR)       1       2       1	thes dryer       1       2       1       2         or television       1       2       1       2         mputer, not solely for       1       2       1       2         ind components,       1       2       1       2         ind components,       1       2       1       2         ind component system, or       1       2       1       2	thes dryer       1       2       1       2       3         or television       1       2       1       2       3         mputer, not solely for       1       2       1       2       3         mputer, not solely for       1       2       1       2       3         ind components,       1       2       1       2       3         ind components,       1       2       1       2       3         ieo tape recorder, video       1       2       1       2       3         ieo tape recorder, video       1       2       3       1	thes dryer       1       2       1       2       3       4         or television       1       2       1       2       3       4         mputer, not solely for nes       1       2       1       2       3       4         ind components, noponent system, or npact disc sound system       1       2       1       2       3       4         eo tape recorder, video c player, or video cassette       1       2       1       2       3       4	thes dryer       1       2       1       2       3       4       5         or television       1       2       1       2       3       4       5         mputer, not solely for nes       1       2       1       2       3       4       5         ind components, nonent system, or npact disc sound system       1       2       1       2       3       4       5         leo tape recorder, video cassette       I       I       I       I       I       I       I       I

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	Section 1 – GENERAL SURVE	Y INFORMATION – Continued	
	Part D – Living Quarters	1 01 29 5 ↓	
<b>1</b> a	Ask if not apparent. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?	0010 1 □ Yes – <i>Go to item 2</i> 2 □ No	NOTES
	<ul> <li>If NO – Are your housing costs lower because the Federal, State, or local government is paying part of the cost?</li> </ul>	0020 1   Yes 2   No	
2.	Ask if not apparent. Are these living quarters presently used as student housing by a college or university?	0030 1 🗆 Yes 2 🗆 No – <i>Go to item 4</i>	
	FIELD REPRESENTATIVE NOTE You will record housing expenses for coll quarters in section 16 "Educational Exper	lege or university regulated living nses."	
3.	Ask if not apparent. Which best describes these college or university regulated living quarters?	0040 1 C Student dormitory 2 Fraternity 3 Sorority	
		4	
	FOR NEW CONSUMER UNITS ONLY		-
4.	Did your CU move to this address since the 1st of (month, 3 months ago)?	0050 1 □ Yes 2 □ No – <i>Go to section 2</i>	
5.	<i>If YES</i> – What was the distance moved (in miles)?	0060 1 🗌 Less than 25 miles	
		$2 \square 25-49 \text{ miles} 3 \square 50 \text{ miles or more} $ Go to section 2	

Section 2 – RENTED LIVING QU	ARTERS	FIEL	FIELD REPRESENTATIVE – Complete part A, item 1, for all consumer units. Complete part A, items 2a through 3e, for rented Sample Units only. Complete part A, items 4a through 7, for both rented Sample Units and Sample Units occupied without payment of cash rent.					
Part A – CU Tenure, Rental Payı	ments, Facilities, and Sei	vices for the Sample Unit	1 02 01 2 ↓					
<ol> <li>FIELD REPRESENTATIVE CHECK ITEM</li> <li><i>Mark (X) appropriate box based upon section 1, part D, item 2.</i></li> </ol>	0010 1 Student housing – Go to item 7 2 Not student housing	<b>4a.</b> 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)?	0300 1 □ Yes 2 □ No – Go to item 5a	NOTES				
<b>b.</b> Are these living quarters owned or being bought by you (or any members of your CU)?	0020 1 □ Yes – Go to item 7 2 □ No	<b>b.</b> What is the rental charge to another tenant for a similar unit?	0310 \$00 x □ Don't know					
ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX. C. Do you (or any members of your CU) pay rent for these living quarters?	0030 1 🗌 Yes 2 🗌 No – <i>Go to item 4a</i>	<b>C.</b> What period of time does this cover?	0320 4 □ Month 9 □ Other – Specify <sub>K</sub>					
RENTAL OF THE SAMPLE UNIT 2a. What is the rental charge to your CU for this unit? Do not include direct payments by local, State, or Federal	0040 \$00 x □ Don't know	<b>5a.</b> Is there an extra charge for garage or	x  Don't know					
government agencies. <b>b.</b> What period of time does this cover?	0050 4 🗌 Month	parking facilities for this unit?	2 🗌 No – Go to item 6a					
	9 🗌 Other – <i>Specify <sub>k</sub></i>	<b>b.</b> <i>If YES</i> – What is the charge?	0340 \$00					
<b>C. Since the 1st of</b> (month, 3 months ago), how many payments have been made?	0060 Number	<b>C.</b> What period of time does this charge cover?	0350 4 □ Month 9 □ Other – Specify <sub>K</sub>					
<b>d.</b> Were all the payments in the amount of (rental charge reported in item 2a)?	0070 1 ☐ Yes – <i>Go to item 2f</i> 2 ☐ No	<b>d.</b> Since the 1st of (month, 3 months ago),						
<b>C.</b> If NO – What was the amount of each payment and how many payments were made at that amount?	Payment         Number           0080         \$         .00         0090	how many payments have been made for this service?	0360 Number					
	0100 \$ .00 0110	<b>C.</b> Were any payments made during the current month?	0520 1 □ Yes 2 □ No – <i>Go to item 6a</i>					
	0120 \$ .00 0130	<b>f.</b> If YES – How much was paid?	0530 \$00					
f. Were any payments made during the current month?	0140 \$ .00 0150 0200 1 ☐ Yes 2 ☐ No - Go to item 3	<b>6a.</b> Is any portion of this unit used for your own business?	0540 1 □ Yes 2 □ No - <i>Go to item</i> 7					
<b>g.</b> If YES – How much?	.00	<b>b.</b> What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.	0550 .00 Percent					
<ul> <li>3. Does the rental payment include the cost of -</li> <li>a. Electricity?</li> <li>b. Gas?</li> <li>c. Piped-in water?</li> <li>d. Heating?</li> <li>e. Trash/Garbage collection?</li> </ul>	Yes       No $0220$ 1       2 $0230$ 1       2 $0240$ 1       2 $0250$ 1       2 $0260$ 1       2	<ul> <li>7. 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.</li> </ul>	0620 1 □ Yes - Complete part B for other rental property 2 □ No - Go to next section					

Section 2 – Part A



### Section 2 – RENTED LIVING QUARTERS – Continued Part B – Rental Payments, Facilities, and Services for Other Than Sample Unit RENTAL OF OTHER THAN SAMPLE UNIT PROCESSING **3a.** Is there an extra charge for garage or 1 02 02 0 🗸 USE ONLY parking facilities for the unit? 0240 1 Yes 2 🗌 No – Go to item 4a .00 0010 s **1a.** What is the rental charge to your CU **b.** If YES – What is the charge? x 🗌 Don't know .00 for the other unit? 0250 \$ **C.** What period of time does this charge 0260 4 🗌 Month **b.** What period of time does this cover? 0020 4 🗌 Month cover? 9 $\Box$ Other – Specify $\overline{\nabla}$ 9 $\Box$ Other – Specify $\overline{V}$ d. Since the 1st of (month, 3 months ago), how many payments have been made 0270 C. Since the 1st of (month, 3 months ago), \_\_\_\_ Number for this service? how many payments have been made? 0030 \_ Number **e.** Were any payments made during the **d.** Were all the payments in the amount current month? 0410 1 Yes 0040 1 Yes – Go to item 1f of (rental charge reported in item 1a)? 2 🗌 No 2 🗌 No – *Go to item 4a* f. If YES – How much was paid? Payment Number 0420 \$ **e.** If NO – What was the amount of each .00 payment and how many payments were made at that amount? 0050 \$ .00 0060 **4a.** Is any portion of the unit used for your own business? 0430 1 Yes 2 🗌 No – Go to item 5a .00 0070 \$ 0080 **b.** What percent of the rental payment is .00 Percent 0440 counted as a business expense? Enter to the nearest whole percent. .00 0090 \$ 0100 **5a.** Did you or any members of your CU receive any free or reduced rent for 0470 1 Yes the unit as a form of pay since the 1st of (month, 3 months ago)? .00 0120 0110 s 2 🗌 No – *Go to item 6* f. Were any payments made during the 0170 1 🗌 Yes **b.** What is the rental charge to another .00 current month? 0480 \$ $2 \square No - Go to item 2$ tenant for a similar unit? x 🗌 Don't know **g.** If YES – How much? .00 0180 \$ C. What period of time does this cover? 0490 4 🗌 Month 9 $\Box$ Other – Specify $\overline{k}$ **2.** Does the rental payment include the Yes No cost of -0190 1 2 a. Electricity? Since the 1st of (month, 3 months ago), have you (or any members of your 6. 0200 1 2 **b.** Gas? 0540 1 Yes – Complete part B CU) rented any other houses, for other rental C. Piped-in water? 0210 1 2 apartments, or temporary living property quarters not used for business or 0220 1 2 d. Heating? 2 🗌 No – Go to next vacation? Do not include college or section 2 0230 1 university regulated housing. **e.** Trash/Garbage collection?

Page 7

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

			_					_					-									
				eening Que									.2)									
				ed – Go to item											<u> </u>							
FIE	LD F	EPRESEN	NIA	TIVE INSTRUCT	• F • F • Ii • Ii • F	or each p or each p f a mortg f a new o or each r	orope orope age o r add newly	erty previou erty previou or lump sub litional mo v acquired	isly red isly red m hom rtgage proper	cordec cordec ne equi or hoi ty, cor	l and s l and d ity loar me equ mplete	till own ispose n paym nity loa parts l	d of within the lat nent amount chan n was obtained o B, E, and I. (If prop	1, column g) st 3 months (' ged since a p n a previousl perty code 30	, complete "No" in iter revious int y recorded 0, also con	part I. n 1, co erview prope nplete	(If pro olumn 7 ("Yes erty ("Y Part C	operty code 300, a g), complete parts " in item 1, colum 'es" in item 2a), co	D and n k), co omplete	l. (If pro mplete parts F	operty c part J f -, G, or	for th H, as
<b>1.</b> As inf	k col orma	umn g foi ation (amo	r eac ount	ch property liste paid), column	ed, except if pro	operty ha	s bee ertv. a	en dispose ask columr	d of pr h k. If c	revious olumn	sly ("YE 1 I is "Y	S" in o ES." a	column b). If mort sk column n.	tgage								
8 03			ount				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			oranni		207 4		OPERTY INV	ENTORY C	HART						
	а	b		C	d	e		f		g	+	h	i			j			-	k		 (0
		Proper disposed (part [	d of D	Property description (part B, item 1c)	Property type 1. Condo	PROPER CODE fi	RTY om	Code 300 time share	still l (prop	have erty	any of expe		lf "Yes" in column h –	Mortgage	e or lump s reported in	um hoi previc	me equ ous inte	uity information erview		gage ) sum	Line o Home Loan (	F Cred Equi (Part I
E ONLY		complet	ed)		<ol> <li>Co-op</li> <li>Something else (part B, item 10)</li> </ol>	part B, item 1b.		(part B, item 13, box 2)	descr tion) <b>?</b> If "No to col		farm renta	erty cted ness, , or al	What percent of the expenses for this property are (were) deducted?	No mortgage or lump sum home equity loan <i>Go to</i> <i>column l.</i>	or loan	TY	/PE	Amount paid from part F, item 11 or part G, item 11	loan) paym (amou paid) chang	ent of unt ged?	If "No, next p	o," go : propei loan.
PROCESSING USE	Property number										If "No	nses? o," go lumn j.	Enter to the nearest whole percent.			Mortgage	Home equity loan		lf paic mark	' off, "Yes."		
PR	Pro	YES I N	NO						YES	NO	YES	NO				Ĕ	- <u></u>		YES	NO	YES	¦ NC
0001									1 🗆	     2 🗌	1 🗆	     2 🗌	Percent			1 🗆	2	\$00	1 🗆	     2 🗌		
0021			: 🗆				   		1 🗆	     2 🗌 	1 🗆	     2 🗌 	Percent			1 🗆	     2 🗌 	\$00	1 🗆	     2 🗌 		   
0041									1 🗆	     2 🗌	1 🗌	     2 🗌	Percent			1 🗆	     2 🗌	\$00	1 🗆	     2 []		
0061			: 🗆						1 🗆	     2 🗌	1 🗌	     2 🗌	Percent			1 🗌	     2 🗌	\$00	1 🗆	     2 🗌 		
0081									1 🗆	     2 🗌	1 🗌	     2 🗌	Percent			1 🗆	     2 🗌	\$00	1 🗆	     2 []		
0101									1 🗌	     2 🗌	1 🗌	     2 🗌	Percent			1 🗌	     2 🗌	\$00	1 🗆	     2 🗌		
0121			: 🗆				   		1 🗌	2	1 🗆	2	Percent			1 🗌	     2 🗌	\$00	1 🗆	     2 []		
0141			2				   		1 🗌	2	1 🗌	2	Percent			1 🗌	2	\$00	1 🗌	     2 []		

Section 3 – Part A.1

300, also complete part C.) ne property. s appropriate.

Part C.)

			-		р					
dit ty H) <i>to</i>	m Line of Credit Home Equity Loan number (Part H, item 1d)	Since 1 1st of month) have y your C made a payme for you of crea home a loan? If "No," to next proper loan.	the (last , ou (or U) any nts ur line lit equity	o If "Yes" – What was the amount of the last payment?	Prior to the last payment, what was the total amount owed?					
)			NO							
]		1 🗌	2 🗌	\$00	\$00					
]		1 🗌	2 🗌	\$00	\$00					
]		1 🗌	2 🗌	\$00	\$00					
]		1 🗌	2	\$00	\$00					
]		1 🗌	2 🗌	\$00	\$00					
]		1 🗌	2 🗌	\$\$	\$00					
]		1 🗌	2 🗌	\$00	\$00					
]		1 🗌	2 🗌	\$\$	\$00					

### Page 9 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 4. FIELD REPRESENTATIVE INSTRUCTION – Refer to the chart belo 0010 1 🗌 Yes disposed of in the reference period and for each new property c 2 🗌 No – Go to item 3a home equity loans for any property you own? Enter the appropriate property number(s) **b.** *If YES* – For which property was this additional mortgage or and property code(s) in item 2g below home equity loan obtained? from the property inventory chart (items 1a and 1e). Ask for each property. 0020 1 🗌 Mortgage – Mark (X) "Yes" in mortgage C. Was this a mortgage or a home equity loan? 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. (NOTE: Do not fill any parts for pro 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 $_{2}$ $\square$ No – Continue with item 2f Ask or verify. 0040 1 🗌 Yes – Mark (X) "Yes" in line of credit home **f.** Is this new loan a line of credit home equity loan? equity loan column in item 2g

<b>g.</b> Complete the chart below	w for each additional mor	y loan.	an.					
Property number	Property code	Mortgage (Complete a pa	art F)	Lump sum home equity loan (Complete a part G)	Line of credit home equity loan (Complete a part H)			
		□ Yes		Yes	☐ Yes			
		□ Yes		Yes	□ Yes			
		□ Yes		☐ Yes	☐ Yes			
			□ Yes		☐ Yes			
		□ Yes		Yes	☐ Yes			
Ba. Since the 1st of (mont. members of your CU) property or real estate	purchased or otherwise	ou (or any e acquired any	0050	o and 3c art or section				
<b>b.</b> Please look at (page 7,	Information Booklet). Wh	at kind of		Property code	Still owned			
ENTER PROPERTY CODE 100 The home in which	operty was it (were they)? NTER PROPERTY CODE(S) FROM BELOW OD The home in which you (your CU) currently live(s) OD A home in which you (your CU) used to live		0060		0070 1 □ Yes 2 □ No			
600 Property for busines 300 A second home, vac 400 Unimproved land w	<ul><li>600 Property for business or investment purposes only</li><li>300 A second home, vacation home or recreational property</li><li>400 Unimproved land with no buildings on it</li></ul>		0080		0090 1 □ Yes 2 □ No			
<ul> <li>500 Other property – Sp</li> <li>C. Do you still have this p</li> <li>Mark (X) the appropriate</li> </ul>		mn.	0100		0110 1 □ Yes 2 □ No			
RM CE-302								

### Page 9

e chart below. Comp property currently o	lete all appropriate pa wned before moving o	rts for each new property on to the next property.
PROPERT	Y STATUS	]
Currently owned ("Yes" in item 3b)	Disposed of ("No" in item 3b)	
B, C, E, I	B, C, D, E, I	
B, E, I	B, D, E, I	
arts for property code	e 600.)	-
NOTES		

Property code

300

100, 200,

400, 500

FIELD REPRESENTATIVE – Ask part A.2 questions 1 throug

		0		0.1		
	Part A.2 – Screening Questions – <i>For Ne</i>	w Con	sumer Units C			1
				1 03 02 8		NOTES
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,	Property code	YES	NO	<i>If YES ask –</i> <b>How many</b> <b>such properties do you</b> (does your CU) own?	
	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.)	100	0010 1	2		
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	2 🗌 Go to item 3	0030 Number	
3.	Do you (Does your CU) own any property only for business or investment purposes?	600	0035 1	2 🗌 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	2	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	2 🗌 Go to item 6	0070 Number	
6.	<b>Do you (Does your CU) own any other real</b> estate? – <i>Specify</i>					
		500	0080 1	2 🗌 Go to item 7a	0090 Number	
7a.	Since the first of (month, 3 months ago), did you (you own any real estate or land that you (your CU) no lo own(s)?	ır CU) onger	0100 1 🗌 Yes	   2 □ Go to item 8		
b	. If YES – How many different properties?		0110	. Number		
C	Please look at page 7 in the Information Booklet. W kind of property(ies) was it (were they)? Enter property code(s) from below.	/hat	0120	0130	0140	
	<ul> <li>100 – The home in which you (your CU) currently live(s)</li> <li>200 – A home in which you (your CU) used to live</li> <li>600 – Property for business or investment purposes only</li> </ul>		0150	0160	0170	
	<ul><li><b>300</b> – A second home, vacation home, or recreational pr</li><li><b>400</b> – Unimproved land with no buildings on it</li></ul>		0180	0190	0200	
	<b>500 –</b> Other property – <i>Specify</i> <sub>⋠</sub>		0210	0220	0230	
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		Property type code	Currently owned	TY STATUS Disposed of	
	next property.	-		("YES" in items 1–6)	) ("YES" in items 7a)	
	Note – Do not fill any parts for property code 600.	_	300 100, 200,	B, C, E, I	B, C, D, E, I	
			400, 500	B, E, I	B, D, E, I	

gh 7 .	and	then	complete	parts	В	through	l as	instructed.
--------	-----	------	----------	-------	---	---------	------	-------------

FIELD REPRESENTATIVE – Complete a column in part B for this property and continue with all appropriate parts for this property before going to next property.

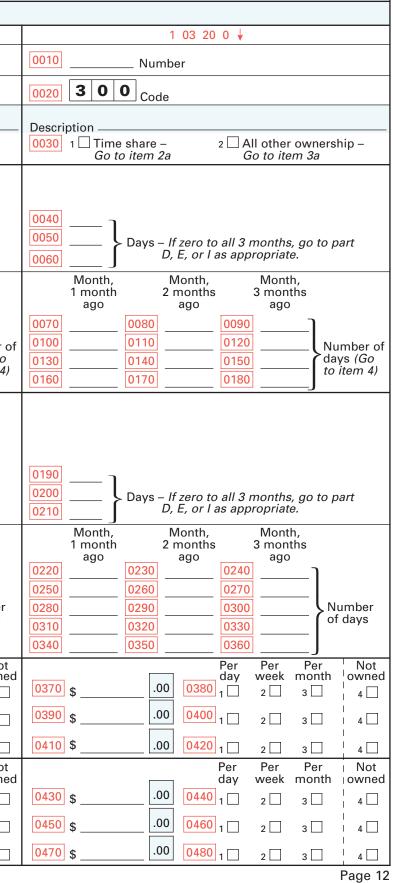
P	art B – Detailed Property Des	cription																		
1.	FIELD REPRESENTATIVE CHECK ITEM	PROCESSIN	G USE ONLY			1 03 03	6 ↓				1 03 0	44					1 03 0	51		
	New Consumer Units – <i>Assign a</i> property number to each property in	a. PROPERTY N	UMBER	0010	Nun	nber			0010		Number				0010	Nu	mber			
	consecutive order starting with 1. Enter the property number in item	<b>b.</b> PROPERTY CO item 3b or par	DDE from part A.1, rt A.2, items 1–7	0020	Co	ode			0020		Code				0020	c	ode			
	1a, the property code in item 1b, a brief description of the property (such as "own home") in item 1c,	C. DESCRIPTION		Descriptior	n				Descript	tion					Descripti	on				
	and appropriate ownership status in item 1d.	d. CURRENT OW STATUS from part A.2			Currently ov part A.2, iter Disposed of (	ms 1–6)		item 3c or r part A.2, item 7)	0030       1 □ Currently owned (from part A.1, item 3c or part A.2, items 1–6)         2 □ Disposed of (from part A.1, item 3c or part A.2, item 7)					0030       1 □ Currently owned (from part A.1, item 3c or part A.2, items 1–6)         2 □ Disposed of (from part A.1, item 3c or part A.2, item 7)				em 7)		
<b>2</b> a	Now I'm going to ask you some question. Are (Were) any of the expenses for the business, farm, or rental expenses?			0040 1	Yes	2	□No – <i>Go</i>	to item 3	0040	⊥□Yes		2 🗌 No – <i>Go</i> i	to item 3	3	0040 1	□Yes		2 🗌 No – <i>Go t</i>	o item 3	
b	b. What percent of the expenses for this property are (were) deducted?			0060	.00	Percent -	– If 100%, de	lete this property.	0060		.00 Percen	ıt – <i>If 100%, del</i>	ete this p	property.	0060	.0	0 Percen	t – <i>lf 100%, del</i> e	ete this pro	perty.
<b>3</b> a	<b>Ba.</b> In what month and year did you (your CU) close or settle on this property? If land contract – In what month and year did the land contract begin?			0080	Month			Year	0080	Mo		090 1 9		Year	0080	Mont		090 1 9		ear
b	<b>b.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box for each property and follow appropriate skip pattern.							9 – Go to item 4 go – Go to item 8				1st, 1 year ago n. 1st, 1 year ag						1st, 1 year ago n. 1st, 1 year ag		
4.	How did you (your CU) acquire this p Mark (X) the FIRST answer that applies.	property?		2	] A purchase, ] A gift or inhe ] Other – <i>Spec</i>	eritance?	t with a build	er, or a trade-in? Go to item 8		1 🗌 A purch 2 🗌 A gift or 3 🗌 Other –	inheritance	act with a builde ?	er, or a ti Go to item	)	2	☐ A purchase ☐ A gift or inl ☐ Other – Spe	neritance	act with a builde ?	Go to item 8	e-in?
	Hand the respondent Information Bookle																			
5.	Closing costs include these kinds of costs, what was the total price paid	things. Not incl for the property	uding closing ?	0130 \$_		.0	0		0130	\$		.00			0130 \$			.00		
6.	What was the amount of the down pa	ayment?		0140 \$_		.0	0		0140	\$		.00			0140 \$			.00		
7.	About how much were the closing co	osts?		0160 \$		.0	0		0160	\$		.00			0160 \$			.00		
8.	About how much do you think this p today's market?	property would s	ell for on	0190 \$		.0	0		0190	\$		.00			0190 \$			.00		
9.	What are your (your CU's) annual pro description)?	operty taxes for	(property	0200 \$		.0	0		0200	\$		.00			0200 \$			.00		
10.	Ask if not apparent. Do not ask for unimp Is this property a condominium, coop				] A condomin ] A cooperativ		Somethi	ng else		1 🗌 A condo 2 🗌 A coope		3 🗌 Somethir	ng else			□ A condomi □ A cooperat		3 🗌 Somethin	g else	
	If vacation property/second home (code other properties, go to part D or E as app	300), ask question	ns 11–13. All	City or place	се			State	City or p	olace			St	ate	City or p	ace			State	;
11.				Foreign country			Foreign country						Foreign country							
		OFI	FICE USE ONLY	0220					0220						0220					
12.	Do you (Does your CU) share owners property with anyone else outside yo	ship of this under CU?		0230 1	Yes	2	□ No – <i>Go</i>	to part C, item 1	0230	1 🗌 Yes		2 🗌 No – <i>Go</i> i	to part C	, item 1	0230 1	□Yes		2 🗌 No – <i>Go t</i>	o part C, it	tem 1
13.	Do you (Does your CU) share ownershi a time-sharing arrangement where you of the property only for a specified tim	have (your CU h	as) ownership	0240 1 2	Share owne Time-sharin	ership for ng arrange	entire year	Go to part C, item 1		1 □ Share o 2 □ Time-sh		or entire year gement	Go to p item 1	oart C,		□ Share own □ Time-shari	-	or entire year gement	Go to par item 1	t C,

F	Part C – Second Home/V	acation Property																
1.	FIELD REPRESENTATIVE CHECK	PROCESSING USE ONLY				1 03 18	4 🖌							1 03 19	2 🖌			
	ITEM Enter the property number in	a. PROPERTY NUMBER	0010		Nun	nber					0010		Num	nber				
	item 1a, mark the appropriate	<b>b.</b> PROPERTY CODE	0020 <b>3 0 0</b> Code								0020 <b>3 0 0</b> <sub>Code</sub>							
	description of the property.	<b>C.</b> DESCRIPTION (From item 12				с								с				
		or 13, part B if first report of property, otherwise from	Descri	•							Descri	•						
		col. C, part A.1)	0030	1 🗌 Tim <i>Go</i> 1	e share · <i>to item 2</i>	- ?a	2 🗌 AI <i>G</i>	l other o to iter	owners <i>m 3a</i>	ship –	0030	1 🗌 Tim <i>Go t</i>	e share - to item 2			other of the states of the sta	ownersl n <i>3a</i>	hip –
2a.	(month, 2 months ago)?	used during the last 3 ou (your CU) have ownership	0040 0050 0060	]	> Days -	· If zero to D, E, or I a	all 3 r	nonths, ropriate	, go to ,	part	0040 0050 0060	]	≻ Days -	- If zero to D, E, or I a	all 3 m s appro	onths, opriate	go to p	art
	(month, 3 months ago)? Only ask for months with an entry	, of any or more days in item 2	0000	J		Manth		Manth			0000			M a satila		N/		
b.	Considering only the time that ownership of this property, ho this property –	you (your CU) have (has) had		Month, 1 month ago	ı 	Month, 2 months ago		Month 3 mont ago				Month, 1 month ago		Month, 2 months ago		Month month ago		
	01 – Occupied, but not rented?		0070		0800		0090		_]		0070		0080		0090		_]	
	02 – Traded for time in anothe	r unit?	0100		0110		0120			lumber of	0100		0110		0120			mber
	03 – Rented by you (your CU) t	o someone outside your CU?	0130		0140		0150			ays (Go 5 item 4)	0130		0140		0150			ys (Go item 4
	04 – Unoccupied?		0160		0170		0180		J		0160		0170		0180			
3a.	in working order. How many d use during the month of (month, 1 month ago)?	fit for use" we mean that the he season, and all facilities are	0190	— ]		16					0190	— J	Davia	16	- // 2			
	-		0210		S Days -	· If zero to D, E, or I a	an s r as app	ropriate	, go to j <del>.</del>	part	0210		> Days -	· If zero to D, E, or I a	s appro	ontris, opriate	90 to p	arı
	Only ask for months the property			Month,	l	Month,		Month				Month,		Month,		Month		
b.	Now consider only the time th During the month of how n 01 – Occupied, but not rented?	at the property was fit for use. nany days was this property –	0220	1 month ago	0230	2 months ago	0240	3 mont ago			0220	1 month ago	0230	2 months ago	3 0240	ago		
	02 – Used by owner(s) outside	-			0260		0270		-1	lumber	0250		•		0270		-   <sub>N</sub>	umber
	03 – Rented by you (your CU) to		0280		0290					of days	0280 0310		0290		0300			days
	-		0310		0320		0330				0310		0320		0330		-1	
			0340		0350		Per	Per	<u> </u>	Not	0040		0000			Per	J Per	No
4.	For months rented – How much or rent this property during the m		0370	\$	.0		day 1	week	month 3		0370	\$	.0		day v	veek i 2	$3 \square$	
	(month, 1 month ago) <b>?</b>		0390	¢	.0	0 0400		• <b>—</b>	• 🗆	   4 🗌	0390	¢	.0	0 0400	1			
	(month, 2 months ago)?		·	+ <u> </u>			1	2	3			Φ				2	3 🗌	4 [ 
	(month, 3 months ago)?		0410	\$	.0	0 0420	1 🗌	2	3 🗌	4	0410	\$	.0	0 0420	1	2	3	4
5.	For months not rented – If this pr else (outside your CU), how mu charged in (If respondent say					<b></b>	Per day	Per week	Per month	1			0	· ۱		Per veek		No  own
	estimate of rental value.)		0430	\$		0 0440	1 📙	2	3	4	0430	\$	.0		1 🖂	2	3	4
	(month, 1 month ago) <b>?</b> (month, 2 months ago) <b>?</b>		0450	\$	.0	0 0460	1 🗌	2	3 🗌	4	0450	\$	.0	0 0460	1 🗌	2	3 🗌	4
	-		0470	\$	.0	0 0480	1	2	3 🗌	4	0470	\$	.0	0 0480	ı 🗆	2	3 🗌	   4 [

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Section 3 – Part C

## FIELD REPRESENTATIVE – Complete a column in part C for this property and continue with all appropriate parts for this property before going to next property.



P	art D – Disposed o	f Property						
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 03 33 3 ↓	1 03 34 1 🖌	1 03 35 8 🖌	1 03 36 6 🖌		
	Complete at the 1st interview in which the property is reported as	a. PROPERTY NUMBER	0010 Number	0010 Number	0010 Number	0010 Number		
	being disposed of. Enter the property number in item 1a, the property	<b>b.</b> PROPERTY CODE	0020 Code	0020 Code	Code	0020 Code		
	code in item 1b, and a brief description of the property in item 1c.	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?		s property, give it to ur CU), or do	0030 1 □ Sold the property 2 □ Gave it to someone else 3 □ Something else – Specify Mark property traded-in as "sold."	0030 1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – <i>Specify</i> Mark property traded-in as "sold."	0030 1 □ Sold the property 2 □ Gave it to someone else 3 □ Something else – Specify Mark property traded in as "sold "	0030 1 □ Sold the property 2 □ Gave it to someone else 3 □ Something else – Specify Mark property traded-in as "sold."		
					Mark property traded-in as "sold."			
3.	In what month and year (sell/response to item 2) t	did you (your CU) his property?	Month         Year           0040         0050         1         9	Month         Year           0040         0050         1         9	Month         Year           0040         0050         1         9	Month         Year           0040         0050         1         9		
			lf "sold" in item 2, go to item 4; otherwise go to part E.	lf "sold" in item 2, go to item 4; otherwise go to part E.	If "sold" in item 2, go to item 4; otherwise go to part E.	lf "sold" in item 2, go to item 4; otherwise go to part E.		
4.	What was the selling pri	ice (trade-in value)?	0060 \$00	0060 \$00	0060 \$00	0060 \$		
	Hand the respondent Infor Here is a list of some of have when selling (tradi at the list may help you your (your CU's) expens the total expenses in se property?	the costs people may ng) property. Looking remember what es were. What were	0070 \$00	0070 \$00	0070 \$00	0070 \$00		
6a.	Did you (your CU) finand sale (trade) for the buye	ce any part of the r?	0080 1 □ Yes 2 □ No - <i>Go to part E</i>	0080 1 □ Yes 2 □ No - <i>Go to part E</i>	0080 1 □ Yes 2 □ No – <i>Go to part E</i>	0080 1 □ Yes 2 □ No – <i>Go to part E</i>		
b.	What was the amount o that you (your CU) finan	f the mortgage iced?	0090 \$00	.00	.00	0090 \$00		
				NOTES				

# 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 E – Mortgage/I	Home Equity Loan S	Screening Questions		
1.	FIELD REPRESENTATIVE	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS
	Enter the property number in item 1a, the property code in item 1b, and a brief description of	<b>b.</b> PROPERTY CODE	Description		
	the property in item 1c.	C. DESCRIPTION	Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3
2.	I want to ask next about (your CU) had in the las (property description). FIELD REPRESENTATIVE ( Mark (X) appropriate box	t three months on	1	item 4a	<ul> <li>b. Enter number of lump sum home equity loans for this prope (from item 6a)</li> <li>c. Enter number of line of credit home equity loans for this prope (from item 6b)</li> </ul>
3a	Excluding home equity your CU) presently have this property?	loans, do you (does		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?	<ul> <li>(from item 6b)</li> <li>After completing the appropriate parts F, G, and/or H, conti</li> <li>If no mortgages nor home equity loans on this property, go</li> </ul>
			☐ Yes ☐ No – Go to item 3b	– Go to item 5 Number	NO
b	<ul> <li>Have you (Has your CU) property since the 1st of</li> </ul>	had a mortgage on this of (month, 3 months ago)?	☐ Yes ☐ No – <i>Go to item 5</i>	– Go to item 5 Number	
<b>4</b> a	<ul> <li>In addition to your (you cooperative's total cost CU) make payments on obtained from an outsic (your CU's) shares in th</li> </ul>	ts, do you (does your a mortgage that was de lender for your	☐ Yes ☐ No - Go to item 4b	– Go to item 5 Number	
b	<ul> <li>Since the lst of (month, (has your CU) made any mortgage that was obta lender for your (your Cl cooperative?</li> </ul>	ained from an outside	☐ Yes ☐ No - <i>Go to item 5</i>	– Go to item 5 Number	
5.	Do you (Does your CU) loan or any other loan y claim on this property i repaid?	which gives the lender		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)?	
			☐ Yes ☐ No – Go to item 7	Number	
6.	me which more closely	wo basic types of home be both types. Please tell describes your loan.			
	<ul> <li>A loan where you (you lump-sum borrowed w out the loan; or</li> </ul>	ur CU) received the entire when you (your CU) took			
	<ul> <li>A line of credit loan w increase the amount b</li> </ul>	orrowed by simply	7		
а	Do you (Does your CU) equity loan?	ng a special credit card. have a lump sum home	☐ Yes ☐ No – <i>Go to item 6b</i>	Number	
b	Do you (Does your CU) home equity loan?	have a line of credit	☐ Yes ☐ No - Go to item 7	Number	

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

	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
3b, 4a, or 4b)		F
erty		G
operty		н
inue with part I		
o to part l		
TES		

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	Section 3 – OWNED	D LIVING QUARTER	S AND OTHER OWNED F	REAL ESTATE – Continued	FIELD REPRESENTATIVE – Ask part E parts F, G,
	Part E – Mortgage/l	Home Equity Loan S	creening Questions – C	ontinued	
1.	FIELD REPRESENTATIVE	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS
	Enter the property number in item 1a, the property code in item 1b,	<b>b.</b> PROPERTY CODE	Code		
	and a brief description of the property in item 1c.		Description		<b>a.</b> Enter number of mortgages for this property (from item 3a,
2.	C. 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 Mark (X) appropriate box based upon part B, item 10		1 □ Co-op property – <i>Go to</i> 2 □ Not co-op	o item 4a	<ul> <li>b. Enter number of lump sum home equity loans for this proper (from item 6a)</li> <li>c. Enter number of line of credit home equity loans for this proper (from item 6b)</li> </ul>
3a	<ul> <li>3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?</li> </ul>			If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?	<ul> <li>After completing the appropriate parts F, G, and/or H, cont</li> <li>If no mortgages nor home equity loans on this property, g</li> </ul>
			□ Yes □ No - <i>Go to item 3b</i>	– Go to item 5 Number	NC
b	<b>b.</b> Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?		☐ Yes ☐ No – <i>Go to item 5</i>	– Go to item 5 Number	
<b>4</b> a	<ul> <li>In addition to your (you cooperative's total cos CU) make payments on obtained from an outsi (your CU's) shares in th</li> </ul>	a mortgage that was de lender for your	☐ Yes ☐ No - Go to item 4b	– Go to item 5 Number	
b	Since the lst of (month, (has your CU) made any mortgage that was obt lender for your (your Cl cooperative?	<i>3 months ago)</i> , have you y payments on a ained from an outside	☐ Yes ☐ No – Go to item 5	– Go to item 5 Number	
5.	Do you (Does your CU) loan or any other loan y claim on this property i repaid?	which gives the lender		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)?	
			☐ Yes ☐ No – Go to item 7		
6.	Now let's talk about yo		$\square$ NO – GO to item /	Number	
0.	description). There are to equity loans. I'll descril me which more closely • A loan where you (you	wo basic types of home be both types. Please tell			
	A line of credit loan w increase the amount b	vhere you (your CU) can porrowed by simply ng a special credit card.			
a	Do you (Does your CU) equity loan?		☐ Yes ☐ No – <i>Go to item 6b</i>	Number	
b	Do you (Does your CU) home equity loan?	have a line of credit	☐ Yes ☐ No – Go to item 7	Number	

## questions 1 through 6 and then complete and/or H as instructed.

	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
, 3b, 4a, or 4b)		F
erty		G
operty		н
tinue with part I go to part I		
DTES		

	Section 3 - OWNED	LIVING QUARTER	S AND OTHER OWNED R	EAL ESTATE – Continued	FIELD REPRESENTATIVE – Ask part E q parts F, G, a
	Part E – Mortgage/ł	Home Equity Loan S	Screening Questions - Co	ontinued	
1.	FIELD REPRESENTATIVE	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS
	Enter the property number in item 1a, the property code in item 1b, <b>b.</b> PROPERTY CODE		Code		
	and a brief description of the property in item 1c.	C. DESCRIPTION	Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3
<ul> <li>I want to ask next about any mortgages you (your CU) had in the last three months on (property description).</li> <li>FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon part B, item 10.</li> </ul>		<b>t any mortgages you t three months on</b> CHECK ITEM	1	item 4a	<ul> <li>b. Enter number of lump sum home equity loans for this proper (from item 6a)</li> <li>c. Enter number of line of credit home equity loans for this prop (from item 6b)</li> </ul>
3a.	Excluding home equity your CU) presently have this property?	loans, do you (does e a mortgage on		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?	<ul> <li>After completing the appropriate parts F, G, and/or H, contin</li> <li>If no mortgages nor home equity loans on this property, go</li> </ul>
b	 Have you (Has your CU)	had a mortgage on this	☐ Yes ☐ No – Go to item 3b	– Go to item 5 Number	NOT
	property since the 1st o	f (month, 3 months ago)?	☐ Yes ☐ No – <i>Go to item 5</i>	– Go to item 5 Number	
<b>4</b> a	In addition to your (you cooperative's total cost CU) make payments on obtained from an outsic (your CU's) shares in th	ts, do you (does your a mortgage that was de lender for your	□ Yes □ No - Go to item 4b	– Go to item 5 Number	
b.	Since the lst of (month, (has your CU) made any mortgage that was obta lender for your (your CU cooperative?	y payments on a ained from an outside	☐ Yes ☐ No – Go to item 5	– Go to item 5 Number	
5.	Do you (Does your CU) loan or any other loan v claim on this property i repaid?	which gives the lender		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)?	
			☐ Yes ☐ No – Go to item 7	Number	
6.	<ul> <li>me which more closely</li> <li>A loan where you (you</li> </ul>	wo basic types of home be both types. Please tell describes your loan. Ir CU) received the entire			
	<ul> <li>lump-sum borrowed w out the loan; or</li> <li>A line of credit loan w increase the amount b</li> </ul>	when you (your CU) took where you (your CU) can			
a	writing a check or usin Do you (Does your CU) equity loan?	ng a special credit card.	☐ Yes ☐ No - Go to item 6b	Number	
b	Do you (Does your CU) home equity loan?	have a line of credit	□ Yes		
			🗌 No – Go to item 7	Number	

## questions 1 through 6 and then complete and/or H as instructed.

	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
3b, 4a, or 4b)		F
rty		G
perty		н
inue with part I		
o to part l		
TES		

## 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.

Pa	Part F – Mortgages						
1.	FIELD REPRESENTATIVE PROCESSING USE ONLY	1 03 43 2 🗸	1 03 44 0 🖌	1 03 45 7 🖌			
	Enter the property number in item 1a, the <b>a.</b> PROPERTY NUMBER	0010 Number	0010 Number	0010 Number			
	property code in item 1b, a brief description of the property in item 1c. <b>b.</b> PROPERTY CODE	0020 Code	0020 Code	0020 Code			
	Enter the 3-digit loan number in item 1d, beginning with 101 and <b>C.</b> DESCRIPTION	Description	Description	Description			
	assigning loan numbers consecutively, regardless of property number. <b>d.</b> LOAN NUMBER	0030 1 Number	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?	Month         Year           0035         0045         1         9	Month         Year           0035         0045         1         9	Month         Year           0035         0045         1         9			
3.	ls this a 30-year mortgage, a 15-year mortgage, or something else?	0055       1 30-year       3 Something else - Specify -         2 15-year       0065       Number of years	0055       1 30-year       3 Something else - Specify -         2 15-year       0065	0055       1 30-year       3 Something else - Specify -         2 15-year       0065       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 Percent	0075 Percent	0075 Percent			
5.	What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.)	0080       If same as item 4, go to item         0080       Percent         6a. If different, go to item 6b.	0080       If same as item 4, go to item         0080	0080       If same as item 4, go to item         0080			
6a.	Is this a fixed rate mortgage?	0085 1 Yes – Go to item 7 2 No	0085 1 Yes – <i>Go to item</i> 7 2 No	0085 1 Yes – <i>Go to item</i> 7 2 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 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable rate of interest       6 □ Reverse annuity         7 □ Other - Specify ∠         3 □ Graduated payment         4 □ Rollover or renegotiable       8 □ Don't know	0090       1 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable rate of interest       6 □ Reverse annuity         3 □ Graduated payment       7 □ Other - Specify r         4 □ Rollover or renegotiable       8 □ Don't know	0090       1 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable rate of interest       6 □ Reverse annuity         3 □ Graduated payment       7 □ Other - Specify r         4 □ Rollover or renegotiable       8 □ Don't know			
7.	Have you (Has your CU) refinanced or renegotiated this mortgage?	0105       1 □ Yes - Read to respondent - The following question refers to this current mortgage.         2 □ No	0105       1 □ Yes - Read to respondent - The following question refers to this current mortgage.         2 □ No	0105       1 □ Yes - Read to respondent - The following question refers to this current mortgage.         2 □ No			
8.	What was the amount of the mortgage when you (your CU) obtained it, excluding any interest?	0130 \$ .00	0130 \$00	0130 \$00			
9.	How often are (were) mortgage payments due?	0170       1 □ Weekly       5 □ Semiannually         2 □ Biweekly       6 □ Annually         3 □ Monthly       7 □ Other - Specify          4 □ Quarterly	0170       1 □ Weekly       5 □ Semiannually         2 □ Biweekly       6 □ Annually         3 □ Monthly       7 □ Other - Specify ↓         4 □ Quarterly	0170       1 □ Weekly       5 □ Semiannually         2 □ Biweekly       6 □ Annually         3 □ Monthly       7 □ Other - Specify ↓         4 □ Quarterly			
10.	<b>On your (your CU's) last regular payment,</b> <b>which of these things were included?</b> (Hand respondent Information Booklet, page 11.)	0175       1 Principal and interest       0220       5 Mortgage guarantee insurance         0190       2 Property taxes       0230       6 Any other payments –	01751 Principal and interest02205 Mortgage guarantee insurance01902 Property taxes02306 Any other payments -	01751 Principal and interest02205 Mortgage guarantee insurance01902 Property taxes02306 Any other payments -			
	Mark (X) all that apply.	0200     3 □ Property insurance     Specify ∠       0210     4 □ Life insurance	0200     3 □ Property insurance       0210     4 □ Life insurance	0200     3 □ Property insurance     Specify ∠       0210     4 □ 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	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 \Don't know	0245 \$00 × □ Don't know	0245 \$00 × □ Don't know			

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

Pa	Part G – Lump Sum Home Equity Loans						
1.	FIELD REPRESENTATIVE PROCESSING USE C	ILY 1 03 58 0 ↓	1 03 59 8 🖌	1 03 60 6 🖌			
	Enter the property	EB 0010 Number	0010 Number	0010 Number			
	number in item 1a, the property code in item 1b,	ER 0010 Number	0010 Number	0010 Number			
	a brief description of the property in item 1c. <b>b.</b> PROPERTY CODI	0020 Code	0020 Code	0020 Code			
	Enter the 3-digit loan number in item 1d, beginning with 201 and <b>C.</b> DESCRIPTION	Description	Description	Description			
	assigning loan numbers consecutively, regardless						
	of property number. <b>d.</b> LOAN NUMBER	0030 2 Number	0030 2 Number	0030 2 Number			
2.	I'd like to ask some additional questions abo your lump sum home equity loan. In what	t Month Year	Month Year	Month Year			
	month and year did you (your CU) make your (your CU's) first payment on this loan?	0035 0045 1 9	0035 0045 1 9	0035 0045 1 9			
3.	Is this a 30-year home equity loan, a 15-ye		0055 1 30-year 3 Something else – Specify 7	0055 1 30-year 3 Something else – Specify 7			
	home equity loan, or something else?	2 15-year 0065 Number of years	2 15-year 0065 Number of years	2 15-year 0065 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%. (Inclu all FHA guarantee insurance if applicable.)	de 0075 Percent	0075 Percent	0075 Percent			
5.	What is the current interest rate on your						
	(your CU's) home equity loan? (Convert fractions to decimals.)	0080       If same as item 4, go to item         6a. If different, go to item 6b.	0080       If same as item 4, go to item         0080       Percent         6a. If different, go to item 6b.	0080       If same as item 4, go to item         0080       Percent         6a. If different, go to item 6b.			
<b>6</b> a.	Is this a fixed rate home equity loan?	0085 1 🗆 Yes – Go to item 7 2 🗌 No	0085 1 🗌 Yes – Go to item 7 2 🗌 No	0085 1 🗌 Yes – <i>Go to item</i> 7 2 🗌 No			
<b>b.</b> There are many different kinds of lump sum			0090 1 Fixed rate of interest 5 Deferred interest	0090 1 Fixed rate of interest 5 Deferred interest			
	home equity loans. Which one of these (ha respondent Information Booklet, page 10) com closest to yours (your CU's)?	a       2 □ Variable or adjustable       6 □ Reverse annuity         rate of interest       7 □ Other - Specify ∠	2 □ Variable or adjustable 6 □ Reverse annuity rate of interest 7 □ Other – Specify <sub>▼</sub>	2 □ Variable or adjustable 6 □ Reverse annuity rate of interest 7 □ Other – Specify <sub>Z</sub>			
closest to yours (your CO s):		3 Graduated payment 4 Rollover or renegotiable 8 Don't know	3 Graduated payment 4 Rollover or renegotiable 8 Don't know	3 Graduated payment 4 Rollover or renegotiable <sub>8</sub> Don't know			
7		0105       1 □ Yes - Read to respondent - The following question	4 □ Honover of renegotiable 8 □ Don't know         0105       1 □ Yes – Read to respondent – The following question	1 ☐ Yes – <i>Read to respondent</i> – <b>The following question</b>			
7.	Have you (Has your CU) refinanced or renegotiated this lump sum home equity loan?	refers to this current	refers to this current	refers to this current			
		2 No loan.	2 No loan.	2 No loan.			
8.	What was the amount of the lump sum home equity loan when you (your CU) obtained it,	0130 \$ .00	0130 \$ .00	0130 \$00			
9.	excluding any interest? How often are (were) loan payments due?	0170 1 Weekly 5 Semiannually	0170 1 Weekly 5 Semiannually	0170 1 Weekly 5 Semiannually			
-		2 Biweekly 6 Annually	2 Biweekly 6 Annually	2 Biweekly 6 Annually			
		3 Monthly 7 Other – Specify $\overrightarrow{V}$ 4 Quarterly	3 ☐ Monthly 7 ☐ Other – <i>Specify</i> <sub>₹</sub> 4 ☐ Quarterly	3 ☐ Monthly 7 ☐ Other – <i>Specify</i> <sub>¥</sub> 4 ☐ Quarterly			
10.	On your (your CU's) last regular payment,	0175 1 Principal and 0220 5 Mortgage guarantee	0175 1 Principal and 0220 5 Mortgage guarantee	0175 1 Principal and 0220 5 Mortgage guarantee			
	which of these things were included? (Han respondent Information Booklet, page 11.)	interest insurance	interest insurance	interest insurance			
	Mark (X) all that apply.	0190 2 □ Property taxes 0230 6 □ Any other payments – 0200 3 □ Property insurance Specify ₹	0190 2 □ Property taxes 0230 6 □ Any other payments – 0200 3 □ Property insurance Specify ₹	0190 2 Property taxes 0230 6 Any other payments – 0200 3 Property insurance Specify			
		0210 4 Life insurance	0210 4 Life insurance	0210 4 Life insurance			
11.	On your (your CU's) last regular payment, what was the total amount you (your CU)			0235 \$ .00			
12	paid for those things?	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 principa	0245 \$00 × □ Don't know	0245 \$00 × □ Don't know	0245 \$00 × □ Don't know			
	and interest?						

Section 3 – Part G

	Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued FIELD REPRESENTATIVE – Complete a separate column for each line of credit home equity loan at the 1st interview in which the loan is reported.							
	Part H – Line of Credit Home Equity Loans							
1.		PROCESSING USE ONLY	1 03 68 9 🗸	1 03 69 7 🗸	1 03 70 5 🗸	NOTES		
	Enter the property number in item 1a, the property code in item 1b, a brief description of the	a. PROPERTY NUMBER	0010 Number	0010 Number	0010 Number			
	a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d,	<b>b.</b> PROPERTY CODE	0020 Code	0020 Code	0020 Code			
	number in item 1d, beginning with 301 and assigning loan numbers consecutively, regardless	C. DESCRIPTION	Description	Description	Description			
	of property number.	<b>G.</b> LOAN NUMBER	0030 3 Number	0030 3 Number	0030 3 Number			
2.	I'd like to ask some add about your (your CU's) equity loan. Since the 1 have you (has any mem made any payments for	litional questions line of credit home st of (last month), ber of your CU) • this loan?	0040 1 🗌 Yes 2 🗌 No – Go to next loan or part l	0040 1 🗌 Yes 2 🗌 No – Go to next loan or part l	0040 1 🗌 Yes 2 🗌 No – Go to next loan or part l			
3.	<i>If YES</i> – What was the an payment?	mount of the last	0050 \$00	0050 \$00	0050 \$00			
4.	Prior to the last payment total amount owed?	nt, what was the	0060 \$00	0060 \$00	0060 \$			
			<b>2</b>	\$	\$			

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

F	Part I – Ownership Costs			
	FIELD REPRESENTATIVE ITEMPROCESSING USE ONLYEnter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.a. PROPERTY NUMBERb. PROPERTY CODEc. DESCRIPTION	1 03 77 0 ↓ 0010 Number 0020 Code Description	<ul> <li>8. If property is co-op, ask –</li> <li>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?</li> <li>0160 01 Repayment of I cooperative</li> <li>0170 02 Property taxes</li> <li>0180 03 Property insura</li> <li>0190 04 Management</li> <li>0200 05 Repairs and maincluding lawn removal</li> </ul>	intenance, care and snow 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
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.	0030 1 ☐ Mortgage/lump sum home equity loan 2 ☐ No mortgage/no lump sum home equity loan – <i>Go to item 4a</i>	Mark (X) all that apply.021006 □ ImprovementsIf any entry in boxes 1–11, go to item 10a.07 □ Recreational, in swimming, gold facilitiesIf no entries in boxes 1–11, go to item 11a.023008 □ Security, include	, and tennis 3 months ago), what services were provided?
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?	0040 1 □ Yes 2 □ No – <i>Go to item 4a</i>	alarm systems 0240 09 □ Utilities: such a electricity, wate 0250 10 □ Trash collection 0260 11 □ Other – Specify	s gas,       0480       0       0490       0         r, heat       0500       0       0510       0         0520       0       0530       1
	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?	0050 \$ .00	<ul> <li>9. If property is not co-op, ask –</li> <li>Which of the services and privileges listed (hand the respondent Information Booklet page 12) are included in these</li> <li>0270 21 Management</li> <li>0280 22 Repairs and maincluding lawn</li> </ul>	intenance, care and snow
	Were there any penalty charges as a result of the extra payments? Since the 1st of (month, 3 months ago), how	0070 1 ☐ Yes 2 ☐ No – <i>Go to item 4a</i>	payments?       Mark (X) all that apply.         0300       24 Utilities: such a electricity, wate	s gas, r, heat 0590 2 0600 2 0610 2 0620 2 0630 2 0640 3
f.	much were these penalty charges? How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0080 \$ .00 0090 \$ .00	0310 25 Parking 0320 26 Recreational, in swimming, golf facilities 0330 27 Security, includ alarm systems	, and tennis C. Since the 1st of (month, 3 months ago), how much 0660 \$0000
_	Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)? If YES – What was the total amount paid?	0100 1 ☐ Yes 2 ☐ No - <i>Go to item 5</i> 0110 \$.00	0340       28 □ Maid service         0350       29 □ Medical service         0360       30 □ Trash collection	
	How much of the (amount in item 4b) was paid since the 1st of (current month)? FIELD REPRESENTATIVE CHECK ITEM	0120 \$ .00	<b>0370</b> 31 Other – Specify	✓ IZa. 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, 0680 1 □ Yes 2 □ No - Go to item 13
5.	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	0130 1 □ Condominium – Go to item 7 2 □ Co-op – Go to item 8 3 □ Neither condo nor co-op – Continue	b. If YES – How much per month? $2 \square No – Go to item$	.00       b. What was the total amount paid?       0690 \$
6.	If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?	with item 6 0140 1 🗌 Yes – Go to item 9 2 🗌 No – Go to item 11a	<ul> <li>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?</li> <li>d. Since the 1st of (month, 3 months</li> </ul>	item 12b) was paid since the 1st of (current month)?       0700 \$       .00         13. Ask if code 100 or 200 in item 1b.       .00
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?	0150 1 □ Yes – Go to item 9 2 □ No – Go to item 11a	ago), how much have you (has your CU) paid for these services?       0410 \$	.00       If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?       0710       \$00

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

F	Part I – Ownership Costs – Continued			
1.	FIELD REPRESENTATIVE ITEMPROCESSING USE ONLYEnter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. <b>a.</b> PROPERTY NUMBER <b>b.</b> PROPERTY CODE <b>c.</b> DESCRIPTION	1 03 78 8 ↓ 0010 Number 0020 Code Description	<ul> <li>8. If property is co-op, ask –</li> <li>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?</li> <li>9160</li> <li>91 Repayment of loans owed by cooperative for loans owed by cooperative</li> <li>9160</li> <li>91 Repayment of loans owed by 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?</li> </ul>	something nt page 13. r CU) agement 0430 1 □ Yes 2 □ No - Go to item 12a
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.	0030 1 ☐ Mortgage/lump sum home equity loan 2 ☐ No mortgage/no lump sum home equity loan – <i>Go to item 4a</i>	Mark (X) all that apply.       0210       06 Improvements       items?         If any entry in boxes 1–11, go to item 10a.       0220       07 Recreational, including swimming, golf, and tennis facilities <b>b.</b> Since the 1st of (m. 3 months ago), what services were provided on the services wereex and the services were provided on the serv	toonth, <b>SERVICES FOR CO-OPS</b> <b>t 0440 0 0450 0</b>
	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?	0040 1 □ Yes 2 □ No – <i>Go to item 4a</i>	0240       09 □ Utilities: such as gas, electricity, water, heat         0250       10 □ Trash collection         0260       11 □ Other - Specify ∠	0480       0       0490       0         0500       0       0510       0         0520       0       0530       1         0540       1        1
b.	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?	0050 \$00	9. If property is not co-op, ask –	SERVICES FOR CONDOS/ SOMETHING ELSE
c.	How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?	0060 \$00	Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those	0550         2         0560         2           0570         2         0580         2
d.	Were there any penalty charges as a result of the extra payments?	0070 1 □ Yes 2 □ No – <i>Go to item 4a</i>	Mark (X) all that apply.       0290       23 Improvements         0300       24 Utilities: such as gas,	0590         2         0600         2           0610         2         0620         2           0630         2         0640         3
е.	Since the 1st of (month, 3 months ago), how much were these penalty charges?	0080 \$	electricity, water, heat 0310 25 Parking	0650 3
	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0090 \$ 0000	032026Recreational, including swimming, golf, and tennis facilitiesC. Since the 1st of (m 3 months ago), how were these special payments?	much 0660 s
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)?	. 0100 1 □ Yes 2 □ No − <i>Go to item 5</i>	alarm systemspayments:034028 Maid serviced. Of the (amount in ite how much was pair the 1st of (current n	d since 0670 c .00
b.	If YES – What was the total amount paid?	0110 \$00	0360     30 Trash collection     12a. Since the 1st of (meth)	onth,
c.	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0120 \$00	0370 31 □ Other - Specify 3 months ago), have your CU) paid any s assessments by a lo government for cor	special 2 🗌 No – Go to item 13
5.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box.	0130 1 Condominium – Go to item 7	10a. Are any of the costs included in your (your CU's) mortgage payment? 0380 1 Yes 2 No - Go to item 10d or repair of roads, s	e that?
	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	2 □ Co-op – <i>Go to item 8</i> 3 □ Neither condo nor co-op – <i>Continue</i>	b. If YES - How much per month?       0390 \$       .00         b. What was the total paid?         c. How much of the (a)	0690 \$00
6.	If property is not condo/co-op, ask –	with item 6	C. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular (1) Yes (2) No – Go to item 11a (item 12b) was paid s (it	since the 0700 \$00
	Do you (Does your CU) make regular payments to a homeowner's association?	0140 1 □ Yes – Go to item 9 2 □ No – Go to item 11a	payments for these services?       13. Ask if code 100 or 20 item 1b.         d. Since the 1st of (month, 3 months       If someone were to	o rent
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?	0150 1 □ Yes – Go to item 9 2 □ No – Go to item 11a	ago), how much have you (has your CU) paid for these services?       0410 \$	x Don't know

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Section 3 -	<b>OWNED LIVING</b>	<b>QUARTERS AND</b>	<b>OTHER OWNED</b>	<b>REAL ESTATE – Continued</b>
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FIELD REPRESENTATIVE – Complete a separate part I for each property still owned or disposed of within the past 3 months.

F	Part I – Ownership (	Costs – Continued					
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.	PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE c. DESCRIPTION	1 03 79 6 ↓ 0010 Number 0020 Code Description	8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperativ for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the thin on this card (hand the respondent Information Booklet, page 12) have y (has your CU) made any payments	<ul> <li>0180 03 Property insurance</li> <li>0190 04 Management</li> <li>0200 05 Repairs and maintenance, including lawn care and snow</li> </ul>	<b>11a.</b> 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	0430 1 □ Yes 2 □ No – <i>Go to item 12a</i>
2.	FIELD REPRESENTATIVE C Mark (X) the appropriate by If there was a mortgage or Ioan on the property within box 1; if not, mark box 2.	ox. Tump sum home equity	0030 1 ☐ Mortgage/lump sum home equity loan 2 ☐ No mortgage/no lump sum home equity loan – <i>Go to item 4a</i>	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.	<ul> <li>0210 06 ☐ Improvements</li> <li>0220 07 ☐ Recreational, including swimming, golf, and tennis facilities</li> <li>0230 08 ☐ Security, including guards and</li> </ul>	items? b. Since the 1st of (month, 3 months ago), what services were provided?	SERVICES FOR CO-OPS           0440         0         0450         0           0460         0         0470         0
3a.	Now I want to ask about (property description) duri months. Since the 1st of have you (any members than the amount require lump sum home equity I	ng the last three f (month, 3 months ago), of your CU) paid more ed on any mortgage or	0040 1 □ Yes 2 □ No – <i>Go to item 4a</i>		alarm systems 0240 09 □ Utilities: such as gas, electricity, water, heat 0250 10 □ Trash collection 0260 11 □ Other – Specify <sub>K</sub>		0480       0       0490       0         0500       0       0510       0         0520       0       0530       1         0540       1       0       0
b.	Since the 1st of (month, the total amount that yo	3 months ago) <b>, what was</b> ou (your CU) paid extra?	0050 \$00	<b>9.</b> If property is not co-op, ask –			SERVICES FOR CONDOS/ SOMETHING ELSE
c.	How much of the (amour (your CU) pay since the	nt in item 3b) did you 1st of (current month)?	0060 \$00	Which of the services and privileg listed (hand the respondent Informa Booklet, page 13) are included in th	ion 0280 22 Repairs and maintenance,		0550         2         0560         2           0570         2         0580         2
d.	Were there any penalty of the extra payments?	charges as a result of	0070 1 □ Yes 2 □ No - <i>Go to item 4a</i>	payments? Mark (X) all that apply.	0290 23 Improvements 0300 24 Utilities: such as gas, electricity, water, heat		0590         2         0600         2           0610         2         0620         2           0630         2         0640         3
е.	Since the 1st of (month, much were these penalt	3 months ago) <b>, how</b> <b>y charges?</b>	.00		0310 25 Parking		0650 3
	How much of the (amour (your CU) pay since the	1st of (current month)?	.00		032026 □ Recreational, including swimming, golf, and tennis facilities033027 □ Security, including guards and	C. Since the 1st of (month, 3 months ago), how much were these special payments?	0660 \$00
4a.	Since the 1st of (month, (has your CU) made any land rent for (property de	payments for ground or	0100 1 🗌 Yes 2 🗌 No – <i>Go to item 5</i>		alarm systems 0340 28 Maid service 0350 29 Medical services	d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?	0670 \$00
b.	If YES – What was the tot	tal amount paid?	0110 \$00		0360 30 Trash collection	<b>12a.</b> Since the 1st of (month, 3 months ago), have you (has	
	How much of the (amoun since the 1st of (current i	month) <b>?</b>	0120 \$00	<b>10a.</b> Are any of the costs included in y	0370 31 □ Other – Specify 	your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks,	0680 1 □ Yes 2 □ No - Go to item 13
5.	FIELD REPRESENTATIVE C Mark (X) the appropriate by If property is condo, mark If property is co-op, mark b	ox. box 1. box 2. Refer to part B, item 10 or	0130 1 □ Condominium – Go to item 7 2 □ Co-op – Go to item 8 3 □ Neither condo nor	(your CU's) mortgage payment? <b>b.</b> <i>If YES</i> – How much per month?	0390     \$	or other things like that? <b>b.</b> What was the total amount paid?	0690 \$00
6.	If property is neither, mark	box 3. ] column d	co-op – Continue with item 6	<b>C.</b> In addition to those costs, since t 1st of (month, 3 months ago), have	you 0400 1 Yes	C. How much of the (amount in item 12b) was paid since the 1st of (current month)?	0700 \$00
0.	If property is not condo/co- Do you (Does your CU) n to a homeowner's assoc	nake regular payments	0140 1 □ Yes – Go to item 9 2 □ No – Go to item 11a	(has your CU) made any other reg payments for these services? d. Since the 1st of (month, 3 months		<b>13.</b> Ask if code 100 or 200 in item 1b. If someone were to rent	
7.	If property is condo, ask – Are you (Is your CU) req payments of condominio maintenance or manage	um fees for general	0150 1 □ Yes – Go to item 9 2 □ No – Go to item 11a	<ul> <li>CU) paid for these services?</li> <li>E. How much of the (amount in item 10d) paid since the 1st of (current month)?</li> </ul>	· · · · · · · · · · · · · · · · · · ·	your home today, how much do you think it would rent for monthly, unfurnished and without utilities?	0710 \$00 x 🗌 Don't know

Section 3 – Part I (Continued)

FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity

	Section 5 - Owined Livin	NG COARTERS AND OTHE	R OWNED REAL ESTATE - Continu	loan that has changed.	
	Part J – Change in Mortg	jage or Lump Sum Home E	quity Loan Payment		
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 03 92 9 🗸	6. How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 Weekly 2 Biweekly
	Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in	a. PROPERTY NUMBER	0010 Number		3 Monthly 4 Quarterly 5 Semiannually
	part A.1, item 1, column k. Enter the property number in	<b>b.</b> PROPERTY CODE	0020 Code		$6 \square Annually 7 \square Other – Specify_{\nabla}$
	item 1a, the property code in item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark	C. DESCRIPTION	Description	-	
	(X) the appropriate type of loan in item 1e.	<b>d.</b> MORTGAGE (LOAN) NUMBER	0030 Number	<b>7.</b> What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%.	
		<b>e.</b> Type of Loan	0035 1 ☐ Mortgage 2 ☐ Lump sum home equity loan	(Include all FHA guarantee insurance if applicable.)	0100 Percent
2.	What was the reason for the ch			<ul> <li>Hand respondent Information Booklet, page 11.</li> <li>8. On your (your CU's) last regular payment, which of these things were included?</li> </ul>	0125 1 Principal and interest 0130 2 Property taxes
	description)?				0140 3 Property insurance
	<ul> <li>1 – Change in escrow account pay</li> <li>2 – Change in interest rate</li> </ul>	yment	$\begin{array}{c c} 0040 \\ \hline 0 & 1 \\ \hline 0 & Go \ to \ item \ 8 \\ \hline 2 & \hline 0 & Go \ to \ item \ 7 \end{array}$		0150 4 Life insurance
	<b>3</b> – Paid off		3 🗌 Go to item 11		0160 5 Mortgage guarantee insurance
	<ul> <li>4 – Change in amount of the grad payment mortgage (loan)</li> </ul>	luated payment for a graduated	$4 \square$ Go to item 8		0170 6 Any other payments – Specify $\mathbf{k}$
		(rollover or renegotiable mortgage	$5 \square$ $6 \square$ $7 \square$ Go to item 3		
	<ul> <li>6 – Refinanced mortgage (loan) (t of the mortgage (loan))</li> <li>7 – Other reasons</li> </ul>	his includes changing the term		<b>9.</b> On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$00
	<b>8</b> – More than one of the above			If any of Codes 2–6 marked in item 8 ask –	0185 ¢ .00
	<b>X –</b> Don't know			<b>10.</b> How much of that amount was for principal and interest?	0185 \$00 x □Don't know
3.	Is this a 30-year mortgage (lum 15-year mortgage (home equit	וף sum home equity loan), a y loan), or something else?	0045 1 □ 30-year 2 □ 15-year 3 □ Something else – <i>Specify</i> <sub>Z</sub>	<b>11.</b> In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0195 Month Go to next property or next section
			0050 Number of years	NOTES	
4a	. Is this a fixed rate mortgage (lu	ump sum home equity loan)?	0055 1 □ Yes – <i>Go to item 5</i> 2 □ No		
b	Hand respondent Information Boo	oklet, page 10. s of mortgages (lump sum home ese comes closest to yours (your	0060 1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable interest rate		
	equity loans). Which one of the CU's)?	ese comes closest to yours (your	3 Graduated payment		
			4		
			6 □ Reverse annuity 7 □ Other – <i>Specify</i> <sub>K</sub>		
			x  Don't know		
5.	What was the amount of the m loan) when you (your CU) obta	oortgage (lump sum home equity ined it, excluding any interest?	0070 \$		

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FIELD REPRESENTATIVE – Complete a separat loan that has chang

				ioun that has changed.	
	Part J – Change in Mortg	age or Lump Sum Home E	quity Loan Payment – Continued		
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 03 93 7 ↓	<b>6.</b> How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 Weekly 2 Biweekly
	each change in the amount of the mortgage or lump sum home equity loan payment reported in	a. PROPERTY NUMBER	0010 Number		3  Monthly 4  Quarterly 5  Semiannually
	part A.1, item 1, column k. Enter the property number in	<b>b.</b> PROPERTY CODE	0020 Code	-	$6 \square \text{Annually} $ $7 \square \text{Other} - Specify_{\checkmark}$
	item 1a, the property code in item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark	C. DESCRIPTION	Description		
	(X) the appropriate type of loan in item 1e.	<b>d.</b> MORTGAGE (LOAN) NUMBER	0030 Number	7. What is the current interest rate for this mortgage (lump sum home equity loan)?	
		<b>6.</b> TYPE OF LOAN	0035 1 ☐ Mortgage 2 ☐ Lump sum home equity loan	Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0100 Percent
2.	What was the reason for the ch mortgage (lump sum home equ	hange in the amount of your		<ul> <li>Hand respondent Information Booklet, page 11.</li> <li>8. On your (your CU's) last regular payment, which of these things were included?</li> </ul>	0125       1 Principal and interest         0130       2 Property taxes
	<ul> <li>description)?</li> <li>1 – Change in escrow account pay</li> <li>2 – Change in interest rate</li> </ul>	yment	0040 1 $\Box$ Go to item 8 2 $\Box$ Go to item 7		01403 □ Property insurance01504 □ Life insurance
	<ul> <li><b>3</b> – Paid off</li> <li><b>4</b> – Change in amount of the grad</li> </ul>	luated payment for a graduated	$3 \square Go to item 11$ $4 \square Go to item 8$		<ul> <li>0160 5 □ Mortgage guarantee insurance</li> <li>0170 6 □ Any other payments - Specify <sub>77</sub></li> </ul>
	payment mortgage (loan)	(rollover or renegotiable mortgage			
	<ul> <li>6 – Refinanced mortgage (loan) (t of the mortgage (loan))</li> </ul>	his includes changing the term	7 🗌 > Go to item 3 8 🗌 X 🗌	9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$00
	<ul> <li>7 – Other reasons</li> <li>8 – More than one of the above</li> <li>X – Don't know</li> </ul>			If any of Codes 2–6 marked in item 8 ask – <b>10. How much of that amount was for principal and interest?</b>	0185 \$ .00 x  Don't know
3.	ls this a 30-year mortgage (lum 15-year mortgage (home equity	וף sum home equity loan), a y loan), or something else?	0045 1 □ 30-year 2 □ 15-year 3 □ Something else – <i>Specify</i> <sub>Z</sub>	<b>11.</b> In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0195 Go to next property or next section
			0050 Number of years	NOTES	
4:	1. Is this a fixed rate mortgage (Iu	ump sum home equity loan)?	0055 1 □ Yes – <i>Go to item 5</i> 2 □ No		
ł	Hand respondent Information Boo There are many different kinds equity loans). Which one of the		0060 1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable interest rate		
	CÚ's)?	,,	3 Graduated payment 4 Rollover or renegotiable 5 Deferred interest		
			$6 \square \text{ Reverse annuity} 7 \square \text{ Other - Specify}_{\overrightarrow{k}}$		
-			x  Don't know	-	
5.	What was the amount of the m loan) when you (your CU) obtai	ortgage (lump sum home equity ined it, excluding any interest?	0070 \$00		

te page	for	each	mortgage	or lump	sum	home	equity
ged.							

Page 19b

### FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued loan that has chan Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment – Continued **1.** FIELD REPRESENTATIVE ITEM 6. How often are (were) mortgage (lump sum home equity loa PROCESSING USE ONLY 1 03 94 5 payments due? Complete a separate page for each change in the amount of the 0010 Number mortgage or lump sum home **a.** PROPERTY NUMBER equity loan payment reported in part A.1, item 1, column k. 0020 **b.** PROPERTY CODE Code Enter the property number in item 1a, the property code in Description item 1b, the property description **C.** DESCRIPTION in item 1c, and the mortgage (loan) number in item 1d. Mark (X) the appropriate type of loan 7. What is the current interest rate for this mortgage (lump su 0030 Number in item 1e. **d.** MORTGAGE (LOAN) NUMBER home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%. 0035 1 Mortgage (Include all FHA guarantee insurance if applicable.) <sup>2</sup> Lump sum home equity loan **e.** TYPE OF LOAN Hand respondent Information Booklet, page 11. 2. What was the reason for the change in the amount of your 8. On your (your CU's) last regular payment, which of these mortgage (lump sum home equity loan) payment for (property things were included? description)? 0040 1 Go to item 8 **1** – Change in escrow account payment 2 🗌 Go to item 7 **2** – Change in interest rate з 🗌 Go to item 11 3 – Paid off 4 – Change in amount of the graduated payment for a graduated 4 🗌 Go to item 8 payment mortgage (loan) 5 🗌 5 - Mortgage (loan) renegotiated (rollover or renegotiable mortgage 6 🗌 9. On your (your CU's) last regular payment, what was the tot (loan)) 7 Go to item 3 amount you (your CU) paid for these things? 6 - Refinanced mortgage (loan) (this includes changing the term 8 of the mortgage (loan)) If any of Codes 2–6 marked in item 8 ask – х□ 7 – Other reasons **10.** How much of that amount was for principal and interest? 8 – More than one of the above X – Don't know 11. In what month did the amount of your regular mortgage (lu 3. sum home equity loan) payment change? Is this a 30-year mortgage (lump sum home equity loan), a 0045 1 30-year 15-year mortgage (home equity loan), or something else? 2 🗌 15-year $3 \square$ Something else – Specify $\overline{\nabla}$ 0050 Number of years 4a. Is this a fixed rate mortgage (lump sum home equity loan)? 0055 1 Yes – Go to item 5 2 🗌 No Hand respondent Information Booklet, page 10. 0060 1 Fixed rate of interest **b.** There are many different kinds of mortgages (lump sum home <sup>2</sup> Variable or adjustable interest rate equity loans). Which one of these comes closest to yours (your CU's)? <sup>3</sup> Graduated payment 4 Rollover or renegotiable 5 Deferred interest 6 Reverse annuity 7 $\Box$ Other – Specify $\overline{\nabla}$ x 🗌 Don't know 0070 \$ .00

5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?

changed.	e for each mongage of fump sum nome equity
ty loan)	0090       1 □ Weekly         2 □ Biweekly         3 □ Monthly         4 □ Quarterly         5 □ Semiannually         6 □ Annually         7 □ Other - Specify ₹
mp sum	0100 Percent
ese	0125       1       Principal and interest         0130       2       Property taxes         0140       3       Property insurance         0150       4       Life insurance         0160       5       Mortgage guarantee insurance         0170       6       Any other payments - Specify
ne total	0175 \$00
est?	0185 \$00 x □ Don't know
ge (lump	0195 Go to next property or next section
NOTES	

### A LITH ITIES AND ELIELS FOR OWNED AND PENTED PRODERTIES 0

	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	PROCESSING US	E ONLY	1 04 01 8		PROCESSING USE	ONLY	1 04 02 6			NOTES	
	any bills for telephone services? Do not include bills for telephones used entirely for business purposes.	0010 1 □ Yes 2 □ No - Go	o to part B									
2.	What property(ies) was (were) the telephone bills for?			Description				Description				
	<ul> <li>Owned properties – Enter a description of the property and enter a property number for –</li> </ul>	0020	_ Property number			0020	_ Property number					
	Property previously reported in section 3, part A.1, item 1, column a	96 🗌 Mobile 97 🗌 Rented				96 🗌 Mobile 97 🗌 Rented						
	Property reported at this interview in section 3, part B, item 1a	98 🗌 Other r 99 🗌 Propert	y not owned or			98 🗌 Other re 99 🗌 Propert	ented unit y not owned or					
	• All other properties – Mark (X) appropriate box and enter a description of the property.	rented	by CU			rented I	by CU					
3.	What is the name of the company which provides telephone services for (property description)?	OFFICE USE ONLY		Name of telephone of	company	OFFICE USE ONLY	(	Name of telephone c	ompany			
4.	How many telephone bills were received for (property description) from (company name)?	0040	Jumber			0040	Number					
	Complete a separate column for each bill	Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4	ļ		
	received since the 1st of (month, 3 months ago).	0060 0 🗌 None	0120 0 🗌 None	0180 0 🗌 None	0240 0 🗌 None	0060 0 🗌 None	0120 0 🗌 None	0180 0 🗌 None	0240 0 🗌 None			
<b>5</b> a.	• What was the total amount of bill (bill number)? Exclude any unpaid bills from a	¢ .00	\$ .00	\$.00	\$ .00	¢.00	\$.00	\$.00	¢ .00		PRE	<b>T</b>
b.	previous billing period. In what month was the bill received?	Month	S Month	\$ 1.00	Month	S Month	Month	S Month	S Month	Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a
		0070	0130	0190	0250	0070	0130	0190	0250			\$.00
6.	Does the total amount of the bill include –	0080 1 Yes	0140 1 🗌 Yes	0200 1 🗌 Yes	0260 1 Yes	0080 1 🗌 Yes	0140 1 🗌 Yes	0200 1 🗌 Yes	0260 1 Yes	Name of te	elephone compai	
a.	A basic service charge?	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	Outlet cod	0	
b.	. Long distance call charges?	0090 1 □ Yes 2 □ No	0150 1 🗌 Yes 2 🗌 No	0210 1 🗌 Yes 2 🗌 No	0270 1 □ Yes 2 □ No	0090 1 🗌 Yes 2 🗌 No	0150 1 🗌 Yes 2 🗌 No	0210 1 □ Yes 2 □ No	0270 1 □ Yes 2 □ No	Property No. from	Month bill	Total amount of bill
c.	Equipment purchases such as the									item 2	from item 5b	from item 5a
	purchase of a telephone?	0095 1 🗌 Yes 2 🗌 No	0155 1 🗌 Yes 2 🗌 No	0215 1 🗌 Yes 2 🗌 No	0275 1 Yes 2 No	0095 1 🗌 Yes 2 🗌 No	0155 1 🗌 Yes 2 🗌 No	0215 1 Yes 2 No	0275 1 🗌 Yes 2 🗌 No			\$.00
d.	FIELD REPRESENTATIVE CHECK ITEM	0110 1 🗌 Bills	0170 1 🗌 Bills	0230 1 🗌 Bills	0290 1 🗌 Bills	0110 1 🗌 Bills	0170 1 🗌 Bills	0230 1 🗌 Bills	0290 1 🗌 Bills		elephone compai	ny
	Was a bill or checkbook used or was an estimate given?	2 □ Estimate 3 □ Check- 1				2 🗌 Estimate 3 🗌 Check- 利		2 🗌 Estimate 3 🗌 Check- 🖈	2 🗌 Estimate 3 🗌 Check-	Outlet cod	е	
		book	book	book	book Z	book	book	book	book Z	Property	Month bill	Total amount
7a.	Is any of the total charge to be deducted as a business expense?	0420 1 🗌 Yes	2 □ No – <i>Go</i>	to item 8		0420 1 🗌 Yes	2 🗌 No – <i>Go</i>	to item 8		No. from item 2	received from item 5b	of bill from item 5a
b.	. If YES – What percentage will be deducted?	0430	00 5			0430	00 5					\$.00
8.	Did you (or any members of your CU)		.00 Percent				.00 Percent			Name of te	elephone compai	ny
0.	receive any other telephone bills for telephones that are not used entirely for business purposes?	0440 1 ☐ Yes - Cc tel 2 ☐ No - Go	ephone company	olumn for each propei	rty and each	0440 1 ☐ Yes – <i>Co</i> <i>tel</i> 2 ☐ No – <i>Go</i>	ephone company	lumn for each proper	ty and each	Outlet cod	e	
						1						_

	Section 4 – UTILITIES AND FUELS	FOR OWNED		PROPERTIES -	Continued							
	Part A – Telephone Expenses – Cor	1							→	1	NOTES	
		PROCESSING US		1 04 03 4	+ ////////////////////////////////////	PROCESSING USE		1 04 04 2	////////////////////////////////////		NOTES	
2.	What property(ies) was (were) the telephone bills for?			Description				Description				
	<ul> <li>Owned properties – Enter a description of the property and enter a property number for –</li> </ul>	0020	Property number			0020	_ Property number					
	Property previously reported in section 3, part A.1, item 1, column a		sample unit			96 🗌 Mobile 97 🗌 Rented	sample unit					
	Property reported at this interview in section 3, part B, item 1a	98 🗌 Other 1 99 🗌 Proper	ty not owned or			98 🗌 Other re 99 🗌 Property	y not owned or					
	• All other properties – Mark (X) appropriate box and enter a description of the property.	rented	by CU			rented b	by CU					
3.	What is the name of the company which provides telephone services for (property description)?	OFFICE USE ONL	<b>Y</b>	Name of telephone c	ompany	OFFICE USE ONLY	r	Name of telephone c	ompany			
4.	How many telephone bills were received for (property description) from (company name)?	0040	Number			0040	lumber					
	Complete a separate column for each bill received since the 1st of (month, 3 months	Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4			
5a	ago). • <b>What was the total amount of bill</b> (bill	0060 0 🗌 None	0120 0 🗌 None	0180 0 🗌 None	0240 0 🗌 None	0060 0 🗌 None	0120 0 🗌 None	0180 0 🗌 None	0240 0 🗌 None		PRE	
	number)? Exclude any unpaid bills from a previous billing period.	\$00	\$00	\$00	\$00	\$00	\$00	\$00	\$00	Property	Month bill	Total amount
b	In what month was the bill received?	Month	Month	Month	Month	Month	Month	Month	Month	No. from item 2	received from item 5b	of bill from item 5a
		0070	0130	0190	0250	0070	0130	0190	0250	-		\$.00
6. а	Does the total amount of the bill include – A basic service charge?	0080 1 □ Yes 2 □ No	0140 1 🗌 Yes 2 🗌 No	0200 1 🗌 Yes 2 🗌 No	0260 1 🗌 Yes 2 🗌 No	0080 1 🗌 Yes 2 🗌 No	0140 1 □ Yes 2 □ No	0200 1 🗌 Yes 2 🗌 No	0260 1 🗌 Yes 2 🗌 No	Name of to	elephone compa	any
_	Long distance call charges?									Outlet cod	е	
		0090 1 🗌 Yes 2 🗌 No	0150 1 🗌 Yes 2 🗌 No	0210 1 🗌 Yes 2 🗌 No	0270 1 🗌 Yes 2 🗌 No	0090 1  Yes 2  No	0150 1 🗌 Yes 2 🗌 No	0210 1 🗌 Yes 2 🗌 No	0270 1 □ Yes 2 □ 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 1 □ Yes 2 □ No	0155 1 □ Yes 2 □ No	0215 1 □ Yes 2 □ No	0275 1 □ Yes 2 □ No	0095 1 □ Yes 2 □ No	0155 1 □ Yes 2 □ No	0215 1 □ Yes 2 □ No	0275 1 □ Yes 2 □ No			\$ .00
										Name of t	l elephone compa	
a	FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an	0110 1 🗌 Bills 2 🗌 Estimate							0290 1 🗌 Bills 2 🗌 Estimate 3 🗌 Check-	Outlet cod	0	
	estimate given?	3 □ Check-↑ book	3 Check- book	3 Check-1 book	3 □ Check- book 🖌	3 Check-1 book	3 🗌 Check- book	3 Check- A book	3 □ Check- book 🖌		I	
7a	Is any of the total charge to be deducted as a business expense?	0420 1 🗆 Yes	2 □ No – <i>Go</i>	to item 8		0420 1 🗆 Yes	2 🗌 No – Go	o to item 8		Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a
b	If YES - What percentage will be deducted?	0430	.00 Percent			0430	.00 Percent					\$.00
8.	Did you (or any members of your CU)			hump for each pro	tu and acat			olump for each areas	the and apply	Name of to	elephone compa	any
	receive any other telephone bills for telephones that are not used entirely for business purposes?	1 Yes - Co te 2 No - Go	lephone company	olumn for each proper	ıy ana each	0440 1 □ Yes - <i>Co</i> tel 2 □ No - <i>Go</i>	ephone company	olumn for each proper	y ana each	Outlet cod	e	

Section 4 – UTILITIES AND	<b>D</b> FUEL	.S FC	OR C	OWNE	) AI	ND R	ENTED	PROP	ERTIE	S - (	Continu	ed												
Part B – Screening Question	ons				1 04	25 7	$\checkmark$																	
1. Since the first of (month, 3 months any members of your CU) received of the following utilities, fuels, or include bills for rented vacation preserved.	ago), hav I any bill services	ve you s for a ? Do r	(or any not	2a. Si re co	nce t ceive ttage	he 1st ed any e?	of (mont bills for	h, 3 monti utilities o	hs ago), or fuels	have y for a r	you (or any rented vac	y mem ation p	bers o prope	of your rty, suc	CU) h as a	TR.	ANSCR	IBE LAST 2	BILLS PER	<b>PR</b> PROPERTY FOR E		TY OR SERVI	CE REPORTED II	N PART C
properties used entirely for busine	ess.	, 01		0010	Y	es	2	No – <i>Go</i>	to part C	;						1		2	3	4		5	6	
FIELD REPRESENTATIVE: Read each item i	in bold lis	ted bel	ow.						·							Prope		Utility	Month bill		Unit-of-	Quantity	Name of compan	
	UTILITY CODE	YES	NO	b.w	YES – <b>hich</b> i ported	utility	or fuel w	vas the ch	narge fo	or? Ent	ter a utility o	code be	elow fo	or each l	bill	numk fron part item	n C,	code from part C, item 1a	received from part C,	Amount of bill from part C, item 7a	measure from part C, item 7c	consumed from part C, item 7d	government from part C	agency
Electricity	100			C. In	what	t mont	th was th	e bill rec	eived? E	Enter n	nonth belov	v for ea	ach bil	ll reporte	ed.				item 7b					code
Natural or utility gas	110		///	dw	hotu	voo the	total an	ount of t	the eher		Enter amou	nt bak	out for	e aaab bil						\$ .00				
Combined gas and electricity	120				borte		e totai an	iount of	the chai	rgesr	Enter amot	ini Den	<i>w</i> 101	each bh	1					\$.00				
Fuel oil	130			U			U		U					PRE					i	\$.00				
Kerosene	140			PROCESSING USE ONLY	U	tility ode	CESSING	Month	PROCESSING USE ONLY	A	Amount	1.1+;1;+,,								\$ .00				
Bottled or tank gas	150			PROC USE (	-		PROC USE (		PROC USE (			Utility code	Mont	ih A	mount					\$ .00				
Wood	160														1				I I	\$ 1.00				
Coal	170			0020			0030		0040	\$	.00			\$	.00					\$00				
Other fuels	180			0050			0060		0070	\$	.00			\$	.00					\$00				
Combined expenses for items 130–180	190			0080			0090		0100	\$	.00			\$	.00					\$ .00				
Piped-in water	200			0110			0120		0130	\$	.00			\$	.00					\$ .00				
Trash/Garbage collection	210						•	•	•	•						NOTES	S			•		· · · · ·		
Sewerage maintenance	220																							
Combined trash/garbage/ water/sewerage	230																							
Combined trash/garbage/water	240																							
Combined trash/garbage/sewerage	250																							
Combined water/sewerage	260																							
Water softening service	270																							
Septic tank cleaning	280																							
Cable TV, satellite services, or community antenna	290	///>	(//)																					
Combined electric/water/sewerage	310																							
Ask item 2, then complete a column ir each utility, fuel, or service reported ir	n item 1.	or																						

### • . . .... \_ \_ \_\_\_\_\_ \_ . . \_ . . .

Se	ection 4 – UTILITIES AND P	-UELS FOR OWNED AND R	ENTED	PROPER	RTIES	– Continue	ed											
Pa	art C – Detailed Questions																	
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY				1 04 5	13 🖵							1 04 5	2 1 🖵			
		a. UTILITY CODE	0010		Code	е					0010		Code					
	a description of utility or fuel in item 1b from part B, item 1.	<b>b.</b> DESCRIPTION OF UTILITY OR FUEL	Descript	ion							Descrip	tion						
2.	<ul> <li>What property were the charges f</li> <li>Owned properties – Enter a descript property number for – Property previously reported in s Property reported at this intervie</li> <li>All other properties – Mark (X) appr of the property.</li> </ul>	or? tion of the property and enter a section 3, part A.1, item 1, col. a w in section 3, part B, item 1a	9	7  Rented s 8  Other re 9  Property rented b	sample unit nted unit not own	t	Description	1			9	97  Rented sa 98  Other ren 99  Property rented by	ted unit not owned		Descriptio	on		
3.	Ask for utility codes 100–120, 200–260 What is the name of the company provides (utility or fuel description)?		Name								Name							
OFF	ICE USE ONLY		0030								0030							
4.	How many bills were received for description)?	(utility or fuel) <b>for</b> (property	0045	N	umber						0045	Nu	mber					
5.	What period of time was covered changed for a utility or fuel during the separate column for each different pe	e reference period, complete a		□Month □2 months		□ Quarter □ Other – <i>Spec</i>	ify					$1 \square Month  2 \square 2 months$		Quarter Other – <i>Speci</i>	ify			
6.	<b>Do you have any of these bills or</b> ( <i>utility or fuel</i> ) <b>charges?</b>	other records showing these	0060 1			□No					0060 1	I□Yes	2 🗌	No				
	Complete a separate column for each (month, 3 months ago).	bill received since the 1st of		Bill 1		Bill 2	Bill	3		4		Bill 1		2		ill 3		ill 4
7a.	. What was the amount of bill (bill r	number) <b>?</b>	0070 \$	.00	0140 \$	.00	0210 \$	.00	0280 \$	.00	0070 \$	.00	0140 \$	.00	0210 \$	.00	0280 \$	.00
b.	In what month was the bill receive	ed?	N	lonth		Month	Мо	nth	M	lonth	1	Vonth	M	onth	M	onth	N	lonth
			0800		0150		0220		0290		0080		0150		0220		0290	
C.	Ask items 7c–g for utility codes 100–1 records are available (code 1, item 6), What was the unit-of-measure, su cubic feet or therms?	, otherwise go to item 7h.	Unit-of-ı	measure	Unit-o	f-measure	Unit-of-m	easure	Unit-of-n	neasure	Unit-of-	measure	Unit-of-m	leasure	Unit-of-r	neasure	Unit-of-m	neasure
	OFFICE USE ONLY		0095		0165		0235		0305		0095		0165		0235		0305	
d.	. What was the quantity consumed	for bill (bill number)?	0105	Juantity	0175	Quantity	Qua 0245	antity	0315	uantity	0105	Quantity	0175	uantity	0245	uantity	0315	Juantity
e.	Did the bill include any charges for services which were not part of the services which were not part	or merchandise, repairs, or other he cost of (utility or fuel)?		☐ Yes ☐ No – Go to item 7		1 🗌 Yes 2 🗌 No – Go to item 7h		Yes No – Go to item 7h		☐ Yes ☐ No – Go to item 7h		I □ Yes 2 □ No – Go to item 7h	2	☐ Yes ☐ No – Go to item 7h	0250 1 [ 2 [	☐Yes ☐No – Go to item 7h		☐ Yes ☐ No – Go to item 7h
f.	What were these charges for?		Descript	ion	Descri	ption	Descriptio	n	Descripti	ion	Descrip	tion	Descriptio	on	Descripti	on	Descripti	ion
g.	. How much were these charges?		0120 \$	.00	0190 \$	.00	0260 \$	.00	0330 \$	.00	0120 \$	.00	0190 \$	.00	0260 \$	.00	0330 \$	.00
h.	FIELD REPRESENTATIVE CHECK ITEN Was a bill or other record used or wa Checks or checkbooks are not conside	s an estimate given?		□ Records used □ Estimate	0200	1 Records used 2 Estimate	0270 1	Records used Estimate		□Records used □Estimate <sub>✔</sub>		Records used Estimate		Records used Estimate		Records used Estimate		□ Records used □ Estimate <sub>✔</sub>
8.	Was any part of the charge deduc	ted as a business expense?	0420 1	Yes	2	□No					0420 1	Yes	2	No				
9.	Are you billed for (utility or fuel) on	a predetermined budget plan?	0430 1	□Yes	2	□No	x□Don′	t know			0430 1	I∐Yes	2 🗌	No	x□Doi	n't know		
10.	Since the 1st of (month, 3 months a members of your CU) receive any	ago), did you (or any other utility or fuel bills?	0440 1	□Yes – Cor	mplete a	separate colum	n for each p	roperty 2	No		0440 1	I □ Yes – Com	plete a sep	arate colum	n for each	property 2	No	

S	ection 4 – UTILITIES AND	FUELS FOR OWNED AND RI	INTE	) PR	OPER	TIES –	Continu	ed											
Pa	art C – Detailed Questions	- Continued																	
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY					1 04	53 9 🖵							1 04 5	54 7 🖵			
		a. UTILITY CODE	0010			Code						0010		Code					
	a description of utility or fuel in item 1b from part B, item 1.	<b>b.</b> DESCRIPTION OF UTILITY OR FUEL	Descrip	otion								Descrip	otion						
2.	What property were the charges							Descript	ion							Descripti	on		
	<ul> <li>Owned properties – Enter a descrip property number for –</li> </ul>		0020			Property						0020		Property nu	ımber	-			
	Property previously reported in Property reported at this intervio	section 3, part A.1, item 1, col. a				ample unit nted unit							97 🗌 Rented sa 98 🗌 Other ren						
	• All other properties - Mark (X) app	propriate box and enter a description	:	99 🗌 P	roperty ented by	not owned	d or						99  Property rented by	not owned	or				
	of the property. Ask for utility codes 100–120, 200–26	60, and 290 only.	Name	10	sinted by	, co						Name	Tented by	00					
3.	What is the name of the company provides (utility or fuel description)	y or government agency which ?																	
OFF	FICE USE ONLY		0030									0030							
4.	How many bills were received for description)?	<b>r</b> (utility or fuel) <b>for</b> (property	0045		Νι	umber						0045	Nu	ımber					
5.	What period of time was covered changed for a utility or fuel during the	<b>I by the bill?</b> If period covered he reference period complete a		1 🗌 Mo			Quarter						1 🗌 Month	з 🗌 О					
	changed for a utility or fuel during the separate column for each different p			2 🗌 2 r	nonths	4	Other – <i>Spe</i>	cify					2 2 months	4 🗌 O	ther – <i>Spec</i>	ify			
6.	<b>Do you have any of these bills or</b> (utility or fuel) <b>charges?</b>	other records showing these	0060	1 🗌 Ye	S	2	No					0060	1 □ Yes	2 🗌 N	lo				
	Complete a separate column for eac (month, 3 months ago).	h bill received since the 1st of		Bill 1			ill 2		3ill 3		ill 4		Bill 1	Bill	2		ill 3		4
	(		0070			0140		0210		0280		0070		0140		0210		0280	
7a	• What was the amount of bill (bill	number) <b>?</b>	\$		.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00
b	In what month was the bill receiv	ved?	0080	Month		0150	lonth	0220	/lonth	0290	Aonth	0080	Month	Mc 0150	onth	0220	lonth	0290	onth
	Ask items 7c–g for utility codes 100– records are available (code 1, item 6	-130 only if bills, receipts, or other	Unit-of-	measu	ure	Unit-of-r	neasure		measure	Unit-of-	measure		-measure	Unit-of-me	asure	Unit-of-	measure	Unit-of-m	ieasure
C	. What was the unit-of-measure, su	6), otherwise go to item 7h. uch as kilowatt hours, gallons,																	
	cubic feet or therms?																		
	OFFICE USE ONLY		0095	Ouenti	±	0165	)	0235	)	0305	)	0095	Ou contitu	0165		0235		0305	uantitu (
a	. What was the quantity consumed	d for bill (bill number)?	0105	Quanti	ty	0175	luantity	0245	Juantity	0315	Quantity	0105	Quantity	0175	antity	0245	uantity	0315	uantity
е	Did the bill include any charges f	for merchandise, repairs, or other		1 🗌 Ye		0180 1		0250 1		0320 1			1 🗌 Yes	0180 1	Vac	0250 1		0320 1	
	<ul> <li>Did the bill include any charges f services which were not part of t</li> </ul>	the cost of (utility or fuel)?		2 🗌 No	0 – <i>Go</i>	2	🗌 No – <i>Go</i>	2	🗌 No – <i>Go</i>	2	🗌 No – <i>Go</i>		2 🗌 No – <i>Go</i>	2	No – <i>Go</i>	2	🗌 No – <i>Go</i>		☐ No – <i>Go</i>
f	. What were these charges for?		Descrip		item 7h	Descripti	to item 7 on	Descript	<i>to item 7h</i> tion	Descript	to item 7h tion	Descrip	<i>to item 7h</i> tion	Descriptio	<i>to item 7h</i> n	Descript	<i>to item 7h</i> ion	Descripti	<i>to item 7h</i> on
•																		•	
g	How much were these charges?		0120			0190		0260		0330		0120		0190		0260		0330	
			\$		.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00
h	FIELD REPRESENTATIVE CHECK ITE		0130	1 🗌 Re		0200 1	Records	0270 1	Records	0340 1	Records	0130	1 🗌 Records	0200 1		0270 1	Records	0340 1	Records
	Was a bill or other record used or wa Checks or checkbooks are not consid	dered records.	:	us 2 🗌 Est	ed timate <sup>1</sup>	2	used Estimate <sup>/</sup>	2	used Estimate	2	used □Estimate <sub>¥</sub>		used 2 🗌 Estimate 🕇	2 🗌	used Estimate	2	used Estimate	2	used ∃Estimate <sub>¥</sub>
8.	Was any part of the charge deduc	cted as a business expense?	0420	1 □ Ye	s	2	No					0420	1 🗌 Yes	2 🗌 N	lo				
9.	Are you billed for (utility or fuel) of	n a predetermined budget plan?	0430	1 □ Ye	s	2	No	x□Do	on't know			0430	1 🗌 Yes	2 🗌 N	lo	x□Do	n't know		
10.	Since the 1st of (month, 3 months members of your CU) receive any	ago), did you (or any y other utility or fuel bills?	0440	1 □ Ye	s – Com	nplete a se	parate colui	nn for each	property 2	2 🗌 No		0440	1 🗌 Yes – Com	plete a sepa	arate colum	n for each	property 2	□No	
	-	•																	



### Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued Part C – Detailed Questions – Continued **1.** FIELD REPRESENTATIVE PROCESSING USE ONLY 1 04 55 4 🗸 TRANSCRIPTION ITEM 0010 0010 Code **a.** UTILITY CODE Enter a utility code in item 1a and a description of utility or fuel in Description Description item 1b from part B, item 1. **b.** DESCRIPTION OF UTILITY OR FUEL Description **2.** What property were the charges for? 0020 0020 • Owned properties - Enter a description of the property and enter a Property number property number for -97 🗌 Rented sample unit 97 🗌 Rented sam Property previously reported in section 3, part A.1, item 1, col. a 98 Other rented unit 98 Other rente Property reported at this interview in section 3, part B, item 1a 99 Property not owned or 99 Property no • All other properties – Mark (X) appropriate box and enter a description rented by CU rented by C of the property. Ask for utility codes 100–120, 200–260, and 290 only. Name Name 3. What is the name of the company or government agency which provides (utility or fuel description)? **OFFICE USE ONLY** 0030 0030 **4.** How many bills were received for (utility or fuel) for (property 0045 0045 description)? Number . Num 5. What period of time was covered by the bill? If period covered 0055 1 🗌 Month 0055 1 Month 3 Quarter changed for a utility or fuel during the reference period, complete a $4 \Box Other - Specify$ 2 2 2 months 2 2 2 months separate column for each different period of time. 6. Do you have any of these bills or other records showing these 0060 1 Yes 0060 1 Yes 2 🗌 No (utility or fuel) charges? Complete a separate column for each bill received since the 1st of Bill 1 Bill 2 Bill 3 Bill 1 Bill 4 (month, 3 months ago). 0070 0140 0210 0280 0070 .00 .00 .00 .00 .00 7a. What was the amount of bill (bill number)? \$ \$ \$ \$ \$ Month Month Month Month Month **b.** In what month was the bill received? 0080 0150 0080 0220 0290 Ask items 7c–g for utility codes 100–130 only if bills, receipts, or other Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure records are available (code 1, item 6), otherwise go to item 7h. C. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? 0095 **OFFICE USE ONLY** 0165 0235 0305 0095 Quantity Quantity Quantity Quantity Quantity **d.** What was the guantity consumed for bill (bill number)? 0105 0175 0245 0315 0105 e. Did the bill include any charges for merchandise, repairs, or other 0110 1 🗌 Yes 0180 1 🗌 Yes 0250 1 Yes 0320 1 Yes 0110 1 Yes services which were not part of the cost of (utility or fuel)? 2 🗌 No – *Go* to item 7h Description Description Description Description Description **f.** What were these charges for? **g.** How much were these charges? 0120 0260 0190 0330 0120 .00 .00 .00 .00 .00 \$ \$ \$ **h.** FIELD REPRESENTATIVE CHECK ITEM 0130 1 Records 0200 1 Records 0340 1 Records 0270 1 Records 0130 1 Records Was a bill or other record used or was an estimate given? used used used used used 2 Estimate Checks or checkbooks are not considered records. 2 Estimate 2 Estimate 🚽 2 Estimate 2 Estimate 8. Was any part of the charge deducted as a business expense? 0420 1 🗌 Yes 0420 1 Yes 2 🗌 No **9.** Are you billed for (utility or fuel) on a predetermined budget plan? 0430 1 Yes 2 🗌 No x Don't know 0430 1 Yes **10.** Since the 1st of (month, 3 months ago), did you (or any 0440 1 $\Box$ Yes – Complete a separate column for each property 2 $\Box$ No 0440 1 🗌 Yes – Comple members of your CU) receive any other utility or fuel bills?

Page	25

1 04 56	3 2 🗸	
Code		
roperty number iple unit d unit t owned or U	Description	
ber		
3 🗌 Quarter 4 🗌 Other – <i>Speci</i>	fy	
2 🗌 No		
Bill 2	Bill 3	Bill 4
.00	0210 ¢ .00	0280 ✿ .00
Month	\$ 1.00	\$ [.00] Month
0150	0220	0290
Jnit-of-measure	Unit-of-measure	Unit-of-measure
0165	0235	0305
Quantity 0175	Quantity	Quantity
0180 1 ☐ Yes 2 ☐ No – Go to item 7h	0250 1 ☐ Yes 2 ☐ No - Go to item 7h	0320 1 🗌 Yes 2 🗌 No – Go to item 7h
Description	Description	Description
0190	0260	0330
.00	\$00	\$00
2200 1 🗆 Records used 2 🗆 Estimate	0270 1 🗌 Records used 2 🗌 Estimate	0340 1 □ Records used 2 □ Estimate <sub>K</sub>
2 🗌 No		
2 🗌 No	x□Don't know	
ete a separate columr	n for each property 2	□No

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

	Information Booklet, page 14		JOB CODE	YES	NO		PROCESSING	GUSE ONLY	
	Since the 1st of (month, 3 months ago), have you (or any members of your CU) had		CODE				there been any exp	enses for any o	ther property
	expenses for -?	Dwellings under construction including a vacation or second home	100			(prop	berty that you do not bers of your CU)?	t own or rent) b	by you (or any
2.	Information Booklet, page 14 Have there been any expenses for property you owned or rented since the 1st of	Building an addition to the house or a new structure, such as a porch, garage, or new wing	110				<b>h jobs were those e</b> job code(s) from item		
	(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	Finishing a basement or an attic or enclosing a porch	120				,		
	their ĊU.)	Remodeling one or more rooms in the house	130				REPRESENTATIVE CH		
		Landscaping the ground or planting new shrubs or trees	140			5. Job c	odes items 1, 2, 3, and	14	
		Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools	150			curre	e the 1st of (month, 3 ent month, have you ourchased any mate	(or any member	ers of your
la.	Information Booklet, page 14 Have there been any expenses that deal with the upkeep or improvement of this	Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools	160			yet s	tarted?		
	unit or any other unit you owned or rented since the 1st of (month, 3 months ago)? (Renters should not include jobs that have	Inside painting or papering	170			used	for? a job code.		
	been or will be totally reimbursed by anyone outside of their CU.) Yes No – Go to item 4a	Outside painting	180						
b.	Which of the following?	Plastering or paneling	190			C. What	was the total cost o	of these materi	ials and
		Plumbing or water heating installations and repairs	200				the 1st of (month, 3	mantha agal	voluding the
		Electrical work	210			curre CU) p	ent month, have you burchased any mater ific job?	(or any member	ers of your
		Heating or air-conditioning jobs	220				- What was the tot	al cost?	
		Flooring repair or replacement, including inlaid linoleum or vinyl tile	230						
		Insulation	240			8. FIELD	REPRESENTATIVE IN	STRUCTION – If	any box marke
			240					1	P
		Termite or other pest control	250			1	2	3	
		Roofing, gutters, or downspouts	260			Job code from part B,	description from part B,	Property description code from part B,	
		Siding	270			item 1	item 2a	item 2b	
		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		X///	4			

1 05 00 7 🗸	
☐ Yes ☐ No – <i>Go to item 5</i>	
0010 0020	
0030 0040	
0050 1 🗌 All "No" 2 🗌 At least one "Yes" marked	
0060 1 □ Yes 2 □ No – <i>Go to item 7a</i>	
Description	
0070 Job code	
0080 \$00	
0090 1 □ Yes 2 □ No – <i>Go to item 8</i>	
0100 \$00	
l "Yes" in item 1, 2, 3, or 4, fill section 5B.	
E	
4	5
Description from part B, item 3a	Total cost from part B, item 4
	\$.00
	\$.00
	\$.00
	\$.00
	\$.00

Section 5 – CONSTR	RUCTION, REPAIR	S, ALTERATIONS, AND MAINT	ENANCE OF PROPERTY – Continued		
Part B – Job Descrip	otion				
	PROCESSING USE ONLY	1 05 50 2 🖌	7. Which of these items did it include and what was the cost of each?	OFFICE Description	NOTES
<b>1.</b> FIELD REPRESENTATIVE ITEM	JOB NUMBER	1	was the cost of each?		
Enter the job code from pa jobs use code 310.)	rt A. (For combined	0010 Code		0140 \$00 x 🗆 Don't know	-
2a. On which property was t done?	the (job description)	Description	2	OFFICE USE ONLY	
<ul> <li>Enter a property number – enter the property number (X) the appropriate box for</li> </ul>	from section 3. Mark	0020 Property number 97	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or	0160 \$ .00 x Don't know	-
		99 Property not owned or rented by CU	equipment for doing this job?	2 🗌 No – <i>Go to item 9a</i>	
<b>3a. What work was done?</b> D adequate to classify as "alt and to identify in next inter	eration," "repair," etc.,	Description	<b>b.</b> What was the total cost for all items purchased for this job in – (month, 3 months ago)?	0260 \$00 0 □ None	
FIELD REPRESENTATIVE C <b>b.</b> Job classification – <i>Mark ()</i>		0030 1 Addition 2 Alteration 3 Replacement	(month, 2 months ago) <b>?</b>	0270 \$00 0 🗆 None	-
		4	(last month) <b>?</b>	0280 \$00 0 🗆 None	
<b>OFFICE USE ONLY –</b> Enter deta	ail job codes.	0040	(the current month)?	0290 \$00 0 🗌 None	
4. What was the total cost all costs paid for by you your CU) or by any non-( insurance companies, an	(or any members of CU member, such as	0050 \$00	<b>9a.</b> Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 □ Yes 2 □ No - <i>Go to item 10a</i>	
<b>5a.</b> Did you do all the work pay someone or contrac all or part of the work?	yourself or did you t with a builder to do	0060 1 ☐ Self only – <i>Go to item 8a</i> 2 ☐ Paid or contracted with someone else	<b>b.</b> What was the total cost for all items rented for this job in – (month, 3 months ago)?	0310 \$00 0 □ None	
<b>b.</b> What was the cost for all appliances, or equipment	THEY PROVIDED IN -	0070 \$00 0 □ None	(month, 2 months ago) <b>?</b>	0320 \$00 0 🗆 None	
(month, 3 months ago) <b>?</b> (month, 2 months ago) <b>?</b>		0080 \$00 0 None	(last month) <b>?</b>	0330 \$00 0 🗌 None	
(last month)?		0090 \$00 0 None	(the current month)?	0340 \$00 0 🗌 None	
(the current month)?		0100 \$	<b>10a. Was (Will) any of the total cost of</b> (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?	0350 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i>	
C. Since the 1st of (month, much have you paid for materials THEY PROVID	labor and any	0110 \$ .00	<b>b.</b> What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent	
If codes 100–130, 200–220, items 6 and 7; for all other	or 300 in item 1, ask	0 □ None – <i>Go to item 8a</i>	<b>11a.</b> Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 ☐ Yes 2 ☐ No – <i>Go to next job</i>	
<ul> <li>Information Booklet, page</li> <li>Did the charge(s) include appliances or equipment</li> </ul>	15 e the cost of any	0120 1 □ Yes 2 □ No – <i>Go to item 8a</i>	<b>b.</b> What percent was (will be) deducted?	039000 Percent	

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Section 5 - CONSTRUCTION, REPAIR	IS, ALTERATIONS, AND MAINT	ENANCE OF PROPERTY – Continued		
Part B – Job Description – Continued				
1. FIELD REPRESENTATIVE	1 05 51 0 ↓	7. Which of these items did it include and what was the cost of each?	OFFICE Description	NOTES
ITEM JOB NUMBER	2		0130	
Enter the job code from part A. (For combined jobs use code 310.)	0010 Code		0140 \$00 x 🗆 Don't know	
<b>2a.</b> On which property was the (job description) done?	Description		OFFICE USE ONLY	
<b>b.</b> Enter a property number – For owned property		2	0150	-
enter the property number from section 3. Mark (X) the appropriate box for all other properties.	0020 Property number 97		0160 \$00 x 🗆 Don't know	
	98 Other rented unit 99 Property not owned or rented by CU	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?	0250 1 □ Yes 2 □ No – <i>Go to item 9a</i>	
<b>3a. What work was done?</b> Description should be adequate to classify as "alteration," "repair," etc.,	Description	b. What was the total cost for all items purchased for this job in –		
and to identify in next interview.		(month, 3 months ago)?	0260 \$00 0 🗆 None	
<b>b.</b> Job classification – <i>Mark (X) one.</i>	0030 1 Addition 2 Alteration 3 Replacement	(month, 2 months ago) <b>?</b>	0270 \$00 0 🗆 None	
	4 A Maintenance and repair 5 New construction	(last month) <b>?</b>	0280 \$00 0 🗆 None	
<b>OFFICE USE ONLY</b> – Enter detail job codes.	0040	(the current month)?	0290 \$0 O \ None	
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>9a.</b> Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 □ Yes 2 □ No – <i>Go to item 10a</i>	
<b>5a.</b> 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 ☐ Self only – <i>Go to item 8a</i> 2 ☐ Paid or contracted with someone else	<b>b.</b> What was the total cost for all items rented for this job in – (month, 3 months ago)?	0310 \$00 0 □ None	
<b>b.</b> What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN –	0070 \$00 0 \None	(month, 2 months ago)?	0320 \$00 0 🗆 None	
(month, 3 months ago)?	0070 \$00 0 □ None	(last month) <b>?</b>	0330 \$00 0 🗆 None	
(month, 2 months ago) <b>?</b>		(the current month)?	0340 \$00 0 🗆 None	
(last month) <b>?</b>	0090 \$00 0 🗆 None	<b>10a. Was (Will) any of the total cost of</b> (read entry in item 4) <b>(be) reimbursed or paid by someone</b>	0350 1 🗌 Yes	
(the current month)?	0100 \$00 0 🗆 None	outside of your CU?	2 🗌 No – <i>Go to item 11a</i>	
C. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?	0110 \$ .00 0 \[] None - <i>Go to item 8a</i>	<b>b.</b> What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 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.	0120 1 🗌 Yes	<b>11a.</b> Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 □ Yes 2 □ No - <i>Go to next job</i>	
<ul> <li>Information Booklet, page 15</li> <li>6. Did the charge(s) include the cost of any appliances or equipment?</li> </ul>	2 □ No – Go to item 8a	<b>b.</b> What percent was (will be) deducted?	0390 .00 Percent	

Section 6

Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINT	ENANCE OF PROPERTY – Continued		
Part B – Job Description – Continued			
1. FIELD REPRESENTATIVEPROCESSING USE ONLY1 05 52 8 ↓JOB NUMBER3	7. Which of these items did it include and what was the cost of each?	OFFICE USE ONLY	NOTES
Enter the job code from part A. (For combined	1	0130	
jobs use code 310.)		0140 \$00 x 🗆 Don't know	
<b>2a.</b> On which property was the (job description) done?		Description	
<b>b.</b> Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.	2	0150	
97 Rented sample unit 98 Other rented unit 99 Property not owned or rented by CU		0160 \$00 x 🗆 Don't know	
<b>3a. What work was done?</b> Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?	0250 1 □ Yes 2 □ No – <i>Go to item 9a</i>	
FIELD REPRESENTATIVE CHECK ITEM       0030       1 Addition <b>b.</b> Job classification – Mark (X) one.       2 Alteration	<b>b.</b> What was the total cost for all items purchased for this job in – (month, 3 months ago)?	0260 \$00 0 □ None	
3 Replacement 4 Maintenance and repair 5 New construction	(month, 2 months ago)?	0270 \$00 0 \ None	
OFFICE USE ONLY – Enter detail job codes.	(last month) <b>?</b>	0280 \$0 None	
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	(the current month)?	0290 \$00 0 🗆 None	
insurance companies, and so forth.	<b>9a.</b> Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 □ Yes 2 □ No - <i>Go to item 10a</i>	
<b>5a.</b> 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 Self only - Go to item 8a         2 Paid or contracted with someone else	<b>b.</b> What was the total cost for all items rented for this job in –		
<b>b.</b> What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)?	(month, 3 months ago)?	0310 \$00 0 □ None	-
	(month, 2 months ago)?		
(month, 2 months ago)?	(last month) <b>?</b>	0330 \$00 0 None	-
(last month)?	(the current month)?	0340 \$00 0 🗌 None	
(the current month)?	<b>10a. Was (Will) any of the total cost of</b> (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?	0350 1 □ Yes 2 □ No – <i>Go to item 11a</i>	
C. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?	<b>b.</b> What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 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. 0120 1 🗌 Yes	<b>11a.</b> Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 □ Yes 2 □ No - <i>Go to next job</i>	
<ul> <li>Information Booklet, page 15</li> <li>Did the charge(s) include the cost of any appliances or equipment?</li> </ul>	<b>b.</b> What percent was (will be) deducted?	0390 .00 Percent	

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

а		b		С	d	е	f	g		h	i		j	k		PRE		
Information Booklet, page	16	What type did you		ENTER	Was this –	When	What was	Was it		If code 2 in	Did this	1	Were there any	Did you	1	2	3	
Since the 1st of (month, have you (or any member purchased or rented any following items for your to someone outside you Do not list any appliance p reported in section 5B, iter appliance is reported in bo section 6, probe to verify t duplicated.	ers of your CU) y of the r CU, or as a gift r CU? previously m 7. If an oth section 5 and	<b>purchase or rent?</b> Enter a brand name or a brief description of item.			<ul> <li>1 - Purchased for own use?</li> <li>2 - Rented? Go to column h.</li> <li>3 - Purchased as gift to others?</li> </ul>	did you pur- chase it?	the purchase price after any trade-in allowance?	new or used when y acquire it? Go to column	you ed	column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	include sales tax	?   f	extra charges for installation? <i>If "Yes" –</i> How much?	purchase or rent any other? If "No" go to next item in column a.	Description from column b and section 5B item 6	Month from column e	Cost fron column f or column and section 5 item 6	f h
COOKING STOVE, RANGE, OR OVEN	ITEM YES NO		PROCESSING		Mark (X) box	Month		NEW	USED		YES N	10	NO	YES NO		Month		
Gas	110		0010		1 2 3		<b>*</b>			¢ 00						Month		
Microwave	120						\$.00			\$.00	1						\$	0.
Other	130		0020		1 2 3		\$ .00		2	\$.00			0□ \$ .00				\$	1.0
REFRIGERATOR	140		0030		1 2 3		\$ .00	1	2	\$ .00	1 2		₀□¦\$ .00				\$	  .(
HOME-FREEZER	150	_	0040		1 2 3		\$ .00	1	2	\$ .00	1		₀□ \$ .00				\$	  .(
DISHWASHER			0050		1 2 3		i			ĺ							•	i
Built-in	160						\$.00			\$ .00	i						\$	.C
Portable	170 180		0060		1 2 3		\$ .00	1	2	\$.00			0□  \$ .00				\$	i.0
CLOTHES WASHER	190	-	0070		1 2 3		\$ .00		2	\$ .00	1 2		₀□ \$ .00				\$	  .(
CLOTHES DRYER	200		0080		1 2 3		\$ .00	1	2	\$00	1 2		₀□ \$ .00				\$	
RANGE HOOD	210				1 2 3		·										Ψ	i
Combination of any of the above items	220		0090				\$ .00			\$ .00	1						\$	.0
FIELD REPRESENTATIVE	1 06 01 3	-	0100		1 2 3		\$.00			\$.00			0□ \$ .00				\$	0.
CHECK ITEM	0010 999 🗌 Go to		0110		1 2 3		\$ .00	1	2	\$ .00	1 2		∘□¦\$ .00				\$	   .0
Mark (X) box if there are no entries recorded in columns b–k.	Part B		0120		1 2 3		\$ .00		2	\$ .00	1   2		₀□ \$ .00				\$	.0
NOTES			0130		1 2 3		\$ .00			\$ .00			0□ \$ .00				\$	.0
			0140		1 2 3		\$ .00			\$ .00			0□ \$ .00					    .0
			0150		1 2 3		\$ .00			\$ .00			0□ \$ .00				\$	    .0
			0160		1 2 3		\$ .00						0□↓\$ .00				\$	.0
			0170		1 2 3		φ <u></u>		2	÷							+	

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Section 6

Section 6 – Part A

### FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you Section 6 - APPLIANCES, HOUSEHOLD EQUIPMENT, proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual **AND OTHER SELECTED ITEMS – Continued** items and complete a separate line in columns b through i as each item is reported. 6 06 04 6 → Part B – Purchase of Household Appliances and Other Selected Items ΟΝΓΥ d f h i. h а С е g ENTER Information Booklet, pages 16–18 What type did you Was this -When did What did it cost? If code 2 in Did this Did you USE column d purchase or rent? ITEM Include delivery include purchase or 1 – Purchased for you **1.** Since the 1st of (month, 3 months ago), have CODE own use? purchase charges, exclude What was the sales rent any you (or any members of your CU) purchased Enter brand name or it? other . . .? installation total rental tax? from PROCESSING 2 - Rented? or rented any of the following items for your a brief description of column a. charges.) expense since CU or as a gift to someone outside your CU? Go to column g the item. the 1st of If "No," go 3 – Purchased ITEM to next item (month, 3 YES NO as gift to CODE months ago), in column a. SMALL HOUSEHOLD others? excluding the Month YES NO YES NO Mark (X) box Go to column h. current month? Small electrical 230 0010 kitchen appliances 1 2 3 1 🗌 ¦ 2 🗌 .00 \$ .00 Electric personal care appliances . . . . . . . . . . . . . . . . 240 0020 250 1 2 3 1 🗌 ¦ 2 🗌 Smoke detectors .00 ¢ .00 \$ Electric floor cleaning 260 0030 1 2 3 1 2 .00 \$ .00 \$ **OTHER HOUSEHOLD** APPLIANCES 270 0040 1 2 3 1 2 2 .00 \$ .00 \$ SEWING MACHINES 280 0050 1 2 3 1 2 2 CALCULATORS 590 .00 .00 \$ **TELEPHONE AND** 0060 1 2 3 1 2 2 ACCESSORIES 660 .00 \$ .00 \$ **TELEPHONE ANSWERING** 0070 1 2 3 1 1 2 610 DEVICES .00 \$ .00 \$ **TYPEWRITERS AND OTHER** 0080 $\square$ **OFFICE MACHINES FOR** .00 \$ 00 \$ NON-BUSINESS USE 620 0090 1 2 3 1 🗌 ¦ 2 🗌 **COMPUTERS, COMPUTER** .00 1.00 \$ SYSTEMS AND RELATED **HARDWARE FOR** 0100 1 2 3 **NON-BUSINESS USE** 640 1 🗌 ¦ 2 🗌 \$ .00 \$ .00 **COMPUTER SOFTWARE AND** 0110 $1 \boxed{2} \boxed{3}$ $\square$ 1 2 2 **ACCESSORIES FOR** .00 \$ .00 \$ 650 NON-BUSINESS USE 0120 1 2 3 1 2 2 PHOTOGRAPHIC EQUIPMENT 300 .00 \$ .00 \$ LAWNMOWING EQUIPMENT 0130 1 2 3 AND OTHER YARD 1 🗌 | 2 🗌 .00 \$ .00 \$ MACHINERY 310 0140 1 2 3 1 2 2 TOOLS FOR HOME USE .00 \$ .00 \$ Power tools ..... 320 0150 330 Non-power tools 1 2 3 \$ .00 \$ .00 **HEATING AND COOLING** EQUIPMENT ..... 0160 1 2 3 1 🗌 ¦ 2 🗌 .00 \$ 1.00 \$ 340 Window air conditioners Portable cooling and heating 0170 1 2 3 1 2 equipment . . . . . . . . . . . . . 350 1.00 \$ .00 Use only if unable to itemize 0180 above – Combined expenses 800 1 2 3 1 2 .00 \$ .00 **2.** FIELD REPRESENTATIVE 1 06 03 9 🖌 0190 1 2 3 1 2

\$

1 2 3

.00 \$

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 $\square$ 

1 🗌 | 2 🗌

CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.

0010 999 Go to

next

page

0200

FORM CE-302

NOTES		PRE	
	1	2	3
	Description from column b	Month from column e	Cost from column f or column g
		Month	
			\$ 1.0
			\$
			\$ .0
			\$
			\$
			\$
			\$
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			\$ 1.0
			\$
			\$
			\$
			\$.0
			\$
			\$
			\$ .0
			\$ .0
			\$ .0

### FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT, proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual **AND OTHER SELECTED ITEMS – Continued** 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 06 1 → b С d f h i . а е g ENTER Was this -What did it cost? **Did this** Did you Information Booklet, page 18 What type did you When If code 2 in purchase or rent? ITEM did (Include delivery column d – include purchase **1.** Since the 1st of (month, 3 months ago), have 1 – Purchased CODE charges, exclude What was the sales tax? vou or rent you (or any members of your CU) purchased for own purchase Enter a brand name installation total rental from ΟΝΓΥ anv or rented any of the following items for your use? or a brief description column a it? charges.) expense since other . . .? CU, or as a gift to someone outside your CU? the 1st of (month, of the item. 2 - Rented? If "No," go Go to 3 months ago), USE excluding the to next column q. current month? ITEM CODE item in YES NO PROCESSING 3 – Purchased Go to column h. column a. as gift **TELEVISIONS, RADIO, VIDEO,** to others? SOUND EQUIPMENT (DO NOT **INCLUDE PURCHASES INSTALLED IN VEHICLES)** Mark (X) box Month YES NO YES NO Color televisions (portable and table models) 360 0010 1 2 3 1 2 .00 .00 \$ Color televisions consoles and combinations of TV; large 0020 1 2 3 2 1 .00 \$ .00 screen color TV projection equipment; color monitors and 0030 1 2 3 370 1 | 2 I 🗌 other items .00 \$ .00 \$ Black and white TV's and 1 2 3 2 0040 1 .00 \$ .00 combinations of TV's with \$ other items 380 1 2 3 l 2 I 🗌 0050 1 \$ 00 \$ .00 VCR, video camera, video disc player, camcorder . . . . . . . 390 0060 1 2 3 1 2 🗌 i 🗆 1 \$ .00 \$ .00 Satellite dishes 670 0070 1 2 3 2 ¦ 🗆 1 Radio, all types 400 .00 \$ .00 1 2 3 1 2 0080 Phonographs or record players 410 \$ .00 \$ 00. 420 Tape recorders and players 1 2 3 1 2 0090 \$ .00 \$ .00 Sound components, component I 🗌 systems, and compact disc 1 2 3 1 2 0100 1\$ 1.00 \$ .00 sound systems 430 2 0110 1 2 3 1 Other sound and video .00 \$ .00 1\$ equipment, including accessories (audio/video tapes, 1 2 3 0120 1 2 1\$ .00 \$ .00 etc. should be recorded in Section 17) 440 1 2 3 2 0130 1 .00 \$ .00 \$ Use only if unable to itemize above – Combined expenses 810 $1 \square 2 \square 3 \square$ 2 0140 1 \$ .00 \$ .00 **MUSICAL INSTRUMENTS,** 0150 1 2 3 1 2 **SUPPLIES AND** \$ .00 \$ 00. ACCESSORIES 2 ίD 0160 1 2 3 1 .00 .00 \$ \$ Piano, organ, or keyboard . . . 450 1 2 3 1 2 0170 \$ 00 \$ 00. 460 1 2 3 2 1 0180 .00 \$ .00 **2.** FIELD REPRESENTATIVE \$ 1 06 05 4 🖌 CHECK ITEM 0010 999 Go to 0190 1 2 3 2 1 .00 \$ .00 \$ Mark (X) box if there are next no entries recorded in page 0200 1 2 3 2 I 🗌 1 .00 \$ .00 columns b–i.

Image:	NOTES							
Description from column b         Month from column for column for column g         Cost from column for column g           Month         Month         Cost from column g         Cost from column g           Month         Month         S         .00           Month         S         .00         S         .00           Month         S <th>NOTES</th> <th></th> <th>PRE</th> <th></th> <th></th>	NOTES		PRE					
Description from column b         from column f or column f or colum f or colum f or column f or column f or column f or column f		1	2	3				
.00       \$       .00         \$       .00		Description from column b	from column	column f				
S       .00			Month	1				
\$       .00         \$       .00				\$	.00			
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.00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00				\$	.00			
\$       .00         \$       .00         \$       .00         \$       .00         \$       .00         \$       .00         \$       .00         \$       .00         \$       .00         \$       .00         \$       .00         \$       .00         \$       .00         \$       .00				φ 				
\$     1.00       \$     1.00       \$     1.00       \$     1.00       \$     1.00       \$     1.00       \$     1.00       \$     1.00       \$     1.00       \$     1.00       \$     1.00       \$     1.00				\$	.00			
.00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00				\$ 1	.00			
.00     \$     .00       \$     .00       \$     .00       \$     .00       \$     .00				\$				
				\$	.00			
\$ .00				\$				
Page 32				\$	.00			

Section 7

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## . .

FIELD REPRESENTATIVE -	Hand the respondent the Information	Bookle
	proceed. Ask column a, reading the h	eading
	items and complete a senarate line in	colum

Section 6 – APPLIANCES AND OTHER S		OLD EQUIPMENT, ITEMS – Continue					FIELD RE		proceed. Ask colu	mn a, re	ading the head	lings (in bold print	ions to look at the in t). If YES, then read as each item is rep	the indiv	you dual	
Part B – Purchase of Hou	sehold App	pliances and Othe	r Sele	cted	lte	ms – Continue	ed	6 06 08 7 ->				0				
а		b	-	С		d	е	f	g	h	i	NOTES		PRE		
Information Booklet, page 19		What type did you	ONLY	ENTE	R	Was this –		What did it cost?	If code 2 in	Did this	Did you		1	2	3	
<ol> <li>Since the 1st of (month, 3 months you (or any members of your CU) or rented any of the following ite CU or as a gift to someone outsid</li> </ol>	ago), have purchased ms for your de your CU?	purchase or rent? Enter brand name or a brief description of the item.	PROCESSING USE	ITEM CODE from colum		<ul> <li>1 - Purchased for own use?</li> <li>2 - Rented? Go to column g</li> <li>3 - Purchased as gift to</li> </ul>	purchase it?	(Include delivery charges, exclude installation charges.)	column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the	include sales tax?	purchase or rent any other? If "No," go to next item in column a.		Description from column b	Month from column e	Cost fror column f column	or
SPORTS, RECREATION, AND EXERCISE EQUIPMENT		-	PROC			others? Mark (X) box	Month	Go to column h.	current month?					Month		
General sports equipment (Include here athletic shoes for sports related use, such as			0010			1 . 2 . 3 .		\$ .00	\$ .00	1 🗌   2 🗌					\$	.00
football, baseball, soccer, or bowling)	470	_	0020			1 🗌 2 🗌 3 🗌		\$ .00	\$ .00	1   2					\$	.00
Health and exercise equipment	480	_	0030			1 2 3 3		\$.00	\$ .00	1 2					\$	   .00
Camping equipment	490	-	0040			1 2 3 3		\$ .00	\$00						\$	    .00
Hunting and fishing equipment.	500	_	0050			1 2 3 3		\$.00	\$ .00						\$	  .00
Winter sports equipment	510	-	0060			1 2 3		1							\$	.0
Water sports equipment	520	-	0070			1 2 3 1		\$ .00		1 2					\$	    .0(
Outboard motors	530	_	0080			1 🗌 2 🗌 3 🗌		\$ .00							\$	
Bicycles	540	_	0090			1 🗌 2 🗌 3 🗌		\$ .00							+	    .0
riders	550		0100							1 1 2					·	
Playground equipment Other sports and recreation	560	-	0110					\$ .00								.0   
equipment	570		0120					\$.00							\$	i.00
	820							\$.00		i i					\$	.00
	$\begin{array}{c} 1  06  07  0 \\ \hline 0  999  \Box  Go  to \\ \hline \end{array}$		0130					\$.00	\$.00						\$	.00
no entries recorded in columns b–i.	section 7	,	0140					\$.00	\$.00						\$	1.00
NOTES		-	0150			1 2 3		\$.00	\$.00						\$	00.
			0160			1 . 2 . 3 .		\$ .00	\$ .00						\$	  .00
			0170			1 🗌 2 🗌 3 🗌		\$.00	\$ .00	1 🗌   2 🗌					\$	  .00
			0180			1 2 3 3		\$.00	\$.00	1 🗌 2					\$	00. 1
			0190			1 🗌 2 🗌 3 🗌		\$.00	\$ .00						\$	    .00
			0200			1 2 3		\$ .00	\$ .00	1 2					\$	.00
M CE-302				L	i		• •		•		1		E			

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# Section 7 – HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING

	Part A – Screening Questions						Par	t B – Household Equipment R	Repairs	and §	Servic	e Con	tracts			50	7 02
_	Information Booklet, page 20							a			b	с		d	е		
	<ul> <li>Since the 1st of (month, 3 months ago), did you (or any members of your CU) have any expenses for maintenance or repair of household equipment?</li> <li>Did you (or any members of your CU) have any expenses for service contracts?</li> </ul>	□ No	s – Go to 1a bel s – Go to	low			Repair or contract No.	What is/was (repaired/covered by service contract)? Describe the item repaired or the type of service or equipment covered by the service contract. Include all items covered.		re 2 – Se ce	ent epair	ENTER ITEM CODE from part A	mont (repa done/ contr	h was ir service	What was t total cost?	he	Did t inclu sales
			1b bel		,,,,,				SE (		x ( <i>X</i> )						
			)								1		M	onth		1	YES
			<b>1a.</b> Repa	ir or	1h S	ervice	1		0010	1	2				\$	.00	1
		ITEM CODE	maintena		cont		2		0020	1	   2				\$	.00	1
			YES	NO	YES	NO	3		0030	1	2				\$	.00	1
	Garbage disposal, range hood, or built-in dishwasher	100				   			0040		     2				,	1	
	Other household appliances, such as washer, refrigerator, or range/oven	110				   	4 5		0050		1		_		\$	.00	
	Television, radio, video and sound equipment, except those installed in automobiles or other					   			0060	<u> </u>					\$	.00	
	except those installed in automobiles or other vehicles	120				   	6				2				\$	.00	
	Computers, computer systems, and related equipment for non-business use	220				 	7		0070	1	2		_		\$	.00	
						I	8		0800	1	i 2				\$	.00	1
	Lawn and garden equipment	130				 	9		0090	1	   2				\$	.00	1
	Musical instruments and accessories	140				   	10		0100	1	2				\$	.00	1
	Hand or power tools	150				 	11		0110	1	2				\$	.00	1
	Photographic equipment	160				   	12		0120	1	   2				\$	.00	1
	Sport and recreational equipment	170					13		0130	1	2				\$	.00	1
	Personal care appliances	180				   	14		0140	1	2				\$	.00	1
	Termite or pest control	190				   	15		0150	1	2				\$	.00	1
	Heating or air conditioning equipment	200				   	16		0160	1	   2				\$	.00	1
	Use only if unable to itemize above – Combined expenses	210					17		0170	1	2				\$	.00	1
2.	FIELD REPRESENTATIVE CHECK ITEM		1 07	01 1	¥		18		0180	1	2				\$	.00	1
	Mark (X) box if there are no entries recorded in columns a-f in part B.	0010	999 🗌 G	o to i	part C	2	19		0190	1	2				\$	.00	1
				,			20		0200	1	   2				\$	.00	1
									NOTES	-	-						

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list as you proceed. Read questions 1a and 1b and complete a line in part B for each item repaired or each service contract.

0	<b>→</b>					
1	f		PRE			
t	his de	1	2	3	4	ŀ
s	tax?	Description from column a	Repair or service contract from column b	Month from column d	Cost fr colum	om n e
;	NO					1
	2				\$	.00
	2				\$	.00
	2				\$	.00
	2				\$	.00
	2				\$	.00
	2				\$	00.
	2				\$	.00
	2				\$	00.
	2				\$	.00
	2				\$	.00
	2				\$	.00
	2				\$	.00
	2				\$	00
	2				\$	.00
	2				\$	.00
	2				\$	.00
	   2 🗌				\$	00
	2				\$	.00
	2				\$	   .00
	2				\$	.00

FORM CE-302

## Section 7 - HOUSEHOLD FOUNDMENT REDAIRS SERVICE CONTRACTS AND

EIELD REPRESENTATIVE Road part Correspond question and complete a line in part D

	FURNITURE RE			EUPHUL	SIER								for each job.
P Pa Di	<b>Int C – Screening Question</b>	on U) have				1 07 03 7	/ 🖌	_	1	2 PRE		3	-
	d you (or any members of your C y expenses for repairing, refinish pholstering furniture, including fabric?				1 🗌 Ye 2 🗌 No	es – Go to part D o – Go to next sec	ction		Description from column a	Month from column c		ost from olumn d	
Pa	rt D – Furniture Repair o	r Reu	pholste	ering		4 07 04 9	9→						
	a	USE	b	c		d	e				\$	.00	
ltem No.	What item of furniture was repaired or reupholstered? Describe type of furniture.	PROCESSING U	OFFICE USE ONLY	In what month did you have it repaired or reupholste	<b>ب</b> ا	How much did it cost?	Did thi include sales ta				\$ \$	.00	
		PRO		Month			YES	10			\$	.00	,
1		0010	220		ç	\$.00					\$	.00	
2		0020	220		ç	\$.00					\$	.00	
3		0030	220		Ş	\$.00					\$	   .00	
4		0040	220		5	\$.00					\$	.00	
5		0050	220		5	\$.00					\$	.00	
6		0060	220		5	\$.00	1 🗌 1 2				\$	.00	
7		0070	220		ę	\$.00	1 🗌 1 2				\$	.00	,
8		0080	220		5	\$.00					\$	.00	,
9		0090	220		5	\$.00					\$	.00	,
10		0100	220		ę	\$.00					\$	.00	,

## **Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS**

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Read the headings (in bold print) in column a. If you get a YES response, then read the individual items within the group. Complete columns b through h as each item is reported. Enter each item on a separate line.

а		b		с	d	е		f	g	h	NOTES		PRE		
Information Booklet, pages 21 and 22		What did you purchase?	-	ENTER	In what	Was this		Vhat was	Did this	Did you	-	1	2		3
Since the 1st of (month, 3 months ago any members of your CU) purchased or as a gift to someone outside of yo the following?	for your CU our CU any of	Enter a brief description of the item purchased.	ΟΝΓλ	ITEM CODE from column a.	month did you purchase it?	purchased your CU of a gift to someone outside the CU?	r as p	he ourchase orice?	include sales tax?	purchase any other?		_			
LIVING, FAMILY, OR RECREATION ROOM FURNITURE	ITEM YES NO ID00 ID0 ID0 ID0 ID0 ID0 ID0 ID0 ID0 ID	-	PROCESSING USE			<ul> <li>1 - For use the CU.</li> <li>2 - As a gif someor outside CU.</li> </ul>	ft to ne			lf "No," go to next item in column a.		Description from column b	Month from column d		st from Jumn f
Living room tables	102	_			Month	Mark bo			VES NO	YES NO			Month	_	
Modular wall units, shelves or cabinets Ping-pong, pool tables and other similar	103 104		0010			1		.00						\$	.00
recreation room items Other living room, family or recreation room furniture including desks	105		0020			1 2	· □ \$	.00						\$	0.
Living room furniture combinations	106	_	0030					i						-	
DINING ROOM AND KITCHEN FURNITURE			0040					.00						\$	0.
All dining room and kitchen furniture	110						•	.00	1					φ	1.0
			0050				\$	.00						\$	.0
Mattress and springs	120	_	0060			1 2	\$	.00						\$	.0
Bedroom furniture other than mattresses and springs Combined bedroom furniture (codes 120	121		0070			1 2	\$	.00						\$	.00
and 121)	122		0080			1 2	<u>ه</u>	.00						¢	
INFANTS FURNITURE AND		_	0090											\$	)0.         . 0
nfants furniture	130	-					+								1
nfants equipment	131	-	0100			1	Ψ	.00						\$	.00
		_	0110				\$	.00						\$	.0
Patio, porch or outdoor furniture	140	-	0120				s s	.00						\$	.00
Outdoor equipment	141		0130			1 2									
All office furniture for home use. Exclude any furniture used exclusively for		-	0140					.00						\$	00.   00.
business Combined furniture expense. Use only if	150		0150				s	.00						\$	.00
unable to itemize separately	160		0160				s	.00						\$	     .00
Clocks	170	-	0170			1 2									
Lamps, and other lighting fixtures	171	-					\$	.00						\$	.00
Other household decorative items	173		0180			1 2	□  s	.00						\$	.00

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Section 8 – Part A

## Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS – Continued

Section 9

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Read the headings (in bold print) in column a. If you get a YES response, then read the individual items within the group. Complete columns b through h as each item is reported. Enter each item on a separate line.

Part A – Purchases – Cont	linued		5 08	3 02 8 -	<b>&gt;</b>												
а		b		C	d		е	f		g		h	NOTES		PRE		
Information Booklet, pages 23 and 24 Have you (or any members of your C for your CU or as a gift to someone o your CU any of the following?	U) purchased outside of	What did you purchase? Enter a brief description of the item purchased.	1 1	ENTER ITEM CODE from column	In what month did you purchase it?	your ( a gift some	ased for CU or as to one	What was the purchase price?	Dic inc sal tax		any	chase		1	2	3	}
CLOSET STORAGE AND TRAVEL ITEMS Storage items Travel items DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE	ITEM CODE         YES         NO           180         -         -           181         -         -           190         -         -		CESSING USE ONLY	а.		the <b>2 –</b> As so	J? r use by e CU. a gift to meone tside				item	o next		<ul> <li>Description</li> <li>from column b</li> </ul>	Month from column d	Cost t colur	
China and other dinnerware	191		PRO		Month	Ma	k box		YES	S¦NO	YES	NO			Month	-	
Stainless, silver, and other flatware	192		0010			1	2		1								
Glassware	193		0010					\$	0							\$	1.00
Serving pieces other than silver	195	_	0020			1	2	\$0	_ 1□	] ¦ 2 🗌						\$	.00
Non-electric cookware	196 197		0030			1	   2			]   2						\$	.00
Silver serving pieces	198		0040			1	2			   2							
HOUSEHOLD LINENS		-	0040					\$.0	0							\$	00.
Bedroom linens	200		0050			1	2	\$0	_ 1□	]   2						¢	1 00
Bathroom linens	201	]					<u> </u>	φ 1.0	0			+				\$	i .00
Kitchen and dining room linens	202		0060			1	2	\$ .0	0 1	]   2 🗌		¦ 🗆				\$	.00
Other linens	203 204		0070			1	   2	\$.0	0 1	]   2 []						\$	.00
Slipcovers, decorative pillows and cushions	205		0080			1	2	\$.0	0 1	   2 		¦ 🗆				\$	.00
FLOOR AND WINDOW COVERINGS WALL-TO-WALL CARPETING FOR ONE OR MORE ROOMS			0090			1		\$.0	0 1	]   2 []   2 []						\$	.00
Installed (original carpeting)	210		0100			1	2	\$ .0	0 1	] ¦ 2 🗌						\$	.00
Installed (replacement carpeting)	216	_					+ 									Ψ	00
Non-installed (original carpeting)	211		0110			1	2	\$.0	0 1	]   2 🗌						\$	.00
Non-installed (replacement carpeting) . Carpet squares	217 212	-	0120			1	2			   2						<u>_</u>	
Room-size rugs and other non- permanent floor coverings	212		0130					\$.0								\$	.00
Curtains and drapes	214 215		0140			1	   2		0 0 1							\$	00.
Use only if unable to itemize above – Combined expenses	210		0150			1	2			]   2						\$	.00
Part B – Rental or Leasing		1 08 03 5				1		<u> </u>					NOTES		- I - I		
1a. Since the 1st of (month, 3 month	tince the 1st of (month, 3 months ago), have you 0010 1 Yes		ction														
<b>b.</b> If YES – What was the total expe	ES – What was the total expense for renting easing furniture, excluding any expenses for current month?																

## **Section 9 – CLOTHING AND SEWING MATERIALS**

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.

а			b		с	d		е	f	g		h	1		i		PRE			
Information Booklet, page	25		What did you buy?		ENTER	For whom was it purchas	ed? If	How	In what	How much		Did th	is	Did y	ou	1	2	3		4
Since the 1st of (month, have you (or any member CU) purchased any of th items, for persons age 2 either for members of yo someone outside your C	nembers of your y of the following age 2 and over, 's of your CU or for		Describe briefly the item purchased.	USE ONLY	ITEM CODE from column a.	CU member, enter name an number from Control Card. If someone outside CU, ente and appropriate code as fol <b>90</b> – Male 16 and over <b>91</b> – Female 16 and over <b>92</b> – Male 2–15 <b>93</b> – Female 2–15	d line er name	many did you	month did you purchase it?	did it cost?	i	includ sales	le tax?	If "No to ney item i	nase •? ," go (t n	Description from column b	Person from column d	Month from columr f	Cost	t from umn g
-	ITEM CODE	YES NO		SSING																
Coats, jackets, and furs	100			PROCESSING		Name	Line No	 	Month	-	-	YES	NO	YES	l NO		Name	Month	_	
Sport coats and tailored jackets	110			0010						\$ .0	0	1	2						\$	.0
Suits	120		-	0020						\$ .0		 1							\$	0.       .0
Vests	130		-	0030								1							\$	.0
Sweaters and sweater sets	140			0040						\$ .0					·				\$	.0      .0
Trousers, slacks, jeans, and dungarees	150			0050						\$ .0		1 1	2		· ·				\$	    .0
Shorts and short sets Exclude all athletic shorts	160		-	0060						\$ .0		1 1	2		- - -				\$	.0
Dresses	170		-	0070						\$	0	1	2						\$	.0
Skirts and culottes	180		-	0080						\$.0	0	1 🗌   	2		      				\$	.0
Shirts, blouses, and			-	0090						\$.0	-	1     							\$	.0
tops           FIELD REPRESENTATIVE	<b>190</b> 1 09	01 7 🖌		0100						\$.0	0	1   I	2						\$	     .0
CHECK ITEM Mark (X) box if there are	0010 00		-	0110						\$.0	0	1 🗌 👖	2						\$	  .0
Mark (X) box if there are no entries recorded in columns b–i.	0010 99	next page		0120						\$.0	0	1	2						\$	  .0
NOTES				0130						\$.0	0	1 1	2						\$	.0
				0140						\$.0	0	1     1	2						\$	   .0
				0150						\$.0	0	1	2						\$	   .0
				0160						\$.0	0		2						\$	.0
				0170						\$.0	0	1     1	2						\$	.0
				0180							0		2						\$	י 1.0

Section 9 – Part A

## 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 0	09 04 0 →					1								
а		b		с	d		е	f	g		h		i		PRE		
Information Booklet, page <b>1. Have you (or any membr CU) purchased any of th</b> <b>items, for persons age 2</b> <b>either for members of y</b> <b>someone outside your C</b>	ers of your	What did you buy? Describe briefly the item purchased.		ITEM CODE from column a.	For whom was it purchased CU member, enter name and I number from Control Card. If someone outside CU, enter i and appropriate code as follow 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15	ine name	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?	pur any oth If "I to r iten	you chase er? No," go next n in umn a.	1 Description from column b	2 Person from column d	3 Month from column f	<b>4</b> Cost from column g
	ITEM CODE YES NO		PROC		Name	Line No or code	-	Month	-		YES   NO	YE	S NO		Name	Month	
Undergarments	200		0010						\$ .0	00							\$00
Hosiery	210		0020						\$ .0	00							\$ .00
			0030						\$.0	00							\$.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 09 03 3 🗸		0040						\$ .0	00			¦ □				\$ .00
Mark (X) box if there are no entries recorded in	0010 999 Go to		0050						\$0	00							\$ .00
columns b–i.	page		0060						\$	00							\$
NOTES			0070						\$.0	00			¦ □				\$ .00
			0080						\$ .0	00	1 2						\$ .00
			0090						\$.0								\$
			0100						\$.0	00							\$
			0110						\$	00			¦ 🗆				\$ .00
			0120						\$	00	1 2						\$ .00
			0130						\$	00							\$
			0140						\$	00							\$ .00
			0150						\$	00	1     2						\$ .00
			0160						\$	00							\$ .00
			0170						\$.0	00							\$ .00
			0180						\$ .0	00							\$.00

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## **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 -	- Cont	tinue	ed		6 (	09 06 5 →												
а				b		с	d		е	f	g	h		i		PRE		
Information Booklet, page <b>1. Have you (or any memb</b> <b>CU) purchased any of th</b>		our		What did you buy?		ITEM	For whom was it purchase CU member, enter name and number from Control Card.	ed? If d line	How many did you	In what month did you	How much did it cost?	Did this include sales tax?	Did purc any	you hase	1	2	3	4
CU) purchased any of the items, for persons age 2 either for members of y someone outside your C	2 and ov our CU CU?	/er, or foi		Describe briefly the item purchased.	E ONLY	from column a.	If someone outside CU, ente and appropriate code as follo <b>90</b> – Male 16 and over <b>91</b> – Female 16 and over	r name ows:	purchase? Enter number of identical items	purchase it?			othe	in		Person from column d	Month from column	
Nightwear and	ITEM CODE	YES	NO		NG USE		<b>92</b> – Male 2–15 <b>93</b> – Female 2–15		purchased.						Description from column b	column a	f	Cost from column g
loungewear	220				PROCESSING													
Accessories	230				PRO		Name	Line No or code		Month		YES NO	YES	NO		Name	Month	
Active sportswear	240				0010						\$ .00							\$ 1.00
the cost is not reimbursed	250				0020						\$ .00							\$ .00
Costumes	260				0030						\$ .00							\$00
Combined clothing – This should be used only if the respondent cannot					0040						\$ .00							\$.00
itemize clothing purchases. Specify (in the Notes) the types of					0050						\$ .00							\$ .00
clothing combined	270				0060						\$ .00							\$ .00
(Include here athletic shoes not specifically purchased for sports					0070						\$.00							\$ <sup> </sup> .00
related use.) 2. Have you (or any members of your CU)	280				0800						\$ .00							\$ .00
purchased any other clothing which you					0090						\$ .00							\$ .00
have not previously mentioned? Do not include infants					0100						\$ .00							\$ .00
include infants clothing. If YES – probe and assign an item code.					0110						\$.00							\$.00
3. FIELD REPRESENTATIVE CHECK ITEM	1 09		· · ·		0120						\$ .00							\$.00
Mark (X) box if there are no entries recorded in columns b–i.	0010 99	99 🗌 G p	Go to bart B		0130						\$ .00							\$.00
NOTES					0140						\$.00			   []				\$.00
					0150						\$ .00							\$.00
					0160						\$ .00							\$00
					0170						\$ .00							\$ .00
					0180						\$ .00							\$.00

Part A – Clothing	g – Cor	ntinued	6 09 07 3 →															
b		с	d		е	f	g		h			i	NOTES		PRE			
What did you buy?		ENTER	For whom was it purchas	ed?	How many	In what month	How much did it cost?		Did th	is o	Did y purc	/OU hase		1	2	3	4	
Describe briefly the		ITEM CODE from	If CU member, enter name a number from Control Card.	nd line	did vou	did vou			sales	ax?	any	r?						
item purchased.		column	   If someone outside CU, ente	r name	purchase? Enter	it?					lf "No	o," go		-				
	ONLY	the preceding	and appropriate code as foll	ows:	number of identical						to ne item	xt in		_	Person from	Month from		
	USE 0	pages.	90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15		items purchased.						colur	nn a.		Description from column b	column d	columr	Cost from column g	1
			<b>93</b> – Female 2–15														columnig	
	ESSII																	
	PROCESSING		Name	Line No. or code		Month			YES	NO	YES	NO		-	Name	Month		
	0010						\$	.00		2							\$	     .0
	0020						\$	.00		2							\$	0.
	0030						\$	.00									\$	.0
	0040						\$	.00									\$	  
	0050						\$	.00									\$	     .0
	0060						· ·	.00									\$	0.1
	0070						\$	00.										1
	0080						· ·	1									\$	0.
	0090						\$	00.									\$	0.
	0100						\$	.00		2							\$	0. i       
	0110						\$	.00		2□							\$	I
	0120						\$	.00									\$	0.
							\$	.00		2							\$	0.   
	0130						\$	00. 1		2							\$	   .0
	0140						\$	.00		2							\$	0.
							\$	.00 .00 .00 .00		<u>~</u>							\$	0.
	0160						\$	.00		2							\$	.0
	0170						\$	.00		2							\$	  .C
	0180						\$	.00		2							\$	

### 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.

h

**Did this** 

include

sales tax?

YES | NO

| 2

2

2

2

2

2

2

2

2

2

2

2

2

2

1 | 2

1 i 2

1 | 2

1 2

1

1

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.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

i i

Did vou

anv

purchase

other . . .?

If "No," go

to next

item in

column a.

YES | NO

### **Section 9 – CLOTHING AND SEWING MATERIALS – Continued** Part B – Infants Clothing, Watches, Jewelry, and Hairpieces 6 09 12 3 -> b d f С g а е ENTER Information Booklet, page 26 and 27 What did you buy? Was this purchased for your CU How In what How much ITEM or for someone outside of your many month did it cost? **1a.** Have you (or any members of your Describe briefly the CODE CU? did vou did vou CU) purchased clothing for infants item purchased. purchase? purchase from under 2 years of age either for column a. members of your ČU or for someone Enter outside your CU? ONLY number of ITEM CODE identical YES NO Such as items **PROCESSING USE** purchased. Coats, jackets, or snowsuits 290 **Dresses and other** 300 outerwear . . . . Underwear and diapers, including disposable 310 Non-CU member CU member Month 320 Sleeping garments . 1 2 0010 \$ 330 Layettes 1 2 0020 Accessories 340 0030 1 2 \$ Combined clothing for infants –*This should be* 2 1 0040 used only if the \$ respondent cannot itemize clothing 0050 1 2 purchases. Specify (in \$ the Notes) the types of clothing combined. 360 0060 1 2 **b.** Have you (or any members of your CU) 1 2 0070 \$ purchased any other infants clothing which 1 2 you have not 0080 \$ previously mentioned? If YES – probe and 1 2 0090 assign an item code. \$ Information Booklet, 0100 1 2 page 27 \$ Have you (or any 1 2 0110 members of your CU) \$ purchased any of the following items, 0120 1 2 \$ either for members of your CU or for someone outside 0130 1 2 your CU? Watches 370 0140 1 2 Jewelry . . . . . . . . . . . 380 0150 1 2 \$ Hairpieces, wigs, or toupees . . . . . . . . . . . . 390 1 0160 2 \$ **3.** FIELD REPRESENTATIVE 1 09 11 6 CHECK ITEM 1 0170 2 \$ Mark (X) box if there are 0010 999 🗌 Go to

0180

no entries recorded in

columns b–i.

part C

2.

2

1

PRE		
1	2	3
Description from column b	Month from column f	Cost from column g
		\$ .00
		\$.00
		\$.00
		\$ .00
		\$ .00
		\$.00
		\$.00
		\$ .00
		\$ .00
		\$ .00
		\$ <sup> </sup> .00
		\$ .00
		\$00
		\$ .00
		\$ .00
		\$.00
		\$ .00
		\$ .00 Page 42

Part B – Infants		iy, wall	iles, Jewelly	, and nairpiec		linueu	6 09 13 1→			Notes			
b		C		d	е	f	g	h	i	NOTES		PRE	
<b>What did you buy?</b> Describe briefly the em purchased.		ENTER ITEM CODE from column	Was this purchas or for someone o CU?	ed for your CU outside of your	purchase?	In what month did you purchase it?	How much did it cost?	Did this include sales tax	other?	?	1	2	3
	ONLY	a from the preceding			Enter number of identical				If "No," go to next item in				
	PROCESSING USE OI	page.			items purchased.				column a.		Description from column b	Month from column f	Cost from column g
	PROC		CU member	Non-CU member		Month		YES N		>	_		
	0010		1	   2			\$	.00 1 2		]			\$ .0
	0020		1	2			\$	.00 1 2		]			\$
	0030		1	2			\$	.00 1 2		]			\$
	0040		1	2			\$	.00 1 2		]			\$
	0050		1	2			\$	.00 1 2		]			\$0
	0060		1	   2			\$	.00 1 2		]			\$ .0
	0070		1	2			\$	.00 1 2		]			\$ .0
	0080		1	2   2			\$	.00 1 2		]			\$
	0090		1	2			\$	.00 1 2					\$ .0
	0100		1	2			\$	.00 1 2		]			\$ .0
	0110		1	2			\$	.00 1 2		]			\$
	0120		1	2			\$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		]			\$
	0130		1	2			\$	.00 1 2		]			\$ .0
	0140		1	2				.00 1 2		]			\$ .0
	0150		1	2				.00 1 2		]			\$ .0
	0160		1	2			\$	.00 1 2		]			\$ .0
	0170		1	2			\$	$\begin{array}{c c} 00 & 1 \hline & 2 \hline \\ 00 & 1 \hline & 2 \hline \\ 00 & 1 \hline & 2 \hline \end{array}$		]			\$ .0
	0180		1					.00 1 1 2		]			\$  .0

FORM CE-302

# 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 h 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.

g

Did this

include

sales tax? any

h

Did you

purchase

other . . .?

If "No," go to next

item in column a.

YES | NO | YES | NO

f

How much did it

cost?

е

Month

In what

month

### **Section 9 - CLOTHING AND SEWING MATERIALS - Continued Part C – Sewing Materials** 5 09 22 4 → b d а С PROCESSING USE ONLY ENTER Was this purchased for Information Booklet, page 27 What did you buy? ITEM 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 or for someone did you purchase it? Describe briefly the CODE outside of your CU? item purchased. from column a. your CU? $\square$ NO – Go to item 2 🗌 YES If YES , read the list of individual items below. Complete columns b-h for each item purchased. Non-CU CU member mombor

nem purchased.	ITEM			L .			member				120		120		
Were these –	ITEM CODE Y	YES NO		0010	1		2		\$	.00	1	   2 🗌			
Sewing materials for making slipcovers, curtains, etc., and for handwork in the home including yarn?	400			0020	1	     	2		1	.00	1	     2 		        	
Sewing materials for making clothes?	410			0030	1		2		\$	.00	1	2			
Sewing notions?	420			0040	1 🗌	   	2		\$	.00	1	2			
Other sewing materials?	430			0050	1	 	2		\$	.00	1	2			
Use only if unable to itemize separately – Combined sewing materials	440			0060	1	   	2		\$	.00	1	   2 []			
2. FIELD REPRESENTATIVE CHECK ITEM	1 09 2	15	-	0070	1	   	2		\$	.00	1	   2 🗌 			
Mark (X) box if there are no entries recorded in columns b–h.	0010 999	🗌 Go to		0080	1	   	2		\$	.00	1	   2 🗌 		      	
		part D		0090	1 🗌		2		\$	.00	1	   2 🗌 		      	
NOTES	I			0100	1 🗌	   	2		\$	.00	1	   2 🗌 		      	
				0110	1		2		\$	.00	1	   2 🗌			
				0120	1 🗌		2		\$	.00	1	2			
				0130	1		2		\$	.00	1	2			
				0140	1 🗌		2		\$	.00	1	2			
				0150	1		2		\$ 1	.00	1	2			
				0160	1		2		\$	.00	1	   2 🗌 			
				0170	1		2		\$	.00	1	   2 🗌 		   [] 	
				0180	1		2		\$	.00	1	   2 		      	
Page 44						Sec	tion 9 – Part C								

PR	E			
1	2		3	
Description from column b	Mor fro colu e	m mn	Cost from column f	
				00.
				.00
			Φ	.00
			\$	.00
			\$	00
			\$	00
			\$	00
				.00
				.00
				00
			\$	.00
			\$	.00
			\$	.00
				     .00
				     .00
				.00
			\$	.00
				.00



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

Part D – Clothing Servio	ces	5	09 32 3→										
a		b		с		d	е	f	g	h		PRE	
Information Booklet, page 27 Have you (or any members of expenses for any of the follow members of your CU or for so your CU?		What did you buy Describe briefly the item purchased.	USE OI	ENTER ITEM CODE from column a	Was this purc your CU or fo outside of you	r someone	In what month did you purchase it?	How much did it cost?	Did this include sales tax?	other? If "No," go to next	<b>1</b> Description	2 Month from	3 Cost from
Densir alteration and	ITEM CODE YES NO	_	PROCESSING					_		item in column a.	from column b	column e	column f
Repair, alteration, and tailoring for clothing and accessories	450		PRO		CU member	Non-CU member	Month		YES NO	YESNO			
Shoe repair and other shoe		_	0010		1 🗔	2   2		\$ .00					\$
services	460	_	0020		1 🗌	   2		\$ .00					\$
Watch or jewelry repair	470	_	0030		1	2		\$ .00	1 2 2				\$
Clothing rental	480	_	0040		1	2		\$ .00					\$
Clothing storage	490		0050		1								
ELD REPRESENTATIVE HECK ITEM	1 09 31 4 🖌	-	0060		1			\$00					\$
Mark (X) box if there are no entries in columns b–h.	0010 999 Go to sectio	n	0070		1			\$					\$
	10							\$ .00					\$
NOTES			0800		1	2 		\$ .00					\$
			0090		1			\$ .00					\$
			0100		1			\$ .00					\$
			0110		1 🗌	2		\$.00					\$
			0120		1	2		\$ .00					\$
			0130		1			\$ .00	1 2				\$
			0140		1			¢	1 2				\$
			0150		1	   2		\$ .00	1 2				\$
			0160		1	   2		\$00					\$
			0170		1	     2		φ 1.00					
			0180		1			\$ .00					\$

Section 10 - RENTED AND LEASED VEHICLES       FIELD REPRESENTATIVE - Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask que a column in questions 2–6 for each vehicle rented. For like vehicles rented more than once during the reference entries into one column. Otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete item 7 for otherwise, complete a separate column for each vehicle rented. Complete a separate column for a separate colum	ce period for the same purpose, combine
Information Booklet, page 28 <b>2.</b> FIELD REPRESENTATIVE ITEM PROCESSING USE ONLY 1 10 01 5 1 10 02 3 1 10 03 1 VEHICLE NUMBER 1 2 3	1 10 04 9 ↓
1a. Since the 1st of (month, 3 months ago), have you (or any members of your       VEHICLE NUMBER       1       2       3	1 10 04 9 🗸
have you (or any members of your	
	4
CU) rented any vehicles which were not used ENTIRELY for business? Do or "boat."	Description
Image: Notice and the set of the se	0010 Code
If YES - Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.       3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?       0030       1 \[] Yes - Go to next rented vehicle or item 7       0030       1 \[] Yes - Go to next rented vehicle or item 7	
	.00 0080 \$
VENICE       YES       NO       HOW MANY?       incurred during the reference period. Compute the total expense and enter the amount in this item.	
Automobile       100       5a. Since the 1st of (month, 3 months ago), excluding (the current month) have you paid any additional expenses to the rental agency such as for extra insurance or mileage charges? Do not include gasoline or other operating expenses.       0090       1 Ures       0090       1 Ures <th< th=""><th>ia 0090 1 🗌 Yes 2 🗌 No – Go to item 6a</th></th<>	ia 0090 1 🗌 Yes 2 🗌 No – Go to item 6a
Motorized         D. If YES - How much was paid?         0100 \$         .00         0100 \$         .00         0100 \$	.00 0100 \$00
camper-coach       120       6a. Were (Will) any of the rental expenses or additional charges (be) deducted as business expenses, reimbursed, or paid by someone else?       0130       1       Yes       0130       1       Yes         Trailer-type camper       130       130       130       1       Yes       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       2       No - Go to next rented vehicle or item 7       1       Yes	ented 0130 1 Yes 2 No – Go to next rented vehicle or item 7
Other     If YES - What percent of the total expense will this cover? Enter to nearest whole percent.     0140     .00     Percent     0140     .00     Percent	
attachable- type camper 140	I
Motorcycle, motor scooter, I If this box is marked, no vehicles were previously reported – Go to item 8a. <b>7.</b> Ask column f for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b below).	
or moped (motorized 7 10 10 3 → LEASED VEHICLE INVENTORY CHART	
bicycle) 150 a b Vehicle identification e f g h	i j
Boat, with a motor       Image: Constraint of the state	e fees incurred How much?
Boat, with a motor       160       Point of the venice of the ven	termination of the lease? Enter and go to next vehicle or item 8a.
Trailer, other than camper     YES     NO     YES     NO     YES     NO	YES NO
type, such as for a boat or cycle	1 2 \$ .00
Private plane         190         2         19         1         2	1 2 \$ .00
Any other vehicle     200     0030     3     19     10     1     20	1 2 \$ .00
NOTES         0040         4         19         1         2	1 2 \$ .00
0050     5     19     10	1 2 \$ .00
0060     6     19     10     10     20	1 2 \$ .00
0070 <b>7</b> 19 19 1 2	1 2 \$ .00

Section 10 – Part A.1

Section 10 – RENTED AND LEASED	<b>D VEHICLES – Continued</b>	FIELD REPRESENTATIVE – Ask item 8 for all respondents.
Part A.1 – Screening Questions – C	continued	
8a. 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?		NOTES
ENTIRELY for business?	0010 1 □ Yes 2 □ No - <i>Go to section 11</i>	
<b>b.</b> If YES – What kind of vehicle was it? Enter vehicle code	0020 0030	
VEHICLE CODE	0040 0050	
Automobile 100	0060 0070	
Truck, including vans		
FIELD REPRESENTATIVE INSTRUCTION		
Complete part B for each newly leased vehicle.		

## FORM CE-302

Section 10 – R	ENTED A	ND LEAS	ED	VEHICLES – Continued		FIELD RE	PRESEN	TATIVE -	comple	te a column in quest	ions 2–6	for each	vehicle rented. For like	e vehicles	rented r	s as you proceed. Ask more than once during or each vehicle rented.	the reference per	iod for the same
Part A.2 – Scre	ening Qu	uestions -	- FO	R NEW CONSUMER UN	VIT:	S ONLY												
Information Booklet, page 28			<b>2.</b> FIELD REPRESENTATIVE ITEM			ROCESSING US	E ONLY	1 10 12 2 🗸			1 10 13 0 🗸			1 10 14 8 🗸			1 10	15 5 🗸
1a. Since the 1st of ( have you (or any	month, 3 mo	nths ago),			V	VEHICLE NUMBER				1			2	3		4		
CU) rented any ve not used ENTIRE	ehicles whic LY for busin	h were	a.	<ul> <li>Describe briefly the type of vehic or "boat."</li> </ul>	cle re	ented, such as "	auto"	Descript	ion		Description		Description			Description		
not include lease □ Yes □	<b>d vehicles.</b> ] No – <i>Go to i</i>	item 7a	b.	Enter vehicle code from item 1b.	b.		0010		Code	0010		Code	0010		Code	0010	Code	
If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.			<b>3.</b> Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?					1	– Go to next rented vehicle or item 7		1 🗌 Yes 2 🗌 No	<ul> <li>Go to next rented vehicle or item 7</li> </ul>		1 🗌 Yes 2 🗌 No	s – Go to next rented vehicle or item 7	0030 1 □ Yes 2 □ No	<ul> <li>Go to next rented vehicle or item 7</li> </ul>	
<b>b.</b> If YES to an individual item ask – <b>How</b> many?			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			0080	6	.00	0080	\$	.00	0080	\$	.00	0080 \$	.00		
	VEHICLE CODE YES	NO HOW MANY?	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.					p			φ			φ		·····		
Automobile Truck, including	100		the rental agency such as for extra insurance or mileage charges? Do not include gasoline or other operating expenses.			current month) have you paid any additional expenses to the rental agency such as for extra insurance or mileage $1 \square Yes$				1 □ Yes 2 □ No	– Go to item 6a		1 □ Yes 2 □ No	s – Go to item 6a	0090 1 🗌 Yes 2 🗌 No -	- Go to item 6a		
vans						0100 క	۶	.00	0100	\$	.00	0100	\$	.00	0100 \$	.00		
camper-coach	120		6a.	Da. Were (Will) any of the rental expenses or additional charges (be) deducted as business expenses, reimbursed, or paid by someone else?				1 🗌 Yes 2 🗌 No –	Go to next rented vehicle or item 7		1 🗌 Yes 2 🗌 No	– Go to next rented vehicle or item 7		1 🗌 Yes 2 🗌 No	G – Go to next rented vehicle or item 7	0130 1 🗌 Yes 2 🗌 No -	- Go to next rented vehicle or item 7	
camper	130		b.		<i>YES</i> – What percent of the total expense will this ver? Enter to nearest whole percent.		0140		00 Percent	0140		.00 Percent	0140		.00 Percent	0140	.00 Percent	
attachable- type camper	140				LEA	SED VEHICLE	S	1 10 20 5 ↓					1	Ν	NOTES	I		
Motorcycle, motor scooter, or moped (motorized bicycle)	150		7a.	Since the 1st of (month, 3 mon you (or any members of your lease payments or begun leas automobile or truck not used business?	CU) sing	made any any	0010 1	□ Yes 2 □ No - 0	Go to sec	ction 11								
Boat, with a motor	160		b.	If YES – What kind of vehicle v	was	it?	0020			0030	_							
Boat, without a motor	170			Enter vehicle code		VEHICLE												
Trailer, other than camper				Automobile		CODE 100	0040			0050								
type, such as for a boat or cycle	180			Truck, including vans	· · · ·	110	0060		(	070								
Private plane	190						0800		(	090								
Any other vehicle	200						0100			0110								
NOTES							0120			0130								
				FIELD REPRESENTATIVE INSTRU Complete part B on next page fo			le.											

Section 10 – RENTED AND LEASED VEHICLES – Continued									
Part B – Detailed Questions for Leased Vehicles									
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order	′ 1 10 21 3 ↓	<b>10a.</b> What was the number of payments contracted for?	1 10 23 9 ↓ 0190 Payments	NOTES					
beginning with 1. <b>2nd through 5th interviews –</b> Assign the next available vehicle number from chart in part A.1, column a.	0010 Number	<b>b.</b> In what month and year was the first payment made?	Month         Year           0200         0210         1         9						
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE CODE	0020 Code	C. What is the amount of each payment?	0220 \$ .00	-					
<b>2.</b> What is the year, make, and model?	Year         Make         Model           0030         1         9         1	<b>d.</b> What period is covered by each payment?	0230 1 Week 5 Semiannually	-					
<b>OFFICE USE ONLY</b> Enter auto code			2 $\square$ 2 weeks 6 $\square$ Annually 3 $\square$ Month 7 $\square$ Other – Specify $\swarrow$ 4 $\square$ Quarter						
<b>3.</b> How many cylinders does it have?	0050 Cylinders 0	<b>E.</b> Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 □ Yes 2 □ No	-					
<b>4.</b> Does it have – <b>a.</b> Automatic transmission?		<b>f.</b> If YES – How much of the payment is for	Go to item 11						
<ul><li>b. Power steering?</li><li>C. Power brakes?</li></ul>		these extra charges?	0250 \$ .00 x						
<ul> <li>d. Air conditioning?</li> <li>e. Sun roof?</li> </ul>		<b>11.</b> Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No						
f. Turbo charged engine?         g. Diesel engine?			0270 \$00						
h. Four wheel drive?		<b>12.</b> Was a trade-in allowance received?	0280 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No						
5a. How many doors does it have?	0122 Doors		0290 \$00						
<b>b.</b> Is it a?	0123 1 Station wagon? 2 Convertible? 3 Hatchback?	<b>13a. Was a cash down payment made?</b> (A down payment is a capitalized cost reduction.)	0300 1 ☐ Yes – If YES – <b>How much?</b> 2 ☐ No – Go to item 14a						
	4 🗌 Other?		0310 \$00						
6a. Is it used for business?	0130 1 Yes, used for business 2 Personal use only – Go to item 7	<b>b.</b> Was any portion of the cash down payment paid by an employer?	0320 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No						
b. If used for business – What percent of the mileage is counted as a business expense?	0140 Percent <i>If 100%, delete this vehicle and go to next vehicle.</i>	140 De sur still have shie ushieled	0330 \$00						
<b>7.</b> How many miles are currently on the vehicle?	0150 Miles	<b>14a.</b> Do you still have this vehicle?	0340 1 □ Yes – Go to next vehicle or section 11 2 □ No						
8. Was it new or used when first leased?	(Enter to nearest whole mile)          0160       1          New        2         Used	<b>b.</b> In what month was the lease terminated?	Month 0350						
<b>9.</b> Was this vehicle leased from a –	0170 1 New or used vehicle dealer? 2 Independent leasing company?	C. Were any fees incurred at the termination of the lease?	0360 1 □ Yes - If YES - How much? 2 □ No - Go to next vehicle						
	3		2 INO – Go to next vehicle or section 11						
			0370 \$00						

Section 10 – RENTED AND LEASED VEHICLES – Continued								
Part B – Detailed Questions for Leased Vehicles – Continued								
<b>1.</b> FIELD REPRESENTATIVE ITEM <b>a. New CU's</b> – Assign vehicle numbers in consecutive order	PROCESSING USE ONLY	1 10 24 7 🖌	<b>10a.</b> What was the number of payments contracted for?	1 10 26 2 ↓	NOTES			
beginning with 1.				0190 Payments				
<b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.	a. VEHICLE NUMBER	0010 Number	<b>b.</b> In what month and year was the first payment made?	Month         Year           0200         0210         1         9				
<b>b.</b> Enter a vehicle code from part A.1 or A.2.	D. VEHICLE CODE	0020 Code	<b>C.</b> What is the amount of each payment?					
2. What is the year, make, and mode		Year Make Model		0220 \$00				
		0030 1 9	<b>d.</b> What period is covered by each payment?	0230 1 Week 5 Semiannually				
	<b>OFFICE USE ONLY</b> Enter auto code	0040		2 □ 2 weeks 6 □ Annually 3 □ Month 7 □ Other – <i>Specify</i> <sub>¥</sub> 4 □ Quarter				
<b>3.</b> How many cylinders does it have	?	0050 Cylinders						
		0 🗌 No cylinders (rotary, turbine or electric)	<b>C.</b> Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 ☐ Yes 2 ☐ No x ☐ Don't know Go to item 11				
<b>4.</b> Does it have – <b>a.</b> Automatic transmission?		Yes No 0060 1 2 2						
<b>b.</b> Power steering?			f. If YES – How much of the payment is for these extra charges?	0250 \$ .00				
C. Power brakes?				x 🗌 Don't know				
<b>d.</b> Air conditioning?			<b>11.</b> Is any of the (period reported in item 10d)	0260 1 Yes – If YES – How much? 7				
<b>e.</b> Sun roof?			leasing cost paid by an employer?	2 🗌 No				
				0270 \$00				
<b>g.</b> Diesel engine?			<b>12.</b> Was a trade-in allowance received?	0280 1 Yes – If YES – How much? 7				
(Ask for vehicle code 100)		0122						
5a. How many doors does it have?		0122 Doors		0290 \$00				
<b>b.</b> Is it a?		0123 1 Station wagon? 2 Convertible? 3 Hatchback?	<b>13a. Was a cash down payment made?</b> (A down payment is a capitalized cost reduction.)	0300 1 □ Yes – If YES – <b>How much?</b> 2 □ No – Go to item 14a				
		4 🗌 Other?		0310 \$ .00				
6a. Is it used for business?		0130 1 🗌 Yes, used for business 2 🗌 Personal use only – <i>Go to item</i> 7	<b>b.</b> Was any portion of the cash down payment paid by an employer?	0320 1 □ Yes – <i>If YES</i> – <b>How much?</b> 2 □ No				
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		0330 \$				
7. How many miles are currently on the vehicle?		0150 Miles	<b>14a.</b> Do you still have this vehicle?	0340 1 □ Yes – Go to next vehicle or section 11 2 □ No				
		(Enter to nearest whole mile)	<b>b.</b> In what month was the lease terminated?	Month				
8. Was it new or used when first lea	sed?	0160 1 New 2 Used		0350				
<b>9.</b> Was this vehicle leased from a –		0170 1 New or used vehicle dealer? 2 Independent leasing company?	C. Were any fees incurred at the termination of the lease?	0360 1				
		3 🗌 Bank?	LIE 16456:	2 □ No – Go to next vehicle or section 11				
		4 🗌 Someplace else? – Specify 📈		0370 \$ .00				
				φ				

### Section 10 - RENTED AND LEASED VEHICLES - Continued Part B – Detailed Questions for Leased Vehicles – Continued **10a.** What was the number of payments **1.** FIELD REPRESENTATIVE ITEM 1 10 29 6 PROCESSING USE ONLY 1 10 27 0 🗸 contracted for? **a.** New CU's – Assign vehicle numbers in consecutive order 0190 Pav beginning with 1. 2nd through 5th interviews **b.** In what month and year was the first 0010 Month a. VEHICLE NUMBER Assign the next available vehicle Number payment made? number from chart in part A.1, 0200 column a. **b.** Enter a vehicle code from part A.1 0020 **b.** VEHICLE CODE Code **C.** What is the amount of each payment? or A.2. 0220 \$ Model Year Make 2. What is the year, make, and model? **d.** What period is covered by each payment? 1 9 0230 1 Week 0030 2 2 weeks **OFFICE USE ONLY** 3 🗌 Month 0040 Enter auto code 4 Quarter **3.** How many cylinders does it have? 0050 Cylinders **e.** Does the payment include any charges other 0240 1 🗌 Yes 0 🗌 No cylinders (rotary, turbine than the lease amount such as auto or electric) 2 🗌 No insurance or maintenance? x 🗌 Don't know 4. Does it have -Yes No 0060 1 2 **a.** Automatic transmission? **f.** If YES – How much of the payment is for 2 0250 \$ 0070 1 **b.** Power steering? these extra charges? 0080 2 x 🗌 Don't know C. Power brakes? 1 0090 2 1 🗌 d. Air conditioning? **11.** Is any of the (period reported in item 10d) 0260 1 Yes – If YES 0100 1 2 leasing cost paid by an employer? 2 🗌 No 2 0110 1 **f.** Turbo charged engine? 0270 \$ 2 0120 1 g. Diesel engine? **12.** Was a trade-in allowance received? 2 0121 1 h. Four wheel drive? 0280 1 🗌 Yes – If YES 2 🗌 No (Ask for vehicle code 100) 0122 0290 \$ **5a.** How many doors does it have? Doors **b.** Is it a . . .? 0123 1 Station wagon? 13a. Was a cash down payment made? (A down 0300 1 Yes – If YES 2 Convertible? payment is a capitalized cost reduction.) 2 🗌 No – *Go to* 3 Hatchback? 4 **Other?** 0310 \$ 6a. Is it used for business? 0130 1 Ves, used for business **b.** Was any portion of the cash down payment 0320 1 🗌 Yes – If YES 2 Personal use only – Go to item 7 paid by an employer? 2 🗌 No If 100%, delete **b.** If used for business – What percent of the mileage is 0330 \$ 0140 this vehicle counted as a business expense? Percent and go to next vehicle. **14a.** Do you still have this vehicle? 0340 1 Yes – Go to 2 🗌 No 7. How many miles are currently on the vehicle? 0150 Miles (Enter to nearest whole mile) **b.** In what month was the lease terminated? Month 8. Was it new or used when first leased? 0160 1 🗌 New 2 🗌 Used 0350 9. Was this vehicle leased from a -0170 1 New or used vehicle dealer? **C.** Were any fees incurred at the termination of 0360 1 🗌 Yes – If YES <sup>2</sup> Independent leasing company? the lease? 2 🗌 No – *Go to* 3 🗌 Bank? or sec 4 $\Box$ Someplace else? – Specify $\overline{}$ 0370 \$

	NOTES
ments	
Year	
1 9	
.00	
5  Semiannually 6  Annually 7  Other – Specify	
Go to item 11	
.00	
G - How much?	
.00	
G – How much?	
.00	
5 - How much?	
.00	
G – How much? –	
.00	
next vehicle or section 11	
G – How much? –	
next vehicle 🖌 tion 11	
.00	

FIELD REPRESENTATIVE -	Ask part A.1 questions	1 and
	vehicle. Complete part	C for

**Section 11 – OWNED VEHICLES** 

Pa	Part A.1 – Screening Questions (If New Consumer Unit, Go to Part A.2)																				
<ul> <li>If this box is marked, no vehicles were previously reported – Go to item 2a.</li> <li>Ask column h for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b).</li> <li>For each vehicle code 100 through 120 and 150 listed which has not been disposed of, ask column i.</li> </ul>										Information Booklet, page 28 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	0010 1 🗌 Yes	1 01 3 ↓									
4 11	00 9 →			1			VEHICLE INVENT	ORY C		Г					<b>I</b>	Ι.	gift to others.				
ONLY	a	ł	)	c	V	ehicle identification		e		f		<b>g</b>	h Do yo	1	i Codes 100–120	b.	If YES – What kind of vehicle was it?	0020	0030		
PROCESSING USE ON	Vehicle number	disp of (p	Vehicle isposed f (part C mpleted) From part B, item		d Vehicle identification from part B, item 3			Vehicle used for business from part B, item 7a		Codes 100– 120 and 150 only Enter mileage from part B, item 10b or part A.1,	code from part B, item 1b.		still have (vehicle)? If NO – complete part C for		and 150 only How many miles are currently on the vehicle? Enter to nearest whole mile.	Enter vehicle code from item 3 below.	0040	0050       0070       0090			
		YES	NO		YEAR	MAKE	MODEL	YES		column i			YES	NO				0100	0110		
0010	1				19								1	2		3.	FIELD REPRESENTATIVE INSTRUCTION Complete part B for each new vehicle.				
0020	2				19									2					VEHICLE		
0030	3				19								1	2		CODE Automobile					
0040	4				19								1	2			Truck, including vans    110      Motorized camper-coach    120				
0050	5				19								1	2			Trailer type camper       130         Other attachable type camper       140				
0060	6				19									   2			Motorcycle, motor scooter, or moped (motorized bicycle)       150         Boat, purchased with a motor       160				
0070	7				19								10	2			Boat, purchased without a motor Trailer other than camper type, such as				
0080	8				19									   2 🗌			Private plane				
0090	9				19									   2 []			NOT		200		
0100	10				19								1	2							
0110	11				19																
0120	12				19									   2							
0130	13				19								1	2							
0140	14				19								1	2							
0150	15				19								10	2							
0160	16				19								1   1	2							
0170	17				19									2							
0180	18				19								1	2							

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Section 11 – Part A.1

## nd 2. Complete part B for each newly acquired or each vehicle disposed of.

Section 11 – OWNED VEHICLES – Continued	FIELD REPRESENT	FATIVE – 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 CONSUME	<b>R UNITS ONLY</b> 1 11 02 1	
Information Booklet, page 28VEHICL <b>1.</b> Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?VEHICL CODE		<b>4.</b> 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.
<b>a.</b> Automobile 100		NOTES
<b>b.</b> Truck, including vans		
<b>C.</b> Motorized camper-coach <b>120</b>		
<b>d.</b> Trailer type camper		
e. Other attachable type camper		
f. Motorcycle, motor scooter, or moped (motorized bicycle) 150		
<b>g.</b> Boat, purchased with a motor		
<b>h.</b> Boat, purchased without a motor		
<b>i.</b> Trailer other than camper type, such as for a boat or cycle <b>180</b>		
j. Private plane		
<b>k.</b> Any other vehicle		
<b>2a.</b> Have you (or any members of your CU) purchased any such vehicles within the past 12 months as a gift to someone outside of your CU?	0230 1 Yes – Ask items 2b and 2c 2 No – Go to item 3a	
<b>b.</b> If YES – How many?	0240 Number	
<b>C. What kind of vehicle(s) did you purchase?</b> Enter a separate code for each vehicle.	0250       0260       0270         0280       0290       0300         0310       0320       0330	
<b>3a.</b> Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)?	0340 1 ☐ Yes – Ask items 3b and 3c 2 ☐ No – Go to item 4	
<b>b.</b> <i>If YES</i> – How many?	0350 Number	
<b>C. What kind of vehicle(s) did you dispose of?</b> Enter a separate code for each vehicle.	0360       0370       0380         0390       0400       0410         0420       0430       0440         0450       0460       0470	

Section 11 - OWNED VEHICLES - Cont	tinued					
Part B – Detailed Questions						
<b>1.</b> FIELD REPRESENTATIVE ITEM <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1.	OCESSING USE ONLY	1 11 03 9 🗸	<b>11.</b> In what month and year was it purchased?	Month         Year           0190         0200         1         9		
<b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.		0010 Number	<b>12a.</b> Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the		
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b</b> Do not ask for vehicle codes 100 or 110.	VEHICLE CODE	Description	<b>b.</b> If YES – <b>On the 1st of</b> (month, 3 months ago), were all	past 12 months, go to item 13a.		
<b>2.</b> Briefly describe the (vehicle).		Year Make Model	loans on (vehicle) paid off or were there any remaining payments to be made?	<i>ago, go to next vehicle.</i> 2		
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model?			<b>13a.</b> Was a trade-in allowance received?	0230 1 🗌 Yes 2 🗌 No – <i>Go to item 13c</i>		
	OFFICE USE ONLY Enter auto code		<b>b.</b> If YES – How much?	0240 \$00		
<b>4.</b> How many cylinders does it have?		0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00		
5. Does it have – a. Automatic transmission?		Yes         No           0060         1         2	<b>d.</b> Did this price include sales tax?	0260         1 □ Yes         x □ Don't know           2 □ No         X		
<b>b.</b> Power steering?			<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 □ Yes 2 □ No - Go to item 14		
C. Power brakes?		0080         1         2           0090         1         2	f. If YES – How much?	0280 \$00		
e. Sun roof?			Ask items 14 and 15 for credit payments only, "2" marked in item 12b. <b>14.</b> What was the amount of the cash down payment?	0290 \$ .00		
f. Turbo charged engine?		0110     1     2       0120     1     2       0121     1     2	<b>15a.</b> What was the source of credit?	0300       1       Auto dealer       5       Insurance company         2       Finance company       6       Individual		
Ask for vehicle code 100. 6a. How many doors does it have?		0122 Doors		3 □ Bank 7 □ Other – Specify <sub>k</sub> 4 □ Credit Union		
<b>b.</b> Is it a?		0123 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1 🗌 Yes 2 🗌 No		
		3 ☐ Hatchback? 4 ☐ Other?	C. How much was borrowed, excluding any interest?	0310 \$00		
7a. Is it used for business?		0130 1   Yes, used for business 2   Personal use only – <i>Go to item 8</i>	<b>d.</b> What was the number of payments contracted for?	0320 Payments		
<b>b.</b> If used for business – What percent of the mileag business expense?	e is counted as a	0140     Percent     If 100%, delete this vehicle and go to next vehicle.	<b>e.</b> In what month and year was the first payment made?	Month         Year           0330         0340         1         9		
8. Was it new or used when acquired?		0150 1 New 2 Used	<b>f.</b> What is the amount of each payment?	0350 \$00		
9. Was this vehicle purchased from –		0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify	<b>g.</b> What period is covered by each payment?	0360       1 □ Week       5 □ Semiannually         2 □ 2 weeks       6 □ Annually         3 □ Month       7 □ Other - Specify ∨         4 □ Quarter       ✓		
<b>10a.</b> Was this vehicle –		0170       1 □ Purchased for own use?         2 □ Purchased as a gift to others? -         Go to item 11         3 □ Received as gift?	<b>h.</b> Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No x ☐ Don't know } Go to next vehicle or part		
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>		0180 Miles – If item 10a is code 3, go to next vehicle	i. <i>If YES</i> – How much of the payment is for these extra charges?	0380 \$00 x 🗆 Don't know		

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             010             Number             11. In what month and year was it purchased?             Month       Year             11. In what month and year was it purchased?             12a. Was any portion of the purchase price financed?       0210			
a. New CU's - Assign vehicle numbers in consecutive order beginning with 1.       PROCESSING USE ONLY       1 11 04 7 ↓	9 prior to 12 months ago, go		
<b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1.       0190       0200       1	prior to 12 months ago, go		
	prior to 12 months ago, go cle. If item 11 is during the		
2nd through 5th interviews - Assign the a. VEHICLE NUMBER 0010 Number 12a. Was any portion of the purchase price financed? 0210 1 Yes	prior to 12 months ago, go cle. If item 11 is during the		
part A.1, column a.			
b. Enter a vehicle code from part A.1 or A.2. b. VEHICLE CODE 0020 Code	ths, go to item 13a.		
Do not ask for vehicle codes 100 or 110.	11 is prior to 12 months		
navments to be made?	to next vehicle.		
(vehicle codes 100 and 110).	1115		
3. What is the year, make, and model?       0030       1       9       1       13a. Was a trade-in allowance received?       0230       1       Yes	Зс		
OFFICE USE ONLY			
	.00		
4. How many cylinders does it have?	.00		
5. Does it have -       Yes       No       0260       1 Yes         a. Automatic transmission?       0060       1 2       2       2       2	0260 1 ☐ Yes X ☐ Don't know		
b. Power steering?	2 🗌 No – <i>Go to item 14</i>		
d. Air conditioning?       0090       1       2	.00		
<b>e.</b> Sun roof? Ask items 14 and 15 for credit payments only, "2" marked in item 12b.			
f. Turbo charged engine?	.00		
<b>g.</b> Diesel engine?       0120       1       2 <b>15a.</b> What was the source of credit?       0300       1       Auto dealer	5 🗌 Insurance company		
h. Four wheel drive?       0121       1       2       2         3       Bank       3       Bank	2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – <i>Specify</i> <sub>7</sub>		
Ask for vehicle code 100.			
<b>D</b> . Is it a?			
4 Other?     0310 \$	.00		
7a. Is it used for business?       0130 1 Yes, used for business       d. What was the number of payments contracted for?       0320 Payments			
2 Personal use only – Go to item 8  e. In what month and year was the first payment made? Month Ye	ar		
b. If used for business – What percent of the mileage is counted as a business expense?	9		
next vehicle.			
8. Was it new or used when acquired?	.00		
9. Was this vehicle purchased from -	5 🗌 Semiannually		
2 2 veeks 2 Private individual?	6		
3 <b>Other?</b> – <i>Specify</i> 4 <b>Ouarter</b>	/ 🗆 Other – Opechy 🖌		
10a. Was this vehicle -			
2 Purchased as a gift to others? - Go to item 11  h. Does the payment include any charges other than principal and interest such as auto insurance or credit 2 No			
3 □ Received as gift?     life insurance?     2 □ NO     Go t	to next vehicle or part ection		
Ask for item codes 100–120 and 150 only.			
b. How many miles are currently on the vehicle?	.00 x 🗌 Don't know		

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.	1 11 05 4 ↓	<b>11.</b> In what month and year was it purchased?	Month         Year           0190         0200         1         9								
<b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.	0010 Number	<b>12a.</b> Was any portion of the purchase price financed?	0210 1 ☐ Yes 2 ☐ No - If item 11 is prior to 12 months ago, go								
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE CODE	0020 Code		to next vehicle. If item 11 is during the past 12 months, go to item 13a.								
Do not ask for vehicle codes 100 or 110.	Description	<b>b.</b> If YES – <b>On the 1st of</b> (month, 3 months ago), were all	0220 1 🗌 Paid off – If item 11 is prior to 12 months								
<b>2.</b> Briefly describe the (vehicle). Complete items 3, 4, and 5 for autos and trucks only	Year Make Model	loans on (vehicle) paid off or were there any remaining payments to be made?	<i>ago, go to next vehicle.</i> 2								
(vehicle codes 100 and 110).		13a. Was a trade-in allowance received?	0230 1 🗆 Yes								
<b>3.</b> What is the year, make, and model?			2 🗌 No – Go to item 13c								
OFFICE USE ONLY Enter auto code	0040	<b>b.</b> If YES – How much?	0240 \$ .00								
<b>4.</b> How many cylinders does it have?	0050 Cylinders 0	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$ .00								
5. Does it have – a. Automatic transmission?	Yes         No           0060         1         2	<b>d.</b> Did this price include sales tax?	0260         1 □ Yes         x □ Don't know           2 □ No         X								
<b>b.</b> Power steering?		<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 □ Yes 2 □ No - <i>Go to item</i> 14								
C. Power brakes?		f. If YES – How much?	0280 \$ .00								
e. Sun roof?		Ask items 14 and 15 for credit payments only, "2" marked in item 12b.									
f. Turbo charged engine?		<b>14.</b> What was the amount of the cash down payment?	0290 \$00								
g. Diesel engine?		<b>15a.</b> What was the source of credit?	0300 1 Auto dealer 5 Insurance company 2 Finance company 6 Individual								
h. Four wheel drive?			$\begin{array}{c} 2 \square \text{ Finance company}  6 \square \text{ Individual} \\ 3 \square \text{ Bank}  7 \square \text{ Other} - Specify_{\overrightarrow{v}} \end{array}$								
Ask for vehicle code 100. 6a. How many doors does it have?	0122 Doors		4 🗌 Credit Union								
b. Is it a?		Ask if codes "2," "3," or "4" marked in item 15a.	0305 1 🗌 Yes								
	0123 1 Station wagon? 2 Convertible?	<b>b.</b> Was this a home equity loan?	2 🗌 No								
	3 🗌 Hatchback? 4 🗌 Other?	C. How much was borrowed, excluding any interest?	0310 \$00								
7a. Is it used for business?	0130 1  Yes, used for business 2 Personal use only – <i>Go to item 8</i>	<b>d.</b> What was the number of payments contracted for?	0320 Payments								
<b>b.</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.	<b>e.</b> In what month and year was the first payment made?	Month         Year           0330         0340         1         9								
8. Was it new or used when acquired?	0150 1 New 2 Used	<b>f.</b> What is the amount of each payment?	0350 \$ .00								
9. Was this vehicle purchased from –	0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify	<b>g.</b> What period is covered by each payment?	0360       1 □ Week       5 □ Semiannually         2 □ 2 weeks       6 □ Annually         3 □ Month       7 □ Other - Specify ↓         4 □ Quarter								
<b>10a.</b> Was this vehicle –	0170 1  Purchased for own use? 2  Purchased as a gift to others? - Go to item 11 3  Received as gift?	<b>h.</b> Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No X ☐ Don't know } Go to next vehicle or part or section								
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>	0180 Miles – If item 10a is code 3, go to next vehicle /	i. <i>If YES</i> – How much of the payment is for these extra charges?	0380 \$00 x 🗆 Don't know								

Section 11 - OWNED VEHICLES - Continued										
Part B – Detailed Questions – Continued										
<b>1.</b> FIELD REPRESENTATIVE ITEM       PROCE <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1.       PROCE	ESSING USE ONLY	1 11 06 2 🗸	<b>11.</b> In what month and year was it purchased?	Month         Year           0190         0200         1         9						
<b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.	HICLE NUMBER	0010 Number	<b>12a.</b> Was any portion of the purchase price financed?	0210 1 ☐ Yes 2 ☐ No – If item 11 is prior to 12 months ago, go to next vehicle. If item 11 is during the						
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VE Do not ask for vehicle codes 100 or 110.	HICLE CODE			past 12 months, go to item 13a.						
2. Briefly describe the (vehicle).		Description	<b>b.</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  Paid off – If item 11 is prior to 12 months ago, go to next vehicle.						
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model?		Year     Make     Model       0030     1     9     1	<b>13a.</b> Was a trade-in allowance received?	2 ☐ Remaining payments 0230 1 ☐ Yes 2 ☐ No - <i>Go to item 13c</i>						
	FFICE USE ONLY Enter auto code	0040	<b>b.</b> If YES – How much?	0240 \$00						
<b>4.</b> How many cylinders does it have?		0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric	<b>C.</b> What was the amount paid for it after trade-in allowance and discount?	0250 \$00						
<ul><li><b>5.</b> Does it have –</li><li><b>a.</b> Automatic transmission?</li></ul>		Yes No 0060 1 2	<b>d.</b> Did this price include sales tax?	0260         1 □ Yes         X □ Don't know           2 □ No         X						
<b>b.</b> Power steering?			<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No - Go to item 14						
C. Power brakes?		0080         1         2           0090         1         2	<b>f.</b> If YES – <b>How much?</b>	0280 \$00						
e. Sun roof?			Ask items 14 and 15 for credit payments only, "2" marked in item 12b. <b>14. What was the amount of the cash down payment?</b>	0290 \$ .00						
g. Diesel engine?			<b>15a.</b> What was the source of credit?	0300 1 Auto dealer 5 Insurance company 2 Finance company 6 Individual						
<b>h.</b> Four wheel drive?			-	$\begin{array}{c c} 2 & \hline & \text{Finance company} & 6 & \hline & \text{Individual} \\ 3 & \hline & \text{Bank} & 7 & \hline & \text{Other} - Specify}_{\overrightarrow{\mu}} \\ 4 & \hline & \text{Credit Union} \end{array}$						
6a. How many doors does it have?		0122 Doors	Ask if codes "2," "3," or "4" marked in item 15a.							
<b>b.</b> Is it a?		0123 1 Station wagon? 2 Convertible?	b. Was this a home equity loan?	0305 1 🗌 Yes 2 🗌 No						
		3 🗌 Hatchback? 4 🗌 Other?	C. How much was borrowed, excluding any interest?	0310 \$00						
<b>7a.</b> Is it used for business?		0130 1	d. What was the number of payments contracted for?	0320 Payments						
<b>b.</b> If used for business – What percent of the mileage is business expense?	counted as a	0140 Percent { If 100%, delete this vehicle and go to next vehicle.	e. In what month and year was the first payment made?	Month         Year           0330         0340         1         9						
8. Was it new or used when acquired?		0150 1 🗌 New 2 🗌 Used	<b>f.</b> What is the amount of each payment?	0350 \$00						
9. Was this vehicle purchased from –		0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify	<b>g.</b> What period is covered by each payment?	03601Week5Semiannually22weeks6Annually3Month7Other - Specify4Quarter $\checkmark$						
<b>10a.</b> Was this vehicle –		0170 1 □ Purchased for own use? 2 □ Purchased as a gift to others? – Go to item 11 3 □ Received as gift?	<b>h.</b> Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No X ☐ Don't know						
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>		0180 Miles – If item 10a is code 3, go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$00 x 🗆 Don't know						

Section 11 - OWNED VEHICLES - Continued										
Part B – Detailed Questions – Continued										
<b>1.</b> FIELD REPRESENTATIVE ITEM       PROCESSING USE 0 <b>a.</b> New CU's – Assign vehicle numbers in consecutive order beginning with 1.       PROCESSING USE 0	NLY 1 11 07 0 ↓	<b>11.</b> In what month and year was it purchased?	Month         Year           0190         0200         1         9							
<b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.		<b>12a.</b> Was any portion of the purchase price financed?	0210 1 ☐ Yes 2 ☐ No - If item 11 is prior to 12 months ago, go							
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE CODE	0020 Code		to next vehicle. If item 11 is during the past 12 months, go to item 13a.							
Do not ask for vehicle codes 100 or 110.	Description	<b>b.</b> If YES – <b>On the 1st of</b> (month, 3 months ago), were all	0220 1 🗌 Paid off – If item 11 is prior to 12 months							
<b>2.</b> Briefly describe the (vehicle). Complete items 3, 4, and 5 for autos and trucks only	Year Make Model	loans on (vehicle) paid off or were there any remaining payments to be made?	<i>ago, go to next vehicle.</i> 2							
(vehicle codes 100 and 110).		13a. Was a trade-in allowance received?	0230 1 🗆 Yes							
<b>3.</b> What is the year, make, and model?			2 🗌 No – Go to item 13c							
OFFICE USE O Enter auto co		<b>b.</b> If YES – How much?	0240 \$00							
<b>4.</b> How many cylinders does it have?	0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$ .00							
5. Does it have – a. Automatic transmission?	Yes No 0060 1 2	<b>d.</b> Did this price include sales tax?	0260         1 □ Yes         x □ Don't know           2 □ No         X							
<b>b.</b> Power steering?		<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 🗌 Yes 2 🗌 No – <i>Go to item 14</i>							
C. Power brakes?		f. If YES – How much?	0280 \$ .00							
e. Sun roof?		Ask items 14 and 15 for credit payments only, "2" marked in item 12b.								
f. Turbo charged engine?	0110 1 2	<b>14.</b> What was the amount of the cash down payment?	0290 \$00							
g. Diesel engine?		<b>15a.</b> What was the source of credit?	0300 1 Auto dealer 5 Insurance company 2 Finance company 6 Individual							
h. Four wheel drive?	0121 1 2		$\begin{array}{c} 2 \square \text{ Finance company}  6 \square \text{ Individual} \\ 3 \square \text{ Bank}  7 \square \text{ Other} - Specify_{\overrightarrow{v}} \end{array}$							
Ask for vehicle code 100. 6a. How many doors does it have?	0122 Doors		4 🗌 Credit Union							
b. Is it a?		Ask if codes "2," "3," or "4" marked in item 15a.	0305 1 🗌 Yes							
	0123 1 Station wagon? 2 Convertible?	<b>b.</b> Was this a home equity loan?	2 🗌 No							
	3 🗌 Hatchback? 4 🗌 Other?	C. How much was borrowed, excluding any interest?	0310 \$00							
7a. Is it used for business?	0130 1	<b>d.</b> What was the number of payments contracted for?	0320 Payments							
<b>b.</b> If used for business – What percent of the mileage is counted as a business expense?		<b>e.</b> In what month and year was the first payment made?	Month         Year           0330         0340         1         9							
8. Was it new or used when acquired?	0150 1 New 2 Used	<b>f.</b> What is the amount of each payment?	0350 \$ .00							
9. Was this vehicle purchased from –	0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify	<b>g.</b> What period is covered by each payment?	0360       1 □ Week       5 □ Semiannually         2 □ 2 weeks       6 □ Annually         3 □ Month       7 □ Other - Specify ↓         4 □ Quarter							
<b>10a.</b> Was this vehicle –	0170 1 Purchased for own use? 2 Purchased as a gift to others? – Go to item 11 3 Received as gift?	<b>h.</b> Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No X ☐ Don't know } Go to next vehicle or part or section							
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>	0180 Miles – If item 10a is code 3, go to next vehicle	i. <i>If YES</i> – How much of the payment is for these extra charges?	0380 \$00 x 🗆 Don't know							

Section 11 - OWNED VEHICLES - Continued													
Part B – Detailed Questions – Continued													
<b>1.</b> FIELD REPRESENTATIVE ITEM <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1.	ROCESSING USE ONLY	1 11 08 8 🖌	<b>11.</b> In what month and year was it purchased?	Month         Year           0190         0200         1         9									
<b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.	VEHICLE NUMBER	0010 Number	<b>12a.</b> Was any portion of the purchase price financed?	0210 1   Yes 2   No – If item 11 is prior to 12 months ago, to next vehicle. If item 11 is during t									
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b</b> Do not ask for vehicle codes 100 or 110.	• VEHICLE CODE			past 12 months, go to item 13a.									
<b>2.</b> Briefly describe the (vehicle).		Description	<b>b.</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 Paid off – <i>If item 11 is prior to 12 months</i> ago, go to next vehicle.									
Complete items 3, 4, and 5 for autos and trucks onl (vehicle codes 100 and 110). <b>3. What is the year, make, and model?</b>		Year     Make     Model       0030     1     9     1	<b>13a.</b> Was a trade-in allowance received?	2 □ Remaining payments 0230 1 □ Yes 2 □ No - Go to item 13c									
	<b>OFFICE USE ONLY</b> Enter auto code	0040	<b>b.</b> If YES – How much?	0240 \$00									
<b>4.</b> How many cylinders does it have?		0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00									
<ul><li><b>5.</b> Does it have –</li><li><b>a.</b> Automatic transmission?</li></ul>		Yes         No           0060         1         2	<b>d.</b> Did this price include sales tax?	0260         1 □ Yes         X □ Don't know           2 □ No									
<b>b.</b> Power steering?			<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 □ Yes 2 □ No - Go to item 14									
C. Power brakes?		0080         1         2           0090         1         2	<b>f.</b> If YES – <b>How much?</b>	0280 \$00									
<b>e.</b> Sun roof?			Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0290 \$ .00									
f. Turbo charged engine?			<ul><li>14. What was the amount of the cash down payment?</li><li>15a. What was the source of credit?</li></ul>										
g. Diesel engine?			<b>13d.</b> What was the source of credit?	0300       1									
Ask for vehicle code 100. 6a. How many doors does it have?		0122 Doors		3 □ Bank 7 □ Other - Specify 4 □ Credit Union									
b. ls it a?		0123 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1 🗆 Yes 2 🗆 No									
		3 Hatchback?	<b>C.</b> How much was borrowed, excluding any interest?	0310 \$00									
7a. Is it used for business?		0130 1   Yes, used for business 2   Personal use only – <i>Go to item 8</i>	d. What was the number of payments contracted for?	0320 Payments									
<b>b.</b> If used for business – What percent of the mileage business expense?	je is counted as a	0140     Percent     If 100%, delete this vehicle and go to next vehicle.	<b>e.</b> In what month and year was the first payment made?	Month         Year           0330         0340         1         9									
8. Was it new or used when acquired?		0150 1 New 2 Used	<b>f.</b> What is the amount of each payment?	0350 \$00									
9. Was this vehicle purchased from –		0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify	<b>g.</b> What period is covered by each payment?	03601Week5Semiannually222 $6$ Annually3Month7Other - Specify4Quarter $\mathcal{I}$									
<b>10a.</b> Was this vehicle –		0170 1	<b>h.</b> Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370       1 □ Yes         2 □ No       Go to next vehicle or part         x □ Don't know       or section									
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>		0180 Miles – If item 10a is code 3, go to next vehicle	i. <i>If YES</i> – How much of the payment is for these extra charges?	0380 \$00 x \[] Don't know									

FORM CE-302

<b>/ r</b>	Part C – Disposed of	Vehicles										
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 11 51 8 🗸	1 11 52 6 ↓	1 11 53 4 🗸							
	Complete a column in the 1st interview in which the vehicle is disposed of.	a. VEHICLE NUMBER	0010 Number	0010 Number	0010 Number 0020 Code							
	Enter vehicle number and vehicle code.	<b>b.</b> VEHICLE CODE	0020 Code	0020 Code								
2a.	<b>How did you dispose of 1</b> <i>Mark (X) one box.</i>	he vehicle?	0030       1       Sold?         2       Traded in?         3       Given away to someone outside the CU, including students away at school?         4       Damaged beyond repair?         5       Stolen?         6       Other - Specify	0030       1 □ Sold?         2 □ Traded in?         3 □ Given away to someone outside the CU, including students away at school?         4 □ Damaged beyond repair?         5 □ Stolen?         6 □ Other - Specify	0030       1       Sold?         2       Traded in?         3       Given away to someone cU, including students a school?         4       Damaged beyond repair?         5       Stolen?         6       Other - Specify							
b.	In what month was it (realitem 2a)?	ad answer from	0040 Month – <i>If code 3 in item 2a, go to item 5a</i>	0040 Month – If code 3 in item 2a, go to item 5a	0040 Month – If code 3 in go to item s							
	If sold (code 1, item 2a). How much did you sell it		0050 \$00 Go to item 5a	0050 \$00 Go to item 5a	0050 \$00 G							
	If damaged beyond repair ( or stolen (code 5, item 2a). Were you reimbursed for the vehicle?	code 4, item 2a)	0060 1 □ Yes 2 □ No - Go to item 4c	0060 1 □ Yes 2 □ No - <i>Go to item 4c</i>	0060 1 □ Yes 2 □ No - <i>Go to item 4c</i>							
b.	How much did you receiv	ve for the vehicle?	0070 \$00 Go to item 5a	0070 \$00 Go to item 5a	0070 \$00 G							
C.	Do you expect to be rein of the vehicle?	nbursed for the value	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> 3 ☐ Don't know	0080 1 □ Yes 2 □ No - <i>Go to item 5a</i> 3 □ Don't know	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> 3 ☐ Don't know							
d.	How much will you recei	ve for the vehicle?	0090 \$00 x □ Don't know	0090 \$00 x 🗆 Don't know	0090 \$00 x \[ Don't know							
5a.	Were there any outstand the vehicle when it was a	ing loans on disposed of?	0100 1	0100 1 □ Yes 2 □ No - <i>Go to next vehicle</i>	0100 1 🗌 Yes 2 🗌 No – <i>Go to next vehicle</i>							
b.	Were any final payments	made on the loan?	0110 1	0110 1 □ Yes 2 □ No - <i>Go to next vehicle</i>	0110 1 🗌 Yes 2 🗌 No – <i>Go to next vehicle</i>							
C.	If YES – How much was the second seco	he final payment?	0120 \$00	0120 \$00	0120 \$ .00							
NOTES												

¥	1 11 54 2 🖌
	0010 Number
	0020 Code
omeone outside the idents away at I repair?	0030       1       Sold?         2       Traded in?         3       Given away to someone outside the CU, including students away at school?         4       Damaged beyond repair?         5       Stolen?         6       Other - Specify
ode 3 in item 2a, to item 5a	0040 Month – If code 3 in item 2a, go to item 5a
.00 Go to item 5a	0050 \$00 Go to item 5a
	0060 1 □ Yes 2 □ No - <i>Go to item 4c</i>
.00 Go to item 5a	0070 \$00 <i>Go to item 5a</i>
1	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> 3 ☐ Don't know
.00	0090 \$00 x □ Don't know
hicle	0100 1 🗌 Yes 2 🗌 No – <i>Go to next vehicle</i>
hicle	0110 1 🗌 Yes 2 🗌 No – <i>Go to next vehicle</i>
.00	0120 \$00

S	Section 11 - OWNED VEHICLES - Continued													
Part C – Disposed of Vehicles – Continued														
	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY		1 11 55 9	) ↓		1 11 56 7 🖌		1 11 57 5 🖌	1 11 58 3 ↓				
	Complete a column in the 1st interview in which the vehicle is disposed of. <b>a.</b> VEHICLE NUMBER			Number		0010	_ Number	0010	Number	0010 Number				
	Enter vehicle number and vehicle code.	<b>b.</b> VEHICLE CODE	0020	Code		0020	Code	0020	Code	0020 Code				
<b>2a. How did you dispose of the vehicle?</b> Mark (X) one box.			<ol> <li>Sold?</li> <li>Traded in?</li> <li>Given away to son CU, including structure school?</li> <li>Damaged beyon</li> <li>Stolen?</li> <li>Other - Specify</li> </ol>	udents away at	CU, ir schoo 4 🗆 Dama 5 🗔 Stoler	d in? away to someone outside the icluding students away at il? ged beyond repair?	CU, i scho 4 🗆 Dama 5 🗔 Stole	ed in? n away to someone outside the ncluding students away at ol? aged beyond repair?	0030       1 □ Sold?         2 □ Traded in?         2 □ Traded in?         3 □ Given away to someone outside the CU, including students away at school?         4 □ Damaged beyond repair?         5 □ Stolen?         6 □ Other - Specify					
	In what month was it (re item 2a)?	ead answer from	0040	Month – If c	ode 3 in item 2a, to item 5a	0040 N	Nonth – 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				
-	lf sold (code 1, item 2a). How much did you sell i	t for?	0050	\$	.00 Go to item 5a	0050 \$	.00 Go to item 5a	0050 \$	.00 Go to item 5a	0050 \$	.00 Go to item 5a			
<b>4</b> a.	If damaged beyond repair or stolen (code 5, item 2a). Were you reimbursed fo the vehicle?			1	;	0060 1 🗌 Yes 2 🗌 No - C	Go to item 4c	0060 1 🗌 Yes 2 🗌 No -	Go to item 4c	0060 1 □ Yes 2 □ No - <i>Go to item 4c</i>				
b.	How much did you recei	ive 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 reir of the vehicle?	nbursed for the value	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> 3 ☐ Don't know			0080 1 ☐ Yes 2 ☐ No - C 3 ☐ Don't	Go to item 5a know	0080 1 🗌 Yes 2 🗌 No – 3 🗌 Don't	Go to item 5a know	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> 3 ☐ Don't know				
d.	How much will you rece	ive for the vehicle?	0090 \$00 x 🗆 Don't know			0090 \$ x 🗌 Don't	.00 know	0090 \$ x □ Don't	.00	0090 \$00 x 🗌 Don't know				
5a.	Were there any outstand the vehicle when it was	ding loans on disposed of?		1	ehicle	0100 1 🗌 Yes 2 🗌 No – C	Go to next vehicle	0100 1 🗌 Yes 2 🗌 No - 1	Go to next vehicle	0100 1 □ Yes 2 □ No - <i>Go to next vehicle</i>				
b.	Were any final payments	s made on the loan?		1	ehicle	0110 1 🗌 Yes 2 🗌 No - C	Go to next vehicle	0110 1 🗌 Yes 2 🗌 No –	Go to next vehicle	0110 1 □ Yes 2 □ No - Go to next vehicle				
C.	If YES – How much was t	the final payment?	0120	\$	.00	0120 \$	.00	0120 \$	.00	0120 \$	.00			
							NOTES							
FORM	NF 202													

## **Section 12 – VEHICLE OPERATING EXPENSES**

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 Benair Parts and Equipment 8 12 02 1 ->

	anne	mant						d	e 12 02 4			f	C			h		;	i			k		PRE		
Information Booklet, pages 29 and 30 I will now ask about expenses for vehicle services, parts, and		nses for nd		ONLY	What was the expense for?	ENTER ITEM CODE	ex	l this bense lude	Which vehicle w Describe briefly	r and		In what month did you	g What was the total cost?		Did tl inclue sales	his de	Has (v any o exper	f this Ise	J IF YES – How much		Did yo have a other	ou any	Description from column b	Month from column f	Cost fr colum	
equipment. Please do not include expenses for vehicles used entirely				USE C	Enter a brief description.	from column a	a.	or?	enter the vehicl from the vehicl	e code l e code l		have this expense?					been (be) reimbursed?		was (will be) reimbursed?		expen for	ises .?			\$	.00
for business.																	lf "No colun	", go to nn k.			lf "No' next it colum	", go to em in			\$	.00
1. Since the 1st of (month have you (or any memb CU) had expenses for a	ers of v	our	),	PROCESSING																	colum				\$	.00
following?	,			PRO			YE	S NO	Description	Vehic code		Month			YES	NO	YES	NO			YES	NO			\$	00.
	ITEM	1/50		0010			1[						\$ I	.00	1	   2 	1	2	\$	.00	1	   2 			\$	.00
Oil change, lubrication,	ITEM CODE	YES	NO	0020			1[						\$ 1	.00	1	   2 🗌	1	   2 🗌	\$	.00	1	   2 🗌			\$	.00
and oil filter	100 110			0030			1[	2					\$	.00	1	   2	1	2	\$	.00	1	   2			\$	.00
Brake work	120			0040			1[						\$	.00	1	   2	1	2	\$	.00	1	   2			\$	.00
Battery purchases and installation	130			0050			1[						\$	.00	1	   2 	1	   2	\$	.00	1	   2			\$	.00
Tire purchases				0060			1[						\$	.00	1	   2 🗌	1	2	\$	.00	1	   2			\$	.00
and mounting	140			0070			1[						\$	.00	1	   2	1	2	\$	.00	1	   2			\$	.00
Tire repair	150			0080			1[						\$	.00	1	   2 	1	2	\$	.00	1	   2 	VE	HICLE CO	DDES	
wheel balancing and wheel rotation	160			0090			1[						\$	.00	1	   2	1	2	\$	.00	1	   2			[	
Steering or front-end	170			0100			1[						\$	.00	1	   2 🗌	1	   2	\$	.00	1	   2 🗌	Automobile			100
Electrical system work	180			0110			1[						\$	.00	1	   2	1	2	\$	.00	1	   2	Truck			110
Engine repair or replacement	190			0120			1[	]   2 []					    	.00	1	   2	1	2	\$	.00	1	2	Motorized camp	oer		120
Air conditioning work	200			0130			1[							.00		   2	1	2		.00	1	2	Trailer camper			130
Engine cooling	210			0140			1[							.00	1	     2 🗌	1	   2		.00	1	     2 🗌	Other attachabl	e-type cam	per	140
system work	210			0150			1						i	.00		   2	1	   2		.00	1	   2	Motorcycle, sco	oter, or mo	ped	150
							- 1	:			N	NOTES	<u> </u>		<u> </u>				<b>•</b>				Boat, with moto	or		160
																							Boat, without m	otor		170
2. FIELD REPRESENTATIVE	1 12	01 1	¥																				Trailer, other th as for boat	an camper	such	180
CHECK ITEM Mark (X) box if there are	0010 -		o to																				Private plane .			190
no entries recorded in columns b–k.	0010 9	n	ext age																				Any other vehic	le		200
2aga 62		5							c,	ection 1	12	Part A														Page 62

Section 12 – Part A

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.

i

## Part A – Vehicle Maintenance and Repair, Parts, and Equipment 8 12 04 0 → b i. d f h С е а g **Did this** Information Booklet, pages 30 and 31 ENTER Which vehicle was it for? What was the Did this Has (will) IF YES -What was the In what ΟΝΓΥ expense for? ITEM total cost? include any of this expense month **1. Since the 1st of** (month, 3 months ago), Describe briefly and CODE How mu sales tax? include did you expense have you (or any members of your CU) had expenses for any of the enter the vehicle code Enter a brief from labor? have this been (be) was (wil **PROCESSING USE** from the vehicle code list. reimbursed? reimburs description. column a expense? following? If "No", go to column k. ITEM YES NO CODE Vehicle Description YES | NO Month YES | NO YES | NO Exhaust system work ... 300 code **Clutch or transmission** 0010 1 2 2 2 1 1 .00 310 work . . . . . . . . . . . . . 1 i 2 🗌 1 i 2 1 | 2 0020 Body work and painting 320 .00 Shock absorber 1 2 1 2 0030 1 2 .00 330 replacement . . . . . . . 0040 1 2 1 2 1 2 Drive shaft or rear-end .00 340 work . . . . . . . . . . . . . . . . 1 2 1 2 0050 1 2 .00 Audio equipment and installation 350 0060 1 | 2 1 | 2 1 | 2 .00 Vehicle accessories and customizing ..... 360 1 2 0070 1 2 1 2 .00 Other vehicle services, 2 parts, and equipment 370 1 2 1 1 2 080 .00 1 2 1 2 1 2 Use only if unable to .00 itemize separately. 1 i 2 i 2 i 2 🗌 100 1 1 .00 Combined expenses (Codes 100–370) 500 )110 1 2 1 2 1 2 .00 0120 1 2 1 2 1 2 .00 0130 1 2 2 2 1 1 00. 1 0140 1 i 2 🗌 1 i 2 1 i 2 .00 1 2 2 0150 1 1 2 .00 **2.** FIELD REPRESENTATIVE 1 12 03 7 🖌 CHECK ITEM Mark (X) box if there are 0010 999 🗌 Go to no entries recorded in Part B columns b-k.

			k		PRE		
ch l be)	:h be) ed?	Did ye have a other expen	any ises	Description from column b	Month from column f	Cost from column g	
ed?		for	.?			\$	.00
		lf "No" next it colum				\$	.00
						\$	.00
		YES	NO			\$	.00
	.00	1	2			\$	.00
	.00	1	2				.00
	.00	1	2			\$	
	.00	1	2			\$	.00
1	.00	1	2			\$	.00
	.00	1	' _			\$	.00
	.00	1	2			\$	.00
	.00	1	2		NOTES	5	
	.00	1	2				
	.00	1	   2 🗌				
	.00	1	2				
	.00	1	2				
l	.00	1	2				
	.00	1	2				
	.00	1	2				

FORM CE-302

## FIELD REPRESENTATIVE – Ask column a and Section 12 - VEHICLE OPERATING EXPENSES - Continued going to next iten Part B – Licensing, Registration, and Inspection of Vehicles 3 12 26 4 → b d f PRE а С P ENTER 1 2 3 In what What was the Did you **1. Since the 1st of** (month, 3 months ITEM month total amount of have any ago), have you (or any members of ΟΝΓΥ Description CODE did you the expense? Month other your CU) had expenses for -Cost from from from from have this expenses column e column b column d column a. expense? for . . .? **PROCESSING USE** ITEM CODE YES NO If "No," Enter the item description go to next from column a. \$ .00 item in Driver's license? 400 column a. \$ .00 Vehicle inspection? 410 Vehicle registration? 420 YES | NO Month \$ 00. | Use only if unable to itemize above – Combined expenses . \$ 00. 430 0010 .00 \$ **2.** FIELD REPRESENTATIVE 1 12 25 0 🖌 .00 \$ CHECK ITEM 0020 .00 \$ Mark (X) box if 0010 999 🗌 Go to \$ 00. | there are no 0030 part C entries recorded \$ 00. in columns b-f. \$ 00. | 0040 \$ .00 NOTES \$ .00 0050 .00 \$ \$ .00 0060 \$ .00 \$ 1.00 0070 \$ 00. \$ 00. 0080 \$ .00 \$ .00 0090 \$ .00 .00 \$ 0100 \$ 00. \$ .00 .00 \$ 0110 .00 \$ \$ .00 0120 \$ .00 \$ 1.00 0130 .00 \$ \$ 00. 1 0140 \$ .00 \$ .00 0150 \$ .00 \$ .00 0160 .00 \$ \$ 00. | 0170 .00 \$ \$ .00 \_\_\_\_\_ 0180 \$ \$ .00 .00

column a			ted before	
	NOTES	;		

Section 13

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Section 12 – VEHICLE OPERATING EXPENSES – Continu	bed		
Part C – Other Vehicle Operating Expenses	1 12 51 6 🗸		
<ul> <li>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?</li> <li>b. Was any of this expense for the purchase of diesel fuel?</li> </ul>	0010       \$       .00         0       None - Go to item 2a         0020       1       Yes         2       No - Go to item 1d	<ul> <li>4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for –</li> <li>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.</li> </ul>	0120 1 □ Yes 2 □ No - <i>Go to item 4c</i>
C. If YES - How much?	0030 \$	<b>b.</b> <i>If YES</i> – How much was paid, excluding any payments made this month?	0130 \$00
<b>d.</b> Was any of the average monthly cost counted as a business expense?	0040 1 ☐ Yes 2 ☐ No – <i>Go to item 2a</i>	<b>C.</b> Towing charges, excluding contracted or pre-paid towing charges?	0140 1 □ Yes 2 □ No - Go to item 4e
<b>e.</b> How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$00	<b>d.</b> <i>If YES</i> – How much was paid, excluding any payments made in the current month?	0150 \$00
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 □ Yes 2 □ No – <i>Go to item 3a</i>	e. Docking and landing fees for boats and planes?	0 None 0160 1 Yes
<b>b.</b> What was the total cost?	0070 \$00	<b>f.</b> <i>If YES</i> – How much was paid, excluding any payments made in the current month?	2 🗌 No – <i>Go to item 5a</i>
C. Was any of this purchased this month?	0080 1 □ Yes 2 □ No - <i>Go to item 3a</i>	<b>5a. Since the 1st of</b> (month, 3 months ago), <b>excluding</b> (this month), <b>have you</b>	0180 1 🗌 Yes
<b>d.</b> If YES – How much was purchased this month?	0090 \$00	(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.	2 🗌 No – Go to item 6a
<b>3a.</b> Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any motor coolant-antifreeze, brake fluid, transmission fluid, gasoline additives, oil additives, and radiator/cooling system protectors, except if purchased with a tune-up? Do not include purchases for vehicles used entirely for	0100 1 □ Yes 2 □ No – <i>Go to item 4a</i>	<ul> <li>b. If YES - How much?</li> <li>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</li> </ul>	0190 \$00 0200 1 □ Yes 2 □ No - Go to next section
business. ———————————————————————————————————	0110 s	for recreational vehicles, including vans, campers, and boats? <b>b.</b> <i>If YES</i> – How much?	0210 s
	· · · · · · · · · · · · · · · · · · ·	TES	

# Section 13 – INSURANCE OTHER THAN HEALTH

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

Pa	rt A	rt A.1 – SCREENING QUESTIONS (For New Consumer Units, Go to Part A.2)										1 13	01 9 🗸												
	lf this	this box is marked, no policies were previously reported – <i>Go to item 2a</i> omplete columns i through m for each previously reported policy. Do not ask for policies previously discontinued ("Yes" bo																	mation Booklet, page 32						
1.	Comp whicl	plete columns n premiums a	i through re entirely	n m for each previous / paid by someone ou	ly reporte utside of th	d polic ne CU	cy. Do not ("Yes" bo	t ask for po ox checked	olicies previo in column f	ously disco ).	ontin	ued ("Yes	s" box	check	ed in co	olumn e	e). Also d	do not ask for po	licies f	for		2a.	Since the 1st of (month, 3 months ago), have you (or any members of	<b>0010</b> 1	] Yes ] No – <i>Go to</i>
7 13	00 8						N	IONHEA	LTH INSU	RANCE F	POLI		<b>ENT</b>	ORY (	CHAR	Г						]	your CU) purchased any (additional)	2	item 3a
≻	а	b	c	d	е		f	g		ł	h			i	i		j	k		I	m	]	insurance, other than health		
ΟΝΓΥ		Insurance description	INSUR- ANCE	Insurance company name from part B,	Policy discon-	Pr	remiums id entirely	Payroll deduc-	Expenses	reported in part B, iter	in prev ms 7,	vious inte 8a, and 8	erview Bc		ou still (policy		the 1st onth, 3	lf YES –	Was of t	any he	If YES –		<b>insurance?</b> If YES – Ask items 2b	Insuran	Ce How many
USE		from part B, item 2a	CODE from	item 3	tinued from par	by :	someone Itside the	tion from part B,	1			·		descrij	otion) <b>?</b>	month	ns ago), ou had	How much?	amo paio	ount I this	How much was paid	Ι.	and 2c.	code	
	number		part B, item 2b		B, item 1	b C par 6a,	CU from rt B, item , (codes 3 and 4)	item 6b									kpense			nth?	this month?	b.	What kind of insurance is it? Enter the insurance code from below.	0020	0030
PROCESSING	Policy				YES	0 YE	ES NO	YES	Payment period	Total pa	aid	Amount this mo	t paid onth	YES	NO	YES	NO		YES	NO		c.	How many policies did you purchase?	0040	0050
010	1									\$	.00	\$	.00	1 🗌	2	1 🗌	     2 🗌	\$.00	1 🗆	2	\$.00		Complete a column in part B for each new policy or plan.	0060	0070
020	2																						mation Booklet, page 32		
	-							    		\$	00.	\$	.00	1	2	1	2	\$.00	1	2 4	\$ .00	<b>3</b> a.	Since the 1st of (month, 3 months		
030	3									\$	.00	\$	.00	1 🗌	2	1 🗌	2	\$.00	1 🗌	2 4	\$.00		ago), have you (or any members of	0080 1	∫Yes
040	4																	•					your CU) made any payments for		No
					i I			   		\$	00.	\$	.00	1	2		2 🗌	\$ .00	1	2 🗌 \$	\$.00	1	insurance, other than health, for persons not in		
050	5									\$	00.	\$	.00	1 🗌	2	1	2	\$.00	1 🗌	2 🗌 \$	\$.00		your CU?		
060	6									•	   	<u>^</u>					2	<b>•</b>		¦   2 □   \$			lf YES – Ask items 3b and 3c.	Insuranc code	How many
										\$	00.	\$	.00	1	2			\$ .00			\$ .00	b.	What kind of insurance	0090	0100
)70	7							   		\$	.00	\$	.00	1 🗌	2	1 🗌	2	\$.00	1 🗌	2 🗌 💲	\$.00		<pre>policy(ies) was it (were they)? Enter</pre>		
080	8									¢	    .00	¢	.00		2		     2 🗌	¢			\$ .00		the insurance code from below.	0110	0120
								   		\$	.00 	\$	.00					\$ .00			¢ .00		How many?		
090	9									\$	00.	\$	.00	1 🗌	2	1 🗌	2	\$ .00	1 🗌	2 🗌 💲	\$ .00		Complete a column in part B for each policy	0130	0140
100	10									\$	.00	¢	.00	1 🗖	2	1	2	\$ 00		     2 🗌 💲			reported. ES FOR INSURANCE CHA	PT	
										Φ	.00	<b>Ф</b>	.00					\$ .00			¢ .00	Life i	nsurance or other policies	which provi	de CODE
110	11									\$	.00	\$	.00	1 🗌	2	1 🗌	2	\$.00	1 🗌	2 4	\$.00		fits in case of death or disa mobile or other vehicle ins		· · · · <b>100</b> · · · · <b>200</b>
120	12									\$	00.	¢	.00	1	2		2	¢ 00		¦ 2 🗌 💲		Inou	rance protecting your bor	oo furnitur	
130	13									<b>•</b>	.00       .00		.00      .00								1	pers	rance protecting your hor onal effects, or other prop theft, loss, or damages frons ns –	perty agains	3, it
140	14										-											Но	meowner's insurance		300
										\$	00.	\$	.00	1	2		2	\$ .00		2 🗌 💲	\$.00	Te	nant's insurance		400
150	15									\$	.00	\$	.00	1 🗌	2	1 🗌	2	\$.00	1	2 4	\$ .00		e and extended coverage r types of nonhealth insura		
ge 6	3											Se	ction	13 – P	art A.1	1	I								Page 6

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Section 13 – Part A.1

Section 13 – INSURANCE OTHER THAN HEALTH -	- Continu	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 CONS	UMER UI	VITS O	NLY		1 13 02 7 🗸	
Information Booklet, page 32 <b>1. Do you (or any members of your CU) have any –</b>	Insurance code		YES	NO	If YES – How many policies or p does your CU have?	NOTES
<b>a.</b> Life insurance or other policies which provide benefits in case of death or disability?	100	0010	1 🗌	2	0020 Number	
<b>b.</b> Automobile or other vehicle insurance?	200	0030	1	2	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	2	0060 Number	
(2) Tenant's insurance?	400	0070	1		0080 Number	
(3) Fire and extended coverage insurance?	500	0090	1		0100 Number	
d. Other types of nonhealth insurance?	600	0110	1	2	0120 Number	
<b>2a.</b> 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 🗌 Y 2 🗌 N	′es – Ask i lo – Go to			2	
	In	surance c	ode		How many?	
<b>b. What kind of insurance policy(ies) was it (were they)?</b> Enter insurance code from items 1a–d for each policy reported.	0140				0150 Number	
C. How many?	0160				0170 Number	
	0180				0190 Number	
	0200				0210 Number	
	0220				0230 Number	
<b>3a.</b> 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 🗌 Y 2 🗌 N	'es – Ask i lo – Go to		and 3d	2	
	In	surance c	ode		How many?	
<b>b. What kind of insurance policy(ies) was it (were they)?</b> Enter insurance code from items 1a–d for each policy reported.	0310				0320 Number	
C. How many?	0330				0340 Number	
	0350				0360 Number	
	0370				0380 Number	
	0390				0400 Number	
<b>4.</b> FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each policy reported. Complete a column in part B for each discontinued policy. Be sure to re	nark the disco	ontinued b	ox, part	B, iten	n 1b.	

# 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.

F	Part B – Detailed Ques	stions									
1.	FIELD REPRESENTATIVE ITEM New CU's – Enter policy	PROCESSING USE ONLY	1	13 03 5 🖵	1	13 04 3		1 13 05 0 🖵	1 13	06 8 🗸	
	numbers in consecutive order beginning with 1. 2nd through 5th interviews –	a. POLICY NUMBER	0010	Number	0010	Number	0010	Number	0010 Nur	nber	
	Enter the next available policy number from chart in part A.1.	<b>b.</b> DISCONTINUED	0020 1		0020 1		0020 1		0020 1		
<b>2</b> a.	What type of insurance is (	was) it?	Description		Description		Description		Description		
b.	Enter insurance code from pa	rt A.1 or part A.2.	0030	Code	0030	Code	0030	Code	0030 Code		
3.	What is the name of the ins Enter name of insurance comp insurance agent.		Insurance company	/ name	Insurance compar	ny name	Insurance com	pany name	Insurance company na	me	
4.	Ask only for insurance code 2 Describe briefly what vehicles		Description		Description		Description		Description		
5a.	Ask only for insurance codes Describe briefly the property t		Description		Description		Description		Description		
b.	Enter property number from s	ection 3, part B.	0160 01	70 0180	0160 0	0180	0160	0170 0180	0160 0170	0180	
6a.	Are the policy premiums pa	aid?	someono 3	by CU by CU and partially by e outside the CU by an employer or by another group or outside the CU	3  Entirely aunion 4  Entirely	y by CU ly by CU and partially by ne outside the CU y by an employer or y by another group or s outside the CU	som 3 🗆 Enti unio 4 🗆 Enti	tially by CU and partially by eone outside the CU rely by an employer or	3	CU and partially by itside the CU	
b.	Are any premiums paid three deductions?	ough payroll	0230 1 🗌 Yes	2 🗌 No	0230 1 🗌 Yes	2 🗌 No	0230 1 🗌 Yes	2 🗌 No	0230 1 🗌 Yes	2 🗌 No	
7.	<b>How often are premiums o</b> <i>Mark (X) the appropriate box.</i>	n this policy paid?	5 🗌 Quarterly 6 🗌 Semiann 7 🗌 Annually	– directly – in mortgage payment y nually y policy – <i>Go to next policy</i>	5 🗌 Quartei 6 🗌 Semiar 7 🗌 Annual	ly y – directly y – in mortgage payment ly nually ly policy – <i>Go to next policy</i>	4 🗌 Mon 5 🗌 Qua 6 🗌 Sem 7 🗌 Ann 8 🗌 Paid	eekly hthly – directly hthly – in mortgage payment rterly hiannually	5 🗌 Quarterly 6 🗌 Semiannual 7 🗌 Annually	n mortgage payment ly cy – <i>Go to next policy</i>	
8a.	Since the 1st of (month, 3 m your total expense for this Enter the actual amount the C	<b>insurance policy?</b> U paid, do not include	0250 \$	.00	0250 \$	.00	0250 \$	.00	0250 \$	.00	
	any expenses paid for the CU	by others.		Go to next policy		Go to next policy		e – Go to next policy	0 🗌 None – <i>Go t</i>	ο πεχτ ροιιςγ	
	Were any payments made t		0260 1 🗌 Yes 2 🗌 No – <i>Go</i>	to next policy	0260 1 🗌 Yes 2 🗌 No – G	o to next policy	0260 1 🗌 Yes 2 🗌 No -	- Go to next policy	0260 1 🗌 Yes 2 🗌 No – <i>Go to i</i>	next policy	
C.	If YES – How much was paid	this month?	0270 \$	.00	0270 \$	.00	0270 \$	.00	0270 \$	.00	



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Section 13 – INSURANCE OTHER THAN I	HEALTH – Continued	FIELD REPRESENTATIVE – Combine pa insurance (f	nyments if more than one policy is held throug or example: automobile insurance) and for the	h the same company for the same type of same time period.
Part B – Detailed Questions – Continued				
<b>1.</b> FIELD REPRESENTATIVE ITEM         PROCESSING USE ONLY           New CU's - Enter policy         PROCESSING USE ONLY	1 13 07 6	1 13 08 4 🗸	1 13 09 2 🗸	1 13 10 0 🗸
numbers in consecutive order beginning with 1. a. POLICY NUMBER	0010 Number	0010 Number	0010 Number	0010 Number
<b>2nd through 5th interviews</b> – Enter the next available policy number from chart in part A.1. <b>b.</b> DISCONTINUED	0020 1	0020 1	0020 1	0020 1
<b>2a.</b> What type of insurance is (was) it?	Description	Description	Description	Description
<b>b.</b> Enter insurance code from part A.1 or part A.2.	0030 Code	0030 Code	0030 Code	0030 Code
<b>3. What is the name of the insurance company?</b> Enter name of insurance company, not the insurance agent.	Insurance company name	Insurance company name	Insurance company name	Insurance company name
<b>4.</b> Ask only for insurance code 200 from item 2b. Describe briefly what vehicles are covered.	Description	Description	Description	Description
<b>5a.</b> Ask only for insurance codes 300 and 500 from item 2b. Describe briefly the property this policy covers.	Description	Description	Description	Description
<b>b.</b> Enter property number from section 3, part B.	0160 0170 0180	0160 0170 0180	0160 0170 0180	0160 0170 0180
<b>6a.</b> Are the policy premiums paid?	0220       1       Entirely by CU         2       Partially by CU and partially by someone outside the CU         3       Entirely by an employer or union         4       Entirely by another group or persons outside the CU	0220       1       Entirely by CU         2       Partially by CU and partially by someone outside the CU         3       Entirely by an employer or union         4       Entirely by another group or persons outside the CU	0220       1       Entirely by CU         2       Partially by CU and partially by someone outside the CU         3       Entirely by an employer or union         4       Entirely by another group or persons outside the CU	0220       1       Entirely by CU         2       Partially by CU and partially by someone outside the CU         3       Entirely by an employer or union         4       Entirely by another group or persons outside the CU
<b>b.</b> Are any premiums paid through payroll deductions?	0230 1 🗆 Yes 2 🗆 No	0230 1 🗆 Yes 2 🗆 No	0230 1 🗆 Yes 2 🗆 No	0230 1 🗆 Yes 2 🗆 No
<b>7.</b> How often are premiums on this policy paid? Mark (X) the appropriate box.	0240       1 □ Weekly         2 □ Biweekly         3 □ Monthly – directly         4 □ Monthly – in mortgage payment         5 □ Quarterly         6 □ Semiannually         7 □ Annually         8 □ Paid-up policy – Go to next policy         9 □ Other – Specify ∠	0240       1 □ Weekly         2 □ Biweekly         3 □ Monthly – directly         4 □ Monthly – in mortgage payment         5 □ Quarterly         6 □ Semiannually         7 □ Annually         8 □ Paid-up policy – Go to next policy         9 □ Other – Specify	0240       1 □ Weekly         2 □ Biweekly         3 □ Monthly – directly         4 □ Monthly – in mortgage payment         5 □ Quarterly         6 □ Semiannually         7 □ Annually         8 □ Paid-up policy – Go to next policy         9 □ Other – Specify ∠	0240       1 □ Weekly         2 □ Biweekly         3 □ Monthly – directly         4 □ Monthly – in mortgage payment         5 □ Quarterly         6 □ Semiannually         7 □ Annually         8 □ Paid-up policy – Go to next policy         9 □ Other – Specify ∠
<b>8a. Since the 1st of</b> (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 \$	0250 \$00 ₀ □ None - <i>Go to next policy</i>	0250 \$ .00 0 □ None - <i>Go to next policy</i>	0250 \$00 ₀ □ None - <i>Go to next policy</i>
<b>b.</b> Were any payments made this month?	$\begin{array}{ c c c }\hline 0260 & 1 \\ \hline 2 \\ \hline 0 \\ No - Go to next policy \end{array}$	0260 1 □ Yes 2 □ No - Go to next policy	0260 1 □ Yes 2 □ No – Go to next policy	0260 1 ☐ Yes 2 ☐ No – Go to next policy
<b>C.</b> <i>If YES</i> – How much was paid this month?	0270 \$	0270 \$ .00	0270 \$ .00	0270 \$

# **Section 14 – HOSPITALIZATION AND HEALTH INSURANCE**

## 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 h through I in the "Health Insurance Policy Inventory Chart" below for each policy previously reported, except policies that were discontinued ("YES" in column f).

8 1	4 00 4 → HEALTH INSURANCE POLICY INVENTORY CHAP																							
	а	b	С	d		е		f			g			h		i			j	k		I	i	m
ΟΝΓΥ										Exp pre	enses reporte evious intervi	ed in ew		Prem paid en	ium tirely	Do you still ha (policy)	ave	Since the (month, 3 were any	<b>1st of</b> months ago), payments	Since the 1st of (month, 3 months what was the to	ago),	Were a paymer made d	nťs	<i>If YES</i> – <b>How much</b> was paid this month?
PROCESSING USE	Policy number	Insurance description from part B, item 4a	Type code from part B, item 4a	Name of insurance company from part B, item 2	dedu from ite	part B, m 7.	disco from	item 1b item 1b item 10 item 10 14A.1 columr		ued payment t B, from part B, item 8a or item 10 or 14A.1 column n		Enter paymen made th month fro part B, item 11b 14A.1	its is om or	by som outside CU fr part item (coc 3 or	e the om B, 6 le 4)			made on by any m your CU? those ma	this policy ember of (Include de by eductions.)	amount paid by members for thi policy?	CU	the cur month? If NO – next po if last po go to ite	Go to Go to licy or olicy em 2a	
PR	Po				YES	NO	YES	NO				column		YES	NO	YES	NO	YES	NO		_	YES	NO	
0010	1								\$	.00		\$	.00	1	2 🗌	1 🗌   2	2□	1 🗌	2	\$	.00	1	2	\$.00
0020	2								\$	.00		\$	.00		2 🗌	1 2	2	1 🗌	2	\$	.00	1	2 2	\$.00
0030	3								\$	.00		\$	  .00	1 🗌	2 🗌	1 🗌   2	2	1 🗌	2	\$	.00	1	2	\$.00
0040	4								\$	.00		\$	.00	1	2 🗌		2	1 🗌	2	\$	.00	1	2	\$.00
0050	5								\$	1.00		\$	.00	1 🗌	2	1 🗌   2	2	1	2	\$	.00	1	   2 []	\$ .00
0060	6								\$	.00		\$	.00	1	2 🗌	1 2	2	1	2	\$	.00	1	2	\$.00
0070	7								\$	1.00		\$	  .00	1 🗌	2 🗌	1 🗌     2	2□	1	2	\$	.00	1	2	\$ .00
0080	8								\$	.00		\$	00			1 🗌   2		1 🗌	2	\$	.00	1	I	\$.00
0090	9								\$	00		\$	1.00	1 🗌		1 🗌   2	2	1 🗌	2	\$	.00	1	2	\$.00
0100	10								\$	00		\$	  .00					1	2	\$	.00	1	2	\$ .00
0110	11								\$	.00		\$	.00	1 🗌 i	2	1 🗌 i 2	2	1	2	\$	.00	1	i 2	\$ .00
0120	12								\$	  .00			  .00	1	2 🗌	1 🗆 ¦ 2	2	1 🗌	2	\$	.00	1	2	\$.00
<b>2a.</b>	Since CU) p	e the 1st of (month, 3 months ago), have you ( urchased any (additional) health or hospital	or any n ization	embers of your insurance?			[		1 14 0 1 🗌 Yes 2 🗌 No – 6		•	NOTES												
	If YES – <b>How many policies did you buy?</b> Complete a column in part B for each new policy.						[	0020		Nı	umber													
3a. :	<b>a. Since the 1st of</b> (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?						[		ı □ Yes 2 □ No - 6	Go to	next part													
	<b>D.</b> If YES – <b>How many policies did you buy?</b> Complete a column in part B for each policy.						[	0040		N	umber													
4.	-IELD Comp																							

Se	ection 14 – HOSPITALIZATION AND HEALTH IN	SURANCE – Continued	FIELD REPRESENTATIVE – Ask items 1, 2, and 3 and complete part B for each policy reported. Complete part C for all CU's.
Pa	art A.2 – Screening Questions – FOR NEW CONS	SUMER UNITS ONLY – Conti	nued 1 14 02 5 V
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 ourpose plans you may have, such as those listed on page 32a of the Information Booklet.	0010 1 🗌 Yes 2 🗌 No – Go to item 2a	NOTES
<b>b.</b> /	f YES – How many policies do you have?	0020Number	
2a. s	Since the 1st of (month, 3 months ago), have you (or any nembers of your CU) made payments for hospitalization or nealth insurance policies which you no longer have?	0030 1 🗌 Yes 2 🗌 No – <i>Go to item 3a</i>	
<b>b</b> .7	f YES – How many policies?	0040Number	
3a. <sub>H</sub>	lave you (or any members of your CU) made any payments for nealth insurance plans for persons outside of your CU?	0050 1 🗌 Yes 2 🗌 No – Go to item 4	
<b>b</b> ./	f YES – How many policies?	0060Number	
	FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each policy reported. f the policy was reported in item 2, be sure to mark the discontinued I f "No," to items 1, 2, and 3 – Go to part C.	box in part B, item 1b.	

# Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

	art B – Detailed Questions													_
		PROCESSING	1										1	_
1.	FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive	PROCESSING USE ONLY		1 14	03 3	↓		1 14 (	04 1 🖌		1 14	05 8 🗸		
	<b>2nd thru 5th interviews</b> – Enter policy number in	a. POLICY NUMBER	0010		Num	nber	0010		_ Number	0010		Number	0010	]_
	consecutive order using the next available number in policy chart in part A.1.	<b>b.</b> DISCONTINUED	0020	1			0020	1		0020	1		0020	] 1
2.	What is the name of the insurance company?		Insurar	nce compa	any nar	me	Insura	nce compa	ny name	Insura	nce compa	ny name	Insura	anc
	Enter name of insurance company, not the insurance a If Blue Cross/Blue Shield, Mark (X) box.	gent. ———	0030	1 🗌 Blue	Cross/	Blue Shield	0030	1 🗌 Blue (	Cross/Blue Shield	0030	1 🗌 Blue	Cross/Blue Shield	0030	] 1
3.	How many CU members are covered by this polic	y?	0060		lumber		0060		Imber 0 🗌 None	0060		umber 0 🗌 None		-
10	Information Booklet, page 32a What type of insurance plan is it?			1 🗌 Go ta	o 4b 🗸	4 🗌 Go to 4d	0061	1 🗌 Go to	4b 4 🗌 Go to 4d	0061	1 🗌 Go to	4b 4 🗌 Go to 4d	0061	] 1
- <b>T</b> a.		Medicare Supplement I purpose plan		2 🗌 Go to 3 🗌 Go to		× 🗆 Don't know – <i>Go to 5</i>		2 🗌 Go to 3 🗌 Go to			2 🗌 Go to 3 🗌 Go to			2 3
b.	Ask only if item 4a is "1". If, except in the case of an emergency, you go to than one in the group center or your primary care a referral, will the plan pay any of your expenses?	doctor, without		1 🗌 Yes 2 🗌 No	} Go to	item 5	0062	1 🗌 Yes 2 🗌 No 🖇	Go to item 5	0062	1 □ Yes 2 □ No ∫	Go to item 5	0062	] 1 2
c.	Ask only if item 4a is "2." Is this fee for service plan a – <u>1 – Traditional Fee for Service Plan?</u> 2 – Preferred Pr	ovider Option Plan	0063	$\left. \begin{array}{c} 1 \\ 2 \end{array} \right\} G$	o to iten	n 5	0063	$\left. \begin{array}{c} 1 \\ 2 \end{array} \right\} Go$	to item 5	0063	1 🗆 2 🗆 } Go	o to item 5	0063	] 1 2
d.	Ask only if item 4a is "4."Is this special purpose insurance plan-1 - Dental insurance?2 - Vision insurance?3 - Prescription drug insurance?6 - Other type of special purpose insurance?	0064	1 2 3	4 🗌 5 🗍 6 🗌 S	Specify 🏹	0064	2	4 □ 5 □ 6 □ Specify <i>¥</i>	0064	1 2 3	4 □ 5 □ 6 □ Specify <i>¥</i>	0064	] 1 2 3	
5.	Was the policy obtained on an individual or group1 - Individually obtained3 - Group throug2 - Group through place of employment	<b>basis?</b> h other organization	0070	1 🗌 2 🗌	3		0070	1 🗌 2 🗌	3	0070	1 🗌 2 🗌	3	0070	] 1
6.	Are premiums paid – 1 – Entirely by CU members? 2 – Partially by CU members? 3 – Entirely by an employer or union? 4 – Entirely by a	nother group or ide of the CU?		1 🗌 3 🗌 2 🗌 4 🗌		ode 3 or 4, to next licy	0090	1 🗌 3 🗌 2 🗌 4 🗌		0090	1 🗌 3 🗌 2 🗌 4 🗌		0090	] 1 2
7.	Are any of the premiums paid through payroll dec	luctions?	0100	1 🗌 Yes	2	No	0100	1 🗌 Yes	2 🗌 No	0100	1 🗌 Yes	2 🗌 No	0100	] 1
8a.	What is your part of the regular health insurance ( (including all payroll deductions)?	payment,	0110	\$		.00	0110	\$	.00	0110	\$	.00	0110	
b.	. What period of time is covered by the regular pay	ment?		1 🗌 Week 2 🗌 2 wee 3 🗌 Mont 4 🗌 Quart	eks 6[ th 7[	☐ 6 months ☐ Year ☐ Other – Specify ₽	0120	1 🗌 Week 2 🗌 2 week 3 🗌 Month 4 🗌 Quarte	7 🗌 Other –	0120	1 🗌 Week 2 🗌 2 wee 3 🗌 Month 4 🗌 Quarte	ks 6 ☐ Year n 7 ☐ Other –	0120	] 1 2 3 4
9a.	Since the 1st of (month, 3 months ago), were any pamade on this policy?	ayments	0130	1 🗌 Yes	2 [	□ No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	] 1
b.	• Was each payment in the amount of (regular paymereported in item 8a)?	ent amount	0140	1 🗌 Yes	2	□ No – Go to item 10	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	] 1
C.	. How many payments were made?		0150		Num	ן <i>Go to</i> nber <i>∫item 11a</i>	0150		ן <i>Go to</i> Number∫ <i>item 11a</i>	0150		ן <i>Go to</i> Number∫ <i>item 11a</i>	0150	]_
10.	Ask only if item 9b is "NO." What was the total expense paid for this policy?		0160	\$		.00	0160	\$	.00	0160	\$	.00	0160	]
<u> </u>	. Were any payments made during the current mon	th?	0170	1 🗌 Yes	2 [	□ No – Go to next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	] 1
b	. If YES – How much was paid during the current me	onth?	0180	\$		.00	0180	\$	.00	0180	\$	.00	0180	]
Page 7	70							tion 11 E	Part P					

Section 14 – Part B

1 14 06 6 🖌	1 14 07 4 🖌
Number	0010 Number
1	0020 1
nce company name	Insurance company name
1 🗌 Blue Cross/Blue Shield	0030 1 🗌 Blue Cross/Blue Shield
Number 0 🗆 None	0060 Number 0 🗌 None
1 $\Box$ Go to 4b4 $\Box$ Go to 4d2 $\Box$ Go to 4c× $\Box$ Don't3 $\Box$ Go to 5know - Go to 5	00611Go to 4b4Go to 4d2Go to 4c $\times$ Don't3Go to 5Know - Go to 5
1 🗌 Yes 2 🗌 No <i>Go to item 5</i>	0062 1   Yes 2  No Go to item 5
1 🗌 2 🔲 } Go to item 5	0063 1} Go to item 5
1 □ 4 □ 2 □ 5 □ 3 □ 6 □ Specify ₹	0064       1       4         2       5         3       6       Specify ∠
1 🗌 2 🗌 3 🗌	0070 1 2 3
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1 🗌 Yes 2 🗌 No	0100 1 🗌 Yes 2 🗌 No
\$00	0110 \$00
1Week56 months22 weeks6Year3Month7Other -4QuarterSpecify $\swarrow$	0120       1 □ Week       5 □ 6 months         2 □ 2 weeks       6 □ Year         3 □ Month       7 □ Other -         4 □ Quarter       Specify ₹
1 🗌 Yes 2 🗌 No – Go to next policy	0130 1 Yes 2 No - Go to next policy
1 🗌 Yes 2 🗌 No – Go to item 10	0140 1 Yes 2 No - Go to item 10
ן <i>Go to</i> Number∫ <i>item 11a</i>	0150Number∫ <i>item 11a</i>
\$00	0160 \$00
1 🗌 Yes 2 🗌 No – Go to next policy	0170 1 Yes 2 No - Go to next policy
\$00	0180 \$00

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# Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

													_
Pa	art B – Detailed Questions												
1.	FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive	PROCESSING USE ONLY		1 14 0	8 2 ↓		1 14 0	90↓		1 14 1	084		
	order beginning with 1. <b>2nd thru 5th interviews</b> – Enter policy number in	a. POLICY NUMBER	0010		Number	0010		Number	0010		Number	0010	
	consecutive order using the next available number in policy chart in part A.1.	<b>b.</b> DISCONTINUED	0020	1		0020	1		0020	1		0020	1
2.	What is the name of the insurance company?		Insurar	nce compar	iy name	Insura	nce compan	iy name	Insura	nce compan	y name	Insura	nc
	Enter name of insurance company, not the insurance a If Blue Cross/Blue Shield, Mark (X) box.	agent. ———>			ross/Blue Shield			ross/Blue Shield			ross/Blue Shield		
3.						0030						0030	
<b>J</b> .	How many CU members are covered by this polic	çy f	0060		mber 0 🗌 None	0060		mber 0 🗌 None	0060		mber 0 🗌 None	0060	-
4a.	Information Booklet, page 32a What type of insurance plan is it?			1 🗌 Go to 4 2 🗌 Go to 4	<i>c</i> ×□Don't	0061	2 🗌 Go to 4	c x□Don't	0061	1 🗌 Go to 4 2 🗌 Go to 4	c x□Don't	0061	1 2
	1 - Health Maintenance Organization3 - Commercial2 - Fee for Service Plan4 - Other special	l Medicare Supplement al purpose plan		3 🗌 Go to 5	s know – Go to 5		3 🗌 Go to 5	know – Go to 5		3 🗌 Go to 5	know – Go to 5		3
b	Ask only if item 4a is "1". If, except in the case of an emergency, you go to than one in the group center or your primary care a referral, will the plan pay any of your expenses	e doctor, without		1 □ Yes } 2 □ No }	Go to item 5	0062	1 🗌 Yes   2 🗌 No	Go to item 5	0062	1 □ Yes 2 □ No ∫	Go to item 5	0062	1 2
C.	Ask only if item 4a is "2." Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred P	rovider Option Plan	0063	$\left. \begin{array}{c} 1 \\ 2 \end{array} \right\} Go$	to item 5	0063	$\begin{bmatrix} 1 \ \Box \\ 2 \ \Box \end{bmatrix} $ Go t	to item 5	0063	$\begin{bmatrix} 1 \ \Box \\ 2 \ \Box \end{bmatrix} $ Go t	o item 5	0063	1
	Ask only if item 4a is "4."		0064		4	0064		4	0064	,	4	0064	
d.	Is this special purpose insurance plan-         1 - Dental insurance?       4 - Mental health in         2 - Vision insurance?       5 - Dread disease p         3 - Prescription drug insurance?       6 - Other type of sp	0004	2	5 □ 6 □ Specify 🖌	0004	2	5 □ 6 □ Specify 귍	0004	2 .	5 □ 5 □ 6 □ Specify 귍	0004	2 3	
5.	insurance?         Was the policy obtained on an individual or group         1 – Individually obtained       3 – Group throug         2 – Group through place of employment	<b>p basis?</b> gh other organization	0070	1 2 🗌	3	0070	1 2 🗌	3	0070	1 2	3	0070	1
6.	Are premiums paid – 1 – Entirely by CU members? 2 – Partially by CU members? 3 – Entirely by an employer or union? 4 – Entirely by person outs	another group or ide of the CU?		1 3 2 4	│ If code 3 or 4, ∫ go to next policy	0090	1 3 2 4	│ If code 3 or 4, ∫ go to next policy	0090	1 3 2 4	lf code 3 or 4, ∫ go to next policy	0090	1
7.	Are any of the premiums paid through payroll de	ductions?	0100	1 🗌 Yes	2 🗌 No	0100	1 🗌 Yes	2 🗌 No	0100	1 🗌 Yes	2 🗌 No	0100	1
8a.	What is your part of the regular health insurance including all payroll deductions?	payment,	0110	\$	.00	0110	\$	.00	0110	\$	.00	0110	;
b.	. What period of time is covered by the regular pay	yment?		1 🗌 Week 2 🗌 2 week 3 🗌 Month 4 🗌 Quarte	7 🗌 Other –	0120	1 🗌 Week 2 🗌 2 weeks 3 🗌 Month 4 🗌 Quarter	7 🗌 Other –	0120	1 🗌 Week 2 🗌 2 weeks 3 🗌 Month 4 🗌 Quarter	7 🗌 Other –	0120	1 2 3 4
9a.	Since the 1st of (month, 3 months ago), were any p made on this policy?	ayments	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1
b	• Was each payment in the amount of (regular paym reported in item 8a)?	nent amount	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1
C.	How many payments were made?		0150		ן <i>Go to</i> _Number∫ <i>item 11a</i>	0150		ן <i>Go to</i> _Number∫ <i>item 11a</i>	0150		ן <i>Go to</i> Number∫ <i>item 11a</i>	0150	
10.	Ask only if item 9b is "NO." What was the total expense paid for this policy?		0160	\$	.00	0160	\$	.00	0160	\$	.00	0160	
11a.	Were any payments made during the current mo	nth?	0170	1 🗌 Yes	2 🗆 No – Go to next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1
b	. If YES – How much was paid during the current m	onth?	0180	\$	.00	0180	\$	.00	0180	\$	.00	0180	
FORM CE	E-302		•				tion $14 - P$	ort D	•			•	_

1 14 11 6 🖌	1 14 12 4 🖌
Number	0010 Number
1	0020 1
nce company name	Insurance company name
1 🗌 Blue Cross/Blue Shield	0030 1 🗌 Blue Cross/Blue Shield
Number 0 🗌 None	0060 Number 0 🗌 None
1 $\bigcirc$ Go to 4b4 $\bigcirc$ Go to 4d2 $\bigcirc$ Go to 4c $\times$ $\bigcirc$ Don't3 $\bigcirc$ Go to 5know -Go to 5 $\bigcirc$ Go to 5	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1 🗌 Yes 2 🗌 No } Go to item 5	0062 1 $\square$ Yes 2 $\square$ No $\}$ Go to item 5
1 🗌 2 🔲 } Go to item 5	0063 1 Go to item 5
1 □ 4 □ 2 □ 5 □ 3 □ 6 □ Specify ₹	0064       1       4         2       5         3       6       Specify ∠
1 🗌 2 🗌 3 🗌	0070 1 2 3
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1 🗌 Yes 2 🗌 No	0100 1 Yes 2 No
\$00	0110 \$00
1Week56 months22 weeks6Year3Month7Other -4QuarterSpecify $\swarrow$	01201Week56 months22weeks6Year3Month7Other –4QuarterSpecify $\swarrow$
1 🗌 Yes 2 🗌 No – Go to next policy	0130 1 Yes 2 No - Go to next policy
1 🗌 Yes 2 🗌 No – Go to item 10	0140 1 Yes 2 No - Go to item 10
ן <i>Go to</i> Number∫ <i>item 11a</i>	0150 Number∫ <i>item 11a</i>
\$00	0160 \$00
1 🗌 Yes 2 🗌 No – Go to next policy	0170 1 Yes 2 No – Go to next policy
\$00	0180 \$00

Are you (or any members of your CU) presently enrolled in Medicare or have you (or any members of your CU) been enrolled since the 1st of (month, 3 months ago)? Medicare is the Federal Health Insurance Plan.	0010		Go to item 2a	2a.	Is anyoı CU beei	ne in your CU enrolled in Medicaid or has anyone n enrolled since the first of (month, 3 months ago)
. If YES – How many members of your CU are covered by Medicare	<b>?</b> 0020		Number	b.	If YES –	How many members of your CU are covered by
<b>Who is (was) enrolled in Medicare?</b> Enter the line number and first name of all CU members enrolled in Medicare.	0030	ine nber	Name	с.	Enter the	(was) enrolled in Medicaid? e line number and first name of all CU members in Medicaid.
	0040					
	0050					
	0060					
	0070			_		
	0800			_		
	0090			_		
	0100			_		
	0110			_		
	0120			_		
	0130			_		
	0140			_		
	0150			_		
	0160			_		
	0170			3.	Are you other th	ı (or any members of your CU) covered by any pla nan Medicare or Medicaid which provides free he ch as CHAMPUS or military health care?
		 	ſ	NOTES	care su	ch as Champos or military health care?

C for all CU's.	

e in your ?	0180 1 ☐ Yes 2 ☐ No – <i>Go to item 3</i>										
Medicaid?	0190 Number										
		Line number	Name								
	0200										
	0210										
	0220										
	0230										
	0240										
	0250										
	0260										
	0270										
	0280										
	0290										
	0300										
	0310										
	0320										
	0330										
	0340										
an ealth	0350	1 🗌 Yes 2 🗌 No									

Section	15

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	NOTES

**Section 15 – MEDICAL AND HEALTH EXPENDITURES** 

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

	Part A – Screening Questions for	P	art B	3 –	<b>Payments For Me</b>	dical Expenses			4 15 02 6	6→					
	Payments		а			b			с	d			e		
	Hand respondent Information Booklet, pages 33 and 3 Now I am going to ask you some questions about medical payments and reimbursements I will begin with your payments. By payments I mean any expenses paid by an		ENTE ITEM CODE from part /	1 E A.	Ask if not apparent – What was the (care/serv Who received the (care	/service or item) <b>?</b>			Always ask – In what month was (were)	What was t amount of payment?		Did y make any other paym for	ent(s)	1	
	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.	U U		-	-	Was the person a CU n Care/service or item	ember? Person's name		U nber	the payment(s) made?			If "No go to next i in pai	tem t A.	Care/service or iter from column b
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.	뚭 0010						NO		\$	.00	YES	NO		
	ITEM Payment CODE YES NO						1	   2 [] 		\$	.00				
	EYE CARE, such as	0030						2 🗌 		\$	.00		[]   		
	Eye examinations, treatment, or surgery 110	0040					-	2           2		\$	.00				
	Purchase of eye glasses or contact lenses       120         Combined eye care       120	0060					1	     2 []			00.				
	services	0070					1	   2 [] 		\$	.00				
	DENTAL CARE         200           INPATIENT HOSPITAL         ////////////////////////////////////	0080						   2 [] 		\$	.00				
	CARE, such as Hospital room	∠ <u>0090</u>					-	2 🗌   		\$	.00				
	Hospital services	0100						2          2		\$	.00		   		
	Combined hospital room and services	0120					-	    2		\$	00.				
	SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS	0130					1	   2 []			.00				
	PHYSICIAN SERVICES 420	0140					1	   2    		\$	.00				
2	Combined hospital care and physicians' services       430         FIELD REPRESENTATIVE       1 15 01 4	0150					1	   2 🗌 		\$	.00				
۷.	FIELD REPRESENTATIVE       1 15 01 4 ↓         CHECK ITEM       0010 999 □ Go to next         Mark (X) box if there are no entries recorded in       next						-	   2 🗌 		\$	.00		 		
	part B. page	0170					1	2 🗌		\$	.00		I 🗌		

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Section 15 – Part A and Part B

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# Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

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

Part A – Screening Que	stions for	Pa	art B	- Payments For Mo	edical Expenses -	- Contin	ued		4 15 05 9→						
Payments - Continued			а		b			C	d	е		PRE			
Hand respondent Information Bookle <b>1. Since the 1st of</b> (month, 3 mont you (or any members of your C any payments for the following Read all bold items below.		USE ONL'	ENTER ITEM CODE from part A.	Ask if not apparent – What was the (care/ser Who received the (care Was the person a CU r	/service or item) <b>?</b>		Alway In wh mont was (were the paym made	at h ) ent(s)	What was the amount of the payment?	Did you make any other payment(s) for? If "No," go to next item	<b>1</b> Care/service or item from column b	2 Name from column b	3 Mor fror colum	n	<b>4</b> Total from column d
		PROCESSING		Care/service or item	Person's name	CU member YES   NO				in part A.			Mor	th	
	ITEM Payments CODE YES NO	 0010							\$ .00					¢	.00
OTHER MEDICAL CARE SERVICES, such as		0020							\$ .00					\$	.00
Lab tests or x-rays	510	0030				1 2			\$.00					\$	.00
Care in convalescent or nursing home	520	0040							\$.00					\$	.00
Other medical care	530	0050							\$.00					\$	     .00
Combined medical care services	540	0060							\$.00					\$	ו ו ו .00
MEDICINE AND MEDICAL SUPPLIES, such as		0070				1 . 2 .			\$.00					\$	.00
Hearing aids	610	0080							\$.00					\$	  .00
Prescribed medicines or prescribed drugs	620	0090							\$.00					\$	.00
Rental of supportive or convalescent equipment	630	0100							\$.00					\$	.00
Purchase of supportive or convalescent equipment	640	0110							\$.00					\$	.00
Rental of medical or surgical equipment for general use	650	0120							\$.00	1		NOTES		\$	ן 1 .00
Purchase of medical or surgical equipment for		0130							\$.00			Noted			
general use	660	0140							\$.00						
medical supplies	<b>670</b> 1 15 04 8 ↓	0150				1 🗌   2 🗌			\$.00						
CHECK ITEM Mark (X) box if there are	0010 999 🗌 Go to	0160							\$.00						
no entries recorded in part B.	next page	0170							\$.00						

## FORM CE-302

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet. Read
part C, question 1, followed by general category he
part D for each reimbursement or set of identical re
SERVICE for the SAME PERSON, in the SAME MON

Part C – Screening Questions for			Pa	art D -	- Reimbursements	For Medical Exp	4 15 07	5→					
	Reimbursements			а		b		С	d			•	
	Hand respondent Information Booklet,	pages 33 and 34.	>	ENTER	Ask if not apparent –			Always ask	- What was		Did y		1
	Now I am going to ask you some about your reimbursements.	questions	ΟΝΓΥ	ITEM CODE	What was the (care/serv	vice or item) <b>?</b>		In what	amount of reimburse		receiv any o	ther	
	-		USE	from part C.	Who received the (care	/service or item) <b>?</b>		month was			reimb ment	(s)	
	By reimbursements I mean mone any members of your CU from ar	ey received for n insurance			Was the person a CU n	nember?		(were) the			<b>for?</b> If "No,"		Care/service or iter
	company, medical care provider, member, for medical expenses w	, or non CU	SSIN					reimburse ment(s)	•		go to next in		from column b
	previously paid or will pay.	,	PROCESSING		Cara/aan iga ar itam	Dereen's nome	CU member	received?			in par		
1.	Since the 1st of (month, 3 months	ago) <b>, have</b>	PRC		Care/service or item	Person's name	YES NO	Month			YES	NO	
	you (or any members of your CU) any reimbursements for the follo	) received owing?	0010										
	Read all bold items below.	-	0010						\$	.00			
		Reimburse- TEM ments	0020							.00			
	Ċ	CODE YES NO							\$	.00			
	7		0030						\$	.00			
	EYE CARE, such as		0040										
	Eye examinations, treatment, or surgery	110	0040						\$	.00			
			0050				1 2 2		\$	.00			
	Purchase of eye glasses or contact lenses	120							Ψ	1.00		·	
	Combined eye care		0060				1 2		\$	.00			
	services	130	0070				1 . 2						
		200							\$	.00			
	<b>DENTAL CARE</b>	200	0080				1   2		\$	ا 00. <sup>ا</sup>			
	INPATIENT HOSPITAL CARE, such as								<b>•</b>				
			0090						\$	.00			
	Hospital room	310	0100										
									\$	.00			
	Hospital services	320	0110				1 2 2		\$	.00			
	Combined hospital room and services	330	0120										
	SERVICES BY MEDICAL		0120						\$	.00			
	PROFESSIONALS OTHER THAN PHYSICIANS	410	0130				1 2		¢	.00			
	—								\$	1.00			
	PHYSICIAN SERVICES	420	0140						\$	.00			
	Combined hospital care		0150							1			
-		430	0.00						\$	00.			
2.	CHECK ITEM	1 15 06 3 🖌	0160						\$	.00			
	Mark (X) box if there are no entries recorded in	10 999 □ Go to next							Ψ	.00			
	part D.	page	0170						\$	.00			

Section 15 – Part C and Part D

ad the introduction and definition for reimbursement. Ask beading and sub-categories. Complete a separate line in reimbursements. Identical items are those for the SAME DNTH. For combined services complete one line.

	PRE		
	2	3	4
m	Name from column b	Month from column c	Total from column d
		Month	
			\$.00
			\$.00
			\$.00
			\$.00
			\$ .00
			\$ .00
			\$.00
			\$.00
			\$.00
			\$.00
			\$.00
			\$.00
	NOTES		



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# 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. PRE 2 3 4 Month from column c Name from Total from m column b column d Month \$ 1.00 \$ .00 .00 \$ .00 \$ .00 \$ \$ i .00 \$ 1.00 \$ 1.00 \$ .00 \$ .00 \$ .00 00. \$ NOTES

	Part C – Screening Que Reimbursements – Cor	estio	ns fo	or	Pa	art D	- 1	Reimbursements f	or Medical Expe	enses	- 0	onti	nue	d		4 1	5 09 1	-	
	Reimbursements – Cor	ntinu	ed			а			b			С		d			•		
	Hand respondent Information Book	det, pag	ies 34 a	and 35.		ENTER	R 🖌	Ask if not apparent –				Always	ask –	What was the amount of th	e	Did y	ou		1
1	Since the 1st of (month, 3 mor	the and	a) <b>hav</b>	10	ONL ON	CODE	v	<b>What was the</b> (care/servic	e or item) <b>?</b>			In wha	at	reimburseme		other			
••	you (or any members of your any reimbursements for the f	CU) re	ceived		USE ONLY	from part C.	: v	<b>Who received the</b> (care/se	ervice or item) <b>?</b>			montł was				reimb ment	(s)		
	Read all bold items below.	onown	ngr				V	Vas the person a CU me	mber?			(were) the				for If "No			Care/service or iter
					SIN					1		reimb ment(				go to next i			from column b
					PROCESSING			Constanting on item		CL mem		receiv				in par			
			Reim	burse-	PRC			Care/service or item	Person's name	YES	NO	Mor	nth			YES	NO		
		ITEN	1 me	ents	0010					10									
			YES	NO	0010						2			\$	.00				
	OTHER MEDICAL CARE SERVICES, such as		X///		0020					1 🗆 ¦	2 🗆			\$	.00				
							+							Φ	.00				
	Lab tests or x-rays	. 510			0030						2 🗌			\$	.00				
	Care in convalescent or				0040					1	2								
	nursing home	. 520									2 🗆			\$	.00				
	Other medical care	. 530			0050					1	2 🗆			\$	.00				
	Combined medical													Ψ	1			-	
	care services	. 540			0060					1	2 🗀			\$	.00				
	MEDICINE AND MEDICAL		X//		0070					1	2 🗆								
	SUPPLIES, such as		X///				+			i				\$	.00				
	Hearing aids	610			0800					1 🗆 ¦	2 🗌			\$	.00				
	-	010	<u> </u>		0090														
	Prescribed medicines or prescribed drugs	. 620			0090						2			\$	.00				
	Rental of supportive or				0100						2 🗆			\$	.00				
	convalescent equipment .	. 630	)				+							Φ	.00				
	Purchase of supportive or				0110					1	2 🗌			\$	.00				
	convalescent equipment	. 640			0120					1	2 🗆								
	Rental of medical or surgical equipment for						-							\$	.00				
	general use	. 650			0130					1 🗆 ¦	2 🗆			\$	.00				
	Purchase of medical or surgical equipment for				0140									•					
	general use	. 660		////	0140					1	2 🖂			\$	.00				
	Combined medicine and medical supplies	. 670			0150					10	2 🗌			¢					
2	FIELD REPRESENTATIVE		5 08 9	$\frac{X///}{4}$										\$	.00			-	
	CHECK ITEM	0010 9			0160						2 🗌			\$	.00				
	no entries recorded in	0010	п	ext age	0170														
	part D.		ρ	age	0170						∠⊔			\$	.00				

**Section 16 – EDUCATIONAL EXPENSES** 

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a questions 1, 2, and 3 and complete columns b through j as each payment is reported. Complete a separate line for each payment or combined payment. Combined payments are for the same person in the

							ſ	7 16 02 7 →					S	ame month.					
	а					b		С	d			е	f	g		h	1	i	
1.	Information Booklet, page 36. Since the 1st of (month 3 months ago), have you (or any members of your CU) paid for any recreational lessons or other instructions for members of this CU	Í	TES	NO	USE ONLY	ENTER ITEM CODE from column	ı a.	What was the expense for? Describe briefly the expense.	Who was it If CU membe enter name a line number Control Card. someone out CU, enter 99.	r, nd from If side	,	Complete without asking if information is known. What kind of school was it? 1 – College or university 2 – Elementary or high school	In what month was the payment made?	How much wa paid?		Has an this ar been of any of reimbu by an emplo agenc other persor	nount or will it be ursed yer, y, or	If "Yes" in column h – How much w or will be reimbursed?	
2.	or other persons? Have you (or any members of your CU) paid for nursery school or child day care cente for members of this CU or other persons?	rs			PROCESSING U				Name	No	ne . or de	<ul> <li>3 - Child day care center</li> <li>4 - Nursery school or preschool</li> <li>5 - Other school Mark (X) box</li> </ul>	Month			lf "No, columi YES	n j.		
3a.	. Have you (or any members of your CU) paid for any (other) school related				0010							1 □ 3 □ 5 □ 2 □ 4 □		\$	.00	1 1	2 🗌	\$	.00
	expenses for members of this CU or other persons?				0020							1 □ 3 □ 5 □ 2 □ 4 □		\$	.00		2 🗌	\$	.00
b	. <i>If YES</i> – Did you pay for –				0030							1 □ 3 □ 5 □ 2 □ 4 □		\$	.00		2 🗌		.00
	Tuition?	. 300			0040							1 □ 3 □ 5 □ 2 □ 4 □		\$	.00	1	2 🗌	\$	.00
	Housing while attendin school?	. 310			0050							1 □ 3 □ 5 □ 2 □ 4 □		\$	.00	1	2 🗌	\$	.00
	Food or board while				0060							1 □ 3 □ 5 □ 2 □ 4 □		\$	.00	1	2 🗌	\$	.00
	attending school?	. 320			0070									\$	.00			\$	.00
	Use only if unable to separate – Combined room and board (Codes 310 and 320)	. 330			0080							1 □ 3 □ 5 □ 2 □ 4 □		\$	.00			\$	.00
	, seale and and alloy		<u> </u>	1///	0090									\$	.00	1	2 🗌	\$	.00
					0100									\$	.00	1	2 🗌	\$	.00
		4 40	04 0		0110									\$	.00	1	2 🗌	\$	.00
4.	FIELD REPRESENTATIVE CHECK ITEM	1 16 0 010 999		•	0120									\$	.00		2 🗌		.00
	Mark (X) box if there are no		ne	ext age	0130									\$	.00	1	2 🗌	\$	.00
	entries recorded in columns b–j.				0140									\$	.00	1	2 🗌	\$	.00
					0150							1 🗌 3 🗌 5 🗌 2 🔲 4 🗌		\$	.00	1	2 🗌	\$	.00

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Section 16

	j						Ρ	RE			
Di	Did you 1 nake iny other payments					2		3	8	4	
an ot pa fo lf to ite	YES NO				e n	Name from column d	c	Mo frc colui		Cost from column g	
Y	ES	NO						Mo	nth		
[											.00
[										\$	.00
[											.00
[											.00
[										\$	.00
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Section 16 –	EDUC	ATIONAL	EXPE	ENSES -	- Continued																			
						7 16 04	3→																	
а				b	C		d			е	1	f	g		h	i		j			PRE	•		
Information Book	let, page	e 36.		ENTER ITEM	What was the ex	-			ć	Complete without asking if information is known.	n mon	hat th	How much was paid?	th	as any of his amount	lf "Yes" in column h –	n	id you nake	1	2		3	4	
<b>3b.</b> Did you pay for –	(Continue	ed)		CODE from column a.	Describe briefly th	ne expense.	If CU memi enter name line numbe	e and	,	What kind of	was payn mad	ment		la	een or will ny of it be eimbursed	How much was	0	ny ther ayments						
	(	ITEM CODE YES NO	SING USE ONLY	column a.	n a.		Control Cal someone o CU, enter 9	rd. If outside	,	school was it? 1 - College or university 2 - Elementary or high school 3 - Child day care center				by ei ag of po	y an mployer, gency, or ther erson?	or will be reimbursed?	f li it	f "No," go o next tem in olumn a.	ltem code from columr b		, fr	lonth rom lumn f	Cost from column g	
Rental of any sch	ool		PROCESSING				Name	Lir No.	ne . or	<ul> <li>4 – Nursery schoo or preschool</li> <li>5 – Other school</li> </ul>				C	olumn j.									
books or equipme which has not alre been reported?	eady	340	H H					cod	de	Mark (X) box	Mo	onth	-	1	/ES   NO	1	<u> </u>	YES			M	lonth		
Purchase of any s		340	0010							1 □ 3 □ 5 □ 2 □ 4 □			\$ .00	b	1 2	\$ .00	0						5	     .00
books, supplies, o equipment which has not already be	or		0020							1 3 5 2 4			\$ .00	b	1 2	\$ .00	0						6	     .00
reported?	· · · · · <u> </u>	350	0030							1 □ 3 □ 5 □ 2 □ 4 □			\$ .00	5	1 2	\$ .00	0						5	     .00
Other school related a	adv	260	0040	]						1 □ 3 □ 5 □ 2 □ 4 □			\$ .00		1 2	\$ .00								.00
reported? Use only if the resp is unable to separat	ondent	360	0050	]						1 3 5 2 4			\$ .00		1 2	\$ .00								.00       .00
expenses.			0060	]						1 3 5 5 1 2 4 1					1 2									 
Combined expense books and tuition (0 300, 340, and 350)	Codes	370	0070							1 3 5 5			\$ .00	J		\$ .00	0							.00
Other combined ed expenses (Include a combined education	any		0080							2 4 1 1 3 5 5			\$ .00	5		\$ .00	0							00.   
expenses not previo reported.) (Codes 1 200, 300, 310, 320,	ouslv		0090							2 4 1 1 3 5 1			\$ .00	J		\$ .00								00
340-360)	[	380								2 4 1 1 3 5 1			\$.00										\$	.00
			0100							2 4			\$.00		1   2     2	\$.00	0					:	6	00.
			0110							1 □ 3 □ 5 □ 2 □ 4 □			\$.00	b	1   2     2	\$ .00	0							.00
4. FIELD REPRESENTATIV CHECK ITEM	E		0120							1 3 5 2 4			\$ .00	b	1   1 2     	\$ .00	0							.00
Mark (X) box if	0010	999 Go to next sectior	0130							1 □ 3 □ 5 □ 2 □ 4 □			\$ .00	b	1	\$ .00	0						6	.00
there are no entries recorded in columns b–j.			0140							1 □ 3 □ 5 □ 2 □ 4 □			\$ .00	o l	1 2	\$ .00	0						6	.00
			0150							1 □ 3 □ 5 □ 2 □ 4 □			\$ .00		1	\$ .00								.00

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# 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.

а			b	С	d	е	f	g			PRE			NOTES
Since the 1st of (month, 3 have you (or any member	months ago),	>		What is the name of the (subscription, club, or	Mark (X) the	What was the total cost	How much of this amount was paid	Did you purchase	1	2	3		4	
purchased any of the follown use?	owing for your	USE ONLY	ENTER ITEM CODE from	organization reported in column a)?	appropriate box.	during this period?	this month?	any other?				COS	ST	
FIELD REPRESENTATIVE – Read each item listed below.	ITEM CODE YES NO	PROCESSING USE	column a.	Enter name such as "Daily News," "Redbook," "Columbia Record Club," and "Book of the Month Club."	,	(Include shipping and handling fees.)		lf "No," go to next item in column a.	Description from column c	ltem code from column b	Total from column e		This month	
Newspaper delivery	100	PROCE			OWN USE GIFT		None	YES NO					None	
Books purchased from a book club	200	0010			1 2	\$ .00	\$ .00 0				\$	.00 \$	.00	
Compact discs, tapes, videos, or records		0020					\$ .00 0				\$	.00 \$	.00	
purchased from a mail-order club	300	0030				\$.00					\$	.00 \$	.00	
Magazine or periodical subscriptions	400	0040				\$.00	\$ .00 0 🗆				\$	.00 \$	.00	
-		0050									\$	.00 \$	·	
Theater, concert, opera, or other musical series, season tickets	500	0060				+					\$	.00 \$		
Season tickets to		0070									\$	.00 \$		
sporting events	600	0080				+	\$.00				\$	.00 \$		
Reference books NOT	900	0090				+					\$	.00 \$	.00	
Encyclopedias or		0100				÷					\$	.00 \$		
other sets of reference books	700	0110				÷					\$	.00 \$		
Have you (or any member purchased any of these a someone outside the CU2	s of your CU) s a gift to	0120									\$	.00 \$	.00	
$\Box$ YES $\Box$ NO – Go		0130									\$	.00 \$		
What	m code(s)	0140						1			\$	.00 \$		
was purchased?		0160										.00 \$		
Complete a separate line for gift purchased.		0170										.00 \$		
REPRESENTATIVE	17 01 0↓	0180									\$	.00 \$		
Mark (X) box if there are no	999 Go to next page	0190				•						· .00 \$		
entries recorded in columns b–g.	F 490	0200										.00 \$ .00 \$		

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Section 17 – Part A

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# 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.

Pa	а		b	с	d	e	f		g		PRE		NOTES
. н	ave you (or any members of your CU)	-	ENTER	What is the name of the	Mark (X)	What was the	How much of this	Did	-	1 2	3	4	
ha ez D	ad any membership costs or your CO) ad any membership costs or other xpenses related to any of the following to not include contributions to or membership in religious, professional,	E ONLY	ITEM CODE from column a.	(subscription, club, or organization reported in column a) <b>?</b>	the appropriate box.	total cost during this period?	amount was paid this month?	purc any	shase			COST	
bi oi	usiness, or other tax deductible rganizations.	ING USE		Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor				to ne	o," go ext item lumn a.	Description from code column c from	Total from		
Ri bi	IELD REPRESENTATIVE - ITEM CODE YES NO lead each item listed elow.	PROCESSING		Club."	OWN <sup>I</sup> USE I GIFT					column b	column e	from column f	
ci te	lubs, swimming pools, ennis clubs, social or						· · · ·	e YES	1		1	None	
01	ther recreational rganizations	0010			1   2	\$.00			' 🗆 I		\$ .00	0 \$ .00   □	
		0020			1 2		\$ .00 0				\$.00	0 \$ .00 □	
	ivic, service, or raternal	0030				\$.00	\$ .00 0				\$.00	\$ .00	
	rganizations 810	0040				\$ .00	\$ .00 0				\$ .00	)\$ .00 □	
C	redit card nemberships	0050				\$ .00	\$ .00 0				\$ .00	) \$ .00	
		0060				\$ .00	\$ .00 0		□		\$ .00	) \$ <sup>1</sup> .00 <sup>1</sup>	
c	utomobile service lubs	0070			1   2	\$ .00					\$ .00	) \$	
p	ave you (or any members of your CU) urchased any memberships as a gift to omeone outside the CU?	0080										) \$ .00 ·	
	YES NO – Go to item 6	0090				\$.00	\$ .00 0				\$.00	\$ .00 □	
f ]. W	YES – Item code(s)	0100				\$ .00	\$ .00 0				\$ .00	) \$	
m w	nemberships vere	0110				\$.00	\$ .00 0				\$00	) \$	
C	urchased? complete a separate line for each	0120			1	\$ .00	\$ .00 0		- -		\$ .00		
FI	ift membership. IELD1 17 03 6↓	0130				1					\$ .00		
С	EPRESENTATIVE HECK ITEM Mark (X) box if	0140				\$.00					\$ .00	) \$ .00 · □	
th e	here are no next ntries recorded section	0150			1			-	- - -		\$ .00		
ir	n columns b–g. NOTES	0160									\$ .00		
		0170						-				)\$ .00 □	
		0180			1						\$ .00		
		0190			1 2	1					\$ .00		
		0200									\$ 1.00		

Section 17 – SUBSCRIPTI	ONS, MEMBERSHIPS, BOOKS, A	ND ENTERTAINMENT EXPENS	ES – Continued		
Part B – Books and Enter	ainment Expenses 1 17 26 7				
<b>1a. Since the 1st of</b> (month, 3 month ago), have you (or any members of your CU) paid any fees for participating in sports such as	5 0010 1 🗌 Yes 2 🗌 No – Go to item 2a	<b>5a.</b> Have any CU members bought any magazines not included in a subscription?	0130 1 □ Yes 2 □ No – <i>Go to item 6a</i>	<b>10a.</b> Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?	0280 1 □ Yes 2 □ No – <i>Go to item 11a</i>
tennis, golf, bowling, or swimming?		<b>b.</b> What was the total expense for them?	0140 \$00	<b>b.</b> What was the total expense for them?	0290 \$00
<b>b.</b> What was the total expense for them?	0020 \$00	<b>C.</b> How much of the total amount was spent this month?	0150 \$00	C. How much of the total amount was spent this month?	0300 \$00
<b>C.</b> How much of the total amount was spent this month?	0030 \$00 0 \[] None	<b>6a.</b> Have any CU members purchased single copies of newspapers (non-subscription)?	0160 1 □ Yes 2 □ No – <i>Go to item 7a</i>	<b>11a.</b> Have any CU members rented any video cassettes, video	0 🗌 None
2a. Have you (or any members of yo CU) paid any single admissions to spectator sporting events su	ur 0040 1 🗌 Yes 2 🗌 No – Go to item 3a	<b>b.</b> What was the total expense for them?	0170 \$00	tapes, or video discs? <b>b.</b> What was the total expense	2 🗌 No – Go to next section
as football, baseball, hockey, or soccer?		C. How much of the total amount was spent this month?	0180 \$ .00	for them?	0320 \$00
<b>b.</b> What was the total expense for them?	.00		0 🗆 None	C. How much of the total amount was spent this month?	0330 \$00
<b>C.</b> How much of the total amount was spent this month?	0060 \$00	7a. Have any CU members purchased compact discs, audio tapes, needles, or records other than through a mail-order club?	0190 1 🗌 Yes 2 🗌 No – <i>Go to item 8a</i>	NO	TES
<b>3a.</b> Have you (or any members of your CU) paid any single	0070 1 🗌 Yes	<b>b.</b> What was the total expense for them?	0200 \$00		
admissions to entertainment activities such as movies, plays operas, or concerts?	2 🗌 No – Go to item 4a	<b>C.</b> How much of the total amount was spent this month?	0210 \$00		
<b>b.</b> What was the total expense for them?	.00	<b>8a.</b> Have any CU members purchased any photographic film?			
<b>C.</b> How much of the total amount was spent this month?	0090 \$00 0 □ None	<b>b.</b> What was the total amount spent?	0230 \$00		
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	0100 1 🗌 Yes 2 🗌 No – <i>Go to item 5a</i>	<b>C.</b> How much of the total amount was spent this month?	0240 \$00 0 \[] None		
school books.) <b>b. What was the total expense</b>	0110 ¢ .00	<b>9a.</b> Have any CU members paid for film processing?	0250 1 □ Yes 2 □ No – <i>Go to item 10a</i>		
for them?	0110 \$00	<b>b.</b> What was the total amount spent?	0260 \$00	-	
<b>C.</b> How much of the total amount	0120 \$ .00	C. How much of the total amount			
was spent this month?	0 \[ None \]	was spent this month?	0270 \$00 ₀ □ None		

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	NOTES

# **Section 18 – TRIPS AND VACATIONS**

Part A – Screening Questions	1 18 00 0 🖌		1 18 0	18 🖵							
<b>1a.</b> Now I'm going to ask about trips and vacations. First I'd				ns 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 recorde	d in part D.		
like to ask about trips taken by you (or any members of your CU) which were paid for by someone else. Since	0010 1 □ Yes 2 □ No - <i>Go to</i>	а	b	C	d	е	f	g	h		i
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?	item 2	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	How many of these trips were paid for entirely by you (your CU)?	trips w be parti by a employ	any of these vere or will ially paid for business, /er, or other
<b>b.</b> If YES – How many trips like this did you have?	0020 Trips Trips			001 FROM ITEM -	City or place	0005	0010	costs for this trip?	0030	non-Cl	U member?
<ul> <li>FIELD REPRESENTATIVE - Ask if box is marked.</li> <li>Last interview you reported trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now.</li> </ul>	Complete items 8e–8i for each trip checked in 8a.		1 [ 2 [ 1 3 [	3b (relatives or friends) 4b (business) 5b (sightseeing, sports, etc.) 6b (any others)	State	Month 0 Not ended – <i>Go to next</i>	Trips (If more than one trip, go to item 8h) (If one trip, go to	1 ☐ Yes – Enter "1" in item 8i – Go to next trip 2 ☐ No – Enter "1" in	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as		Trips partially reimbursed – Enter trip I.D. No. below
<b>3a.</b> (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer to visit relatives or friends?	0030 1 □ Yes 2 □ No - Go to item 4a		5	☐ 7b (day trips)	Foreign country	trip	item 8g)	item 8h – Go to next trip	0040     in 8f, go to next trip.        Trip identification No.		Trip identifi- cation No.
<b>b.</b> <i>If YES</i> – How many trips were taken to visit relatives or friends?	0040 Trips Ask items 8c–8i for each trip reported		1 2	<ul> <li>D70 FROM ITEM –</li> <li>3b (relatives or friends)</li> <li>4b (business)</li> <li>5b (sightseeing, sports, etc.)</li> </ul>	City or place State	0080 Month 0 Not ended –	0090 Trips (If more than one trip, go to item 8h)	0100 1 Yes – Enter "1" in item 8i – Go to next trip	0110 Trips paid for entirely by CU – Enter trip I.D. No. below. If number	0130	_ Trips partially reimbursed – Enter trip I.D.
<b>4a.</b> (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for business?	0050 1 □ Yes 2 □ No - Go to		4	☐ 6b (any others) ☐ 7b (day trips)	Foreign country	Go to next trip	(If one trip, go to item 8g)	2 🗌 No – Enter "1" in item 8h – Go to next trip	of trips is the same as in 8f, go to next trip.            Trip identification No.	0140	<i>No. below</i> Trip identifi- cation No.
<b>b.</b> If YES – How many trips were taken for business?	item 5a 0060 Trips Ask items 8c–8i for each trip reported		1 2	<ul> <li>150 FROM ITEM –</li> <li>3b (relatives or friends)</li> <li>4b (business)</li> <li>5b (sightseeing, sports, etc.)</li> </ul>	City or place State	0160 Month 0 Not ended –	0170 Trips (If more than one trip, go to item 8h)	0180 1 □ Yes – Enter "1" in item 8i – Go to next trip 2 □ No – Enter "1" in	by CU – Enter trip I.D. No. below. If number		Trips partially reimbursed – Enter trip I.D.
<b>5a.</b> (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for recreation such as sightseeing, sports events, club or organizational meetings, or outdoor recreation?	0070 1 □ Yes 2 □ No – Go to item 6a		5	☐ 6b (any others) ☐ 7b (day trips)	Foreign country City or place	Go to next trip	(If one trip, go to item 8g)	item 8h – Go to next trip	0200       of trips is the same as in 8f, go to next trip.          Trip identification No.		<i>No. below</i> Trip identifi- cation No.
<b>b.</b> If YES – How many trips were taken for these reasons?	0080 Trips Ask items 8c–8i for each trip reported		1 [ 2 [ 4 3 [	<ul> <li>230 FROM ITEM –</li> <li>3b (relatives or friends)</li> <li>4b (business)</li> <li>5b (sightseeing, sports, etc.)</li> </ul>	State	0240 Month 0 Not ended – <i>Go to next</i>	0250 Trips (If more than one trip, go to item 8h)	0260 1 □ Yes – Enter "1" in item 8i – Go to next trip 2 □ No – Enter "1" in	0270 Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as	0290	Trips partially reimbursed – Enter trip I.D. No. below
<b>6a.</b> (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer on any other kind of trip?	0090 1 □ Yes 2 □ No – Go to item 7a	<b>9</b> тр		☐ 6b (any others) ☐ 7b (day trips)	Foreign country	trip	(If one trip, go to item 8g)	item 8h – Go to next trip	0280 in 8f, go to next trip. Trip identification No. PRE		Trip identifi- cation No.
<b>b.</b> If YES – How many trips were taken for these reasons?	0100 Trips Ask items 8c–8i for each trip reported	•	For trips For trips	ENTIRELY paid for by someon paid for by CU or trips partiall plete the appropriate detailed	y paid for by someone ou part for each trip.	te one part D. tside the CU, fill ou			1 Destination		2 Month ended
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?	0110 1 □ Yes 2 □ No - Go to item 9	iden	Trip ntification No. <b>1</b>	entirely by CU (from column h) (from Complete part B Con	p partially id for by U members n column i) mplete part C 5	(from column	h) non-CU member (from column i)	<i>C</i>			
<b>b.</b> <i>If YES</i> – How many such trips were taken?	0120 Trips Ask items 8c–8i for		2 3	Complete part B Con Complete part B Con		Complete pa	art B Complete part	с			
Page 88	each trip reported		4	Complete part B Com	nplete part C 8	🗌 🗌 Complete pa	art B 🗌 Complete part	С			Page 88

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Section 18 – Part A

# 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).

Part A – Screening Questions –	Contin	ued	1 18 02 6 🗸										
NOTES			nns c–i for each trip reported in it	ems 2–7b. Do not recor	d any trip mo	ore than o	once. Trips report	ed in item	1b will be recorded in pa	rt D.			
	а	b	C	d	е		f		g		h		i
	Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what mo this trip		How many trip (or members of take to (destir (month end	f your CU) nation) in	Did or will a busines employer, or any other non-CU member pay any of the costs for this trip	Ho	ow many of these trips ere paid for entirely by you (your CU)?	were or paid for emple	ny of these trips will be partially r by a business, oyer, or other CU member?
			0001 FROM ITEM – 1 🗌 3b (relatives or friends)	City or place	0005		0010		0020	0030	<b>-</b>	0050	<b>T</b> :
	□	5	2 🗌 4b (business) 3 🗌 5b (sightseeing, sports, etc.)	State	■ Month ■ 0 □ Not ended – <i>Go to next trip</i>	onth Trips (If more than one trip,	1 ∐ Yes – Enter "1" in item 8i – Go to next trip	0040	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go	0060	Trips partially reimbursed – Enter trip I.D. No. below		
	_		4 🗌 6b (any others) 5 🗌 7b (day trips)	Foreign country		go to item 8h) (If one trip, go to item 8g)	2 🗌 No – Enter "1" in item 8h – Go to next trip		Trip identification No.		Trip identifi- cation No.		
			0070 FROM ITEM –	City or place	0080		0090		0100	0110		0130	
		□ 6 <sup>2</sup> 3		State	0 🗌 Not ended –	(If more than one trip, go to item 8h)	1 Yes – Enter "1" in item 8i – Go to next trip	0120	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go		Trips partially reimbursed – <i>Enter trip I.D.</i> <i>No. below</i>		
			4 🗌 6b (any others) 5 🗌 7b (day trips)	Foreign country	Go to n	next trip	(If one trip, go to	o item 8g)	2 □ No – Enter "1" in item 8h – Go to next trip		<i>to next trip.</i> Trip identification No.		Trip identifi- cation No.
	_		0150 FROM ITEM – 1	City or place	0160		0170		0180 1 🗌 Yes – Enter "1" in	0190	Trips paid for entirely by	0210	Trips partially
		2 4b (business)	State	0 🗆 Not ended –		Trips (If more than one trip, go to item 8h)	item 8i – Go to next trip	0200	CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go		reimbursed – Enter trip I.D. No. below		
	_			Foreign country	Go to next trip	next trip	(If one trip, go to item 8g)	2 🗌 No – Enter "1" in item 8h – Go to next trip		<i>to next trip.</i> Trip identification No.		Trip identifi- cation No.	
			0230 FROM ITEM − 1 □ 3b (relatives or friends)	City or place	0240		0250		0260	0270		0290	T data an ala U
		8	2 $\square$ 4b (business) 3 $\square$ 5b (sightseeing, sports, etc.) 4 $\square$ 6b (any others)	State	Month Trips Month (If more than one trip, go to item 8h)	1 □ Yes – Enter "1" in item 8i – Go to next trip 028	0280	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go		Trips partially reimbursed – <i>Enter trip I.D.</i> <i>No. below</i>			
			$5 \square 7b$ (day trips)	Foreign country	Go to n	next trip	(If one trip, go to	o item 8g)	2 🗌 No – Enter "1" in item 8h – Go to next trip		to next trip. Trip identification No.		Trip identifi- cation No.
			Y CHART – Continued	outside the CIL semals	to one port D						NOTES		
	•	For trips	ENTIRELY paid for by someone paid for by CU or trips partially low and complete the appropriat	paid for by someone ou	tside the CU,	fill out t	he						
	i	Trip dentifica No.	ation entirely by CU	Trip partially paid for by non-CU members (from column i)	Trip identification No.	ent	ip paid for irely by CU n column h)	by non-C	ally paid for U members column i)				
		9	Complete part B	Complete part C	13		mplete part B		lete part C				
		10		Complete part C	14		mplete part B	•	lete part C				
		11	Complete part B	Complete part C	15	□ Co	mplete part B	🗌 Comp	lete part C				
		12	Complete part B	Complete part C	16	□ Co	mplete part B	Comp	lete part C				

FORM CE-302

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part B for ti
for one trip or s
about other trin

	about other trips.)								
Par	t B – Trips Paid Ent	tirely By CU							
1. FIE	LD REPRESENTATIVE	PROCESSING USE ONLY	1 18 34 9 🖌			and respondent Information Booklet, page 37.	<b>3b.</b> Ask for each code 1–5 marked in <b>How much did you (or any me</b>	item 3a.	
In nu	item 1a, enter Trip I.D. mber from Trip Tally part in part A. Enter trip	a. TRIP IDENTIFICATION NUMBER	0010 Identi	fication number	l of	arting at the beginning of this trip, please tell me the kinds of transportation you (or any members your CU) used from the time you (they) left home	spend for (transportation) (othe package deal covered)?	er than what the	
de	stination in item 1b, the mber of (identical) trips	<b>b.</b> DESTINATION			to the time you (they) got back home.		Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU)		
	item 1c, and the month e trip ended in item 1d.	OFFICE USE ONLY	0020		tri	<i>OBE –</i> Any other kinds of transportation on this p?	spend for (transportation) not including gas you (or any members of your CU) bought (other than what		
		C. NUMBER OF (IDENTICAL) TRIPS	0030 Number		lf no codes 1–12 marked, go to item 4.		the package deal covered)?		
		<b>d.</b> Month ended	0040			COMMERCIAL	COMMERCIAL		
<b>e.</b> If s	set of identical trips read – Sin niliar trips, I will ask about	nce you (your CU) took a set of t them as a group. Please give the				1 🗌 Local (taxi, etc.)	0290 01 \$00	o 🗌 None	
tot	tal of all these trips for eac	ch of the following questions.			0130 <sub>02</sub> Airplane		0300 02 \$00	o 🗌 None	
f. Na yo	ow I'd like to ask some add u (your CU) took to (destina	litional questions about the trip(s) ation). If day trip, go to item 2a.			0140 c	3 🗌 Train	0310 03 \$00	o 🗌 None	
g. Ve	rify if already reported. Other	rwise, ask – How many nights did r CU) spend away from home on			0150 c	4 🗌 Bus	0320 04 \$00	0 🗌 None	
ťhi	is trip?		0050 Night	S	0160 c	5 🗆 Ship	0330 05 \$00	o 🗌 None	
pa	metimes when people ta ckage deal that covers so rt of this trip covered by	ike a trip they have some sort of ome or all of the costs. Was all or a package deal?	0060 1 🗌 Yes 2 🗌 No – <i>Go to item 3a</i>		0170	RENTED	RENTED .00		
<b>b.</b> <i>If '</i>	'Yes," ask for each item: Dic	d the package deal include		Yes No DK		6 🗌 Car, jeep		0 🗌 None	
FIE	ELD REPRESENTATIVE – Rea	ad each item listed.	0070 Food and beverages 1		0180 c	7 🗆 Truck, van	0350 07 \$00	o 🗌 None	
			00000         Food and beverages           0080         Lodging		0190 c	8 🔲 Motorcycle, moped	0360 08 \$00	o 🗌 None	
			0090 Transportation		0200 c	9 🗌 Private plane	0370 09 \$00	o 🗌 None	
			<b>0100</b> Anything else $\vec{k}$		0210 1	o 🗌 Boat, trailer	0380 10 \$00	0 🗌 None	
			Specify		0220 1	1 🗆 Camper	0390 11 \$00	0 🗌 None	
C. Ho	w much did you (or any	members of your CU) pay for the			0230 1	2 🗌 Other vehicles	0400 12 \$00	0 🗆 None	
ра	ckage deal?		0110 \$ .00			PRIVATE			
		NOTES			0240 1	3 🗌 Car owned by CU			
					0250 1	₄ □ Vehicle leased by CU			
					0260 1	$_5$ $\Box$ Other vehicle owned by CU			
					0270 1	$6$ $\Box$ Vehicle owned by someone else			
					0280 1	7 🗌 Other transport			
					<b>4.</b> Co	des 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a	6a. a.		

rips paid for entirely by CU. (Ask all questions in part B first set of identical trips before asking questions in this part

S	Section 18 – TRIPS AND VACATIONS – Co	ontinued		
F	Part B – Trips Paid Entirely by CU – Contin	nued 1 18 35 6 ↓		
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 □ Yes 2 □ No - <i>Go to item 5c</i>	<b>10a.</b> 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 □ Yes 2 □ No - <i>Go to ite</i>
b.	How much did you (or any members of your CU) spend for that?	0020 \$ .00	<i>If YES –</i> <b>b. How much did you (or any members of your CU) pay?</b>	0200 \$
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes 2 □ No - <i>Go to item 5e</i>	<b>11a.</b> 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	0210 1   Yes 2   No - <i>Go to ite</i>
d.	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$00	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>	
е.	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes 2 □ No - <i>Go to item 6a</i>	<b>12a.</b> Did you (or any members of your CU) have any expenses	0220 \$
f.	If YES – How much were they?	0060 \$00	for this trip such as for souvenirs, passports, tourist booklets, and so on? 	2 🗌 No – Go to ite
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	0070 1 □ Yes 2 □ No - <i>Go to item 7a</i>	If YES – <b>b.</b> How much were these expenses? <b>13a.</b> You've told me about many expenses you (your CU) had	0240 \$
b.	covered)? <i>If YES –</i> <b>What was the cost, including taxes and tips?</b>	0080 \$00	b. Did these expenses include anything for?	0250 1
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 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and bevera
b.	<i>If YES –</i> What was the cost, including taxes and tips?	0100 \$00		0270   Lodging     0280   Transportation
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 🗌 Yes 2 🗌 No – <i>Go to item 8a</i>		0290 Other expenses
d.	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$00	C. How much of the total expenses for this trip were for persons outside your CU?	0300 \$
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 □ Yes 2 □ No – <i>Go to item 9a</i>	<b>14a.</b> 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.	If YES – What were the expenses, including taxes?	0140 \$00	<b>b.</b> Does this (amount) include anything for?	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 □ Yes 2 □ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and bevera
d.	If YES – What was the cost for alcoholic beverages, including taxes?	0160 \$00		0330 Lodging 0340 Transportation
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 □ Yes 2 □ No – <i>Go to item 10a</i>		0350 Other expenses
	, , , , , , , , , , , , , , , , , , , ,			Expenses for ot

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 🗌 Yes 2 🗌 No – <i>Go to item 10a</i>		0350 Other expenses
b.	<i>If YES –</i> <b>How much did you (or any members of your CU) pay</b> <b>to rent sports equipment?</b>	0180 \$00	GO TO NEXT TRIP; AFTER LAST 1	RIP, GO TO PART D.

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				NOTES
o to item 11a				
.00				
o to item 12a				
.00				
o to item 13a				
.00				
o to next trip; afte	er last tr	ip, go to	part D	
	YES		DK	
everages	1	_	8 🗆	
	1	2	8	
tion	1	2 🗌	8	
enses	1	2	8	
.00				
.00				
	YES	NO	DK	
everages	1		8 🗌	
	1		8	
tion	1		8 🗌	
enses	1		8 🗆	
or others	1	2	8	

**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.

**Section 18 - TRIPS AND VACATIONS - Continued** 

PROCESSING USE ONLY

**a.** TRIP IDENTIFICATION NUMBER

**OFFICE USE ONLY** 

**b.** DESTINATION

Part B – Trips Paid Entirely By CU – 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.)							
1 18 36 4 🖌		Hand respondent Information Booklet, page 37. <b>3a. Starting at the beginning of this trip, please tell me</b>	<b>3b.</b> Ask for each code 1–5 marked in item 3a. <b>How much did you (or any members of your CU)</b>					
0010 Identification nur		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.	spend for (transportation) (o package deal covered)?					
0020		<i>PROBE</i> – Any other kinds of transportation on this trip?	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					
0030 Number		If no codes 1–12 marked, go to item 4.	the package deal covered)?					
		COMMERCIAL	COMMERCIAL					
0040		0120 01 🗌 Local (taxi, etc.)		00 0 🗆 None				
		0130 02 Airplane	0300 02 \$0	00 0 🗌 None				
	[	0140 <sub>03</sub> Train	0310 03 \$0	0 🗌 None				
	[	0150 <sub>04</sub> 🗌 Bus	0320 04 \$0	0 None				
0050 Nights	[	0160 <sub>05</sub> Ship	0330 05 \$0	00 0 🗆 None				
0060 1 🗌 Yes		RENTED	RENTED					
2 🗌 No – Go to item 3a	[	0170 06 🗌 Car, jeep		00 0 🗌 None				
Yes No		0180 o7 🗆 Truck, van	0350 07 \$0	00 0 🗆 None				
0070         Food and beverages         1 □ 1 2 □           0080         Lodging		0190 <sub>08</sub> 🗌 Motorcycle, moped	0360 08 \$0	00 0 🗌 None				
0090         Transportation         1 <th1< th=""> <th1< th="">         1</th1<></th1<>		0200 09 🗌 Private plane	0370 09 \$0	00 0 🗆 None				
0100 Anything else $\mathbf{z}$ 1		0210 10 🗌 Boat, trailer	0380 10 \$0	0 ONONE				
Specify	[	0220 11 🗌 Camper	0390 11 \$0	00 0 🗆 None				
	[	0230 12 🗌 Other vehicles	0400 12 \$0	00 0 🗆 None				
0110 \$ .00		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						
		<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a	a.					

		C. NUMBER OF (IDENTICAL) TRIPS	0030 Num	ber	If no codes 1–12 marked, go to item 4.		
		<b>d.</b> MONTH ENDED	0040		COMMERCIAL		
	similiar trips, I will ask about total of all these trips for eacl	ce you (your CU) took a set of them as a group. Please give the h of the following questions.			0120       01       Local (taxi, etc.)		
		tional questions about the trip(s) tion). If day trip, go to item 2a.			0140 03 Train		
-	Verify if already reported. Otherw you (or any members of your ( this trip?	vise, ask – How many nights did CU) spend away from home on	0050 Nigh	ts	0160 05 □ Ship		
	Sometimes when people tak package deal that covers so part of this trip covered by a	ke a trip they have some sort of me or all of the costs. Was all or a package deal?	0060 1 □ Yes 2 □ No – <i>Go to item 3a</i>		RENTED		
b.	If "Yes," ask for each item: <b>Did</b>	the package deal include		Yes No DK			
	FIELD REPRESENTATIVE – Rea	d each item listed.	0070Food and beverages0080Lodging		0180         07 □ Truck, van           0190         08 □ Motorcycle, moped		
			0090Transportation0100Anything else		0200 09		
			Specify		0220 11 Camper		
c.	How much did you (or any m	nembers of your CU) pay for the		-	0230 12 Other vehicles		
	package deal?		0110 \$00		PRIVATE		
		NOTES			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		
					<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go If any codes 6–17 marked, continue wi		

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Section 18 – TRIPS AND VACATIONS – Continued								
	Part B – Trips Paid Entirely by CU – Contir	nued 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 □ Yes 2 □ No - <i>Go to item 5c</i>	<b>10a.</b> 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 □ Yes 2 □ No – <i>Go to item 11a</i>				
b.	How much did you (or any members of your CU) spend for that?	0020 \$ .00	If YES – <b>b.</b> How much did you (or any members of your CU) pay?	0200 \$00				
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes 2 □ No - <i>Go to item 5e</i>	<b>11a.</b> 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	0210 1 □ Yes 2 □ No – <i>Go to item 12a</i>				
	<i>If YES –</i> How much did you (or any members of your CU) spend for tolls?	0040 \$	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>	0220 \$00				
e.	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes 2 □ No – <i>Go to item 6a</i>	<b>12a.</b> Did you (or any members of your CU) have any expenses	0220 \$				
f.	If YES – How much were they?	0060 \$	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 🗌 No – Go to item 13a				
<b>6</b> a.	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	0070 1 🗌 Yes	<b>b.</b> How much were these expenses?	0240 \$00				
h	covered)? // YES – What was the cost, including taxes and tips?	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> 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 Yes 2 No – Go to next trip; after last trip, go to part D				
		0080 \$00	<b>b.</b> Did these expenses include anything for?	YES NO DK				
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 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0260       Food and beverages       1       2       8         0270       Lodging       1       2       8				
b.	If YES – What was the cost, including taxes and tips?	0100 \$ .00		0270       Lodging       1       2       8       1         0280       Transportation       1       2       8       1				
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 🗌 Yes 2 🗌 No – <i>Go to item 8a</i>	· 	0290 Other expenses 1 2 4 8 4				
d.	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$00	<b>C.</b> How much of the total expenses for this trip were for persons outside your CU?	0300 \$				
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 □ Yes 2 □ No - <i>Go to item 9a</i>	<b>14a.</b> 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.	If YES – What were the expenses, including taxes?	0140 \$00	<b>b.</b> Does this (amount) include anything for?	YES NO DK				
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 □ Yes 2 □ No − <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 . 2 . 8				
d.	If YES – What was the cost for alcoholic beverages, including			0330 Lodging				
90	taxes?			0340 Transportation 1 1 2 1 8				
Ja.	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 □ Yes 2 □ No – <i>Go to item 10a</i>		0350       Other expenses				
b.	If YES – How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$00	GO TO NEXT TRIP; AFTER LAST T					

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S	Section 18 – TRIPS AND VACATIONS – Continued Section 18 – TRIPS AND VACATIONS – Continued for one trip or set of identical trips before asking questions in this part about other trips.)									
P	Part B – Trips Paid Ent	irely By CU – Continued								
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 18 38 0 ↓			nd respondent Information Booklet, page 37.		Ask for each code 1–5 marked in How much did you (or any me	mbers of your CU)	
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIFICATION NUMBER	0010 Ident	0010 Identification number		<b>3a.</b> 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.		spend for (transportation) (other than what the package deal covered)?		
	destination in item 1b, the number of (identical) trips in item 1c, and the month	<b>b.</b> DESTINATION	0020		<i>PROBE</i> – <b>Any other kinds of transportation on this</b> trip?			Ask for each code 6–12 marked in item 3a. How much did you (or any members of you spend for (transportation) not including gate any members of your CU) bought (other t		
	the trip ended in item 1d.	<b>C.</b> NUMBER OF (IDENTICAL) TRIPS	0030 Numl	ber		no codes 1–12 marked, go to item 4.		the package deal covered)?	gni (other than what	
		<b>d.</b> MONTH ENDED	0040			COMMERCIAL		COMMERCIAL		
e	If set of identical trips read - Sir	nce you (your CU) took a set of			0120 <sub>0</sub>	🗌 Local (taxi, etc.)	0290	01 \$00	0 🗌 None	
0.	similiar trips, I will ask about total of all these trips for eac	t them as a group. Please give the ch of the following questions.			0130 0	Airplane		02 \$00	0 🗌 None	
f.	Now I'd like to ask some add you (your CU) took to (destina	litional questions about the trip(s) ation). If day trip, go to item 2a.				∃ □ Train		03 \$00	0 🗌 None	
g.	Verify if already reported. Other <b>you (or any members of your</b>	wise, ask – How many nights did CU) spend away from home on	0050 Night	to		Bus		04 \$00	0 🗌 None	
0	this trip?			15	0160 <sub>0</sub>	5 🗖 Ship	0330	.00	o 🗌 None	
za.	Sometimes when people ta package deal that covers so part of this trip covered by	ke a trip they have some sort of ome or all of the costs. Was all or a package deal?	0060 1  Yes 2  No – <i>Go to item 3a</i>		0170	RENTED	0340	RENTED .00		
b.	If "Yes," ask for each item: Did	I the package deal include		Yes No DK					0 🗌 None	
	FIELD REPRESENTATIVE – Rea	ad each item listed.			0180 <sub>0</sub>	7 🗖 Truck, van	0350	07 \$00	0 🗌 None	
			0080 Lodging			Motorcycle, moped		08 \$00	o 🗌 None	
			0090 Transportation		0200 0	Private plane	0370	.00	0 🗌 None	
						Boat, trailer		10 \$00	o 🗌 None	
			Specify		0220 1	Camper		.00	0 🗌 None	
c.	How much did you (or any r	members of your CU) pay for the			0230 1	$\mathbf{P} \square$ Other vehicles	0400	.00	0 🗌 None	
	package deal?		0110 \$00			PRIVATE				
		NOTES			0240 1	Car owned by CU				
					0250 1	□ Vehicle leased by CU				
					0260 1	$\overline{\Box}$ Other vehicle owned by CU				
					0270 1	S 🗌 Vehicle owned by someone else				
					0280 1	Other transport				
					<b>4.</b> Co	des 6–17: If no codes 6–17 marked in item 3a, go to item ( If any codes 6–17 marked, continue with item 5.	6a. a.			

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Section 18 – TRIPS AND VACATIONS – Continued								
	Part B – Trips Paid Entirely by CU – Contir	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 □ Yes 2 □ No - <i>Go to item 5c</i>	<b>10a.</b> 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 □ Yes 2 □ No – <i>Go to item 11a</i>				
b.	How much did you (or any members of your CU) spend for that?	0020 \$00	If YES – <b>b.</b> How much did you (or any members of your CU) pay?	0200 \$00				
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes 2 □ No - <i>Go to item 5e</i>	<b>11a.</b> 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	0210 1 □ Yes 2 □ No – <i>Go to item 12a</i>				
d.	If YES – How much did you (or any members of your CU) spend for tolls?	.00	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>					
e.	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes 2 □ No – <i>Go to item 6a</i>	<b>12a.</b> Did you (or any members of your CU) have any expenses	0220 \$00				
f.	If YES – How much were they?	0060 \$00	for this trip such as for souvenirs, passports, tourist booklets, and so on?	2 🗌 No – Go to item 13a				
<b>6</b> a.	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	0070 1 🗌 Yes	If YES – <b>b.</b> How much were these expenses?	0240 \$00				
h	<i>covered)?</i> <i>If YES –</i> What was the cost, including taxes and tips?	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> 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 Yes 2 No – Go to next trip; after last trip, go to part D				
		0080 \$00	<b>b.</b> Did these expenses include anything for?	YES NO DK				
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 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0260</b> Food and beverages 1 2 2 8 -				
b.	If YES – What was the cost, including taxes and tips?	0100 \$00		0270       Lodging       1       2       8       1         0280       Transportation       1       2       8       1				
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 □ Yes 2 □ No – <i>Go to item 8a</i>		0290 Other expenses 1 2 4 8 4				
d.	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$00	<b>C.</b> How much of the total expenses for this trip were for persons outside your CU?	0300 \$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 □ Yes 2 □ No – <i>Go to item 9a</i>	<b>14a.</b> 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.	If YES – What were the expenses, including taxes?	0140 \$00	<b>b.</b> Does this (amount) include anything for?	YES NO DK				
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 □ Yes 2 □ No - <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0320</b> Food and beverages 1 2 3 8				
d.	If YES – What was the cost for alcoholic beverages, including			0330 Lodging				
90	taxes?			<b>0340</b> Transportation 1   2   8				
Ja	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 □ Yes 2 □ No – <i>Go to item 10a</i>		0350       Other expenses       1       2       8         0360       Expenses for others       1       2       8				
b.	If YES – How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$00	GO TO NEXT TRIP; AFTER LAST 1					

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S	ection 18 – TRIPS AN	ID VACATIONS – Continue	cl		for one trip or set about other trips.
F	art B – Trips Paid Ent	irely By CU – Continued			
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 18 40 6 🖌		Hand respondent Information Booklet, page 37.
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part 4. Enter trip	a. TRIP IDENTIFICATION NUMBER	0010 Identification nu		<b>a.</b> 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
	Chart in part A. Enter trip destination in item 1b, the number of (identical) trips	<b>b.</b> DESTINATION			to the time you (they) got back home. <i>PROBE</i> – Any other kinds of transportation on this
	in item 1c, and the month the trip ended in item 1d.	OFFICE USE ONLY	0020		trip?
		C. NUMBER OF (IDENTICAL) TRIPS	0030 Number		If no codes 1–12 marked, go to item 4.
		<b>d.</b> MONTH ENDED	0040		COMMERCIAL
е.	If set of identical trips read – Sin similiar trips, I will ask about	hce you (your CU) took a set of t them as a group. Please give the			120 o1 🗌 Local (taxi, etc.)
	total of all these trips for eac	ch of the following questions.			130 <sub>02</sub> 🗌 Airplane
f.	Now I'd like to ask some add you (your CU) took to (destina	litional questions about the trip(s) ation). If day trip, go to item 2a.			140 <sub>03</sub> 🗌 Train
g.	Verify if already reported. Other	wise, ask – How many nights did CU) spend away from home on		01	150 <sub>04</sub> 🗌 Bus
0	this trip?		0050 Nights	01	160 <sub>05</sub> 🗌 Ship
za.	Sometimes when people ta package deal that covers so part of this trip covered by	ke a trip they have some sort of ome or all of the costs. Was all or a package deal?	0060 1 □ Yes 2 □ No – <i>Go to item 3a</i>		RENTED
b		I the package deal include	Yes N	lo DK	170 06 🗌 Car, jeep
	FIELD REPRESENTATIVE – Rea	ad each item listed.	<b>0070</b> Food and beverages 1		180 o7 🗌 Truck, van
			0070         Food and beverages         1         1         2           0080         Lodging         1         2         2	01	190 <sub>08</sub> 🗌 Motorcycle, moped
			<b>0090</b> Transportation 1 1 2		200 09 🗌 Private plane
			<b>0100</b> Anything else $\mathbf{z}$ $1 \square 1 2$		210 10 🗌 Boat, trailer
			Specify	02	220 11 🗌 Camper
•		members of your CU) pay for the			230 12 🗌 Other vehicles
U.	package deal?	members of your CO) pay for the	0110 \$00		PRIVATE
		NOTES	1	02	240 13 Car owned by CU
				02	250 14 🗌 Vehicle leased by CU
				02	260 15 Other vehicle owned by CU
				02	270 16 Vehicle owned by someone else
				02	280 17 🗌 Other transport
				4.	<ul> <li>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.</li> </ul>

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.)

21-								
<b>3b.</b> 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	o 🗌 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					
а.								

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Section 18 – TRIPS AND VACATIONS – Continued									
Part B – Trips Paid Entirely by CU – Continued 1 18 41 4									
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 □ Yes 2 □ No - <i>Go to item 5c</i>	<b>10a.</b> 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   Yes 2   No - <i>Go to item 11a</i>					
b.	How much did you (or any members of your CU) spend for that?	0020 \$00	If YES – <b>b. How much did you (or any members of your CU) pay?</b>	0200 \$00					
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes 2 □ No - <i>Go to item 5e</i>	<b>11a.</b> 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	0210 1 ☐ Yes 2 ☐ No – <i>Go to item 12a</i>					
	If YES – How much did you (or any members of your CU) spend for tolls?	.00	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>						
e.	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes 2 □ No - <i>Go to item 6a</i>		0220 \$00					
f.	If YES – How much were they?	0060 \$000	<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	2 🗌 No – Go to item 13a					
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		If YES – <b>b. How much were these expenses?</b>	0240 \$00					
h	covered)? <i>If YES –</i> What was the cost, including taxes and tips?	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> 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 🗌 Yes 2 🗋 No – Go to next trip; after last trip, go to part D					
			<b>b.</b> Did these expenses include anything for?	YES NO DK					
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	0090 1 □ Yes 2 □ No – Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.	<b>0260</b> Food and beverages 1 2 4 8 4					
	deal covered)?			0270 Lodging 1					
b.	What was the cost, including taxes and tips?	0100 \$00		<b>0280 Transportation</b> 1   2   8   8					
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 □ Yes 2 □ No – <i>Go to item 8a</i>		0280       Transportation       1       1       2       8       1         0290       Other expenses       1       2       8       1					
d.	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$00	C. How much of the total expenses for this trip were for persons outside your CU?	0300 \$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 □ Yes 2 □ No – <i>Go to item 9a</i>	<b>14a.</b> 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					
	If YES –								
D.	What were the expenses, including taxes?	0140 \$00	<b>b.</b> Does this (amount) include anything for?	YES NO DK					
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 □ Yes 2 □ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0320</b> Food and beverages 1 2 4 8					
d.	If YES – What was the cost for alcoholic beverages, including	0160 \$00		0330       Lodging       1       2       8         0340       Transportation       1       2       8					
9a.	taxes? 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 □ Yes 2 □ No – Go to item 10a		0350       Other expenses       1       2       8         0360       Expenses for others       1       2       8					
b.	If YES – How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$00	GO TO NEXT TRIP; AFTER LAST T						

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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									
1. FIELD REPRESENTATIVE		PROCESSING USE ONLY	1 77 01 4 🗸		Hand respondent Information Booklet, page 37.	<b>3b.</b> Ask for each code 1–5 marked in item 3a. <b>How much did you (or any members of your CU)</b>			
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIFICATION NUMBER	0010 Identification number		<b>3a.</b> 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	spend for (transportation) (other than what the package deal covered)?			
	destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.	<b>b.</b> DESTINATION			to the time you (they) got back home.	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)?			
		OFFICE USE ONLY	0020		PROBE – Any other kinds of transportation on this trip?				
		C. NUMBER OF (IDENTICAL) TRIPS	0030 Numl	ber	If no codes 1–12 marked, go to item 4.				
		<b>d.</b> MONTH ENDED	0040		COMMERCIAL	COMMERCIAL			
e.	If set of identical trips read – Sin	hce you (your CU) took a set of			0120 01 🗌 Local (taxi, etc.)	0290 01 \$00	0 🗌 None		
-	similiar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.				0130 02 🗌 Airplane	0300 02 \$00 0 🗆 None			
f.	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				0140 03 🗌 Train	0310 03 \$00	0 🗌 None		
	pay, not those paid or to be p day trip, go to item 2a.	in the costs you (your CU) had to baid by a business or employer. <i>If</i>			0150 04 🗌 Bus	0320 04 \$00	0 🗌 None		
g.	<b>g.</b> Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on		0050 Night		0160 05 🗆 Ship	0330 05 \$00	o 🗌 None		
	this trip?		0050 Nights		RENTED	RENTED			
2a.	Sometimes when people tal package deal that covers so part of this trip covered by	ke a trip they have some sort of ome or all of the costs. Was all or a package deal?	0060 1 □ Yes 2 □ No – <i>Go to item 3a</i>		0170 06 Car, jeep		0 🗌 None		
b.	<u> </u>	I the package deal include		Yes No DK	0180 07 🗌 Truck, van	0350 07 \$00	0 🗌 None		
FIELD REPRESENTATIVE – Re					0190 08 🗌 Motorcycle, moped	0360 08 \$00	0 🗌 None		
			0070         Food and beverages           0080         Lodging		0200 09 🗆 Private plane	0370 09 \$00	0 🗌 None		
					0210 10 🗆 Boat, trailer	0380 10 \$00	0 🗌 None		
			0100 Anything else $\mathbf{r}$		0220 11 Camper	0390 11 \$00	₀ □ None		
			Specify		0230 12 Other vehicles	0400 12 \$00			
					PRIVATE		0 🗌 None		
c.	How much did you (or any n package deal?	nembers of your CU) pay for the	0110 \$00		0240 13 Car owned by CU				
		NOTES			0250 14 Vehicle leased by CU				
					0260 15 Other vehicle owned by CU				
					0270 16 Vehicle owned by someone else				
					0280 17 🗌 Other transport				
					<b>4.</b> Codes 6–17: <i>If no codes 6–17 marked in item 3a, go to item 6</i> <i>If any codes 6–17 marked, continue with item 5a</i>	ра. Эа.			

	Section 18 – TRIPS AND VACATIONS – Co	ontinued				
F	Part C – Partially Reimbursed Trips – Cont	inued 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 □ Yes 2 □ No − <i>Go to item 5c</i>	<b>10a.</b> 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 □ Yes 2 □ No - <i>Go to item 11a</i>		
b.	What costs for gasoline or other fuels won't be reimbursed?	0020 \$00 0 \_ None	If YES – <b>b. What costs for playing sports won't be reimbursed</b> ?	0200 \$ .00	0 🗌 None	
c.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes 2 □ No – <i>Go to item 5e</i>	<b>11a.</b> 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	0210 1 □ Yes 2 □ No – <i>Go to item 12a</i>		
d.	If YES – What costs for tolls won't be reimbursed?	0040 \$00 0 🗆 None	Information Booklet, page 40.) If YES –			
е.	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes 2 □ No - <i>Go to item 6a</i>	<ul> <li>b. What costs for entertainment and admissions won't be reimbursed?</li> <li>12a. Did you (or any members of your CU) have any expenses</li> </ul>	0220 \$ .00	0 🗌 None	
f.	If YES – What costs for parking fees won't be reimbursed?	0060 \$00 0 _ None	for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230 1  Yes 2  No – <i>Go to item 13a</i>		
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	0070 1 🗌 Yes	If YES – <b>b. What costs for these things won't be reimbursed?</b>	.00	₀ □ None	
h	covered)? <i>If YES –</i> <b>What costs for lodging, including taxes and tips,</b>	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> 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 □ Yes 2 □ No – <i>Go to next trip; af</i> t	er last trip, go to part D	
	won't be reimbursed?	0080 \$00 0 🗆 None	<b>b.</b> Did these expenses include anything for?		YES NO DK	
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 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0260</b> Food and beverages		
b.	If YES – What costs for these things won't be reimbursed?	0100 \$00 0 _ None		0270         Lodging            0280         Transportation		
c.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 □ Yes 2 □ No – <i>Go to item 8a</i>		0290     Other expenses		
d.	If YES – What costs for alcoholic beverages, including taxes	0120 \$00 0 None	C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$00	· · · · · ·	
	and tips, won't be reimbursed?		<b>14a.</b> If the respondent is unable to break down food and beverages,			
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 □ Yes 2 □ No − <i>Go to item 9a</i>	lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those	0310 \$00	-	
b.	If YES – What costs, including taxes, won't be reimbursed?	0140 \$00 0 _ None	non-reimbursed expenses a respondent is not able to break down should be combined and entered here			
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 □ Yes 2 □ No – Go to item 9a	<b>b.</b> Does this (amount) include anything for? FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages	YES   NO   DK 1 2 2 8 2	
	If YES –			0330 Lodging		
	What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$00 0 🗆 None		0340 Transportation		
9a.	<b>Did you (or any members of your CU) have any</b> <b>expenses for rental of sports equipment (not</b> <b>counting what the package deal covered)?</b> (Hand respondent Information Booklet, page 38.)	0170 1 □ Yes 2 □ No – <i>Go to item 10a</i>		0350 Other expenses		
b.	If YES – What costs for renting sports equipment won't be reimbursed?	0180 \$00 0 □ None	GO TO NEXT TRIP; AFTER LAST TI	0360 Expenses for others		
	remnurseu:		GUTU NEAT THIF, AFTER LAST T	, do to t Ant <i>D</i> .		

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	JE-302								
S	ection 18 – TRIPS AN	D VACATIONS – Continued	I	FIEL	D REPRESENTATIVE – Ask part C for partially reimbursed tri identical trips before asking questions	ps. (Ask all questions in part C first f s in this part about other trips.)	or one trip or set of		
P	Part C – Partially Reim	bursed Trips – Continued							
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 77 03 0 🗸		Hand respondent Information Booklet, page 37.	<b>3b.</b> Ask for each code 1–5 marked in <b>How much did you (or any me</b>			
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip <b>a.</b> TRIP IDENTIFICATION NUMBER		0010 Identific	ation number	<b>3a.</b> 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	spend for (transportation) (other than what the package deal covered)?			
	destination in item 1b, the number of (identical) trips	<b>b.</b> DESTINATION			to the time you (they) got back home. <i>PROBE</i> – <b>Any other kinds of transportation on this</b>	Ask for each code 6–12 marked in How much did you (or any me	mbers of vour CU)		
	in item 1c, and the month the trip ended in item 1d.	OFFICE USE ONLY	0020		trip?	spend for (transportation) not in any members of your CU) bou the package deal covered)?	cluding gas you (or ght (other than what		
		C. NUMBER OF (IDENTICAL) TRIPS	0030 Number	r	If no codes 1–12 marked, go to item 4.	the package deal covered?			
		<b>d.</b> MONTH ENDED	0040		COMMERCIAL	COMMERCIAL			
e.	lf set of identical trips read – Sin	ce you (your CU) took a set of			0120 01 🗌 Local (taxi, etc.)	0290 01 \$00	0 🗌 None		
	total of all these trips for eac	them as a group. Please give the h of the following questions.			0130 02 🗆 Airplane	0300 02 \$00	0 🗌 None		
f.	You told me that someone ou trip(s) you (your CU) took to ( questions I'm interested only	tside your CU paid for part of the trip destination). In the next in the costs you (your CU) had to			0140 03 🗌 Train	.00	o 🗌 None		
	pay, not those paid or to be p day trip, go to item 2a.	in the costs you (your CU) had to aid by a business or employer. <i>If</i>			0150 04 🗆 Bus	0320 04 \$00	0 🗌 None		
g.	Verify if already reported. Otherv	wise, ask – How many nights did CU) spend away from home on			0160 05 🗆 Ship	0330 05 \$00	0 🗌 None		
	this trip?		0050 Nights		RENTED	RENTED			
2a.	package deal that covers so	ke a trip they have some sort of ome or all of the costs. Was all or	0060 1 □ Yes 2 □ No – <i>Go to item 3a</i>		0170 06 Car, jeep	0340 06 \$00	0 🗌 None		
h	part of this trip covered by a	a package deal? the package deal include		Yes No DK	0180 07 🗌 Truck, van	0350 07 \$00	0 🗌 None		
	FIELD REPRESENTATIVE – Rea				0190 08 🗆 Motorcycle, moped	0360 08 \$00	0 🗌 None		
					0200 09 🗆 Private plane	0370 09 \$00	0 🗌 None		
					0210 10 🗆 Boat, trailer				
							0 🗌 None		
			Specify			0390 11 \$00	0 🗌 None		
					0230 12 Other vehicles	0400 12 \$00	0 🗌 None		
C.	How much did vou (or any n	nembers of your CU) pay for the			PRIVATE				
-	package deal?		0110 \$						
		NOTES			0250 14 Vehicle leased by CU				
					0260 15 Other vehicle owned by CU				
					0270 16 Vehicle owned by someone else				
					0280 17 🗌 Other transport				
					<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a	a.			

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	Section 18 – TRIPS AND VACATIONS – Co	ontinued				
	Part C – Partially Reimbursed Trips – Cont	tinued 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 □ Yes 2 □ No – <i>Go to item 5c</i>	<b>10a.</b> 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 □ Yes 2 □ No – <i>Go to item 11a</i>		
b	What costs for gasoline or other fuels won't be reimbursed?	0020 \$00 0 _ None	If YES – <b>b. What costs for playing sports won't be reimbursed?</b>	0200 \$ .00	0 🗌 None	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes 2 □ No - <i>Go to item 5e</i>	<b>11a.</b> 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	0210 1 □ Yes 2 □ No – <i>Go to item 12a</i>		
d	If YES – What costs for tolls won't be reimbursed?	0040 \$00 0 🗆 None	Information Booklet, page 40.) If YES –			
e.	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes 2 □ No - <i>Go to item 6a</i>	<ul> <li>b. What costs for entertainment and admissions won't be reimbursed?</li> <li>12a. Did you (or any members of your CU) have any expenses</li> </ul>	0220 <b>\$</b> 00	0 🗆 None	
f.	<i>If YES –</i> What costs for parking fees won't be reimbursed?	0060 \$00 0 🗆 None	for this trip such as for souvenirs, passports, tourist booklets, and so on? 	0230 1 🗌 Yes 2 🗌 No – <i>Go to item 13a</i>		
<b>6</b> a	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	0070 1 🗌 Yes	If YES – <b>b. What costs for these things won't be reimbursed?</b>	.00	₀ □ None	
h	<i>covered)?</i> <i>If YES –</i> What costs for lodging, including taxes and tips,	2 □ No - <i>Go to item 7a</i>	<b>13a.</b> 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 □ Yes 2 □ No – <i>Go to next trip; af</i> t	er last trip, go to part D	
	won't be reimbursed?		<b>b.</b> Did these expenses include anything for?		YES NO DK	
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 □ Yes 2 □ No – <i>Go to item 8a</i>		<b>0260</b> Food and beverages		
b	If YES – What costs for these things won't be reimbursed?	0100 \$00 <sub>0</sub> None		0270         Lodging		
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 □ Yes 2 □ No − Go to item 8a		0290     Other expenses		
d	If YES – What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?		C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$00		
8a	<ul> <li>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?</li> </ul>	0130 1 □ Yes 2 □ No - <i>Go to item 9a</i>	<b>14a.</b> 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	0310 \$00		
b	If YES – What costs, including taxes, won't be reimbursed?	0140 \$00 0 □ None	non-reimbursed expenses a respondent is not able to break down should be combined and entered here			
<b>c</b> .	Was any of the (amount in item 8b) for alcoholic beverages?		<b>b.</b> Does this (amount) include anything for? FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages	YES NO DK	
	If YES –	2 🗌 No – <i>Go to item 9a</i>				
d	What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$00 0 🗆 None		0330 Lodging		
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	0170 1 □ Yes 2 □ No - <i>Go to item 10a</i>		0350   Other expenses		
b	respondent Information Booklet, page 38.) If YES – What costs for renting sports equipment won't be	0180 \$00 0 None		0360 Expenses for others		
	reimbursed?		GO TO NEXT TRIP; AFTER LAST TI	RIP, GO TO PART D.		

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Section	18 – TRIPS		ATIONS -	Continue
JECTION	10 - 1111 3	AND VAU	-	Continue

Section 18 -	TRIPS AND VACATIO	NS – Continued				FIELD REPRESENTATIVE – Complete item 1 for all CU's.
Part D – 100	% Reimbursed Trips	1 77 67 5 🖌				NOTES
	NTATIVE CHECK ITEM trips ENTIRELY paid for by er from part A, item 1a or 1b.	0010Trips ₀ □ None – <i>Go to part E</i>				
2a. You told me th (number from it by non-CU men paid for by nor sometimes mis are not paid fo any expenses of will not be cow employer, or o	at you (your CU) had em 1) trip(s) entirely paid for nbers. Even on trips entirely I-CU members there are ccellaneous expenses which r. Did you (your CU) have on this trip (these trips) that ered by a business, ther non-CU member?	0020 1 □ Yes 2 □ No – <i>Go to part E</i>				
<b>b.</b> Did these expe	nses include anything for – ?		YES	NO	DK	
FIELD REPRESE	NTATIVE – Read each item listed.	<b>0030</b> Food and beverages	1	2	8	
		0040 Lodging	1 🗌	2 🗌	     8 🗌 	
		0050 Transportation	1 🗌	2	8 🗌	
		<b>0060</b> Anything else – Specify $\mathbf{z}$	1 🗌	2	   8 🗆 	
C. What was the t expenses?	otal amount for these	0070 \$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	3 🖌	NOTES
<ul> <li>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?</li> </ul>		
If Yes – 0020 Trips		
<b>b.</b> How many trips was that?		
C. Did these expenses include anything for – ?	YES NO DK	
FIELD REPRESENTATIVE – Read each item listed.       0030       Food and beverages		
0040 Lodging		
0050 Transportation		
<b>O060</b> Anything else – Specify $\vec{k}$		
d. What was the total amount that you (your CU) paid for that trip (those trips)?		
GO TO PART F		

ę	Section 18 – TRIPS AND VACATIONS – C	ontinued	F	IELD RE	EPRESE	NTA	ATIVE – Ask part F for all CU's. (Ask all questions in this part for one stay before a	asking about other stays.)
F	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 Tes 2 No – Go to next section					I. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?	0150 1 🗌 Yes 2 🗌 No – <i>Go to item 7a</i>
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?	0020Nights					<ul> <li>What were the expenses, including taxes?</li> <li>Was any of the (amount in item 6b) for alcoholic beverages?</li> </ul>	0160 \$00
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 ☐ Yes 2 ☐ No – <i>Go to item 4a</i>	1	1		d	. What was the cost for alcoholic beverages, including taxes?	0180 \$00
b.	Ask for each item – Did the package deal include anything for?			NO				\$
	FIELD REPRESENTATIVE – Read each item listed.	0040         Food and beverages	1 🗌 1 🗌	   2 🗌     2 🗌	   8      8	7a	<ol> <li>(Hand respondent Information Booklet, page 40.)</li> <li>Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?</li> </ol>	0190 1 ☐ Yes 2 ☐ No – <i>Go to item 8</i>
C.	How much did you (or any members of your CU)	0070 Anything else – Specify <sub>₹</sub>	1	2 []   1   1	8      	b	. How much did you (or any members of your CU) pay?	0200 \$00
	pay for the package deal?	.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
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					Did the (amount) include anything for?	YES         NO         DK           0220         Food and beverages         1         2         8
b.	What was the cost, including taxes and tips?	0100 \$00					FIELD REPRESENTATIVE – Read each item listed.	0230       Lodging       1       2       8         0240       Entertainment       1       2       8         0250       Other expenses       1       2       8
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 🗌 Yes 2 🗌 No – <i>Go to item 6a</i>				9.	Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 ☐ Yes – Complete part F for each stay 2 ☐ No – Go to next section
b.	What was the cost, including taxes and tips?						NO	TES
		0120 \$00						
C.	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 □ Yes 2 □ No – <i>Go to item 6a</i>						
d.	What was the cost for alcoholic beverages, including taxes and tips?	0140 \$00						

	Section 18 – TRIPS AND VACATIONS – C	ontinued	F	FIELD RE	PRESE	ENTA	ATIVE – Ask part F for all CU's. (Ask all questions in this part for one stay before a	asking	g about other stay	rs.)			
	Part F – Local Overnight Stays – Continue	ed 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 🗌 Yes 2 🗌 No – Go to next section					Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?	015(	0 1 □ Yes 2 □ No - <i>Go to i</i> t	tem 7a			
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?	0020Nights					<ul> <li>What were the expenses, including taxes?</li> <li>Was any of the (amount in item 6b) for alcoholic</li> </ul>		0 \$	.00			
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 □ Yes 2 □ No – <i>Go to item 4a</i>				d	beverages? . What was the cost for alcoholic beverages, including taxes?		0 1 □ Yes 2 □ No - <i>Go to i</i> a				
b	Ask for each item – Did the package deal include		YES	NO	DK	1		0180	0 \$	.00			
	anything for? FIELD REPRESENTATIVE – Read each item listed.	0040         Food and beverages            0050         Lodging            0060         Entertainment	1 🗌	2 🗌		7a	I. (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)?	019(	0 1 □ Yes 2 □ No - <i>Go to i</i> t	iem 8			
	- How much did you (or any members of your CU)	0070 Anything else – Specify <sub>⋠</sub>	1 🗌	   2 []   	   8     	b	. How much did you (or any members of your CU) pay?	0200	0 \$	.00			
	pay for the package deal?	0080 \$				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.	021(	0 \$	.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 □ Yes 2 □ No – <i>Go to item 5a</i>					Did the (amount) include anything for?	0220	0 Food and bever	ages	1	NO 2	8
b	• What was the cost, including taxes and tips?	0100 \$00				_	FIELD REPRESENTATIVE – Read each item listed.	0240	0 Entertainment		1 🗆	2 🗌     2 🗌     2 🗌     2 🗌	8
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 □ Yes 2 □ No – <i>Go to item 6a</i>				9.	Did you (or any members of your CU) have any other stays at local hotels or motels?	026(	0 1 □ Yes – Compl 2 □ No – Go to r	ete part F for each sta ext section	зy		
b	What was the cost, including taxes and tips?	0120 \$00					NO	TES					
С	• Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 □ Yes 2 □ No – <i>Go to item 6a</i>											
d	. What was the cost for alcoholic beverages, including taxes and tips?	0140 \$00											

**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.

a b		>_	с		d	e f			a	NOTES	PRE						
Information Booklet, page 41 <b>1. Since the 1st of</b> (month, 3 n ago), have you (or any mem your CU) had expenses for the following, either for you for someone outside your (				ONLY	ENTER	In what	month did	Was th	is expense	What was the tot	tal	9 Did you	-	1	2	3	>
		bers of any of ur CU or CU?	Describe briefly.	CESSING USE	ITEM CODE from column a	you have expense If it is a expense	<b>re this</b> e? continuous e throughout rence period,	for you someo of you 1 – For 2 – For	r CU or ne outside CU?	amount of the expense? For continuing expenses, do not include expenses to the current month.	for	have any other expenses for?		Description from column b	Month or code from column d	Expens	e from
	ITEM CODE	YES NO		PROG		Month	Continuous expense	CU	Outside CU	the current month.		YES NO			Month		
FUNERALS, BURIALS OR CREMATION			-	0010			1 3	1	2	¢	00					\$	.0
PURCHASE OR UPKEEP OF CEMETER	Y			0020			13		2	i	00					\$	0.       .0
LOTS OR VAULTS COMBINATIONS OF	. 110		7	0030													
THE ABOVE Use only if cannot							1 3	1	2		00					\$	0.
itemize the above	. 120			0040			1 3	1	2	\$	00					\$	.0
CATERED AFFAIRS FRESH FLOWERS OR	· 130			0050			1 3	1	2	\$ .(	00					\$	0.
POTTED PLANTS	. 140			0060			1 3	1	2	\$	00					\$	0.
Do not include legal fees related to real	. 150		-	0070			1 3	1	2	\$	00					\$	.0
estate closing costs which were reported in section 3.				0080			1 3	1	2	\$	00					\$	.0
ACCOUNTING FEES .	. 160			0090			1 3	1	2	\$	00					\$	0.
HOME SERVICES			-	0100			1 3	1	2	\$	00					\$	.0
Gardening or lawn car services	. 170		-	0110			1 3	1	2	\$	00					\$	.0
Housekeeping services	. 180		-	0120			1 3	1	2		00					\$	.0
Other home services and small repair jobs around the house, not				0130			1 3	1	2	\$ .(						\$	. I
previously reported . Babysitting or other	. 210		-	0140			1 3 🗌	1	2	\$	00					\$	0.
child care in your own home	. 190			0150			1 3	1	2	\$	00					\$	.0
Babysitting or other child care in someone else's home	. 220			0160			1 3 🗌	1	2		00					\$	     .0
Care for invalids, convalescents,				0170			1 3 🗌	1	2	\$	00					\$	.0
handicapped or elderly persons in the home	200			0180			1 3	1	2	\$	00					\$	.0
ADULT DAY CARE CENTERS	. 350			0190			1 3	1	2	\$	00					\$	.0
FIELD REPRESENTATIVE		01 6 ↓	-	0200			1 3 🗌	1	2	I						\$	.0
CHECK ITEM Mark (X) box if there are no	999	Go to next page		0210			1 3	1	2	\$	00					\$	.0
entries recorded in columns b–g.				0220			1 3	1	2	\$	00					\$	.0

Section 19

### Section 19 – MISCELLANEOUS EXPENSES – Continued 4 19 04 4 → ΟΝΓΥ b d f а С е g NOTES Information Booklet, page 42 What was the expense for? ENTER In what month did Was this expense What was the Did you USE ITEM you have this for your CU or total amount of have any **3.** Since the 1st of (month, 3 months Describe briefly. CODE expense? someone outside the expense? other ago), have you (or any members of of your CU? from expenses PROCESSING If it is a continuous your CU) had expenses for any of column a For continuing for . . .? the following, either for your CU or expense throughout 1 – For CU expenses, do not the reference period, for someone outside your CU? **2** – For someone include expenses outside your CU mark box. CODE YES NO for the current Continuous month. Month CU Outside CU YES | NO expense COMPUTER INFORMATION 0010 1 13 2 \$ .00 SERVICES 280 0020 1 **TV COMPUTER** 13 2 \$ .00 GAMES AND **COMPUTER GAME** 0030 1 2 13 \$ .00 290 SOFTWARE . 0040 1 HAND HELD 13 2 \$ .00 COMPUTER **GAMES AND** 0050 1 13 2 \$ .00 **COMPUTER BOARD** GAMES 300 0060 13 1 2 \$ .00 **TOYS AND** 330 GAMES . . . . . . . 0070 13 1 2 .00 \$ HOBBIES 340 0080 1 13 2 \$ 00. 1 **MOVING, STORAGE,** AND FREIGHT 0090 1 13 2 \$ .00 230 EXPRESS 0100 **PURCHASE OF** 13 1 2 \$ .00 PETS, PET SUPPLIES, AND 0110 1 13 2 \$ .00 MEDICINE FOR PETS 240 0120 1 13 2 .00 \$ PET SERVICES 250 0130 1 13 2 \$ .00 VETERINARIAN **EXPENSES** 0140 13 1 2 \$ .00 260 FOR PETS 0150 ALIMONY 310 . . . . . 13 1 2 \$ .00 CHILD 0160 1 13 2 \$ .00 SUPPORT 320 0170 **MONEY GIVEN TO** 1 2 13 \$ .00 **NON-CU MEMBERS**, **CHARITIES, AND** 0180 13 1 2 \$ .00 OTHER ORGANIZATIONS 270 0190 1 2 13 \$ .00 4. FIELD 1 19 03 2 🖌 REPRESENTATIVE 0200 1 13 2 .00 CHECK ITEM \$ 0010 999 🗌 Go to Mark (X) box if 0210 section 1 there are no 13 2 \$ .00 20 entries recorded 0220 in columns b–g.

13

1

2

\$

.00

ction 2

	PRE		
1	2	3	
Description from column b	Month or code from column d	Expense fror column f	n
	Month		
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
			.00
		\$	.00
			.00
			.00
		\$	.00
		\$ 1	.00
		\$	.00
		\$	.00
		\$	.00
			.00
		\$	.00
			.00

	Section 20 – EXPENSE PATTERNS FOR FOOD, BE	VERAGES, AND OTH	IER	SELE	CTED	ITEMS				
F	Part A – Food and Beverages	1 20 01 4 🗸								
1a.	Since the 1st of (month, 3 months ago), what has been your usual WEEKLY expense at the grocery store or supermarket?	0010 \$0 \ None - <i>Go to iter</i>	.00 m 2a	8.	beveragencie	ou (or any members of your CU) received any ges, or meals through public or private welfa es, including religious organizations? Do not a school or preschool programs.	are	0170 1 🗌 Yes 2 🗌 No		NOTES
b.	About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages?	0020 \$ 0 □ None	.00	9a.	. Have yo at worl	ou (or any members of your CU) received any as part of your pay?				
2a.	Have you (or any members 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.	0030 1 🗌 Yes 2 🗌 No – <i>Go to item</i> .	3a		. Since t	what was the WEEKLY dollar value of such n he 1st of (month, 3 months ago), how many wa rs of your CU receive such meals?	-			
b.	What was your usual WEEKLY expense at these places?	0040 \$	.00	10a	Ask only	<pre>/ if preschool or school age students; otherwise r he 1st of (month, 3 months ago), excluding (th</pre>		0200 0210 1 🗆 Yes		
За.	Do you (or any members of your CU) ever buy alcoholic beverages to be served at home?	0050 1 🗌 Yes 2 🗌 No – Go to item 1	4a	rou.	have yo	ou (or members of your CU) purchased any m or in a preschool program for preschool or s	neals at	2 🗌 No	– Go to part B	
b.	What was your usual MONTHLY expense for beer and wine?	0060 \$ 0 □ None	.00	b.	<b>meals a</b> Enter th	What are the names of all CU members who at school? e name of each CU member purchasing meals at a, then ask columns b through d for each name e	t school in			
C.	What was your usual MONTHLY expense for other alcoholic beverages?	0070 \$ 0 □ None	.00		ONLY		<b>b</b> Enter	c What is the	d How many	-
<b>4</b> a.	Have you (or any members of your CU) purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges?	0080 1 🗌 Yes 2 🗌 No – <i>Go to item</i> -	5a		USE	Name	line number from Control Card.	usual WEEKLY expense for the meals purchased at school?	weeks did purchase meals?	
b.	What was the usual MONTHLY expense?	0090 \$	.00		PROCESSING				Enter number of weeks.	
5a.	Have you (or any members of your CU) purchased dinners, other meals or snacks in restaurants, cafeterias, cafes, drive-ins, or other such places?	0100 1 🗌 Yes 2 🗌 No – <i>Go to item</i>	6a		뚭 0010	3 20 02 8 →				
b.	What was the usual MONTHLY expense for these purchases?	0110 \$	.00		0020			\$ .0		
6a.	Have you (or any members of your CU) paid for board not received in a boarding house?	0120 1 🗌 Yes 2 🗌 No – Go to item	7a		0030			\$ .0		
b.	What was the usual MONTHLY expense?	0130 \$	.00		0040			\$.0	D	
7a.	Have you (or any members of your CU) received any food stamps?	0140 1 Yes			0050			\$.0	0	
b.	For how many months since the 1st of (month, 3 months ago), were food stamps received?	2 🗌 No – <i>Go to item</i>	8		0060			\$.0		-
		$2 \square 2$ months $3 \square 3$ months $4 \square 4$ months			0080			\$.0		-
c.	What was the value of all food stamps received?	0160 \$	.00		0090			\$.0 \$.0		

Section 20 – Part A

Section 20

### Section 20 - EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS - Continued Part B – Selected Services and Goods 1 20 03 0 0010 1 🗌 Yes 7a. Do you (or any members of your CU) rent a safe depos **1a.** Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) used public pay phone located in a bank or a similar financial institution? 2 🗌 No – Go to item 2a service? **b.** What was the total rental expense for the safe deposit **b.** What was the total expense? since the 1st of (month, 3 months ago)? .00 0020 s 0 🗌 None 8a. Do you (or any members of your CU) have any expense **2a.** Have you (or any members of your CU) used coin-operated 0030 1 Yes checking accounts or other banking services? laundry or dry cleaning machines? 2 🗌 No – *Go to item 3a* **b.** What is the usual MONTHLY charge? **b.** What was the total cost for these machines? .00 0040 \_\_\_\_\_ 9a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) used taxis or limousines for **C.** Was any of this amount for items other than clothes? 0050 1 🗌 Yes nonbusiness purposes, except those used while on a t 2 🗌 No – Go to item 3a **b.** If YES – What was the total expense? **d.** How much? .00 0060 s 10a. Do you (or any members of your CU) use mass transpo services such as a bus, subway, mini-bus or train, incl x Don't know commuter bus and train service? **3a.** Have you (or any members of your CU) sent clothes or other 0070 1 Yes **b.** How many members of the CU use mass transit to go items to the dry cleaners or laundry? 2 🗌 No – Go to item 4a What is the usual MONTHLY cost? **b.** What was the total cost for dry cleaning or laundry services? .00 0080 \$ **C.** Was any of this amount for items other than clothes? 0090 1 Yes (2) School? ..... 2 🗌 No – Go to item 4a **d.** How much? 0100 \$ .00 (3) Other places? x Don't know 4. Do any members of your CU use tobacco products, such as -0110 1 Yes **11a.** Since the 1st of (month, 3 months ago), have you (or any $2 \square \text{No} - Go \text{ to item } 4c$ members of your CU) had any expenses for private scl buses? **a.** Cigarettes? **b.** If YES – What was the total expense? **b.** If YES – What is the usual WEEKLY expense for cigarettes? .00 0120 \$ NO. **C.** Cigars, pipe tobacco, or other tobaccos, including chewing 0130 1 🗌 Yes tobacco? 2 🗌 No – *Go to item 5* **d.** If YES – What is the usual WEEKLY expense for cigars, pipe .00 0140 \$ tobacco, or other tobaccos? Ask only if males in CU. .00 5. What is the usual MONTHLY expense for haircutting, styling, and other related services for all male members of your CU? 0150 \$ 0 🗌 None Ask only if females in CU. .00 0160 **\$** 6. What is the usual MONTHLY expense for haircutting, styling, and all other related services for all female members of 0 🗌 None your CU?

Section 21

sit box	0170 1 🗌 Yes 2 🗌 No – <i>Go to item</i>	8a
t box	0180 \$	.00
	0 🗌 None	
es for	0190 1 🗆 Yes 2 🗌 No – <i>Go to item</i>	9a
	0200 \$	.00
y trip?	0210 1 🗌 Yes 2 🗌 No – <i>Go to item</i>	10a
	0220 \$	.00
ortation uding	0300 1 🗌 Yes 2 🗌 No – <i>Go to item</i>	11a
to –	Number of persons using service	Usual monthly cost
	0320 0 🗌 None	0330 \$00
	0340 0 🗌 None	0350 \$00
	0360 0 🗌 None	0370 \$00
y hool	0380 1 □ Yes 2 □ No - <i>Go to next</i>	section
	0390 \$	.00
TES		

# Section 21 – CREDIT LIABILITY

FIELD REPRESENTATIVE – Complete columns b through e for each st

Part A.1 – Credit Balances –	Seco	nd Qua	arter C	Dnly	1 21 02 0 🖵							
a				b	С			d			9	
1. On the 1st of (the current month), did members of your CU) owe any mone the following? Do not include mortage	v to any	vof	ONLY	ENTER ITEM CODE	What is the name of the source) to which you owe		ΟΝΓΥ	How much was owed (credit source)?	to	your CU o	nember of owe any any other	
<b>the following?</b> Do not include mortgag loans, automobile loans, or business rel	ated loai	ns.	USE C	from column a	Enter name of store, credit	card,	USE C			(credit sou	rce) <b>?</b>	
Read each item listed below. Complete a for each individual store, credit card, etc	a separa	te line	ESSING		finance company, bank, cre insurance company, etc.	dit union,	PROCESSING			lf "No," go credit sour column a.	to next ce in	
CREDIT SOURCE	ITEM CODE	YES NO					PROC		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				0020	\$ .00	x□			-
Stores for installment credit accounts	200		0030				0040	\$	x 🗆			
Banks and savings and loan companies.	300		0050				0060	\$ .00	x 🗆			
Credit unions	400		0070				0080	\$0	х□			
Finance companies	500		0090				0100	\$ .00	ı ×□			
Insurance companies (Do not include insurance premium payments)	600		0110				0120	\$0	¦ ⊥ x□			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered			0130				0140	\$0	x 🗆			
by insurance	700 800		0150				0160	\$.00	   x□			
	L	11	0170				0180	\$00	x 🗆			
			0190				0200	\$0	x 🗆			
			0210				0220	\$ .00	x 🗆			
			0230				0240	\$00	x 🗆			
2. FIELD REPRESENTATIVE CHECK ITEM	1 21 0	12	0250				0260	\$0	   x□			
Mark (X) box if there are no entries recorded in columns b–e.	010 999	Go to next section	0270				0280	\$.00	x□			
			0290				0300		x 🗆		   	

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Section 21 – Part A

tore, bank, credit account, etc., reported in column a.
NOTEO
NOTES

# Section 21 – CREDIT LIABILITY – Continued

FIELD REPRESENTATIVE – Complete columns b through e for each s

Part A.1 – Credit Balances –	Continued -	- Seco	nd Quar	ter Only	1 21 03 8 🖵							
a			b		C			d			е	
		E ONLY	ENTER ITEM CODE from	source) <b>to</b>	e name of the (credit which you owe mone		E ONLY	How much was owed (credit source)?	to	vour CU	nember of owe any any other urce)?	
		PROCESSING USE	column a	finance cor	e of store, credit card, npany, bank, credit uni company, etc.	ion,	PROCESSING USE			lf "No," gc credit sou column a.	rce in	
CREDIT SOURCE	ITEM CODE	PROC					PROC		Don't know	YES	NO	
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc		0010					0020	\$.00	x 🗆			
MasterCard, etc	100	0030					0040	\$.00	х□			
accounts	200	0050					0060	\$ .00	x□			
companies	300	0070					0080	\$ .00	x 🗆			
Credit unions	400 500	0090					0100	\$ .00	x 🗆			·
Insurance companies (Do not include insurance premium payments)	600	0110					0120	\$ .00				-
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered		0130					0140	\$.00	x□			
by insurance	700 800	0150					0160	\$.00	x□			
		0170					0180	\$00	х□			
		0190					0200	\$00	х□			
		0210					0220	\$ .00	x 🗆			
		0230					0240		x□			
		0250					0260					-
		0270					0280					
		0290					0300		x□			

NOTES	

## **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	Qua	arter	Only	y		1 21 11 1							
	а						b	C		d				е	
1.	On the 1st of (the current month), members of your CU) owe any m the following? Do not include mor loans, automobile loans, or busines. Read each item listed below. Compl for each individual store, credit card	oney to a tgage, hor s related lo ete a sepa	<b>any of</b> me equ oans.	uity	ING USE ONLY	ENT ITEN COD from colu	M DE	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.	USE ON	Ask if "Yes" in item 1. How much was ower (credit source)?	d to	SING USE ONLY	What was the tot on the 1st of (cur year ago)?		
	CREDIT SOURCE	ITEM CODE	YES	NO	PROCESSING				PROCESSING		Don			1	Nor
	Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100			0010				0020	\$.0	knov		\$		
	Stores for installment credit	200			0040				0050	\$.0		0060	\$	.00	0 0
	Banks and savings and loan companies	300			0070				0080	\$	0   x [	0090	\$	.00	   o [
	Credit unions	400			0100				0110	\$	 0	0120	\$	.00	     0 [
	Finance companies	500									į				1
	Insurance companies (Do not include insurance premium payments)	600			0130				0140	\$	0 x [	0150	\$	.00	
	Doctors, dentists, hospitals, or other medical practitioners for expenses not covered				0160				0170	\$			\$		o[   
	by insurance				0190				0200	\$	0 × 🗆	0210	\$	.00	0
2a	<ul> <li>On the 1st day of (current month, you (or any members of your CU any creditor that you did not ow 1st day of (the current month, the current month)</li> </ul>	one year a ) owe mo e money	ney to to on	lid D the	0220 0250				0230		0 × [	0240	\$	.00	
	□ YES □ NO				0280				0290	\$0	0	0300	\$	.00	   o [
b	. What was the source of the credit?	ltem code	e(s)		0310				0320	\$	0 x [	0330	\$	.00	     0 [
	Complete columns b, c, e, and f for each credit source reported.				0340				0350	\$.0	0   x [	0360	\$	.00	
3.	FIELD REPRESENTATIVE CHECK ITEM	1 21	10 3		0370				0380	\$ .0		0390	\$	.00	0 [
	Mark (X) box if there are no entries recorded in columns b–f.	<b>0010</b> 999	🗆 Go part		0400				0410	\$.0		0420	\$	.00	     0 [
					0430				0440	\$0	¦ 0¦ x □	0450	\$	.00	0 [

Section 21 – Part A

		1	F	NOTES
<b>nt o</b> hth, c	wed one	Did any m your CU o money to (credit sou	ember of we any any other rce)?	
		lf "No," go credit sour column a.		
one	Don't know	YES	NO	
	х□			
	х□			
	~ □			
	х□			
	x 🗆			
	х□			

# Section 21 – CREDIT LIABILITY – Continued

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

a				b	С		d				е				f	NOTES	
					USE	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.	SING USE ONLY	Ask if "Yes" in item 1. <b>How much was owed to</b> (credit source) <b>?</b>		SING USE ONLY	What was the total an on the 1st of (current r year ago)?	nount (	owed one	Did any n your CU o money to (credit sou If "No," go credit sou column a.	to next	
REDIT SOURCE	ITEM CODE		PROCESSING			PROCESSING			Don't know	PROCESSING		None	Don't know		NO		
Revolving credit accounts ncluding store, gasoline, and general purpose credit cards,			0010			0020	\$	.00	х□	0030	\$ .00	0 🗆	     x□				
uch as Sears, Amoco, Visa, lasterCard, etc.	100		0040			0050	\$	.00	×П	0060	\$.00	o 🗌	     x□				
Stores for installment credit	200		0070			0080	\$	.00	х□	0090	\$ .00	0	¦ ×□				
Banks and savings and loan Companies	300		0100			0110	1	I	x 🗆	0120			1		   		
credit unions													x 🗆   				
inance companies	500		0130			0140	\$	.00	х□	0150	\$.00	0					
nclude insurance premium payments)	600		0160			0170	\$	.00	х□	0180	\$0	0	x 🗆				
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered		_	0190			0200	\$	.00	х□	0210	\$.00	0 🗌	   x□				
by insurance	700 800		0220			0230	\$	.00	х□	0240	\$.00	0	¦   x□				
			0250			0260	\$	.00	×П	0270	\$.00	0	; ¦ x□				
			0280			0290				0300			¦ ¦ x □				
			0310			0320			x 🗆	0330			     x []				
			0340			0350						0	x 🗆   				
			0370			0380	\$	.00	х□	0390	\$.00	0	x 🗆				
		-	0400			0410	\$	.00	х□	0420	\$.00	0					
			0430			0440	\$	.00	х□	0450	\$ .00	0	   x □				

FORM CE-302

Section 21 – CREDIT LIABILITY – Continu	led	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.
Part B – Finance Charges – Fifth Quarter Only	1 21 20 2 🖌	
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?		NOTES
<b>a.</b> Revolving credit accounts including store, gasoline and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.?	0010 1 🗌 Yes 2 🗌 No	
Do not include yearly fees. If YES – How much was paid for finance, interest and late charges?	0020 \$ .00 x 🗆 Don't know	
<b>b.</b> Stores for installment credit accounts?	0030 1 🗌 Yes 2 🗌 No	
If YES – How much was paid for finance, interest and late charges?	0040 \$ .00 x 🗌 Don't know	
C. Banks and Savings and Loans?	0050 1 🗌 Yes 2 🗌 No	
If YES – How much was paid for finance, interest and late charges?	0060 \$00 x \[] Don't know	
d. Credit unions?	0070 1 🗌 Yes 2 🗌 No	
If YES – How much was paid for finance, interest and late charges?	0080 \$ .00 x 🗆 Don't know	
e. Finance companies?	0090 1 🗌 Yes 2 🗌 No	
If YES – How much was paid for finance, interest and late charges?	0100 \$ .00 x 🗆 Don't know	
f. Insurance companies?	0110 1 🗌 Yes 2 🗌 No	
If YES – How much was paid for finance, interest and late charges?	0120 \$ .00 x 🗌 Don't know	
<b>G.</b> Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance?	0130 1 🗌 Yes 2 🗌 No	
If YES – How much was paid for finance, interest and late charges?	0140 \$00 x \[] Don't know	
h. Other credit sources?	0150 1 🗌 Yes 2 🗌 No	
If YES – How much was paid for finance, interest and late charges?	0160 \$00 x □ Don't know	

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	NOTES



# Section 22 – WORK EXPERIENCE AND INCOME

F	Part A – Second	Quarter, Fifth C	Quarter or New Consur	ner	Units Only						
	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY <b>a.</b> NAME	1 22 01 0 ↓	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE			receive – Any Supplemental Security Income checks from the U.S. Government?	0340 1 🗆 \ 2 🗆 N		
2.	years old and over. In the last 12 month weeks did work part time, not count the house? Include p paid sick leave.	either full time or ing work around	0010 0020 Weeks 0 Did not work - <i>Go to item 5</i>	-	<ul> <li>1 - Retired?</li> <li>2 - Taking care of home/family?</li> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify K</li> </ul>	0100Code		<ul> <li>Any Supplemental Security Income checks from the State or local Government?</li> <li>If YES in items 8a and/or 8b –</li> <li>How much did receive in Supplemental Security Income checks altogether?</li> </ul>	0350 1 □ N 2 □ N 0360 \$		.00
3. 4a.	In the weeks that	age 44 received the most	0030 Hours per week	6. a	During the past 12 months, did receive any money in – . Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income	0200 1  Yes 2  No - <i>Go to item 6b</i> 0210 \$	9.	Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	з 🗆 🛚	Weeks	$ \begin{array}{c}     \hline 0 \\     5 \\     \hline Year \\     6 \\     \hline Other - Specify \\     \overrightarrow{V} \\     \hline      \hline     \hline     \hline     \hline     \hline     \hline     \hline     \hline     \hline     \hline     \hline     \hline     \hline     \hline    $
	earnings during the fits best in the follow Manager, professional 01 – Administrator, p 02 – Teacher 03 – Professional Administrative suppor 04 – Administrative clerical	wing category: manager t, technical, sales		b	received before any deductions? Income or loss from's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?	0220 1 ☐ Yes 2 ☐ No - <i>Go to item 6c</i> 0230 \$00 0240 3 ☐ Loss	b	Was there any money deducted from 's last pay for – If YES – How much was deducted? Federal income tax?	Yes 0390 1 0410 1		Amount 0400 \$00 0420 \$00
	05 - Sales, retail 06 - Sales, business 07 - Technician Service 08 - Protective servi 09 - Private househo 10 - Other service Operator, assembler, I 11 - Machine operat	ice old service aborer	0070 Code	С	Income or loss from's own farm? What was the amount of income or loss after expenses?	0250       1 □ Yes         2 □ No - Go to item 7         0260       \$         0270       3 □ Loss	d e	Social Security including     Medicare?     Railroad Retirement?     Government Retirement?	0430 1 0440 1 0460 1 0460 1		0450 \$ .00 0470 \$ .00
	inspector 12 – Transportation 13 – Handler, helper, Precision production, o 14 – Mechanic, repa production	operator , laborer craft, repair irer, precision			During the past 12 months, did receive from the U.S. Government any money – . From Social Security checks?	0280 1 🗌 Yes 2 🗌 No		<ul> <li>Private pension fund?</li> <li>If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</li> <li>Ask if "Yes" in item 10c or 10g</li> </ul>	0480 1		0490 \$
	<ul> <li>15 - Construction, n</li> <li>Farming, forestry, fishi</li> <li>16 - Farming</li> <li>17 - Forestry, fishing</li> <li>Armed forces</li> <li>18 - Armed forces</li> </ul>	ing			From Railroad Retirement checks?     FIELD REPRESENTATIVE CHECK ITEM     Is "Yes" marked in items 7a and/or 7b?	0290 1  Yes 2  No 0300 1 Yes - <i>Go to item 7d</i> 2  No - <i>Go to item 8a</i>	11. 12.	Security cover only the Medicare portion of Social Security? Other than Social Security, did any employer or union that worked	0501 1 . \ 2 . \ 0510 1 . \	10	
b.	Was CODE 1 – An employee of a company, busine working for wage	ess, or individual es or salary?	0080 Code Ask if code 5 and not a farm – Is the business incorporated?		. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$00	13a	<ul> <li>for during the last 12 months contribute to a pension or retirement plan that was enrolled in?</li> <li>During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account</li> </ul>	2 [] N 0520 1 [] N 2 [] N	′es	to item 14
	2 – A Federal govern 3 – A State governm 4 – A local governm 5 – Self-employed in	ment employee? ent employee? ent employee? OWN business,	0090 1  Yes 2  No	e	<ul> <li>Is this amount AFTER the deduction for a Medicare premium?</li> </ul>	0320 1   Yes 2  No	b	(IRA & Keogh)? Exclude rollovers. If YES – How much?	0530 \$	10 - 00	.00
	professional prac 6 – Working WITHOL business or farm	ctice, or farm? JT PAY in family		f	<ul> <li>During the past 12 months, how many Social Security or Railroad Retirement payments did receive?</li> </ul>	0330 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	0540 1 🗌 F 2 🗌 N	lecords lo recor	ds used

## 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.

<b>F</b>	Part A – Second Quarter, Fifth C	Quarter or New Consum	ner Units Only – Continued			
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of	1 22 06 9 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was		<ul> <li>8. During the past 12 months, did  receive –</li> <li>a. Any Supplemental Security Income checks from the U.S. Government?</li> </ul>	0340 1 🗆 Yes 2 🗋 No
2	each CU member 14 years old and over. <b>b.</b> LINE NUMBER	0010	CODE <b>1 – Retired?</b> <b>2 – Taking care of home/family?</b> <b>3 – Going to school?</b>	0100 Code	b. Any Supplemental Security Income checks from the State or local Government?	0350 1 🗌 Yes 2 🗌 No
Ζ.	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 Did not work – <i>Go to item 5</i>	4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	[0100]Code	If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	0360 \$00
3.	In the weeks that worked, how many hours did usually work per week?	0030 Hours per week	<ul> <li>6. During the past 12 months, did receive any money in –</li> <li>a. Wages or salary? Include commissions,</li> </ul>	0200 1 🗌 Yes 2 🗌 No – Go to item 6b	<ul> <li>Ask items 9–12 only if item 6a is YES (code 1).</li> <li>9. What was the gross amount of's last pay and what period of time did this cover?</li> </ul>	0370       \$       .00         0380       1 □ Week       5 □ Year         2 □ 2 Weeks       6 □ Other - Specify ∠
<b>4</b> a.	Information Booklet, page 44 <b>The job in which received the most</b> <b>earnings during the past 12 months</b> <b>fits best in the following category:</b>		tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$00		3 Month 4 Quarter 7 Twice a month
	Manager, professional 01 – Administrator, manager 02 – Teacher		<b>b.</b> Income or loss from's own nonfarm business, partnership, or	0220 1 🗌 Yes 2 🗌 No – Go to item 6c	<b>10.</b> Was there any money deducted from's last pay for – <i>If YES</i> – How much was deducted?	Yes No Amount
	03 – Professional Administrative support, technical, sales 04 – Administrative support, including		professional practice? What was the amount of income or loss after expenses?	0230 \$ .00 0240 3 Loss	<ul> <li>a. Federal income tax?</li></ul>	0390       1       2       0400       \$       .00         0410       1       2       0420       \$       .00
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician		<b>C.</b> Income or loss from's own farm?	0250 1 🗌 Yes	C. Social Security including Medicare?	
	Service 08 – Protective service 09 – Private household service 10 – Other service	0070 Code	What was the amount of income or loss after expenses?	2 🗌 No – <i>Go to item</i> 7 0260 \$00	d. Railroad Retirement?	0440       1       2       0450       .00         0460       1       2       0470       \$       .00
	Operator, assembler, laborer 11 – Machine operator, assembler, inspector		7	0270 3 🗌 Loss	<ul><li>e. Government Retirement?</li></ul>	0480       1       2       0490       \$
	12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision		<ul> <li>During the past 12 months, did receive from the U.S. Government any money –</li> <li>a. From Social Security checks?</li> </ul>	0280 1 🗌 Yes 2 🗌 No	<b>g.</b> If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	
	production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping		<b>b.</b> From Railroad Retirement checks?	0290 1 🗌 Yes 2 🗌 No	Ask if "Yes" in item 10c or 10g <b>11. Does the money deducted for Social</b> Security cover only the Medicare portion of Social Security?	0501 1 🗌 Yes 2 🗌 No
b.	Armed forces 18 - Armed forces Was		<b>C.</b> FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a	12. Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	0510 1 🗌 Yes 2 🗌 No
	CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary?	0080 Code Ask if code 5 and not a farm – Is the business incorporated?	<b>d.</b> What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$00	<b>13a.</b> During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	0520 1 □ Yes 2 □ No - Go to item 14
	2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business,	0090 1 🗌 Yes 2 🗌 No	<b>e.</b> Is this amount AFTER the deduction for a Medicare premium?	0320 1 🗌 Yes 2 🗌 No	(IRA & Keogh)? Exclude rollovers. b. If YES – How much?	0530 \$00
	professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		<b>f.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	<b>14.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	0540 1 🗌 Records 2 🗌 No records used

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.

•	FIELD PROCESSING USE	1 22 11 9 🖌		Ask if item 2 marked "Did not work" –		8.	During the past 12 months
	REPRESENTATIVE ONLY ITEM Enter the first name		5.	What was the main reason did not work during the past 12 months? Was		a	receive – Any Supplemental Securit checks from the U.S. Gove
	and line number of each CU member 14 years old and over.	0010		CODE 1 – Retired? 2 – Taking care of home/family?		b	. Any Supplemental Securit checks from the State or I
-	In the last 12 months, how many weeks did work either full time or part time, not counting work around	0020 Weeks 0		3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work?	0100Code		Government? If YES in items 8a and/or 8b How much did receive
	the house? Include paid vacation and paid sick leave.	Go to item 5		6 – Doing something else? – Specify			Supplemental Security Inc checks altogether?
8_	In the weeks that worked, how many hours did usually work per week?	0030 Hours per week	6.	receive any money in –	0200 1 🗌 Yes 2 🗌 No – <i>Go to item 6b</i>	9.	Ask items 9–12 only if item 6 (code 1). What was the gross amoun last pay and what period of this cover?
	Information Booklet, page 44		a	• Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	0210 \$ .00		this cover?
a.	The job in which received the most earnings during the past 12 months fits best in the following category:			What was the amount of income received before any deductions?	\$00		
	Manager, professional 01 – Administrator, manager 02 – Teacher		b	Income or loss from's own nonfarm business, partnership, or professional practice?	0220 1 🗌 Yes 2 🗌 No – <i>Go to item 6c</i>	10. 	Was there any money dedu 's last pay for – If YES – How much was deu . Federal income tax?
	03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical			What was the amount of income or loss after expenses?	0230 \$ .00 0240 3 🗆 Loss		• State and local income tax
	05 – Sales, retail 06 – Sales, business goods and services 07 – Technician	5	c	Income or loss from's own farm?	0250 1 🗌 Yes	c	Social Security including     Medicare?
	Service 08 – Protective service 09 – Private household service	0070 Code		What was the amount of income or loss after expenses?	2 🗌 No – <i>Go to item</i> 7		Railroad Retirement?
	<ol> <li>10 – Other service</li> <li>Operator, assembler, laborer</li> <li>11 – Machine operator, assembler,</li> </ol>				0270 3 🗌 Loss		Government Retirement?
	inspector 12 – Transportation operator 13 – Handler, helper, laborer		7.	During the past 12 months, did receive from the U.S. Government any money –	0280 1 🗌 Yes		<ul> <li>Private pension fund?</li> <li>If NO in item 10c – Are Soci payments normally deduc</li> </ul>
	Precision production, craft, repair 14 – Mechanic, repairer, precision production		a	. From Social Security checks?	2 🗌 No		your paycheck?
	15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping		b	From Railroad Retirement checks?	0290 1 🗌 Yes 2 🗌 No	11.	Ask if "Yes" in item 10c or 10 Does the money deducted f Security cover only the Mec portion of Social Security?
	Armed forces 18 – Armed forces		c	FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 □ Yes – Go to item 7d 2 □ No – Go to item 8a	12.	employer or union that for during the last 12 mon
b.	<ul> <li>Was</li> <li>CODE</li> <li>1 - An employee of a PRIVATE</li> </ul>	0080 Code Ask if code 5 and not a	d	What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$00	13a	contribute to a pension or plan that was enrolled During the past 12 months,
	company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee?	farm – Is the business incorporated?	е	Is this amount AFTER the deduction for a Medicare premium?	0320 1 🗌 Yes	.	place any money in a retire such as Individual Retireme (IRA & Keogh)? Exclude rollo
	4 – A local government employee? 5 – Self-employed in OWN business,	0090 1 🗌 Yes 2 🗌 No			2 🗌 No		. If YES – How much?
	professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		f	<ul> <li>During the past 12 months, how many Social Security or Railroad Retirement payments did receive?</li> </ul>	0330 Number	14.	FIELD REPRESENTATIVE CHEC Mark (X) the appropriate box b the respondent's use of record responses to items 6–13.

s, did y Income ernment?	0340 1 🗆 Y 2 🗌 N				
y Income ocal	0350 1 □ Y 2 □ N				
in ome	0360 \$		.00		
a is YES nt of's f time did	2 🗌 2 3 🗌 N	Veek Weeks Ionth Juarter		r er – <i>Specify</i> <sub>⋠</sub>	
icted from	Yes	No		Amount	
lucted?	0390 1	     2 🗌	0400 \$ _		.00
?	0410 1	   2 🗌	0420 \$	<del> </del>	.00
	0430 1	2			
	0440 1	2	0450 \$		.00
	0460 1	2	0470 \$		.00
	0480 1	2	0490 \$	<del> </del>	.00
al Security ed from	0500 1	     2 🗌			
g or Social icare	0501 1 □ Y 2 □ N				
, did any worked ths retirement in?	0510 1 🗌 Y 2 🗌 N				
did nent plan nt Account /ers.	0520 1 🗌 Y 2 🗌 N		to item 14		
	0530 \$		.00		
K ITEM ased upon s in providing		ecords lo recoi	rds used		

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 PROCESSING USE Ask if item 2 marked "Did not work" -1. FIELD 8. During the past 12 months 1 22 16 8 🖌 ONLY REPRESENTATIVE 5. What was the main reason . . . did ... receive -ITEM not work during the past 12 months? a. Any Supplemental Security Enter the first name Was... a. NAME checks from the U.S. Gove and line number of CODE each CU member 14 **b.** Any Supplemental Security 1 - Retired? 0010 vears old and over. **b.** LINE NUMBER checks from the State or I 2 - Taking care of home/family? **Government? 3 – Going to school?** 2. 0100 In the last 12 months, how many Code If YES in items 8a and/or 8b -4 - III, disabled, unable to work? 0020 weeks did . . . work either full time or Weeks 5 – Unable to find work? How much did . . . receive part time, not counting work around 0 Did not work – 6 - Doing something else? - Specify **Supplemental Security Inc** the house? Include paid vacation and Go to item 5 checks altogether? paid sick leave. Ask items 9–12 only if item 6a 3. In the weeks that . . . worked, how (code 1). 0030 many hours did . . . usually work per 6. During the past 12 months, did . . . 0200 1 🗌 Yes 9. Hours per What was the gross amoun week? receive any money in last pay and what period o week 2 🗌 No – Go to item 6b **a.** Wages or salary? Include commissions. this cover? Information Booklet, page 44 tips, Armed Forces pay and allowances. .00 0210 **4a.** The job in which . . . received the most What was the amount of income received before any deductions? earnings during the past 12 months fits best in the following category: 10. Was there any money dedu Manager, professional ...'s last pay for **b.** Income or loss from . . .'s own 0220 1 🗌 Yes 01 – Administrator, manager nonfarm business, partnership, or If YES - How much was dee 2 🗌 No – *Go to item 6c* 02 – Teacher professional practice? **a.** Federal income tax? 03 – Professional What was the amount of income or 0230 \$ .00 Administrative support, technical, sales loss after expenses? 04 - Administrative support, including **b.** State and local income tax 0240 3 🗌 Loss clerical 05 – Sales, retail **C.** Social Security including 06 – Sales, business goods and services Medicare? **C.** Income or loss from . . .'s own farm? 0250 1 🗌 Yes 07 – Technician What was the amount of income or 2 🗌 No – Go to item 7 Service **d.** Railroad Retirement? 0070 loss after expenses? **08 – Protective service** Code 09 - Private household service 0260 \$ .00 10 – Other service **e.** Government Retirement? 0270 3 🗌 Loss Operator, assembler, laborer 11 - Machine operator, assembler, **f.** Private pension fund? inspector 7. During the past 12 months, did ... 12 – Transportation operator receive from the U.S. Government 0280 1 🗌 Yes g. If NO in item 10c - Are Socia 13 – Handler, helper, laborer anv monev payments normally deduct Precision production, craft, repair 2 🗌 No your paycheck? **a. From Social Security checks?** 14 – Mechanic, repairer, precision production Ask if "Yes" in item 10c or 10g 15 – Construction, mining **b.** From Railroad Retirement checks? 0290 1 🗌 Yes 11. Does the money deducted f Farming, forestry, fishing Security cover only the Med 2 🗌 No 16 - Farming portion of Social Security? 17 - Forestry, fishing, groundskeeping Armed forces 12. **C.** FIELD REPRESENTATIVE CHECK ITEM Other than Social Security 0300 1 🗌 Yes – Go to item 7a 18 – Armed forces employer or union that . . Is "Yes" marked in items 7a and/or 7b? 2 🗌 No – Go to item 8a for during the last 12 mont contribute to a pension or **b.** Was . . . plan that . . . was enrolled 0080 **d.** What was the amount of the last CODE Code 0310 \$ .00 Social Security or Railroad 13a. During the past 12 months, 1 – An employee of a PRIVATE **Retirement payment received?** Ask if code 5 and not a place any money in a retiren company, business, or individual farm - Is the business such as Individual Retiremen working for wages or salary? incorporated? (IRA & Keogh)? Exclude rollo 2 – A Federal government employee? **e.** Is this amount AFTER the deduction 0320 1 🗌 Yes 3 – A State government employee? for a Medicare premium? 0090 1 Yes **b.** If YES – How much? 2 🗌 No 4 - A local government employee? 5 - Self-employed in OWN business, 2 🗌 No professional practice, or farm? FIELD REPRESENTATIVE CHEC **f.** During the past 12 months, how 6 – Working WITHOUT PAY in family 0330 many Social Security or Railroad Mark (X) the appropriate box b Number business or farm? Retirement payments did . . . receive? the respondent's use of record responses to items 6-13.

s, did sy Income	0340 1 □ Y 2 □ N							
ernment? ry Income ocal	0350 1 🗆 Y 2 🗌 N							
- in come	0360 \$		.00					
a is YES nt of's of time did	0370       \$       .00         0380       1 □ Week       5 □ Year         2 □ 2 Weeks       6 □ Other - Specify r         3 □ Month       4 □ Quarter         7 □ Twice a month							
ucted from	Yes	No	, ,	Amount				
ducted from		2	0400 \$		.00			
a	0410 1	2	0420 \$		.00			
	0430 1 🗌	2	0450 s		.00			
•••••	0460 1	2	0470 \$		.00			
	0480 1	2	0490 \$	s	.00			
al Security ted from	0500 1	2						
<i>g</i> or Social licare	0501 1 □ Y 2 □ N							
r, did any . worked ths retirement in?	0510 1 🗌 Y 2 🗌 N							
did ment plan nt Account vers.	0520 1 🗆 Y 2 🗌 N		to item 1	4				
	0530 \$		.00	)				
K ITEM based upon s in providing		ecords o recor	ds used					

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.

•	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 22 21 8 🖌	5.	Ask if item 2 marked "Did not work" – What was the main reason did		8		During the past 12 months receive –
	ITEM Enter the first name and line number of	a. NAME			not work during the past 12 months? Was CODE			a.	Any Supplemental Security checks from the U.S. Gove
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010		1 – Retired? 2 – Taking care of home/family?				Any Supplemental Security checks from the State or lo Government?
-	In the last 12 month weeks did work (	either full time or	0020 Weeks		3 – Going to school? 4 – III, disabled, unable to work?	0100Code			If YES in items 8a and/or 8b –
	part time, not count the house? Include p paid sick leave.	ing work around aid vacation and	0 🗌 Did not work – Go to item 5		<b>5 – Unable to find work?</b> <b>6 – Doing something else?</b> – Specify $\vec{k}$				How much did receive i Supplemental Security Inc checks altogether?
3_	In the weeks that many hours did u week?		0030 Hours per week		During the past 12 months, did receive any money in –	0200 1 🗌 Yes 2 🗌 No – Go to item 6b	9	)_	Ask items 9–12 only if item 6a (code 1). What was the gross amoun last pay and what period of this cover?
	Information Booklet, p	-		- a	• Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	0210 \$00			this cover?
a	<ul> <li>The job in which earnings during the fits best in the follow</li> </ul>	past 12 months			What was the amount of income received before any deductions?				
	Manager, professional <b>01 – Administrator, i</b>			b	<ul> <li>Income or loss from's own nonfarm business, partnership, or</li> </ul>	0220 1 Yes	10		Was there any money dedu 's last pay for – If YES – How much was ded
	02 – Teacher 03 – Professional				professional practice? What was the amount of income or	2 🗌 No – Go to item 6c			Federal income tax?
	Administrative support 04 – Administrative s clerical	t, technical, sales <b>support, including</b>			loss after expenses?	0230 \$ .00 0240 3 Loss		b.	State and local income tax
	05 – Sales, retail 06 – Sales, business 07 – Technician	goods and services		c	Income or loss from's own farm?	0250 1 🗌 Yes		C.	Social Security including Medicare?
	Service 08 – Protective servi 09 – Private househo		0070 Code		What was the amount of income or loss after expenses?	2 🗌 No – <i>Go to item 7</i> 0260 💲 .00			Railroad Retirement?
	10 – Other service Operator, assembler, la 11 – Machine operat	aborer <b>or, assembler,</b>				0270 3 🗌 Loss			Government Retirement? .
	inspector 12 – Transportation	operator		7.	During the past 12 months, did		1	t.	Private pension fund?
	<ul> <li>13 – Handler, helper,</li> <li>Precision production, c</li> <li>14 – Mechanic, repair</li> </ul>	raft, repair		a	receive from the U.S. Government any money – . From Social Security checks?	0280 1 🗌 Yes 2 🗌 No		•	If NO in item 10c – Are Socia payments normally deduct your paycheck?
	production 15 – Construction, m Farming, forestry, fishi 16 – Farming	ng		b	From Railroad Retirement checks?	0290 1 🗌 Yes 2 🗌 No	11	-	Ask if "Yes" in item 10c or 10g Does the money deducted for Security cover only the Med portion of Social Security?
	17 – Forestry, fishing Armed forces 18 – Armed forces	g, groundskeeping		c	FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 🗌 Yes – Go to item 70 2 🗌 No – Go to item 8a		2-	Other than Social Security employer or union that
b.	Was CODE		0080 Code	d	. What was the amount of the last Social Security or Railroad	0310 \$ .00			for during the last 12 mont contribute to a pension or plan that was enrolled
	1 – An employee of a company, busine working for wage	ss, or individual es or salary?	Ask if code 5 and not a farm – <b>Is the business</b> incorporated?		Retirement payment received?	φ			During the past 12 months, place any money in a retirem such as Individual Retirement
	2 – A Federal govern 3 – A State governm 4 – A local governme 5 – Self-employed in	ent employee? ent employee?	0090 1 🗌 Yes 2 🗌 No	e	Is this amount AFTER the deduction for a Medicare premium?	0320 1			(IRA & Keogh)? Exclude rollow If YES – How much?
	5 – Seif-employed in professional prac 6 – Working WITHOU business or farm	tice, or farm? IT PAY in family		f	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Numbe	14		FIELD REPRESENTATIVE CHEC Mark (X) the appropriate box b the respondent's use of records responses to items 6–13.

s, did y Income ernment?	0340 1 □ Y 2 □ N				
y Income ocal	0350 1 □ Y 2 □ N				
in ome	0360 \$		.00		
a is YES nt of's f time did	2 🗌 2 3 🗌 N	/eek Weeks lonth uarter		ar her – <i>Specify</i> <sub>✔</sub> ice a month	
icted from	Yes	No		Amount	
lucted?	0390 1	2 🗌	0400 \$		.00
?	0410 1	2	0420 \$		.00
	0430 1	2 🗌			
	0440 1	2	0450 \$		.00
	0460 1	2 🗌	0470 \$		.00
	0480 1	2	0490 \$		.00
al Security ed from	0500 1	2 🗌			
g or Social icare	0501 1 □ Y 2 □ N				
, did any worked ths retirement in?	0510 1 🗌 Y 2 🗌 N				
did nent plan nt Account /ers.	0520 1 □ Y 2 □ N		to item 14	4	
	0530 \$		.00		
K ITEM ased upon s in providing	0540 1 🗆 R	ecords o recoi	rds used	-	

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.

	art A - Second	-	Quarter or New Consur		enits enity continued				
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of	PROCESSING USE ONLY <b>a.</b> NAME	1 22 26 7 🖌	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was			a.	During the past 12 months, o receive – Any Supplemental Security I checks from the U.S. Govern
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010		CODE 1 - Retired? 2 - Taking care of home/family?				Any Supplemental Security I checks from the State or loc Government?
2.	In the last 12 months weeks did work of part time, not count the house? Include p paid sick leave.	either full time or ing work around	0020 Weeks <sup>0</sup> Did not work – <i>Go to item 5</i>		<ul> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify </li> </ul>	0100Code			If YES in items 8a and/or 8b – How much did receive in Supplemental Security Incom checks altogether?
3.	In the weeks that many hours did uweek?	isually work per	0030 Hours per week	б. а.	During the past 12 months, did receive any money in – Wages or salary? Include commissions,	0200 1 🗌 Yes 2 🗌 No – Go to item 6b	g	).	Ask items 9–12 only if item 6a is (code 1). What was the gross amount last pay and what period of t this cover?
<b>4</b> a.	Information Booklet, p. The job in which earnings during the fits best in the follow	received the most past 12 months			tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$00	10		
	Manager, professional 01 – Administrator, r 02 – Teacher 03 – Professional	nanager		b.	Income or loss from's own nonfarm business, partnership, or professional practice? What was the amount of income or	0220 1 🗌 Yes 2 🗌 No – Go to item 6c			Was there any money deduct 's last pay for – If YES – How much was deduc Federal income tax?
	Administrative support 04 – Administrative s clerical 05 – Sales, retail 06 – Sales, business	support, including			loss after expenses?	0230 \$00 0240 3 🗆 Loss		c.	State and local income tax? Social Security including Medicare?
	07 – Technician Service 08 – Protective servi 09 – Private househo 10 – Other service	ce	0070 Code	С.	Income or loss from's own farm? What was the amount of income or loss after expenses?	0250 1 ☐ Yes 2 ☐ No – <i>Go to item</i> 7 0260 \$00		d.	Railroad Retirement?
	Operator, assembler, la 11 – Machine operato inspector 12 – Transportation	or, assembler, operator		7.	During the past 12 months, did	0270 3 🗌 Loss		-	Government Retirement? Private pension fund?
	13 – Handler, helper, Precision production, c 14 – Mechanic, repai production	<b>laborer</b> raft, repair		a.	receive from the U.S. Government any money – From Social Security checks?	0280 1 🗌 Yes 2 🗌 No			If NO in item 10c - Are Social s payments normally deducted your paycheck?
	15 – Construction, m Farming, forestry, fishi 16 – Farming 17 – Forestry, fishing	ng		b.	From Railroad Retirement checks?	0290 1 🗌 Yes 2 🗌 No	11	۱.	Ask if "Yes" in item 10c or 10g Does the money deducted for Security cover only the Medica portion of Social Security?
b	Armed forces 18 – Armed forces Was			C.	FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 🗌 Yes – Go to item 7a 2 🗌 No – Go to item 8a	12		Other than Social Security, d employer or union that w for during the last 12 months contribute to a pension or re
	CODE 1 – An employee of a company, busine	ss, or individual	0080 Code Ask if code 5 and not a farm – <b>Is the business</b>	d.	What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$00	13	Ba.	plan that was enrolled in During the past 12 months, die place any money in a retireme such as Individual Retirement
	working for wage 2 – A Federal govern 3 – A State governme 4 – A local governme 5 – Self-employed in	ment employee? ent employee? ent employee? OWN business,	incorporated?	e.	Is this amount AFTER the deduction for a Medicare premium?	0320 1 🗌 Yes 2 🗌 No		_	(IRA & Keogh)? Exclude rollover If YES – How much?
	professional prac 6 – Working WITHOU business or farm	tice, or farm? T PAY in family		f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14		FIELD REPRESENTATIVE CHECK I Mark (X) the appropriate box base the respondent's use of records in responses to items 6–13.

s, did y Income ernment?	0340 1 □ Y 2 □ N								
y Income ocal	0350 1 🗌 Y 2 🗌 N								
in ome	0360 \$		.00	]					
a is YES nt of's f time did	2 🗌 2 3 🗌 N	Veek Weeks Ionth Quarter	as 6 $\Box$ Other – Specify $\vec{k}$						
ucted from	Yes	No		Amount					
lucted?	0390 1	 	0400 \$		.00				
			0420 \$		.00				
	0440 1		0450 \$		.00				
	<b>0460</b> 1 🗌	2	0470 \$		.00				
	0480 1	   2 🗌	0490 \$		.00				
al Security ted from	0500 1	2							
g or Social licare	0501 1 🗌 Y 2 🗌 N								
r, did any worked ths retirement in?	0510 1 🗌 Y 2 🗌 N								
did nent plan nt Account vers.	0520 1 🗌 Y 2 🗌 N		to item 1	4					
	0530 \$		.00	]					
K ITEM ased upon s in providing		ecords lo recor	ds used						

### FORM CE-302

9	Section 22 – WORK EXPERIEN	ICE AND INCOME – Contin	ued FIELD REPRESEN	TATIVE – Ask these items for entii new consumer unit.	re CU as a group at the second quarter, the fifth qu	arter, or the 1st intervie	w in a
	Part B – Second Quarter, Fifth	Quarter or New Consume	r Units – <i>Ask for entire CU as a gro</i>	oup.			
1.	During the past 12 months, did you (or any members of your CU) receive income from any of the following –	PROCESSING USE 1 22 97 8	<b>1h.</b> Income from child support?	0155 1 □ Yes 2 □ No – <i>Go to item 1i</i>	<ol> <li>During the past 12 months, did you (or any members of your CU) receive any refunds from the following –</li> </ol>		
a	Income from unemployment compensation?	0005 1 ☐ Yes 2 ☐ No – Go to item 1b	If YES – (1) Did you receive a one time lump sum payment for child support?	0160 1 □ Yes 2 □ No - <i>Go to item 1h(2)</i>	If YES – What was the total amount received by ALL CU members?	0250 1 🗌 Yes 2 🗌 No	
	If YES – What was the total amount received by ALL CU members?	.00	If YES –		a. Federal income tax?	0260 \$	.00
b	Income from worker's compensation or veteran's benefits including education benefits, but excluding military retirement?	0025 1 □ Yes 2 □ No - Go to item 1c	What was the total amount received by ALL CU members in last 12 months?	.00	<b>b.</b> State and local income tax?	0270 1 Yes 2 No	.00
	If YES – What was the total amount received by ALL CU members?	0030 \$00	(2) Did you receive any child support payments in other than a lump sum amount? If YES –	0170 1 □ Yes 2 □ No − <i>Go to item 1i</i>	<b>C.</b> Overpayment on Social Security?	0290 1 🗌 Yes 2 🗌 No	
C	Income from public assistance or welfare including money received from job training grants such as Job Corps?	0035 1 □ Yes 2 □ No – Go to item 1d	What was the total amount received by ALL CU members in last 12 months?	0175 \$00	d. Insurance policies?	0300 \$	.00
ام	If YES – What was the total amount received by ALL CU members?	0040 \$00	<ul> <li>Income from regular contributions from –         <ul> <li>(1) Alimony?</li> </ul> </li> </ul>	0180 1 🗌 Yes 2 🗌 No		0310 T Tes 2 □ No 0320 \$	.00
u	Income from interest on savings accounts or bonds?	0050 1 🗌 Yes 2 🗌 No – <i>Go to item 1e</i>	(2) Other sources such as from persons outside the CU?	0185 1 □ Yes 2 □ No	<b>e.</b> Property taxes?	0330 1 🗆 Yes 2 🗌 No	
	If YES – What was the total amount received by ALL CU members?	0060 \$00	If YES – for item i(1) or i(2) – Altogether what was the total			0340 \$	.00
e	Regular income from dividends, royalities, estates, or trusts?	0070 1 □ Yes 2 □ No - <i>Go to item</i> 1f	amount received by ALL CU members? 2. During the past 12 months, did	0188 \$00	<b>f. Other sources, including any other taxes?</b> Specify in notes.	0350 1 🗌 Yes 2 🗌 No	.00
	If YES – What was the total amount received by ALL CU members?	0080 \$00	you (or any members of your CU) receive any – <b>a.</b> Lump sum payments from estates,		<ol> <li>During the past 12 months, did you (or any members of your CU) pay any –</li> </ol>	<u>0360</u> <u>\$</u>	
f.	Income from pensions or annuities from private companies, military, Government, IRA, or Keogh?	0090 1 ☐ Yes 2 ☐ No - <i>Go to item 1g</i>	trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU?	0190 1 🗌 Yes 2 🗌 No – <i>Go to item 2b</i>	If YES – What was the total amount PAID by ALL CU members?	0370 1 🗌 Yes 2 🗌 No	
	If YES – What was the total amount received by ALL CU members?	0100 \$00	If YES – What was the total amount received by ALL CU members?	0200 \$00	<b>a.</b> Federal income tax in addition to that withheld from earnings?	0380 \$	.00
g	Net income or loss from any type of rental of rooms or living units?	0110 1 Yes 2 No – Go to item 1h	<b>b.</b> Money from the sale of household furnishings, equipment, clothing, jewelry, pets, or other belongings, excluding the sale of vehicles or	0210 1 🗌 Yes	<b>b.</b> State and local income tax in addition to that withheld from earnings?	0390 1 ☐ Yes 2 ☐ No 0400 \$	.00
	If YES – (1) How much net income or loss	0120 \$00	property? <i>If YES</i> – What was the total amount	2 🗌 No – <i>Go to item 2c</i> 0220 \$00	<b>C.</b> Personal property taxes not reported	0400 \$	
	was received from roomers or boarders?	0130 0 🗌 None 1 🗌 Loss	received by ALL CU members? C. Other money income, including money received from cash	\$	elsewhere?	2 🗌 No 0420 \$	.00
	(2) How much net income or loss was received from payments from other rental units?	0140 \$00	scholarships and fellowships, stipends not based on working, or from the care of foster children?	0230 1 🗌 Yes 2 🗌 No – <i>Go to item 3</i>	<b>d.</b> Other taxes not reported elsewhere? Do not include Social Security tax for the self-employed – Specify in notes.	0430 1 🗌 Yes 2 🗌 No	
		0150 0 🗌 None 1 🗌 Loss	If YES – What was the total amount received by ALL CU members?	.00		0440 \$	.00
			NOTE	S			

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

	Section 22 - WORK EXPE	RIENCE AND INCO	DME – Continued									
	Part D – Third and Fourth	Quarter – CU Men	nbers 14 Years Old and	d Over who previously o	did not work							
1.	OFFICE TRANSCRIPTION ITEMS	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 🗸				
	CU members who previously reported not working.	<b>a.</b> NAME										
	reported not working.	<b>b.</b> LINE NUMBER	0010	0010	0010	0010	0010	0010				
2.	Since the 1st of (month, 3 month income from wages, or salary fr partnership, professional practi	as ago), did earn any rom a business, ice, or farm?	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No				
3.	FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded	a. NAME										
	on the control card for the first time in this interview who are 14 years old or older.	<b>b.</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	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 ↓				
	CU members who previously reported not working.	a. NAME										
	reported not working.	<b>b.</b> LINE NUMBER	0010	0010	0010	0010	0010	0010				
2.	Since the 1st of (month, 3 month income from wages, or salary fr partnership, professional practi	rom a business,	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No				
3.	FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded	a. NAME										
	on the control card for the first time in this interview who are 14 years old or older.	<b>b.</b> LINE NUMBER	0030	0030	0030	0030	0030	0030				
	• Complete a page in part E for eac	ch "Yes" response in item 2	and for each new CU member li	sted in item 3.								
				NO	TES							

## Section 22 – WORK EXPERIENCE AND INCOME – Continued

	Part E – Third and	l Fourth Quarte	<b>Dr</b>			1000104	meen	
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over. In the last 12 months weeks did work e part time, not counti the house? Include p	PROCESSING USE ONLY a. NAME b. LINE NUMBER s, how many either full time or ing work around	1 23 25 7 ↓ 0010 0020 Weeks 0 □ Did not work - <i>Go to item 5</i>	5.	Ask if item 2 marked "Did not work" – 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 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify	0100 Code		During the past 12 months, receive – A. Any Supplemental Security checks from the U.S. Gover D. Any Supplemental Security checks from the State or loo Government? If YES in items 8a and/or 8b – How much did receive in Supplemental Security Inco checks altogether?
	paid sick leave. In the weeks that u many hours did u week? Information Booklet, pa The job in which	age 44	0030 Hours per week	6. a	During the past 12 months, did receive any money in – . Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income	0200 1 🗌 Yes 2 🗌 No – Go to item 6b	9.	Ask items 9–11 only if item 6a (code 1).
	earnings during the p fits best in the follow Manager, professional 01 – Administrator, r 02 – Teacher 03 – Professional Administrative support 04 – Administrative support 05 – Sales, retail 06 – Sales, business 07 – Technician	past 12 months ving category: nanager ;, technical, sales support, including			received before any deductions?	0210 \$00 0220 1 □ Yes 2 □ No - Go to item 6c 0230 \$00 0240 3 □ Loss 0250 1 □ Yes	k	Was there any money deduc 's last pay for – If YES – How much was dedu a. Federal income tax? D. State and local income tax? Social Security including Medicare?
	Service 08 - Protective servic 09 - Private househo 10 - Other service Operator, assembler, la 11 - Machine operator inspector 12 - Transportation of 13 - Handler, helper,	Id service aborer or, assembler, operator	0070 Code		What was the amount of income or loss after expenses? During the past 12 months, did receive from the U.S. Government	0250 1 ☐ Yes 2 ☐ No - Go to item 7 0260 \$00 0270 3 ☐ Loss		<ul> <li>I. Railroad Retirement?</li> <li>Government Retirement?</li> <li>f. Private pension fund?</li> <li>J. If NO in item 10c – Are Social</li> </ul>
	Precision production, c 14 – Mechanic, repai production 15 – Construction, m Farming, forestry, fishin 16 – Farming 17 – Forestry, fishing	raft, repair <b>rer, precision</b> iining ng			any money – From Social Security checks? From Railroad Retirement checks?	0290 1 🗌 Yes 2 🗌 No	11.	payments normally deducte your paycheck?         Ask if "Yes" in item 10c or 10g         Does the money deducted for Security cover only the Medic portion of Social Security?
b.	Armed forces <b>18 – Armed forces</b> Was CODE <b>1 – An employee of a</b>	PRIVATE	0080 Code		<ul> <li>FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</li> <li>What was the amount of the last Social Security or Railroad</li> </ul>	0300 1 🗌 Yes – Go to item 70 2 🗌 No – Go to item 8a 0310 \$		Other than Social Security, employer or union that v for during the last 12 month contribute to a pension or re plan that was enrolled in A. During the past 12 months, di
	<ul> <li>a All employee of a company, busines working for wage</li> <li>2 - A Federal governme</li> <li>3 - A State governme</li> <li>4 - A local governme</li> <li>5 - Self-employed in professional prac</li> <li>6 - Working WITHOU</li> </ul>	ss, or individual es or salary? ment employee? ent employee? OWN business, ctice, or farm?	Ask if code 5 and not a farm – <b>Is the business</b> <b>incorporated?</b> 0090 1 🗌 Yes 2 🗌 No		Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	0320 1 🗌 Yes 2 🗌 No		place any money in a retirement such as Individual Retirement (IRA & Keogh)? Exclude rollove J. If YES – How much?
	business or farma				many Social Security or Railroad Retirement payments did receive?	0330 Number		Mark (X) the appropriate box bas the respondent's use of records responses to items 6–13.

s, did					
y Income ernment?	0340 1 □ Y 2 □ N				
y Income ocal	0350 1 □ Y 2 □ N				
in come	0360 \$		.00		
a is YES	0370 \$		.00		
nt of's of time did	0380 1 🗆 V 2 🗌 2 3 🗌 N	Veek Weeks Ionth	5 🗌 Year 6 🗌 Othe	r – Specify <sub>⋠</sub>	
	4 🗌 C	luarter	7 🗌 Twic	e a month	
ucted from	Yes	No		Amount	
ducted?	0390 1	2	0400 \$ _		.00
<b></b>	0410 1	   2 🗌	0420 \$		.00
	0430 1	2			
	0440 1	2	0450 \$		.00
	0460 1	2	0470 \$		.00
	0480 1	2	0490 \$ _		.00
al Security ted from	0500 1	2			
g or Social licare	0501 1 🗌 Y 2 🗌 N				
r, did any . worked ths retirement in?	0510 1 🗌 Y 2 🗌 N				
did nent plan nt Account vers.	0520 1 🗆 Y 2 🗌 N		to item 14		
	0530 \$		.00		
K ITEM ased upon s in providing		ecords lo recoi	rds used		

## FORM CE-302

			E AND INCOME - Cont	tinu	ed FIELD I	member	who t	parate page of part E for each turned 14 years old since the ne in previous interviews.
<ol> <li>FIELI REPF ITEN Ente and each year</li> <li>In the wee part the</li> </ol>	D RESENTATIVE 1 r the first name line number of 0 CU member 14 s old and over. The last 12 months	ither full time or ng work around	1       23       30       7       ↓         0010	5.	Ask if item 2 marked "Did not work" – 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 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify	0100 Code		During the past 12 months receive – Any Supplemental Security checks from the U.S. Gove D. Any Supplemental Security checks from the State or lo Government? If YES in items 8a and/or 8b – How much did receive Supplemental Security Inc checks altogether? Ask items 9–12 only if item 6a
Infor 4a. The earn	rmation Booklet, pa job in which ings during the p	sually work per age 44 received the most past 12 months	0030 Hours per week	6. a	During the past 12 months, did receive any money in – . Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0200 1 □ Yes 2 □ No - <i>Go to item 6b</i> 0210 \$00	9.	(code 1). What was the gross amoun last pay and what period o this cover?
Man 01 - 02 - 03 - Adm 04 - 05 - 07 - Serv 08 - 09 - 10 - Oper	clerical Sales, retail Sales, business g Technician	nanager technical, sales upport, including goods and services id service borer	0070 Code		<ul> <li>Income or loss from's own nonfarm business, partnership, or professional practice?</li> <li>What was the amount of income or loss after expenses?</li> <li>Income or loss from's own farm?</li> <li>What was the amount of income or loss after expenses?</li> </ul>	0220       1 □ Yes         2 □ No - Go to item 6c         0230       \$	b c d	Was there any money dedu 's last pay for – If YES – How much was ded <b>3.</b> Federal income tax? <b>5.</b> State and local income tax <b>5.</b> Social Security including Medicare? <b>4.</b> Railroad Retirement? <b>5.</b> Government Retirement?
<b>12 –</b> <b>13 –</b> Preci <b>14 –</b>	inspector Transportation of Handler, helper, ision production, cr Mechanic, repair production Construction, m	pperator laborer raft, repair rer, precision		a	During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	0280 1 🗆 Yes 2 🗋 No		<ul> <li>F. Private pension fund?</li> <li>If NO in item 10c – Are Social payments normally deduct your paycheck?</li> <li>Ask if "Yes" in item 10c or 10g</li> </ul>
Farm <b>16 –</b> <b>17 –</b> Arm	ning, forestry, fishir Farming Forestry, fishing ed forces Armed forces	-			From Railroad Retirement checks? FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0290 1 🗌 Yes 2 🗌 No 0300 1 🗌 Yes – Go to item 7c 2 🗌 No – Go to item 8a	11.	Security cover only the Med portion of Social Security?
COD 1 - 4 2 - 4 3 - 4 4 - 4	E An employee of a company, busines working for wage A Federal governme A State governme A local governme	ss, or individual s or salary? nent employee? ent employee? nt employee?	0080       Code         Ask if code 5 and not a         farm - Is the business         incorporated?         0090       1 □ Yes         2 □ No		What was the amount of the last Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	0310 \$00 0320 1 \_ Yes 2 \_ No		<ul> <li>plan that was enrolled in that was enrolled in the past 12 months, or place any money in a retirem such as Individual Retirement (IRA &amp; Keogh)? Exclude rollow</li> <li>D. If YES – How much?</li> </ul>
6 – V	<ul> <li>5 - Self-employed in OWN business, professional practice, or farm?</li> <li>6 - Working WITHOUT PAY in family business or farm?</li> </ul>	tice, or farm? T PAY in family		f	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHEC Mark (X) the appropriate box b the respondent's use of records responses to items 6–13.

## ch new CU member 14 years old or older, for each CU e last interview, and for all CU members who have not

s, did y Income ernment?	0340 1 🗌 Y 2 🗌 N				
y Income ocal	0350 1 □ Y 2 □ N				
in ome	0360 \$		.00		
a is YES nt of's f time did	з 🗌 N	Weeks		r er – <i>Specify</i> <sub>⋠</sub> ce a month	
icted from	Yes	No		Amount	
lucted?	0390 1	2	0400 \$		.00
			0420 \$	///////////////////////////////////////	.00
	0430 1 🗌 0440 1 🗌		0450 \$		.00
	0460 1	2	0470 \$		.00
	0480 1	2	0490 \$		.00
al Security ted from	0500 1	2			
g or Social licare	0501 1 🗌 Y 2 🗌 N				
, did any worked ths retirement in?	0510 1 🗆 Y 2 🗌 N				
did nent plan nt Account vers.	0520 1 🗌 Y 2 🗌 N		to item 14		
	0530 \$		.00		
K ITEM ased upon s in providing		ecords lo recor	ds used		

## 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.

						reperted		
	Part E – Third and	d Fourth Quarte	er – Continued					
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of	PROCESSING USE ONLY <b>a.</b> NAME	1 23 35 6 ↓	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8. 8	During the past 12 months, receive – A. Any Supplemental Security checks from the U.S. Gover
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010		CODE 1 – Retired? 2 – Taking care of home/family?		k	D. Any Supplemental Security checks from the State or lo Government?
2.	In the last 12 months weeks did work of part time, not counti the house? Include p paid sick leave.	either full time or ing work around	0020 Weeks 0		<ul> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify K</li> </ul>	0100 Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Inco checks altogether?
3.	In the weeks that many hours did u week?		0030 Hours per week	6. a	During the past 12 months, did receive any money in – . Wages or salary? Include commissions,	0200 1 🗌 Yes	9.	Ask items 9–12 only if item 6a (code 1). What was the gross amount last pay and what period of this cover?
<b>4</b> a	Information Booklet, pa The job in which earnings during the p fits best in the follow	received the most past 12 months			tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	2 🗌 No – <i>Go to item 6b</i>	10.	
	Manager, professional 01 – Administrator, r 02 – Teacher 03 – Professional	manager		b.	Income or loss from's own nonfarm business, partnership, or professional practice? What was the amount of income or	0220 1		If YES – How much was deduced in the second
	Administrative support 04 – Administrative s clerical 05 – Sales, retail	t, technical, sales support, including			loss after expenses?	0230 \$00 0240 3 🗌 Loss		D. State and local income tax?
	06 – Sales, fetali 06 – Sales, business 07 – Technician Service	goods and services		C.	Income or loss from's own farm? What was the amount of income or	0250 1 🗌 Yes 2 🗌 No – <i>Go to item</i> 7		Social Security including     Medicare?
	08 – Protective servi 09 – Private househo 10 – Other service		0070 Code		loss after expenses?	0260 \$00		Railroad Retirement?     Government Retirement?
	Operator, assembler, la 11 – Machine operator inspector	or, assembler,		7	During the past 12 months, did	0270 3 🗌 Loss		f. Private pension fund?
	12 – Transportation of 13 – Handler, helper, Precision production, c 14 – Mechanic, repai	<b>Íaborer</b> craft, repair		/.   a	receive from the U.S. Government any money – From Social Security checks?	0280 1 🗌 Yes 2 🗌 No	ę	J. If NO in item 10c – Are Social payments normally deducte your paycheck?
	production 15 – Construction, m Farming, forestry, fishi 16 – Farming	ng		b.	From Railroad Retirement checks?	0290 1 🗌 Yes 2 🗌 No	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Security cover only the Medic portion of Social Security?
h	17 – Forestry, fishing Armed forces 18 – Armed forces	g, groundskeeping		C.	FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a	12.	
D	<ul> <li>Was</li> <li>CODE</li> <li>1 - An employee of a company, busine working for wage</li> </ul>	ss, or individual	0080 Code Ask if code 5 and not a farm – <b>Is the business</b>	d.	What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$00	13a	a. During the past 12 months, d place any money in a retirement such as Individual Retirement
	2 – A Federal govern 3 – A State governme 4 – A local governme 5 – Self-employed in	ment employee? ent employee? ent employee? OWN business,	incorporated?	e.	Is this amount AFTER the deduction for a Medicare premium?	0320 1 🗌 Yes 2 🗌 No	k	(IRA & Keogh)? Exclude rollove ). If YES – How much?
	professional prac 6 – Working WITHOU business or farm	tice, or farm? IT PAY in family		f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHECK Mark (X) the appropriate box bas the respondent's use of records responses to items 6–13.
						1		,

s, did y Income ernment?	0340 1 🗌 Y 2 🗌 N				
y Income ocal	0350 1 □ Y 2 □ N				
in come	0360 \$		.00		
a is YES nt of's if time did	з 🗌 N	Weeks		ir er – <i>Specify <sub>¥</sub></i> ce a month	
ucted from	Yes	No		Amount	
ducted?	0390 1				.00
	0410 1 🗌 0430 1 🗌	2	0420 \$		.00
	0440 1	2 🗌	0450 \$		.00
	0460 1 🗌 0480 1 🗌		0470 \$ 0490 \$		.00
al Security ted from	0500 1	2			
g or Social licare	0501 1 🗌 Y 2 🗌 N				
r, did any worked ths retirement in?	0510 1 🗌 Y 2 🗌 N				
did nent plan nt Account vers.	0520 1 □ Y 2 □ N		to item 14	!	
	0530 \$		.00		
K ITEM ased upon s in providing		ecords o recor	ds used		

## FORM CE-302

ę		RIENCE AND INCOME – Cor	ntinu	ried FiELD	REPRESENTATIVE – Complet member reported	who t	parate page of part E for each urned 14 years old since the ne in previous interviews.
	Part E – Third and FourthFIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.PROCESSI ONIa. NAMEb. LINE NIn the last 12 months, how mar weeks did work either full t part time, not counting work and the house? Include paid vacation	NG USE 1 23 40 6 ↓ JMBER 0010 y me or 0020 Weeks	5.	Ask if item 2 marked "Did not work" – 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 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	0100 Code		During the past 12 months receive – Any Supplemental Security checks from the U.S. Gove Any Supplemental Security checks from the State or lo Government? If YES in items 8a and/or 8b – How much did receive Supplemental Security Inc checks altogether? Ask items 9–12 only if item 6a
3. 4a.	In the weeks that worked, h many hours did usually wor week? Information Booklet, page 44 The job in which received th earnings during the past 12 mo	e most	6. _ a	During the past 12 months, did receive any money in – . Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0200 1 🗌 Yes 2 🗌 No – <i>Go to item 6b</i> 0210 \$00	9.	(code 1). What was the gross amoun last pay and what period of this cover?
	fits best in the following categor Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, s 04 - Administrative support, in clerical 05 - Sales, retail 06 - Sales, business goods and 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assemble	ales Fluding services		<ul> <li>Income or loss from's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?</li> <li>Income or loss from's own farm? What was the amount of income or loss after expenses?</li> </ul>	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	b c d	Was there any money dedu 's last pay for – If YES – How much was ded Federal income tax? State and local income tax Social Security including Medicare? Railroad Retirement? Government Retirement?
	inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precisi production 15 – Construction, mining		а	During the past 12 months, did receive from the U.S. Government any money – I. From Social Security checks?	0280 1   Yes 2   No		Private pension fund?     If NO in item 10c – Are Social payments normally deduct your paycheck?
b.	Farming, forestry, fishing <b>16 – Farming</b> <b>17 – Forestry, fishing, groundsl</b> Armed forces <b>18 – Armed forces</b> . Was		c	FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 □ Yes - Go to item 7c 2 □ No - Go to item 8a	12	Security cover only the Medi portion of Social Security?
	CODE 1 – An employee of a PRIVATE company, business, or indiv working for wages or salary 2 – A Federal government employ 3 – A State government employ 4 – A local government employ 5 – Self-employed in OWN busin	Provide     oyee?     ee?     0090     1     Yes     eess,     2     No	5	<ul> <li>What was the amount of the last Social Security or Railroad Retirement payment received?</li> <li>Is this amount AFTER the deduction for a Medicare premium?</li> </ul>	0310 \$ .00 0320 1 \(\) Yes 2 \(\) No		Juring the past 12 months, of place any money in a retirem such as Individual Retirement (IRA & Keogh)? Exclude rollov     J. If YES – How much?
	<ul> <li>5 - Self-employed in OWN business, professional practice, or farm?</li> <li>6 - Working WITHOUT PAY in family business or farm?</li> </ul>	n?	1	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHEC Mark (X) the appropriate box b the respondent's use of records responses to items 6–13.

## ch new CU member 14 years old or older, for each CU e last interview, and for all CU members who have not

s, did y Income ernment?	0340 1 🗌 Y 2 🗌 N				
y Income ocal	0350 1 □ Y 2 □ N				
in ome	0360 \$		.00		
a is YES nt of's f time did	з 🗌 М	Weeks		r er – <i>Specify</i> <sub>⋠</sub> ce a month	
icted from	Yes	No		Amount	
lucted?	0390 1	2 🗌	0400 \$		.00
·?	0410 1	2 🗌	0420 \$		.00
	0440 1	2	0450 \$		.00
	0460 1	2	0470 \$		.00
al Security ted from	0480 1		0490 \$		.00
	0500 1	2		///////////////////////////////////////	
g or Social licare	0501 1 □ Y 2 □ N				
, did any worked ths retirement in?	0510 1 🗌 Y 2 🗌 N				
did nent plan nt Account vers.	0520 1 🗌 Y 2 🗌 N		to item 14		
	0530 \$		.00		
K ITEM ased upon s in providing		ecords o recor	ds used		

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	NOTES

Section 22 – WORK EXPERIENCE AND IN	ICOME – Continued	FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.
Part F – Occupational Expenses and Con	tributions – Fifth Quart	er Only
<ol> <li>During the past 12 months, did you (or any members of your CU) have any occupational</li> </ol>	1 22 98 6 ↓	NOTES
expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits?	0010 1 □ Yes 2 □ No - <i>Go to item 2a</i>	
If YES – What was the total amount of these occupational expenses?	0020 \$00	
<ol> <li>During the past 12 months, did you (or any members of your CU) make any –</li> </ol>	0030 1 🗌 Yes	
<b>a.</b> Cash contributions for support of persons not in the CU, including alimony, child support, or students living away at college?	2 🗌 No – Go to item 2b	
If YES – How much?	0040 \$ .00	
(1) How much of this amount was for alimony?	0041 \$00 x 🗆 Don't know	
(2) How much of this amount was for child	0042 \$00	
support?	x 🗌 Don't know	
(3) How much of this amount was for the expenses of college or university students while attending school away from home?	0060 \$ .00 x 🗆 Don't know	
<b>b.</b> Gifts of cash, bonds, or stocks to persons not in the CU?	0070 1 🗌 Yes	
	2 🗌 No – <i>Go to item 2c</i>	
If YES – <b>How much?</b>	0080 \$00	
C. Contributions to charities, such as United Way, Red Cross, etc.?	0090 1 □ Yes 2 □ No − Go to item 2d	
<i>If YES</i> – <b>How much?</b>	0100 \$00	
d. Contributions to church and other religious organizations, excluding parochial school expenses?	0110 1 🗌 Yes 2 🗌 No – <i>Go to item 2e</i>	
If YES – How much?	0120 \$00	
<b>e.</b> Contributions to educational organizations?	0130 1 □ Yes 2 □ No − <i>Go to item 2f</i>	
If YES – How much?	0140 \$00	
f. Political contributions?	0150 1 □ Yes 2 □ No - Go to item 2g	
<i>If YES</i> – <b>How much?</b>	0160 \$00	
<b>g.</b> Other contributions? – Specify in "Notes"	0170 1 🗌 Yes	
	2 🗌 No – Go to next part	
If YES – How much?	0180 \$00	

### FIELD REPRESENTATIVE – Ask these items for the enti Section 22 – WORK EXPERIENCE AND INCOME – Continued Part G – Changes In Assets – Fifth Quarter Only **1.** On the last day of (last month), what was the total 1 22 99 4 🗸 5. During the past 12 months, did you (or any 0160 1 🗌 Yes amount your CU had in members of your CU) sell any stocks, mutual 2 🗌 No – *Go to item 6* funds or bonds? .00 0010 \$ **a.** Savings accounts in banks, savings and loans, .00 0170 \$ If YES – What was the net amount received from credit unions and similar accounts? 0 🗌 None sales after subtracting broker fees? **b.** Checking accounts, brokerage accounts and other .00 0020 \$ similar accounts? 6. During the past 12 months, did you (or any members of your CU) make any investments to 0180 1 🗌 Yes 0 🗌 None 2 🗌 No – *Go to item* 7 vour own business or farm? x 🗌 Negative .00 If YES - How much did you invest? 0190 \$ C. U.S. Savings bonds? .00 0030 \$ 0 🗌 None 7. During the past 12 months, did you (or any members of your CU) withdraw any assets from 0200 1 🗌 Yes 2. How does the amount your CU had at the end of 2 🗌 No – Go to item 8a your own business or farm? the last day of (last month) compare with the 0040 1 Same – Go to item 2b amount your CU had on the last day of (last month, .00 2 🗌 More If YES – What was the value of such assets? 0210 \$ one year ago) in -3 🗌 Less If more or less - How much more (less)? .00 0050 \$ **8a.** During the past 12 months, were any goods or 0220 1 Yes **a.** Savings accounts? services from your own business or farm 2 🗌 No – Go to item 9a withdrawn for personal use? **b.** Checking accounts? 0060 1 Same – Go to item 2c 2 🗌 More 3 🗌 Less **b.** What was the value of these goods or services? .00 0230 \$ 0070 \$ .00 C. U.S. Savings bonds? 0080 1 🗌 Same – Go to item 3a **9a.** On the last day of (last month), did anyone outside 0240 1 Yes of your CU owe money to you or any member of 2 🗌 More 2 🗌 No – *Go to item 10* your CU? 3 🗌 Less .00 0090 \$ **b.** How does the amount owed to your CU on the 0250 1 🗌 Same – *Go to item 10* last day of (last month) compare with the amount 2 🗌 More **3a.** Did you (or any members of your CU) own any owed to your CU by persons outside your CU on 0100 1 🗌 Yes 3 🗌 Less securities, such as stocks, mutual funds, private the last day of (last month, one year ago)? 2 🗌 No – *Go to item* 4 bonds, government bonds or Treasury notes on the last day of (last month)? If more or less – How much more (less)? .00 0260 \$ **b.** If YES – What was the estimated value of all such .00 0110 \$ securities on the last day of (last month)? 10. Did anyone outside of your CU owe money to you or any member of your CU on the last day of (last 0270 1 Yes 2 🗌 No – *Go to item 11* **C.** How does this compare with the value of such 0120 1 Same – Go to item 4 month, one year ago)? securities your CU held on the last day of (last 2 More .00 month, one year ago)? If YES – How much was owed? 0280 \$ 3 🗌 Less If more or less – How much more (less)? .00 0130 \$ **11a.** During the past 12 months, did you (or any 0290 1 🗌 Yes members of your CU) receive settlement on 4. 2 🗌 No During the past 12 months, did you (or any 0140 1 🗌 Yes surrender of any insurance policies (life or members of your CU) purchase any stocks, $_{2}$ $\square$ No – Go to item 5 annuity)? mutual funds or bonds? .00 0300 \$ If YES – How much did you receive? .00 If YES – What was the total purchase price 0150 \$ including broker fees?

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

TOTAL CU INCOME		NOTES
Information Declifet many 12	1 24 01 6 🗸	
Information Booklet, page 43		
<b>1.</b> Which category represents		
the total combined income of	0010 1 <b>Loss</b>	
this CU during the past 12		
months? This includes money	2 Under \$3,000	
from jobs, net income from	з 🗌 <b>\$3,000–5,999</b>	
business, farm or rent,	4 🗌 \$6,000-7,499	
pensions, dividends, interest,	5 🗌 \$7,500-9,999	
social security payments, and		
<ol> <li>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.</li> </ol>	6 🗌 \$10,000-12,999	
14 years of age or older	7 🗌 <b>\$13,000–14,999</b>	
it years of age of older.	8 🗌 \$15,000–19,999	
	9 🗌 \$20,000-24,999	
	10 ( \$25,000-29,999	
	11 🗌 <b>\$30,000–34,999</b>	
	12 🗌 <b>\$35,000–49,999</b>	
	13 🗌 <b>\$50,000–74,999</b>	
	14 <b>\$75,000+</b>	
	15 🗌 Refused	
	x 🗌 Don't know	

ooklet with instructions to look at the item list as you	
h income range category beginning with code 1.	

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Section 24

GENERAL SURVEY INFORMATION

RENTED LIVING QUARTERS

ection

Section 3

Section 4

Section 5

Section 6

Section 7

Section 8

Section 9

Section

10

ction

ction 12

ction

13

ction 14

ection 15

tion 16

ection 17

ection 18

OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES

CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY

APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS

HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING

HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

CLOTHING AND SEWING MATERIALS

RENTED AND LEASED VEHICLES

OWNED VEHICLES

VEHICLE OPERATING EXPENSES

INSURANCE OTHER THAN HEALTH

HOSPITALIZATION AND HEALTH INSURANCE

MEDICAL AND HEALTH EXPENDITURES

EDUCATIONAL EXPENSES

SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES

## TRIPS AND VACATIONS

MISCELLANEOUS EXPENSES

Section 19

Section 20

Section 21

CREDIT LIABILITY

Section 22

Section 24

WORK EXPERIENCE AND INCOME

TOTAL CU INCOME

## EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS