| NOTE: Office st | NOTE: Office staff should complete transcription items 1–4 below for interviewed CU's only. | | | | | | | | | | | |
|--------------------------------------|---|--------------------------------|-----------------------------------|------------------------|------------------------|----------------------|-------------------|-------------------|---------------------------------|-----------------------|--|--|
| 1. Regional Office code | 2. CONTROL NUMBER PSU code Segment number | Segment number suffix | Sample designation Q | Serial number | Serial suffix | Check digit | 3a. HH No. | 3b. CU No. | 4. 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 CE-302 | | 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 | | | | | | | | 3 a. | HH No. | 3b. CU No. | 4. Inte | erview No. | | QUESTION | NAIRE | BUREAU OF LABOR STATISTICS |
| cod | | | Segment number | I Segment r I suffix | number | Sample designa | | erial Seri umber suff | | | | | | | 0 | UARTERLY INTER | 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 | NOTICE – Your report to the only by sworn Census emplo | Census Bureau is confide byees and may be used only | ntial 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 | | | 7. 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 |
| 6. 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 | 8. QUESTIONNAIRE DEBRIEFIN | p.m. | p.m. | |
| (a) | Begai | (b) | (c) | | (a) | Began | (b) | (c) | | (a) | Began | (b) | (c) | | a. 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. 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. | - | | C. 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. | — ——————————————————————————————————— | | |
| 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 ⁻ | | 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 CE-302 | | 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 | | | | | | | | 3 a. | HH No. | 3b. CU No. | 4. Inte | erview No. | | QUESTION | NAIRE | BUREAU OF LABOR STATISTICS |
| cod | | | Segment number | I Segment r I suffix | number | Sample designa | | erial Seri umber suff | | | | | | | 0 | UARTERLY INTER | 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 | NOTICE – Your report to the only by sworn Census emplo | Census Bureau is confide byees and may be used only | ntial 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 | | | 7. 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 |
| 6. 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 | 8. QUESTIONNAIRE DEBRIEFIN | p.m. | p.m. | |
| (a) | Begai | (b) | (c) | | (a) | Began | (b) | (c) | | (a) | Began | (b) | (c) | | a. 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. 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. | - | | C. 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. | — ——————————————————————————————————— | | |
| 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 ⁻ | | 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 CE-302 | | 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 | | | | | | | | 3 a. | HH No. | 3b. CU No. | 4. Inte | erview No. | | QUESTION | NAIRE | BUREAU OF LABOR STATISTICS |
| cod | | | Segment number | │ Segment r │ suffix | number | Sample designa | | erial Seri umber suff | | | | | | | 0 | UARTERLY INTER | 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 | NOTICE – Your report to the only by sworn Census emplo | Census Bureau is confide byees and may be used only | ntial 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 | | | 7. 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 |
| 6. 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 | 8. QUESTIONNAIRE DEBRIEFIN | p.m. | p.m. | |
| (a) | Begai | (b) | (c) | | (a) | Began | (b) | (c) | | (a) | Began | (b) | (c) | | a. 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. 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. | - | | C. 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. | — ——————————————————————————————————— | | |
| 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 ⁻ | | 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 CE-302 | | 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 | | | | | | | | 3 a. | HH No. | 3b. CU No. | 4. Inte | erview No. | | QUESTION | NAIRE | BUREAU OF LABOR STATISTICS |
| cod | | | Segment number | I Segment r I suffix | number | Sample designa | | erial Seri umber suff | | | | | | | 0 | UARTERLY INTER | 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 | NOTICE – Your report to the only by sworn Census emplo | Census Bureau is confide byees and may be used only | ntial 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 | | | 7. 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 |
| 6. 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 | 8. QUESTIONNAIRE DEBRIEFIN | p.m. | p.m. | |
| (a) | Begai | (b) | (c) | | (a) | Began | (b) | (c) | | (a) | Began | (b) | (c) | | a. 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. 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 | |
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| | 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. | — ——————————————————————————————————— | | |
| 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? <i>Mark (X) all that apply.</i> | | | |
| | | P | | | - | | NO ⁻ | | 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 | 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 | | |

| 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 | | | | | | | | | | |
| The person(s) I'm including in your CU (is/are): (READ NAMES OF ALL PERSONS LISTED IN CONTROL CARD ITEM 18 WITH THE SAME CU MARKED IN CONTROL CARD ITEM 23g.) | today. | | | | | | | | | | |
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| 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 9. Does this unit h the following? Mark (X) all that a | |
| 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) 03 End row or end townhouse (one common wall) | 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 | | |
| 04 Duplex (detached two unit structure with one common wall between the units) 05 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) - Go to item 3 06 Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the | 5a | How many complete bathrooms are there in this unit? A COMPLETE BATHROOM has a flush toilet, a bathtub or shower, and a wash basin with piped water. | 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. | How many half bathrooms are there in this unit? A HALF BATHROOM has at least a flush toilet OR bathtub or shower, but does not have all the facilities of a complete bathroom. | 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 What fuel is used for cooking? 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 | attic, etc.) 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) 03 End row or end townhouse (one common wall) 04 Duplex (detached two unit structure with one common wall between the units) 05 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – Go to item 3 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 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 one of the units described above) – Go to item 3 09 Mobile home or trailer – Go to item 3 10 College dormitory – Go to section 1, part C 11 Other – Specify and go to item 2 2 11 Other – 5,445 sq. ft. 03 1/4 acre – 10,890 sq. ft. 04 1/2 acre – 21,780 sq. ft. 05 3/4 acre – 32,670 sq. ft. 06 1 acre – 43,560 sq. ft. 07 2 acres – 87,120 sq. ft. 08 3 to 5 acres 09 6 to 10 acres 00 Greater than 10 acres 11 No lot | attic, etc.) attic, etc.) | 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 |
| | |
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| | |
| 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 |
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| 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 ↓ | |
| 1 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 |
| | If NO – Are your housing costs lower because the Federal, State, or local government is paying part of the cost? | 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 | |
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| 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 ↓ | | | | | |
| FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) appropriate box based upon section 1, part D, item 2.</i> | 0010 1 Student housing – Go to item 7 2 Not student housing | 4a. Did you (or any members of your CU) receive any reduced or free rent for this unit as a form of pay since the 1st of (month, 3 months ago)? | 0300 1 □ Yes 2 □ No – Go to item 5a | NOTES | | | | |
| 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. 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> | C. What period of time does this cover? | 0320 4 □ Month 9 □ Other – Specify _K | | | | | |
| 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 | 5a. Is there an extra charge for garage or | x 	Don't know | | | | | |
| government agencies. 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 _k</i> | b. <i>If YES</i> – What is the charge? | 0340 \$00 | | | | | |
| C. Since the 1st of (month, 3 months ago), how many payments have been made? | 0060 Number | C. What period of time does this charge cover? | 0350 4 □ Month 9 □ Other – Specify _K | | | | | |
| d. 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 | d. Since the 1st of (month, 3 months ago), | | | | | | |
| C. 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 | C. Were any payments made during the current month? | 0520 1 □ Yes 2 □ No – <i>Go to item 6a</i> | | | | | |
| | 0120 \$.00 0130 | f. 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 | 6a. Is any portion of this unit used for your own business? | 0540 1 □ Yes 2 □ No - <i>Go to item</i> 7 | | | | | |
| g. If YES – How much? | .00 | b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent. | 0550 .00 Percent | | | | | |
| 3. Does the rental payment include the cost of - a. Electricity? b. Gas? c. Piped-in water? d. Heating? e. Trash/Garbage collection? | Yes No 0220 1 2 0230 1 2 0240 1 2 0250 1 2 0260 1 2 | 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. | 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 |
| 1. 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) | | Co-op Something else (part B, item 10) | part B, item 1b. | | (part B, item 13, box 2) | descr tion) ? 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

| g. 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. 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 | 600 Property for business or investment purposes only300 A second home, vacation home or recreational property400 Unimproved land with no buildings on it | | 0080 | | 0090 1 □ Yes 2 □ No | | | |
| 500 Other property – Sp C. Do you still have this p Mark (X) the appropriate | | 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 | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |

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> How many such properties do you (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. | Do you (Does your CU) own any other real 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 | |
| | 100 – The home in which you (your CU) currently live(s) 200 – A home in which you (your CU) used to live 600 – Property for business or investment purposes only | | 0150 | 0160 | 0170 | |
| | 300 – A second home, vacation home, or recreational pr400 – Unimproved land with no buildings on it | | 0180 | 0190 | 0200 | |
| | 500 – Other property – <i>Specify</i> _⋠ | | 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.

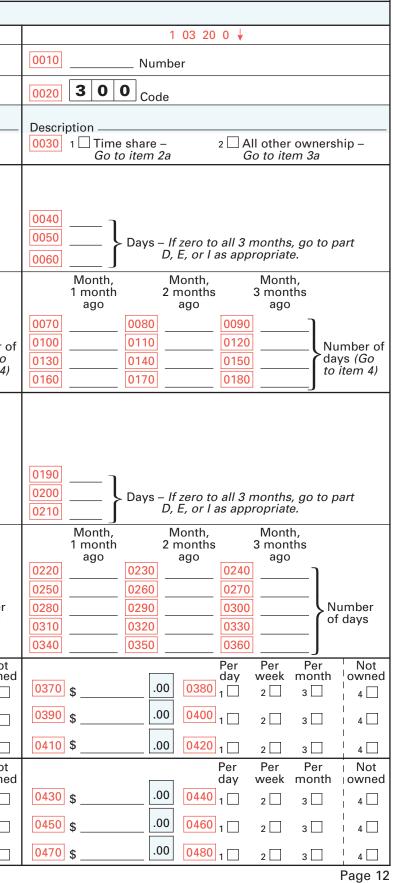
| P | art B – Detailed Property Des | cription | | | | | | | | | | | | | | | | | | |
|------------|--|--|---|-----------------|--|--------------------------|------------------|---------------------------------------|---|---|-------------|--------------------------------------|------------------------------|---|-----------|--|-----------|--------------------------------------|---------------------|--------|
| 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. 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) | | |
| 2 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. |
| 3 a | Ba. 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. 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. PROPERTY CODE | 0020 3 0 0 Code | | | | | | | | 0020 3 0 0 _{Code} | | | | | | | |
| | description of the property. | C. 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 . | 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 | | - _N | 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) ? | | 0390 | ¢ | .0 | 0 0400 | | • — | • 🗆 | 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 | | | | | | 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) ? (month, 2 months ago) ? | | 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. 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 | | | | |
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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. PROPERTY CODE | Description | | |
| | the property in item 1c. | C. DESCRIPTION | Description | | a. 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 | b. Enter number of lump sum home equity loans for this prope (from item 6a) c. Enter number of line of credit home equity loans for this prope (from item 6b) |
| 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)? | (from item 6b) After completing the appropriate parts F, G, and/or H, conti If no mortgages nor home equity loans on this property, go |
| | | | ☐ Yes ☐ No – Go to item 3b | – Go to item 5 Number | NO |
| b | Have you (Has your CU) property since the 1st of | had a mortgage on this of (month, 3 months ago)? | ☐ Yes ☐ No – <i>Go to item 5</i> | – Go to item 5 Number | |
| 4 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 Cl cooperative? | 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. | | | |
| | A loan where you (you lump-sum borrowed w out the loan; or | ur CU) received the entire when you (your CU) took | | | |
| | A line of credit loan w increase the amount b | 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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Page 14a

| | 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. PROPERTY CODE | Code | | |
| | and a brief description of the property in item 1c. | | Description | | a. 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 | b. Enter number of lump sum home equity loans for this proper (from item 6a) c. Enter number of line of credit home equity loans for this proper (from item 6b) |
| 3a | 3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property? | | | If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)? | After completing the appropriate parts F, G, and/or H, cont If no mortgages nor home equity loans on this property, g |
| | | | □ Yes □ No - <i>Go to item 3b</i> | – Go to item 5 Number | NC |
| 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 | |
| 4 a | In addition to your (you cooperative's total cos CU) make payments on obtained from an outsi (your CU's) shares in th | 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 | | |
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| | 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. PROPERTY CODE | | Code | | |
| | and a brief description of the property in item 1c. | C. DESCRIPTION | Description | | a. Enter number of mortgages for this property (from item 3a, 3 |
| 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. | | t any mortgages you t three months on CHECK ITEM | 1 | item 4a | b. Enter number of lump sum home equity loans for this proper (from item 6a) c. Enter number of line of credit home equity loans for this prop (from item 6b) |
| 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)? | After completing the appropriate parts F, G, and/or H, contin If no mortgages nor home equity loans on this property, go |
| 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 | |
| 4 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. | me which more closely A loan where you (you | wo basic types of home be both types. Please tell describes your loan. Ir CU) received the entire | | | |
| | lump-sum borrowed w out the loan; or A line of credit loan w increase the amount b | 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 | | |
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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 a. PROPERTY NUMBER | 0010 Number | 0010 Number | 0010 Number | | | |
| | property code in item 1b, a brief description of the property in item 1c. b. PROPERTY CODE | 0020 Code | 0020 Code | 0020 Code | | | |
| | Enter the 3-digit loan number in item 1d, beginning with 101 and C. DESCRIPTION | Description | Description | Description | | | |
| | assigning loan numbers consecutively, regardless of property number. d. 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. | On your (your CU's) last regular payment, which of these things were included? (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. PROPERTY CODI | 0020 Code | 0020 Code | 0020 Code | | | |
| | Enter the 3-digit loan number in item 1d, beginning with 201 and C. DESCRIPTION | Description | Description | Description | | | |
| | assigning loan numbers consecutively, regardless | | | | | | |
| | of property number. d. 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. | | | |
| 6 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. 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 _▼ | 2 □ Variable or adjustable 6 □ Reverse annuity rate of interest 7 □ Other – Specify _Z | | | |
| 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 ₈ 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> – The following question | | | |
| 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> _₹ 4 ☐ Quarterly | 3 ☐ Monthly 7 ☐ Other – <i>Specify</i> _¥ 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. 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. | G. 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 \$ | | | |
| | | | 2 | \$ | \$ | | | |
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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 | | | |
|-----|--|---|---|--|
| | 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 | 8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? 0160 01 Repayment of I cooperative 0170 02 Property taxes 0180 03 Property insura 0190 04 Management 0200 05 Repairs and maincluding lawn removal | 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 | 9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet page 12) are included in these 0270 21 Management 0280 22 Repairs and maincluding lawn | 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 | 0370 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 | C. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services? d. Since the 1st of (month, 3 months | 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 |

| Pag | e 1 | 18a |
|-----|-----|-----|
| | | |

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. a. PROPERTY NUMBER b. PROPERTY CODE c. DESCRIPTION | 1 03 78 8 ↓ 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 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? 9160 91 Repayment of loans owed by cooperative for loans owed by cooperative 9160 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? | 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. 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, SERVICES FOR CO-OPS t 0440 0 0450 0 |
| | 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 - | OWNED LIVING | QUARTERS AND | OTHER OWNED | REAL ESTATE – Continued |
|-------------|---------------------|---------------------|--------------------|--------------------------------|
|-------------|---------------------|---------------------|--------------------|--------------------------------|

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

| 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 | 0180 03 Property insurance 0190 04 Management 0200 05 Repairs and maintenance, including lawn care and snow | 11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these | 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. | 0210 06 ☐ Improvements 0220 07 ☐ Recreational, including swimming, golf, and tennis facilities 0230 08 ☐ Security, including guards and | 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 _K | | 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) , what was ou (your CU) paid extra? | 0050 \$00 | 9. 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) , how y charges? | .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 | 12a. Since the 1st of (month, 3 months ago), have you (has | |
| | How much of the (amoun since the 1st of (current i | month) ? | 0120 \$00 | 10a. 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. <i>If YES</i> – How much per month? | 0390 \$ | or other things like that? 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 | C. 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 | | 13. 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 | CU) paid for these services? E. How much of the (amount in item 10d) paid since the 1st of (current month)? | · · · · · · · · · · · · · · · · · · · | 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. 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. | d. MORTGAGE (LOAN) NUMBER | 0030 Number | 7. 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%. | |
| | | e. 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 | | | Hand respondent Information Booklet, page 11. 8. On your (your CU's) last regular payment, which of these things were included? | 0125 1 Principal and interest 0130 2 Property taxes |
| | description)? | | | | 0140 3 Property insurance |
| | 1 – Change in escrow account pay 2 – Change in interest rate | 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 |
| | 3 – Paid off | | 3 🗌 Go to item 11 | | 0160 5 Mortgage guarantee insurance |
| | 4 – Change in amount of the grad payment mortgage (loan) | 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 | | |
| | 6 – Refinanced mortgage (loan) (t of the mortgage (loan)) 7 – Other reasons | his includes changing the term | | 9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things? | 0175 \$00 |
| | 8 – More than one of the above | | | If any of Codes 2–6 marked in item 8 ask – | 0185 ¢ .00 |
| | X – Don't know | | | 10. 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> _Z | 11. 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> _K | | |
| | | | | | |
| | | | 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 ↓ | 6. 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. 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. | d. MORTGAGE (LOAN) NUMBER | 0030 Number | 7. What is the current interest rate for this mortgage (lump sum home equity loan)? | |
| | | 6. 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 | | Hand respondent Information Booklet, page 11. 8. On your (your CU's) last regular payment, which of these things were included? | 0125 1 Principal and interest 0130 2 Property taxes |
| | description)? 1 – Change in escrow account pay 2 – Change in interest rate | yment | 0040 1 \Box Go to item 8 2 \Box Go to item 7 | | 01403 □ Property insurance01504 □ Life insurance |
| | 3 – Paid off 4 – Change in amount of the grad | luated payment for a graduated | $3 \square Go to item 11$ $4 \square Go to item 8$ | | 0160 5 □ Mortgage guarantee insurance 0170 6 □ Any other payments - Specify ₇₇ |
| | payment mortgage (loan) | (rollover or renegotiable mortgage | | | |
| | 6 – Refinanced mortgage (loan) (t of the mortgage (loan)) | 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 |
| | 7 – Other reasons 8 – More than one of the above X – Don't know | | | If any of Codes 2–6 marked in item 8 ask – 10. How much of that amount was for principal and interest? | 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> _Z | 11. 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.) ² 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 ² Variable or adjustable interest rate equity loans). Which one of these comes closest to yours (your CU's)? ³ 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 | | | | |
| | Owned properties – Enter a description of the property and enter a property number for – | 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 | | | |
| 5 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 | T |
| 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 | | | | |
| | Owned properties – Enter a description of the property and enter a property number for – | 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 | Y | 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). • What was the total amount of bill (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 | D 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 | PR 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 – hich 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. DESCRIPTION OF UTILITY OR FUEL | Descript | ion | | | | | | | Descrip | tion | | | | | | |
| 2. | What property were the charges f Owned properties – Enter a descript property number for – Property previously reported in s Property reported at this intervie All other properties – Mark (X) appr of the property. | 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) for (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. | Do you have any of these bills or (<i>utility or fuel</i>) charges? | 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) ? | 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 _✔ | | Records used Estimate | | Records used Estimate | | Records used Estimate | | □ Records used □ Estimate _✔ |
| 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. DESCRIPTION OF UTILITY OR FUEL | Descrip | otion | | | | | | | | Descrip | otion | | | | | | |
| 2. | What property were the charges | | | | | | | Descript | ion | | | | | | | Descripti | on | | |
| | Owned properties – Enter a descrip property number for – | | 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)? | r (utility or fuel) for (property | 0045 | | Νι | umber | | | | | | 0045 | Nu | ımber | | | | | |
| 5. | What period of time was covered changed for a utility or fuel during the | I by the bill? 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. | Do you have any of these bills or (utility or fuel) charges? | 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) ? | \$ | | .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 | |
| | Did the bill include any charges f services which were not part of t | 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 ¹ | 2 | used Estimate [/] | 2 | used Estimate | 2 | used □Estimate _¥ | | used 2 🗌 Estimate 🕇 | 2 🗌 | used Estimate | 2 | used Estimate | 2 | used ∃Estimate _¥ |
| 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 _K |
| 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 | | | | h jobs were those e 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 |
| 1. 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 | |
| Enter a property number – enter the property number (X) the appropriate box for | 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> | |
| 3a. What work was done? D adequate to classify as "alt and to identify in next inter | eration," "repair," etc., | Description | 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. Job classification – <i>Mark ()</i> | | 0030 1 Addition 2 Alteration 3 Replacement | (month, 2 months ago) ? | 0270 \$00 0 🗆 None | - |
| | | 4 | (last month) ? | 0280 \$00 0 🗆 None | |
| OFFICE USE ONLY – 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 | 9a. 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> | |
| 5a. 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. What was the total cost for all items rented for this job in – (month, 3 months ago)? | 0310 \$00 0 □ None | |
| b. What was the cost for all appliances, or equipment | THEY PROVIDED IN - | 0070 \$00 0 □ None | (month, 2 months ago) ? | 0320 \$00 0 🗆 None | |
| (month, 3 months ago) ? (month, 2 months ago) ? | | 0080 \$00 0 None | (last month) ? | 0330 \$00 0 🗌 None | |
| (last month)? | | 0090 \$00 0 None | (the current month)? | 0340 \$00 0 🗌 None | |
| (the current month)? | | 0100 \$ | 10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU? | 0350 1 ☐ 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. 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> | 11a. 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> | |
| Information Booklet, page Did the charge(s) include appliances or equipment | 15 e the cost of any | 0120 1 □ Yes 2 □ No – <i>Go to item 8a</i> | b. What percent was (will be) deducted? | 039000 Percent | |

FORM CE-302

| 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 | |
| 2a. On which property was the (job description) done? | Description | | OFFICE USE ONLY | |
| 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> | |
| 3a. What work was done? 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. Job classification – <i>Mark (X) one.</i> | 0030 1 Addition 2 Alteration 3 Replacement | (month, 2 months ago) ? | 0270 \$00 0 🗆 None | |
| | 4 A Maintenance and repair 5 New construction | (last month) ? | 0280 \$00 0 🗆 None | |
| OFFICE USE ONLY – 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 | 9a. 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> | |
| 5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work? | 0060 1 ☐ Self only – <i>Go to item 8a</i> 2 ☐ Paid or contracted with someone else | b. What was the total cost for all items rented for this job in – (month, 3 months ago)? | 0310 \$00 0 □ None | |
| 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) ? | 0330 \$00 0 🗆 None | |
| (month, 2 months ago) ? | | (the current month)? | 0340 \$00 0 🗆 None | |
| (last month) ? | 0090 \$00 0 🗆 None | 10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone | 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. 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 | 11a. 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> | |
| Information Booklet, page 15 6. Did the charge(s) include the cost of any appliances or equipment? | 2 □ No – Go to item 8a | 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 | |
| 2a. On which property was the (job description) done? | | Description | |
| b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties. | 2 | 0150 | |
| 97 Rented sample unit 98 Other rented unit 99 Property not owned or rented by CU | | 0160 \$00 x 🗆 Don't know | |
| 3a. What work was done? 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. Job classification – Mark (X) one. 2 Alteration | 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) ? | 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. | 9a. 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> | |
| 5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work? 0060 1 Self only - Go to item 8a 2 Paid or contracted with someone else | b. What was the total cost for all items rented for this job in – | | |
| 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) ? | 0330 \$00 0 None | - |
| (last month)? | (the current month)? | 0340 \$00 0 🗌 None | |
| (the current month)? | 10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU? | 0350 1 □ 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. 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 | 11a. 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> | |
| Information Booklet, page 15 Did the charge(s) include the cost of any appliances or equipment? | 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 | purchase or rent? Enter a brand name or a brief description of item. | | | 1 - Purchased for own use? 2 - Rented? Go to column h. 3 - Purchased as gift to others? | 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 | | * | | | ¢ 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 | ÷ | | | | | | | + | |

Page 30

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

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

0010 999 Go to

next

page

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FORM CE-302

| NOTES | | PRE | |
|-------|------------------------------|------------------------------|--------------------------------------|
| | 1 | 2 | 3 |
| | Description from column b | Month from column e | Cost from column f or column g |
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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 | | | | |
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| Page 32 | | | | \$ | .00 | | | |

Section 7

Page 33

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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 | |
| 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 | 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 | | 1 - Purchased for own use? 2 - Rented? Go to column g 3 - Purchased as gift to | 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 | | | |

Page 33

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 | | |
| | 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? Did you (or any members of your CU) have any expenses for service contracts? | □ 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 |
| | | | 1a. 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 | - | - | | | | | | |
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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.

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|---|-----------|------------------------------|--|------------------------------|------------------|-----------|
| 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 |
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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 | Int C – Screening Question | 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 | ب 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 | , |
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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 | | | 1 - For use the CU. 2 - As a gif someor outside CU. | 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 - | > | | | | | | | | | | | | |
|--|---|---|------------------|---|--|----------------------------|--|---------------------------------------|--------------------------|--------------------|------|--------|-------|--|---------------------------|-----------------|-------|
| 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 2 – As so | J? r use by e CU. a gift to meone tside | | | | item | o next | | Description from column b | 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. 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 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – 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 | 190 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 1. Have you (or any membr CU) purchased any of th items, for persons age 2 either for members of y someone outside your C | 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 | 4 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 |

FORM CE-302

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 1. Have you (or any memb CU) purchased any of th | | 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 90 – Male 16 and over 91 – 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 | | 92 – Male 2–15 93 – 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 | | | | | | | \$.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 |
| | | | 93 – 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

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2

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2

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2

2

2

2

2

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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 |
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| | | \$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 | |
| What did you buy? 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 | 1 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 2. 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. 7. 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 7 19 19 1 2 | 1 2 \$.00 |

Section 10 – Part A.1

| Section 10 – RENTED AND LEASED | D VEHICLES – Continued | 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. 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. | | |
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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 | | | 2. 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. | Describe briefly the type of vehic or "boat." | cle re | ented, such as " | auto" | Descript | ion | | Description | | Description | | | Description | | |
| not include lease □ Yes □ | d vehicles.] 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. | | | 3. 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 | Go to next rented vehicle or item 7 | | 1 🗌 Yes 2 🗌 No | s – Go to next rented vehicle or item 7 | 0030 1 □ Yes 2 □ No | Go to next rented vehicle or item 7 | |
| b. If YES to an individual item ask – How 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 ↓ | 10a. What was the number of payments contracted for? | 1 10 23 9 ↓ 0190 Payments | NOTES | | | | | |
| beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. | 0010 Number | b. In what month and year was the first payment made? | Month Year 0200 0210 1 9 | | | | | | |
| b. Enter a vehicle code from part A.1 or A.2. b. VEHICLE CODE | 0020 Code | C. What is the amount of each payment? | 0220 \$.00 | - | | | | | |
| 2. What is the year, make, and model? | Year Make Model 0030 1 9 1 | d. What period is covered by each payment? | 0230 1 Week 5 Semiannually | - | | | | | |
| OFFICE USE ONLY Enter auto code | | | 2 \square 2 weeks 6 \square Annually 3 \square Month 7 \square Other – Specify \swarrow 4 \square Quarter | | | | | | |
| 3. How many cylinders does it have? | 0050 Cylinders 0 | E. Does the payment include any charges other than the lease amount such as auto insurance or maintenance? | 0240 1 □ Yes 2 □ No | - | | | | | |
| 4. Does it have – a. Automatic transmission? | | f. If YES – How much of the payment is for | Go to item 11 | | | | | | |
| b. Power steering?C. Power brakes? | | these extra charges? | 0250 \$.00 x | | | | | | |
| d. Air conditioning? e. Sun roof? | | 11. Is any of the (period reported in item 10d) leasing cost paid by an employer? | 0260 1 □ Yes - <i>If YES</i> - How much? 2 □ No | | | | | | |
| f. Turbo charged engine? g. Diesel engine? | | | 0270 \$00 | | | | | | |
| h. Four wheel drive? | | 12. Was a trade-in allowance received? | 0280 1 □ Yes - <i>If YES</i> - How much? 2 □ No | | | | | | |
| 5a. How many doors does it have? | 0122 Doors | | 0290 \$00 | | | | | | |
| b. Is it a? | 0123 1 Station wagon? 2 Convertible? 3 Hatchback? | 13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.) | 0300 1 ☐ Yes – If YES – How much? 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. Was any portion of the cash down payment paid by an employer? | 0320 1 □ Yes - <i>If YES</i> - How much? 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 | | | | | | |
| 7. How many miles are currently on the vehicle? | 0150 Miles | 14a. 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. In what month was the lease terminated? | Month 0350 | | | | | | |
| 9. 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 | | | | | | | | |
| 1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order | PROCESSING USE ONLY | 1 10 24 7 🖌 | 10a. What was the number of payments contracted for? | 1 10 26 2 ↓ | NOTES | | | |
| beginning with 1. | | | | 0190 Payments | | | | |
| 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. | a. VEHICLE NUMBER | 0010 Number | b. In what month and year was the first payment made? | Month Year 0200 0210 1 9 | | | | |
| b. Enter a vehicle code from part A.1 or A.2. | D. VEHICLE CODE | 0020 Code | C. What is the amount of each payment? | | | | | |
| 2. What is the year, make, and mode | | Year Make Model | | 0220 \$00 | | | | |
| | | 0030 1 9 | d. What period is covered by each payment? | 0230 1 Week 5 Semiannually | | | | |
| | OFFICE USE ONLY Enter auto code | 0040 | | 2 □ 2 weeks 6 □ Annually 3 □ Month 7 □ Other – <i>Specify</i> _¥ 4 □ Quarter | | | | |
| 3. How many cylinders does it have | ? | 0050 Cylinders | | | | | | |
| | | 0 🗌 No cylinders (rotary, turbine or electric) | C. 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 | | | | |
| 4. Does it have – a. Automatic transmission? | | Yes No 0060 1 2 2 | | | | | | |
| 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 | | | | |
| d. Air conditioning? | | | 11. Is any of the (period reported in item 10d) | 0260 1 Yes – If YES – How much? 7 | | | | |
| e. Sun roof? | | | leasing cost paid by an employer? | 2 🗌 No | | | | |
| | | | | 0270 \$00 | | | | |
| g. Diesel engine? | | | 12. 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. Is it a? | | 0123 1 Station wagon? 2 Convertible? 3 Hatchback? | 13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.) | 0300 1 □ Yes – If YES – How much? 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. Was any portion of the cash down payment paid by an employer? | 0320 1 □ Yes – <i>If YES</i> – How much? 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 | 14a. Do you still have this vehicle? | 0340 1 □ Yes – Go to next vehicle or section 11 2 □ No | | | | |
| | | (Enter to nearest whole mile) | 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 | | | | |
| 9. 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 ² 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) | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------|--|---|---|-----------------------|----------------|---|--|--|----------------------------------|----------|---|------------|---|---------------------------------------|--|----------------------------|---------|--|--|
| If this box is marked, no vehicles were previously reported – Go to item 2a. Ask column h for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b). For each vehicle code 100 through 120 and 150 listed which has not been disposed of, ask column i. | | | | | | | | | | Information Booklet, page 28 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 | | | | | I | Ι. | gift to others. | | | | |
| ONLY | a | ł |) | c | V | ehicle identification | | e | | f | | g | 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 | R UNITS ONLY 1 11 02 1 | |
| Information Booklet, page 28VEHICL 1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?VEHICL CODE | | 4. FIELD REPRESENTATIVE INSTRUCTIONS Complete part B for each vehicle reported in items 1 and 2. Complete parts B and C for each vehicle reported in item 3. |
| a. Automobile 100 | | NOTES |
| b. Truck, including vans | | |
| C. Motorized camper-coach 120 | | |
| d. Trailer type camper | | |
| e. Other attachable type camper | | |
| f. Motorcycle, motor scooter, or moped (motorized bicycle) 150 | | |
| g. Boat, purchased with a motor | | |
| h. Boat, purchased without a motor | | |
| i. Trailer other than camper type, such as for a boat or cycle 180 | | |
| j. Private plane | | |
| k. Any other vehicle | | |
| 2a. 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. If YES – How many? | 0240 Number | |
| C. What kind of vehicle(s) did you purchase? Enter a separate code for each vehicle. | 0250 0260 0270 0280 0290 0300 0310 0320 0330 | |
| 3a. Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)? | 0340 1 ☐ Yes – Ask items 3b and 3c 2 ☐ No – Go to item 4 | |
| b. <i>If YES</i> – How many? | 0350 Number | |
| C. What kind of vehicle(s) did you dispose of? 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 | | | | | | |
| 1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. | OCESSING USE ONLY | 1 11 03 9 🗸 | 11. In what month and year was it purchased? | Month Year 0190 0200 1 9 | | |
| 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. | | 0010 Number | 12a. 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. Enter a vehicle code from part A.1 or A.2. b Do not ask for vehicle codes 100 or 110. | VEHICLE CODE | Description | b. If YES – On the 1st of (month, 3 months ago), were all | past 12 months, go to item 13a. | | |
| 2. 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? | | | 13a. Was a trade-in allowance received? | 0230 1 🗌 Yes 2 🗌 No – <i>Go to item 13c</i> | | |
| | OFFICE USE ONLY Enter auto code | | b. If YES – How much? | 0240 \$00 | | |
| 4. 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 | d. Did this price include sales tax? | 0260 1 □ Yes x □ Don't know 2 □ No X | | |
| b. Power steering? | | | e. 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. 14. What was the amount of the cash down payment? | 0290 \$.00 | | |
| f. Turbo charged engine? | | 0110 1 2 0120 1 2 0121 1 2 | 15a. 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 _k 4 □ Credit Union | | |
| b. Is it a? | | 0123 1 Station wagon? 2 Convertible? | Ask if codes "2," "3," or "4" marked in item 15a. 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 | | |
| 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. 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. | 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 | f. 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 | g. What period is covered by each payment? | 0360 1 □ Week 5 □ Semiannually 2 □ 2 weeks 6 □ Annually 3 □ Month 7 □ Other - Specify ∨ 4 □ Quarter ✓ | | |
| 10a. Was this vehicle – | | 0170 1 □ Purchased for own use? 2 □ Purchased as a gift to others? - Go to item 11 3 □ Received as gift? | h. 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. How many miles are currently on the vehicle? | | 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 | | |
| a. New CU's – 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 | | |
| e. Sun roof? Ask items 14 and 15 for credit payments only, "2" marked in item 12b. | | | |
| f. Turbo charged engine? | .00 | | |
| g. Diesel engine? 0120 1 2 15a. 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> ₇ | | |
| Ask for vehicle code 100. | | | |
| | | | |
| D . 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 Other? – <i>Specify</i> 4 Ouarter | / 🗆 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 ↓ | 11. In what month and year was it purchased? | Month Year 0190 0200 1 9 | | | | | | | | |
| 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. | 0010 Number | 12a. Was any portion of the purchase price financed? | 0210 1 ☐ Yes 2 ☐ No - If item 11 is prior to 12 months ago, go | | | | | | | | |
| b. Enter a vehicle code from part A.1 or A.2. 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. If YES – On the 1st of (month, 3 months ago), were all | 0220 1 🗌 Paid off – If item 11 is prior to 12 months | | | | | | | | |
| 2. 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 | | | | | | | | |
| 3. What is the year, make, and model? | | | 2 🗌 No – Go to item 13c | | | | | | | | |
| OFFICE USE ONLY Enter auto code | 0040 | b. If YES – How much? | 0240 \$.00 | | | | | | | | |
| 4. 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 | d. Did this price include sales tax? | 0260 1 □ Yes x □ Don't know 2 □ No X | | | | | | | | |
| b. Power steering? | | e. 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? | | 14. What was the amount of the cash down payment? | 0290 \$00 | | | | | | | | |
| g. Diesel engine? | | 15a. 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. 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> | d. What was the number of payments contracted for? | 0320 Payments | | | | | | | | |
| 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. | 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 | f. 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 | g. What period is covered by each payment? | 0360 1 □ Week 5 □ Semiannually 2 □ 2 weeks 6 □ Annually 3 □ Month 7 □ Other - Specify ↓ 4 □ Quarter | | | | | | | | |
| 10a. Was this vehicle – | 0170 1 	Purchased for own use? 2 	Purchased as a gift to others? - Go to item 11 3 	Received as gift? | h. 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. How many miles are currently on the vehicle? | 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 | | | | | | | | | | |
| 1. FIELD REPRESENTATIVE ITEM PROCE a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. PROCE | ESSING USE ONLY | 1 11 06 2 🗸 | 11. In what month and year was it purchased? | Month Year 0190 0200 1 9 | | | | | | |
| 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. | HICLE NUMBER | 0010 Number | 12a. 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. Enter a vehicle code from part A.1 or A.2. 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. 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 | 13a. 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. If YES – How much? | 0240 \$00 | | | | | | |
| 4. 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 | d. Did this price include sales tax? | 0260 1 □ Yes X □ Don't know 2 □ No X | | | | | | |
| b. Power steering? | | | e. 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. 14. What was the amount of the cash down payment? | 0290 \$.00 | | | | | | |
| g. Diesel engine? | | | 15a. What was the source of credit? | 0300 1 Auto dealer 5 Insurance company 2 Finance company 6 Individual | | | | | | |
| h. Four wheel drive? | | | - | $\begin{array}{c c} 2 & \hline & \text{Finance company} & 6 & \hline & \text{Individual} \\ 3 & \hline & \text{Bank} & 7 & \hline & \text{Other} - Specify}_{\overrightarrow{\mu}} \\ 4 & \hline & \text{Credit Union} \end{array}$ | | | | | | |
| 6a. How many doors does it have? | | 0122 Doors | Ask if codes "2," "3," or "4" marked in item 15a. | | | | | | | |
| b. 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 | | | | | | |
| 7a. Is it used for business? | | 0130 1 | d. What was the number of payments contracted for? | 0320 Payments | | | | | | |
| 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 | f. 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 | g. What period is covered by each payment? | 03601Week5Semiannually22weeks6Annually3Month7Other - Specify4Quarter \checkmark | | | | | | |
| 10a. Was this vehicle – | | 0170 1 □ Purchased for own use? 2 □ Purchased as a gift to others? – Go to item 11 3 □ Received as gift? | h. 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. How many miles are currently on the vehicle? | | 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 | | | | | | | | | | |
| 1. FIELD REPRESENTATIVE ITEM PROCESSING USE 0 a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. PROCESSING USE 0 | NLY 1 11 07 0 ↓ | 11. In what month and year was it purchased? | Month Year 0190 0200 1 9 | | | | | | | |
| 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. | | 12a. Was any portion of the purchase price financed? | 0210 1 ☐ Yes 2 ☐ No - If item 11 is prior to 12 months ago, go | | | | | | | |
| b. Enter a vehicle code from part A.1 or A.2. 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. If YES – On the 1st of (month, 3 months ago), were all | 0220 1 🗌 Paid off – If item 11 is prior to 12 months | | | | | | | |
| 2. 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 | | | | | | | |
| 3. What is the year, make, and model? | | | 2 🗌 No – Go to item 13c | | | | | | | |
| OFFICE USE O Enter auto co | | b. If YES – How much? | 0240 \$00 | | | | | | | |
| 4. 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 | d. Did this price include sales tax? | 0260 1 □ Yes x □ Don't know 2 □ No X | | | | | | | |
| b. Power steering? | | e. 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 | 14. What was the amount of the cash down payment? | 0290 \$00 | | | | | | | |
| g. Diesel engine? | | 15a. 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. 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 | d. What was the number of payments contracted for? | 0320 Payments | | | | | | | |
| b. If used for business – What percent of the mileage is counted as a business expense? | | 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 | f. 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 | g. What period is covered by each payment? | 0360 1 □ Week 5 □ Semiannually 2 □ 2 weeks 6 □ Annually 3 □ Month 7 □ Other - Specify ↓ 4 □ Quarter | | | | | | | |
| 10a. Was this vehicle – | 0170 1 Purchased for own use? 2 Purchased as a gift to others? – Go to item 11 3 Received as gift? | h. 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. How many miles are currently on the vehicle? | 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 | | | | | | | | | | | | | |
| 1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. | ROCESSING USE ONLY | 1 11 08 8 🖌 | 11. In what month and year was it purchased? | Month Year 0190 0200 1 9 | | | | | | | | | |
| 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. | VEHICLE NUMBER | 0010 Number | 12a. 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. Enter a vehicle code from part A.1 or A.2. b Do not ask for vehicle codes 100 or 110. | • VEHICLE CODE | | | past 12 months, go to item 13a. | | | | | | | | | |
| 2. Briefly describe the (vehicle). | | Description | 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). 3. What is the year, make, and model? | | Year Make Model 0030 1 9 1 | 13a. Was a trade-in allowance received? | 2 □ Remaining payments 0230 1 □ Yes 2 □ No - Go to item 13c | | | | | | | | | |
| | OFFICE USE ONLY Enter auto code | 0040 | b. If YES – How much? | 0240 \$00 | | | | | | | | | |
| 4. 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 | d. Did this price include sales tax? | 0260 1 □ Yes X □ Don't know 2 □ No | | | | | | | | | |
| b. Power steering? | | | e. 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. | 0290 \$.00 | | | | | | | | | |
| f. Turbo charged engine? | | | 14. What was the amount of the cash down payment?15a. What was the source of credit? | | | | | | | | | | |
| g. Diesel engine? | | | 13d. 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. Was this a home equity loan? | 0305 1 🗆 Yes 2 🗆 No | | | | | | | | | |
| | | 3 Hatchback? | 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> | d. What was the number of payments contracted for? | 0320 Payments | | | | | | | | | |
| 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. | 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 | f. 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 | g. What period is covered by each payment? | 03601Week5Semiannually222 6 Annually3Month7Other - Specify4Quarter \mathcal{I} | | | | | | | | | |
| 10a. Was this vehicle – | | 0170 1 | h. 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. How many miles are currently on the vehicle? | | 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

| / r | 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. VEHICLE CODE | 0020 Code | 0020 Code | | | | | | | | |
| 2a. | How did you dispose of 1 <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 | | | | | | | | | | | | |
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| ¥ | 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 |
| | |
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| 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. a. VEHICLE NUMBER | | | Number | | 0010 | _ Number | 0010 | Number | 0010 Number | | | | |
| | Enter vehicle number and vehicle code. | b. VEHICLE CODE | 0020 | Code | | 0020 | Code | 0020 | Code | 0020 Code | | | | |
| 2a. How did you dispose of the vehicle? Mark (X) one box. | | | Sold? Traded in? Given away to son CU, including structure school? Damaged beyon Stolen? Other - Specify | 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 | | | |
| 4 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 | | | | | | | |
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| 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> | | | | • | | | | 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 |
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| | .00 | 1 | 2 | | | \$ | .00 |
| | .00 | 1 | 2 | | NOTES | 5 | |
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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 | |
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Section 13

Page 65

| Section 12 – VEHICLE OPERATING EXPENSES – Continu | bed | | |
|---|--|---|--|
| Part C – Other Vehicle Operating Expenses | 1 12 51 6 🗸 | | |
| 1a. Since the 1st of (month, 3 months ago), what has been the CU's AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles? b. Was any of this expense for the purchase of diesel fuel? | 0010 \$.00 0 None - Go to item 2a 0020 1 Yes 2 No - Go to item 1d | 4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for – 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. | 0120 1 □ Yes 2 □ No - <i>Go to item 4c</i> |
| C. If YES - How much? | 0030 \$ | b. <i>If YES</i> – How much was paid, excluding any payments made this month? | 0130 \$00 |
| d. Was any of the average monthly cost counted as a business expense? | 0040 1 ☐ Yes 2 ☐ No – <i>Go to item 2a</i> | C. Towing charges, excluding contracted or pre-paid towing charges? | 0140 1 □ Yes 2 □ No - Go to item 4e |
| e. How much of the (dollar amount in item 1a) was counted as a business expense? | 0050 \$00 | d. <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. What was the total cost? | 0070 \$00 | f. <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> | 5a. Since the 1st of (month, 3 months ago), excluding (this month), have you | 0180 1 🗌 Yes |
| d. 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 |
| 3a. 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> | b. If YES - How much? 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 | 0190 \$00 0200 1 □ Yes 2 □ No - Go to next section |
| business. ——————————————————————————————————— | 0110 s | for recreational vehicles, including vans, campers, and boats? b. <i>If YES</i> – How much? | 0210 s |
| | · · · · · · · · · · · · · · · · · · · | TES | |
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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 | 0010 1 |] Yes] No – <i>Go to</i> |
| 7 13 | 00 8 | | | | | | N | IONHEA | LTH INSU | RANCE F | POLI | | ENT | 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 – | | insurance? 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) ? | 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 | 3 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 | • | | ¦ 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 | Ф | .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 | | · · · · 100 · · · · 200 |
| 120 | 12 | | | | | | | | | \$ | 00. | ¢ | .00 | 1 | 2 | | 2 | ¢ 00 | | ¦ 2 🗌 💲 | | Inou | rance protecting your bor | oo furnitur | |
| 130 | 13 | | | | | | | | | • | .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 1. Do you (or any members of your CU) have any – | Insurance code | | YES | NO | If YES – How many policies or p does your CU have? | NOTES |
| a. Life insurance or other policies which provide benefits in case of death or disability? | 100 | 0010 | 1 🗌 | 2 | 0020 Number | |
| 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 | |
| 2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have? | 0130 1 🗌 Y 2 🗌 N | ′es – Ask i lo – Go to | | | 2 | |
| | In | surance c | ode | | How many? | |
| b. What kind of insurance policy(ies) was it (were they)? 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 | |
| 3a. Have you (or any members of your CU) made any payments for insurance policies, other than health, for persons not in your CU? | 0300 1 🗌 Y 2 🗌 N | 'es – Ask i lo – Go to | | and 3d | 2 | |
| | In | surance c | ode | | How many? | |
| b. What kind of insurance policy(ies) was it (were they)? 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 | |
| 4. 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. DISCONTINUED | 0020 1 | | 0020 1 | | 0020 1 | | 0020 1 | | |
| 2 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. | How often are premiums o <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 | insurance policy? 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 | | | | |
| 1. 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 |
| 2nd through 5th interviews – Enter the next available policy number from chart in part A.1. b. DISCONTINUED | 0020 1 | 0020 1 | 0020 1 | 0020 1 |
| 2a. What type of insurance is (was) it? | Description | Description | Description | Description |
| b. Enter insurance code from part A.1 or part A.2. | 0030 Code | 0030 Code | 0030 Code | 0030 Code |
| 3. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. | Insurance company name | Insurance company name | Insurance company name | Insurance company name |
| 4. Ask only for insurance code 200 from item 2b. Describe briefly what vehicles are covered. | Description | Description | Description | Description |
| 5a. Ask only for insurance codes 300 and 500 from item 2b. Describe briefly the property this policy covers. | Description | Description | Description | Description |
| b. Enter property number from section 3, part B. | 0160 0170 0180 | 0160 0170 0180 | 0160 0170 0180 | 0160 0170 0180 |
| 6a. 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. 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 |
| 7. 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 ∠ |
| 8a. Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy? Enter the actual amount the CU paid, do not include any expenses paid for the CU by others. | 0250 \$ | 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. 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 |
| C. <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 | 1st of 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> – How much 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 |
| 2a. | 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 – How many policies did you buy? Complete a column in part B for each new policy. | | | | | | [| 0020 | | Nı | umber | | | | | | | | | | | | | |
| 3a. : | a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU? | | | | | | [| | ı □ Yes 2 □ No - 6 | Go to | next part | | | | | | | | | | | | | |
| | D. If YES – How many policies did you buy? 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. / | 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 .7 | f YES – How many policies? | 0040Number | |
| 3a. _H | 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 ./ | 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. | |
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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 🗸 | | |
| | 2nd thru 5th interviews – 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. 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 |
| - T 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 | basis? 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. 2nd thru 5th interviews – 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. 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 | |
| J . | 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 | p basis? 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 | ? 0020 | | Number | b. | If YES – | How many members of your CU are covered by |
| Who is (was) enrolled in Medicare? 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 | | | _ | | |
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| | 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? |
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| C for all CU's. | |
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| 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 | | | | | | | | | |
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| Section | 15 |
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| Page 75 | Page 75 |
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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 – | Payments For Me | 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) ? | | | 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 1. Since the 1st of (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) ? | | 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 | 1 Care/service or item from column b | 2 Name from column b | 3 Mor fror colum | n | 4 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 | 670 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) ? | | In what | amount of reimburse | | receiv any o | ther | |
| | - | | USE | from part C. | Who received the (care | /service or item) ? | | 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 | | | for? 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) , have | 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 | | | |
| | DENTAL CARE | 200 | 0080 | | | | 1 2 | | \$ | ا 00. ^ا | | | |
| | INPATIENT HOSPITAL CARE, such as | | | | | | | | • | | | | |
| | | | 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 | |
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| | 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) hav | 10 | ONL ON | CODE | v | What was the (care/servic | e or item) ? | | | 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 | Who received the (care/se | ervice or item) ? | | | 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 | 3 - Child day care center 4 - Nursery school or preschool 5 - Other school Mark (X) box | 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 |
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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 | |
| 3b. 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 | 4 – Nursery schoo or preschool 5 – Other school | | | | 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 |

| FORM | CE-302 |
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| | CL-302 |

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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) ? | 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 ^I 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 |) \$ ¹ .00 ¹ | |
| 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 | | | | |
| 1a. Since the 1st of (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 | 5a. Have any CU members bought any magazines not included in a subscription? | 0130 1 □ Yes 2 □ No – <i>Go to item 6a</i> | 10a. 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. What was the total expense for them? | 0140 \$00 | b. What was the total expense for them? | 0290 \$00 |
| b. What was the total expense for them? | 0020 \$00 | C. 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 |
| C. How much of the total amount was spent this month? | 0030 \$00 0 \[] None | 6a. Have any CU members purchased single copies of newspapers (non-subscription)? | 0160 1 □ Yes 2 □ No – <i>Go to item 7a</i> | 11a. 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. What was the total expense for them? | 0170 \$00 | tapes, or video discs? 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. What was the total expense for them? | .00 | | 0 🗆 None | C. How much of the total amount was spent this month? | 0330 \$00 |
| C. 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 |
| 3a. Have you (or any members of your CU) paid any single | 0070 1 🗌 Yes | 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 | C. How much of the total amount was spent this month? | 0210 \$00 | | |
| b. What was the total expense for them? | .00 | 8a. Have any CU members purchased any photographic film? | | | |
| C. How much of the total amount was spent this month? | 0090 \$00 0 □ None | 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> | C. How much of the total amount was spent this month? | 0240 \$00 0 \[] None | | |
| school books.) b. What was the total expense | 0110 ¢ .00 | 9a. Have any CU members paid for film processing? | 0250 1 □ Yes 2 □ No – <i>Go to item 10a</i> | | |
| for them? | 0110 \$00 | b. What was the total amount spent? | 0260 \$00 | - | |
| C. 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 |
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Section 18 – TRIPS AND VACATIONS

| Part A – Screening Questions | 1 18 00 0 🖌 | | 1 18 0 | 18 🖵 | | | | | | | |
|--|--|----------------------|--|---|---|---|--|---|---|---------------------------------------|--|
| 1a. 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. 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? |
| FIELD REPRESENTATIVE - Ask if box is marked. Last interview you reported trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now. | 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 |
| 3a. (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. <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 | D70 FROM ITEM – 3b (relatives or friends) 4b (business) 5b (sightseeing, sports, etc.) | 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. |
| 4a. (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. If YES – How many trips were taken for business? | item 5a 0060 Trips Ask items 8c–8i for each trip reported | | 1 2 | 150 FROM ITEM – 3b (relatives or friends) 4b (business) 5b (sightseeing, sports, etc.) | 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. |
| 5a. (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. If YES – How many trips were taken for these reasons? | 0080 Trips Ask items 8c–8i for each trip reported | | 1 [2 [4 3 [| 230 FROM ITEM – 3b (relatives or friends) 4b (business) 5b (sightseeing, sports, etc.) | 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 |
| 6a. (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 | 9 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. 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. 1 | 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. <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 | - | 0050 | T : |
| | □ | 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 ² 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. | 3b. Ask for each code 1–5 marked in How much did you (or any me | 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. 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)? | | |
| | | d. Month ended | 0040 | | | COMMERCIAL | COMMERCIAL | | |
| e. 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 ₀₂ 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. <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 | |
| | | | 0100 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 | | | |
| | | | | | | | | | |
| | | | | | 4. 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> | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 □ 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. How much did you (or any members of your CU) pay? | 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> | 11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent | 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. How much did you (or any members of your CU) spend? | |
| е. | Did you (or any members of your CU) have any parking fees? | 0050 1 □ Yes 2 □ No - <i>Go to item 6a</i> | 12a. 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. How much were these expenses? 13a. You've told me about many expenses you (your CU) had | 0240 \$ |
| b. | covered)? <i>If YES –</i> What was the cost, including taxes and tips? | 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> | 14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here. | 0310 \$ |
| b. | If YES – What were the expenses, including taxes? | 0140 \$00 | 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> How much did you (or any members of your CU) pay to rent sports equipment? | 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. 3a. Starting at the beginning of this trip, please tell me | 3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) | | | | | |
| 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 ₀₃ Train | 0310 03 \$0 | 0 🗌 None | | | | |
| | [| 0150 ₀₄ 🗌 Bus | 0320 04 \$0 | 0 None | | | | |
| 0050 Nights | [| 0160 ₀₅ 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 ₀₈ 🗌 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 | | | | | | |
| | | | | | | | | |
| | | 4. 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. | | |
|----|--|---|---|-----------|---|--|--|
| | | d. 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: Did | 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 | | |
| | | | | | | | |
| | | | | | 4. 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> | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 □ 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. 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> | 11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent | 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. How much did you (or any members of your CU) spend? | 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> | 12a. 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 | | | | |
| 6 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. 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> | 13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU? | 0250 1 Yes 2 No – Go to next trip; after last trip, go to part D | | | | |
| | | 0080 \$00 | 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 | 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> | 14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here. | 0310 \$00 | | | | |
| b. | If YES – What were the expenses, including taxes? | 0140 \$00 | 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 | | 3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home. | | 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. DESTINATION | 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 you spend for (transportation) not including gate any members of your CU) bought (other t | | |
| | the trip ended in item 1d. | C. NUMBER OF (IDENTICAL) TRIPS | 0030 Numl | ber | | no codes 1–12 marked, go to item 4. | | the package deal covered)? | gni (other than what | |
| | | d. MONTH ENDED | 0040 | | | COMMERCIAL | | COMMERCIAL | | |
| e | If set of identical trips read - Sir | nce you (your CU) took a set of | | | 0120 ₀ | 🗌 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 you (or any members of your | 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 ₀ | 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 ₀ | 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 | | | | |
| | | | | | | | | | | |
| | | | | | 4. 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> | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 □ 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. 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> | 11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent | 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. How much did you (or any members of your CU) spend? | | | | | |
| e. | Did you (or any members of your CU) have any parking fees? | 0050 1 □ Yes 2 □ No – <i>Go to item 6a</i> | 12a. 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 | | | | |
| 6 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. 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> | 13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU? | 0250 1 Yes 2 No – Go to next trip; after last trip, go to part D | | | | |
| | | 0080 \$00 | 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 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 | 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> | 14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here. | 0310 \$00 | | | | |
| b. | If YES – What were the expenses, including taxes? | 0140 \$00 | 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 3 8 | | | | |
| d. | If YES – What was the cost for alcoholic beverages, including | | | 0330 Lodging | | | | |
| 90 | taxes? | | | 0340 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 | | a. 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. 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. |
| | | d. 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 ₀₂ 🗌 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 ₀₃ 🗌 Train |
| g. | Verify if already reported. Other | wise, ask – How many nights did CU) spend away from home on | | 01 | 150 ₀₄ 🗌 Bus |
| 0 | this trip? | | 0050 Nights | 01 | 160 ₀₅ 🗌 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. | 0070 Food and beverages 1 | | 180 o7 🗌 Truck, van |
| | | | 0070 Food and beverages 1 1 2 0080 Lodging 1 2 2 | 01 | 190 ₀₈ 🗌 Motorcycle, moped |
| | | | 0090 Transportation 1 1 2 | | 200 09 🗌 Private plane |
| | | | 0100 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. | 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. |

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- | | | | | | | | |
|--|--|-----|----------|--|--|--|--|--|
| 3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)? | | | | | | | | |
| | Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)? | | | | | | | |
| | | | | | | | | |
| | COMMERCIAL | | | | | | | |
| 0290 | 01 \$ | .00 | 0 🗌 None | | | | | |
| 0300 | 02 \$ | .00 | 0 🗌 None | | | | | |
| 0310 | 03 \$ | .00 | 0 🗌 None | | | | | |
| 0320 | 04 \$ | .00 | 0 🗌 None | | | | | |
| 0330 | 05 \$ | .00 | 0 🗌 None | | | | | |
| | RENTED | | | | | | | |
| 0340 | 06 \$ | .00 | 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 | | | | | |
| | | | | | | | | |
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| 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> | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 		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. 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> | 11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent | 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. How much did you (or any members of your CU) spend? | | | | | | |
| 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 | 12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on? | 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. How much were these expenses? | 0240 \$00 | | | | | |
| h | covered)? <i>If YES –</i> What was the cost, including taxes and tips? | 2 🗌 No – <i>Go to item 7a</i> | 13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU? | 0250 1 🗌 Yes 2 🗋 No – Go to next trip; after last trip, go to part D | | | | | |
| | | | 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. | 0260 Food and beverages 1 2 4 8 4 | | | | | |
| | deal covered)? | | | 0270 Lodging 1 | | | | | |
| b. | What was the cost, including taxes and tips? | 0100 \$00 | | 0280 Transportation 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> | 14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here. | 0310 \$.00 | | | | | |
| | If YES – | | | | | | | | |
| D. | What were the expenses, including taxes? | 0140 \$00 | 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 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. | 3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members 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 Identification number | | 3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home | 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. 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. | | | | |
| | | d. 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. | g. 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 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | 4. 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> | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 □ 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. What costs for playing sports won't be reimbursed ? | 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> | 11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent | 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> | b. What costs for entertainment and admissions won't be reimbursed? 12a. Did you (or any members of your CU) have any expenses | 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. What costs for these things won't be reimbursed? | .00 | ₀ □ None | |
| h | covered)? <i>If YES –</i> What costs for lodging, including taxes and tips, | 2 🗌 No – <i>Go to item 7a</i> | 13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU? | 0250 1 □ 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. 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 | | |
| 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? | | 14a. 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. 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. | 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 – 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> . | | |

FORM CE-302

| | 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. | 3b. Ask for each code 1–5 marked in How much did you (or any me | | | |
| | In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip a. TRIP IDENTIFICATION NUMBER | | 0010 Identific | ation number | 3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home | spend for (transportation) (other than what the package deal covered)? | | | |
| | destination in item 1b, the number of (identical) trips | b. DESTINATION | | | to the time you (they) got back home. <i>PROBE</i> – Any other kinds of transportation on this | 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? | | | |
| | | d. 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 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | 4. 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> | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 □ 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. What costs for playing sports won't be reimbursed? | 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> | 11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent | 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> | b. What costs for entertainment and admissions won't be reimbursed? 12a. Did you (or any members of your CU) have any expenses | 0220 \$ 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> | | |
| 6 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. What costs for these things won't be reimbursed? | .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> | 13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU? | 0250 1 □ Yes 2 □ No – <i>Go to next trip; af</i> t | er last trip, go to part D | |
| | won't be reimbursed? | | 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> | | 0260 Food and beverages | | |
| b | If YES – What costs for these things won't be reimbursed? | 0100 \$00 ₀ 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 | 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> | 14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break | 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? | | 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. Did these expe | nses include anything for – ? | | YES | NO | DK | |
| FIELD REPRESE | NTATIVE – Read each item listed. | 0030 Food and beverages | 1 | 2 | 8 | |
| | | 0040 Lodging | 1 🗌 | 2 🗌 | 8 🗌 | |
| | | 0050 Transportation | 1 🗌 | 2 | 8 🗌 | |
| | | 0060 Anything else – Specify \mathbf{z} | 1 🗌 | 2 | 8 🗆 | |
| | | | | | | |
| C. What was the t expenses? | otal amount for these | 0070 \$00 | | | | |
| | GO | TO PART E | | | | |
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| 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 |
| 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? | | |
| If Yes – 0020 Trips | | |
| 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 | | |
| O060 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 | | |
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| 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 | | | | | What were the expenses, including taxes? Was any of the (amount in item 6b) for alcoholic beverages? | 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 | (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)? | 0190 1 ☐ Yes 2 ☐ No – <i>Go to item 8</i> |
| C. | How much did you (or any members of your CU) | 0070 Anything else – Specify _₹ | 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 | | | | | What were the expenses, including taxes? Was any of the (amount in item 6b) for alcoholic | | 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 _⋠ | 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 1. Since the 1st of (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 | re this 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.

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|------------------------------|-----------------------------------|--------------------------|-----|
| 1 | 2 | 3 | |
| Description from column b | Month or code from column d | Expense fror column f | n |
| | Month | | |
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| | 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. | meals a 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 Enter | c What is the | d How many | - |
| 4 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 | | |
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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 | |
| the following? 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) ? | |
| 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 🗆 | | | |

Page 102

Section 21 – Part A

| tore, bank, credit account, etc., reported in column a. |
|---|
| NOTEO |
| NOTES |
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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) to | 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 | |
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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 | any of 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 | 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) | 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. | 0010 999 | 🗆 Go part | | 0400 | | | | 0410 | \$.0 | | 0420 | \$ | .00 | 0 [|
| | | | | | 0430 | | | | 0440 | \$0 | ¦ 0¦ x □ | 0450 | \$ | .00 | 0 [|

Section 21 – Part A

| | | 1 | F | NOTES |
|-----------------------|---------------|---|--|-------|
| nt o 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□ | | | |
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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. How much was owed to (credit source) ? | | 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 |
| a. 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. 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 | |
| G. 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 | |
| | | |

| Page 107 | Page 107 |
|----------|----------|
| | NOTES |
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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 a. 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> | - | 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 K | 0100Code | | Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether? | 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 | | Private pension fund? If NO in item 10c – Are Social Security payments normally deducted from your paycheck? Ask if "Yes" in item 10c or 10g | 0480 1 | | 0490 \$ |
| | 15 - Construction, n Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing Armed forces 18 - Armed forces | 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 | for during the last 12 months contribute to a pension or retirement plan that was enrolled in? During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account | 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 | Is this amount AFTER the deduction for a Medicare premium? | 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 | During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | 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.

| F | 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 | | 8. During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government? | 0340 1 🗆 Yes 2 🗋 No |
| 2 | each CU member 14 years old and over. b. LINE NUMBER | 0010 | CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? | 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 | 6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions, | 0200 1 🗌 Yes 2 🗌 No – Go to item 6b | Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of's last pay and what period of time did this cover? | 0370 \$.00 0380 1 □ Week 5 □ Year 2 □ 2 Weeks 6 □ Other - Specify ∠ |
| 4 a. | Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: | | 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. Income or loss from's own nonfarm business, partnership, or | 0220 1 🗌 Yes 2 🗌 No – Go to item 6c | 10. 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 | a. Federal income tax? | 0390 1 2 0400 \$.00 0410 1 2 0420 \$.00 |
| | clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician | | C. 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 | e. Government Retirement? | 0480 1 2 0490 \$ |
| | 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision | | During the past 12 months, did receive from the U.S. Government any money – a. From Social Security checks? | 0280 1 🗌 Yes 2 🗌 No | g. 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. From Railroad Retirement checks? | 0290 1 🗌 Yes 2 🗌 No | Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? | 0501 1 🗌 Yes 2 🗌 No |
| 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 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? | d. What was the amount of the last Social Security or Railroad Retirement payment received? | 0310 \$00 | 13a. 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 | e. 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? | | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | 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 🗌 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? |
| | 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, | | | | 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 | | Private pension fund? If NO in item 10c – Are Soci payments normally deduc |
| | 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. | Was CODE 1 - An employee of a PRIVATE | 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 | 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 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> _⋠ | |
| 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 | | |
| | 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. 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 | | 5 – Unable to find work? 6 – Doing something else? – 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 | The job in which earnings during the fits best in the follow | past 12 months | | | What was the amount of income received before any deductions? | | | | |
| | Manager, professional 01 – Administrator, i | | | b | Income or loss from's own nonfarm business, partnership, or | 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 support, including | | | 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 or, assembler, | | | | 0270 3 🗌 Loss | | | Government Retirement? . |
| | inspector 12 – Transportation | operator | | 7. | During the past 12 months, did | | 1 | t. | Private pension fund? |
| | 13 – Handler, helper, Precision production, c 14 – Mechanic, repair | 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 – Is the business 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> _✔ 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 a. 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. 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 ⁰ Did not work – <i>Go to item 5</i> | | 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify | 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? |
| 4 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 | laborer 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 – Is the business | 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 | | | | |
| | 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 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 | 1h. Income from child support? | 0155 1 □ Yes 2 □ No – <i>Go to item 1i</i> | During the past 12 months, did you (or any members of your CU) receive any refunds from the following – | | |
| 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. 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> | C. 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 | Income from regular contributions from – (1) Alimony? | 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 | e. 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 | f. Other sources, including any other taxes? 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 – a. Lump sum payments from estates, | | During the past 12 months, did you (or any members of your CU) pay any – | <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 | a. 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. Money from the sale of household furnishings, equipment, clothing, jewelry, pets, or other belongings, excluding the sale of vehicles or | 0210 1 🗌 Yes | 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 | C. 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> | d. 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 | | | |
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| NOTE: As of January, 1996, Section 22 Part C no longer exists. | |
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| | NOTES |
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| | 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. | a. NAME | | | | | | | | | | |
| | reported not working. | 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. 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. 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. 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 | | | | | | | |
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Section 22 – WORK EXPERIENCE AND INCOME – Continued

| | Part E – Third and | l Fourth Quarte | Dr | | | 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 | | I. Railroad Retirement? Government Retirement? f. Private pension fund? J. If NO in item 10c – Are Social |
| | Precision production, c 14 – Mechanic, repai production 15 – Construction, m Farming, forestry, fishin 16 – Farming 17 – Forestry, fishing | raft, repair rer, precision 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 18 – Armed forces Was CODE 1 – An employee of a | PRIVATE | 0080 Code | | FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? What was the amount of the last Social Security or Railroad | 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 |
| | a All employee of a company, busines working for wage 2 - A Federal governme 3 - A State governme 4 - A local governme 5 - Self-employed in professional prac 6 - Working WITHOU | ss, or individual es or salary? ment employee? ent employee? OWN business, ctice, or farm? | Ask if code 5 and not a farm – Is the business incorporated? 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 _⋠ | |
| | 4 🗌 C | luarter | 7 🗌 Twic | e a month | |
| ucted from | Yes | No | | Amount | |
| ducted? | 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 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 | | |

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| | | | 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. |
|---|---|---|--|---------|---|--|-------------|---|
| FIELI REPF ITEN Ente and each year In the wee part the | 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 | | Income or loss from's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? Income or loss from's own farm? What was the amount of income or loss after expenses? | 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 3. Federal income tax? 5. State and local income tax 5. Social Security including Medicare? 4. Railroad Retirement? 5. Government Retirement? |
| 12 – 13 – Preci 14 – | 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 | | F. Private pension fund? If NO in item 10c – Are Social payments normally deduct your paycheck? Ask if "Yes" in item 10c or 10g |
| Farm 16 – 17 – 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 | | 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 & Keogh)? Exclude rollow D. If YES – How much? |
| 6 – V | 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family 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 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> _⋠ 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 a. 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. 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 | | 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify K | 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? |
| 4 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 | Íaborer 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 | Was CODE 1 - An employee of a company, busine working for wage | ss, or individual | 0080 Code Ask if code 5 and not a farm – Is the business | 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 _¥</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 | | Income or loss from's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? Income or loss from's own farm? What was the amount of income or loss after expenses? | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 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 16 – Farming 17 – Forestry, fishing, groundsl 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 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 | 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 | | 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? |
| | 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? | 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> _⋠ 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 | | |

| Page 121 | Page 121 |
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| | NOTES |
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| 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 |
| During the past 12 months, did you (or any members of your CU) have any occupational | 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 | |
| During the past 12 months, did you (or any members of your CU) make any – | 0030 1 🗌 Yes | |
| a. 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. 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 – How much? | 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> – How much? | 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 | |
| e. 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> – How much? | 0160 \$00 | |
| g. 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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| | NOTED | |
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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 | | |
| 1. Which category represents | | |
| the total combined income of | 0010 1 Loss | |
| this CU during the past 12 | | |
| months? This includes money | 2 Under \$3,000 | |
| from jobs, net income from | з 🗌 \$3,000–5,999 | |
| business, farm or rent, | 4 🗌 \$6,000-7,499 | |
| pensions, dividends, interest, | 5 🗌 \$7,500-9,999 | |
| social security payments, and | | |
| 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. | 6 🗌 \$10,000-12,999 | |
| 14 years of age or older | 7 🗌 \$13,000–14,999 | |
| it years of age of older. | 8 🗌 \$15,000–19,999 | |
| | 9 🗌 \$20,000-24,999 | |
| | | |
| | 10 (\$25,000-29,999 | |
| | 11 🗌 \$30,000–34,999 | |
| | 12 🗌 \$35,000–49,999 | |
| | 13 🗌 \$50,000–74,999 | |
| | 14 \$75,000+ | |
| | | |
| | 15 🗌 Refused | |
| | x 🗌 Don't know | |
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| 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

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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