<b>NOTE:</b> Office s	NOTE: Office staff should complete transcription items 1–4 below for interviewed CU's only.													
1. Regional Office code REG_OFF	2. CONTROL NUMBER PSU code   Segment   Segment number   Sample   Serial   Serial   Check   number   suffix   designation   number   suffix   digit A REA CODE   SEGMENTI   SEG_SUFF   SA MP_DES   SERIAL   CHECK	HH_NUM	<b>3b.</b> CU No. CU_NUM	<b>4.</b> Interview No. □ 2 □ 4 □ 3 □ 5										

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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** (4-1-99)

Sec	tion	1 – GEN	- GENERAL SURVEY INFORMATION ield Representative Records 1 01 25 3													FORM CE-302 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		
Par	t <b>A</b> –	Field R	epresent	ative Red	cords		1 01 25	3 🗸								ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUIERAL OF LABOR		
<b>1.</b> Regio	nal code	<b>2.</b> Control PSU code		Segment num	hor ouff®	denalo donio	gnation Serial N		rial suffix 1	Chook digit	<b>3a.</b> HH No	. <b>3b.</b> C	U No.		nterview lo.	W QUESTIONNAIRE		
			SEGMENTI			1				0					]2			
REG_		REA COD	1	ן'י SEG_SI		SA MP_ 0	_DES ¦SE		PHA_SUF	CHECK	HH_NUM	CU_I	NUM		]3 🗌 5			
	I		-	1				,, _,					I					
<b>5.</b> RECO	RD OI	TELEPHO	NE CONTAC	TS AND REA	SON FO	R CONTA	CT – Enter co	de for rea	son of tele	phone con	ntact from list	of codes	below.	,		<b>NOTICE</b> – Your report to the Census Bureau is <b>confidential</b> by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.		
Call		Reason	Call	R	Reason		Call	Reasor	1		SON FOR	OFI	FICE U	SE O	NLY			
(a) 1 002		(b)	(a) 5	0100	(b)		(a) 9 0180	(b)			NE CONTACT	0050				7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME		
		H_CA L		0120			0200				hone call lect data	0250				Activity TIME OFFICE USE ONLY		
2			6							2 Telepl sched	hone call to					Began     Ended     Total minutes       a.m.     a.m.     a.m.		
3 006	0		7	0140			11 0220			appoi	intment					Interviewing p.m. p.m. 0020 TM_INTER		
4 008	0		8	0160			12 0240			3 Other call	telephone					Field Representative review p.m. p.m. 0030 I M_REV		
6. RECORD OF TRAVEL TIME AND REASON FOR VISIT – Record travel time and enter code for reason of visit from list of codes at right. 4. Personal visit to collect data													Office edit a.m. a.m. p.m. 0640 TM_EDIT					
5 Personal visit to schedule appointment Office transcription p.m. 0650 TM_TF																		
	6 Other personal visit 8. QUESTIONNAIRE DEBRIEFING – Complete at the conclusion of interview.																	
Trip       Time       Reason       OFFICE USE       Trip       Time       Reason       OFFICE USE       a. Enter the line number of the respondent who answered the most questionnaire sections – Enter																		
(a)	Began		(c)	· · · · ·	(a)	Began	(D)	(c)		(a)	Began		(c)					
		a.ı p.		0280			a.m. p.m.	0390	0400			a.m. p.m.	0510		0520			
1	Ended	p.	VISIT	TM_TRV	5	Ended	p.m.			9	Ended	p.m.				<b>b.</b> Enter the line number(s) of all other respondents – Enter code 99 for non CU member.		
		a.ı p.					a.m. p.m.					a.m. p.m.				0670 OTHRESP 0700 0730		
	Began		0300	0310		Began		0420	0430		Began		0540	οΙ	0550			
		a.ı p.	···				a.m. p.m.					a.m. p.m.				0680 0710 0740		
2	Ended	2.1	~		6	Ended	2 00	1		10	Ended	0 m	1					
		a.ı p.					a.m. p.m.					a.m. p.m.				0690 0720 0750		
	Began	a.ı	0330	0340		Began	a.m.	0450	0460		Began	a.m.	0570	0	0580	<b>C.</b> In answering questions about expenses, did the respondent consult bills, receipts, check stubs,		
3		p.			7		p.m.			11		p.m.				expense books, tax returns, or other records?		
	Ended	a.ı	m.		1	Ended	a.m.				Ended	a.m.				Mark (X) one. 0760 1 Always 3 Mostly 5 Almost never		
		р.	m.			-	p.m.			_		p.m.				2 Almost always 4 Occasionally 6 Never RECORDS		
	Began	a.ı	m. 0360	0370		Began	a.m.	0480	0490		Began	a.m.	0600	0	0610	d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give		
4	- ndod	р.	m.		8	Ended	p.m.	-		12	Ended	p.m.	-			cost information? Mark (X) all that apply.		
	Ended	a.ı				Ended	a.m.				Ended	a.m.				0770 1 Bills 0800 4 Receipts of purchase (sales slips) 0830 7 Bank statements		
	p.m. p.m. p.m. p.m. p.m. p.m. p.m. p.m.																	
							NOTES									0790     3 Canceled checks     0820     6 Contracts or agreements     TYPEREC		
															9. LAST SECTION COMPLETED PROCESSING USE ONLY			
																If the respondent did not complete the interview to its conclusion, enter the last section completed.		
	0850     Section number         SECTNO   FORM_YR2															0850     Section number   SECTNO FORM_YR2		

S	ection	1 – GEN	- GENERAL SURVEY INFORMATION ield Representative Records													FORM <b>CE-302</b>			U.S. DEPARTMENT OF CO BUREAU OF T	
P	art A -	- Field Re	epresen	tative Re	cords		1 01 25	3 🗸								(4-1-33)			ACTING AS COLLECTING U.S. DEPARTMENT	AGENT FOR OF LABOR
<b>1.</b> Re	gional	2. Control	number		- h		lesignation   Ser	:-IN- 0			<b>3a.</b> HH No	o. <b>3b.</b> C	U No.	<b>4.</b> Intervi No.	ew		QUESTION	NAIRE	BUREAU OF LABOR	STATISTICS
		PSU code	Segment No	l I	nder suttix	Sample d	lesignation   Ser			спеск аідіт				□ 2	4	Q	UARTERLY INTER	VIEW SURVEY		
				 		Q	i		i i					3	5		CONSUMER EXPEND	TURE SURVEYS		
			·			<u> </u>	·				1		1							
<b>5.</b> R	ECORD C	F TELEPHO	NE CONTAG	TS AND REA	SON FO	R CONTA	CT – Enter co	ode for rea	ason of tele	phone cor	ntact from list	of codes	below.			<b>NOTICE</b> – Your report to the only by sworn Census emplo	Census Bureau is <b>confide</b>	<b>ntial</b> by law (title 13, U	J.S. Code). It may be	e seen
Call (a)		Reason (b)	Cal (a)		Reason (b)		Call (a)	Reaso (b)	n		SON FOR NE CONTACT	OF	FICE U	SE ONLY		<b>7.</b> RECORD OF INTERVIEW ANI		,		
	0020	()	5	0100	()		9 0180	(11)		1	hone call	0250				J. RECORD OF INTERVIEW AN		1F	OFFICE USE (	
2	0040		6	0120			10 0200			to col	lect data					Activity	Began	Ended	Total minut	
	0060		7	0140			11 0220			sched						Interviewing	a.m. p.m.	a.n p.r		
	080		,	0160							intment telephone					Field Representative review	a.m.	a.n	1. 0630	
			8							call						Office edit	p.m. a.m.	p.r a.n	0.0640	
<b>6.</b> R	ECORD C	OF TRAVEL T	IME AND R	EASON FOR	VISIT – I	reason of	avel time and visit from list	enter cod of codes	e for at right.		Personal visit		: data				p.m. a.m.	p.r a.n	1. 0650	
	5       Personal visit to schedule appointment       Office transcription       p.m.       p.m.       0000         6       Other personal visit       8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.       0000																			
Trip	Trip Time Reason OFFICE USE <b>a.</b> Enter the line number of the respondent who answered the most questionnaire sections – Enter																			
(a)		(b)	(c)	ONLY	(a)		(b)	(c)	ONLY	(a)	(b)		(c)	ONL	Code 99 for non CU member.					
	Begar	a.ı		0280		Began	a.m.	0390	0400		Began	a.m.	0510	0520	Line number of main respondent					
1	Endeo	p.i	n.		5	Ended	p.m.	_		9	Ended	p.m.	-			<b>b.</b> Enter the line number(s)	of all other respondents – E	Enter code 99 for non (	CU member.	
	Lindot	a.ı p.ı				Endoa	a.m. p.m.				Endou	a.m. p.m.				0670	0700	0730		
	Begar	•		0310		Began	p.m.	0420	0430		Began	p.m.	0540	0550						
		a.ı p.i	···				a.m. p.m.	0420	0400			a.m. p.m.	0040			0680	0710	0740		
2	Endeo	l a.ı	~		6	Ended	2 m			10	Ended	2 m				 		<u> </u>	I	
		p.1					a.m. p.m.					a.m. p.m.				0690	0720	0750		
	Begar	۱ a.ı	n. 0330	0340		Began	a.m.	0450	0460		Began	a.m.	0570	0580		C. In answering questions a expense books, tax return	bout expenses, did the responses, or other records?	pondent consult bills, ı	eceipts, check stubs	,
3	<b>F</b> in dia d	p.i	n.		7	<b>F</b> inded	p.m.	_		11		p.m.	-			Mark (X) one.				
	Endeo	a.ı				Ended	a.m.				Ended	a.m.				0760 1 Always	3 ☐ Mostly	₅□ Almost never		
	Begar	p.ı				Began	p.m.			-	Began	p.m.				2 Almost always	4 Occasionally	6 Never		
	- 3 -	a.ı p.i		0370			a.m. p.m.	0480	0490			a.m. p.m.	0600	0610		d. If any bills, receipts, or re cost information?	cords were used, which on	es did the respondent	s) use to give	
4	Endeo	 I			8	Ended				12	Ended					Mark (X) all that apply.				
		a.ı p.i					a.m. p.m.					a.m. p.m.				0770 1 Bills 0780 2 Checkbook ledger	08004Receipts of pu08105Home file (pro		0830 7 🗌 Bank state 0840 8 🗌 Other	ements
							NOTES	;								or stubs	Census Bureau	r)		
																0790 3 Canceled checks	0820 6 Contracts or a	greements	PROCESSING USE C	
																<b>9.</b> LAST SECTION COMPLETED If the respondent did not cor		conclusion, enter	TROCESSING USE U	NNL T
																the last section completed.			0860 1 9 9	9
																0850 Section nu	umber			
																1				

S	ection	1 – GEN	- GENERAL SURVEY INFORMATION ield Representative Records													FORM <b>CE-302</b>			U.S. DEPARTMENT OF CO BUREAU OF T	
P	art A -	- Field Re	epresen	tative Re	cords		1 01 25	3 🗸								(4-1-33)			ACTING AS COLLECTING U.S. DEPARTMENT	AGENT FOR OF LABOR
<b>1.</b> Re	gional	2. Control	number		- h		lesignation   Ser	:-IN- 0			<b>3a.</b> HH No	o. <b>3b.</b> C	U No.	<b>4.</b> Intervi No.	ew		QUESTION	NAIRE	BUREAU OF LABOR	STATISTICS
		PSU code	Segment No	l I	nder suttix	Sample d	lesignation   Ser			спеск аідіт				□ 2	4	Q	UARTERLY INTER	VIEW SURVEY		
				 		Q	i		i i					3	5		CONSUMER EXPEND	TURE SURVEYS		
			·			<u> </u>	·				1		1							
<b>5.</b> R	ECORD C	F TELEPHO	NE CONTAG	TS AND REA	SON FO	R CONTA	CT – Enter co	ode for rea	ason of tele	phone cor	ntact from list	of codes	below.			<b>NOTICE</b> – Your report to the only by sworn Census emplo	Census Bureau is <b>confide</b>	<b>ntial</b> by law (title 13, U	J.S. Code). It may be	e seen
Call (a)		Reason (b)	Cal (a)		Reason (b)		Call (a)	Reaso (b)	n		SON FOR NE CONTACT	OF	FICE U	SE ONLY		<b>7.</b> RECORD OF INTERVIEW ANI		,		
	0020	()	5	0100	()		9 0180	(11)		1	hone call	0250				J. RECORD OF INTERVIEW AN		1F	OFFICE USE (	
2	0040		6	0120			10 0200			to col	lect data					Activity	Began	Ended	Total minut	
	0060		7	0140			11 0220			sched						Interviewing	a.m. p.m.	a.n p.r		
	080		,	0160							intment telephone					Field Representative review	a.m.	a.n	1. 0630	
			8							call						Office edit	p.m. a.m.	p.r a.n	0.0640	
<b>6.</b> R	ECORD C	OF TRAVEL T	IME AND R	EASON FOR	VISIT – I	reason of	avel time and visit from list	enter cod of codes	e for at right.		Personal visit		: data				p.m. a.m.	p.r a.n	1. 0650	
	5       Personal visit to schedule appointment       Office transcription       p.m.       p.m.       0000         6       Other personal visit       8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.       0000																			
Trip	Trip Time Reason OFFICE USE <b>a.</b> Enter the line number of the respondent who answered the most questionnaire sections – Enter																			
(a)		(b)	(c)	ONLY	(a)		(b)	(c)	ONLY	(a)	(b)		(c)	ONL	Code 99 for non CU member.					
	Begar	a.ı		0280		Began	a.m.	0390	0400		Began	a.m.	0510	0520	Line number of main respondent					
1	Endeo	p.i	n.		5	Ended	p.m.	_		9	Ended	p.m.	-			<b>b.</b> Enter the line number(s)	of all other respondents – E	Enter code 99 for non (	CU member.	
	Lindot	a.ı p.ı				Endoa	a.m. p.m.				Endou	a.m. p.m.				0670	0700	0730		
	Begar	•		0310		Began	p.m.	0420	0430		Began	p.m.	0540	0550						
		a.ı p.i					a.m. p.m.	0420	0400			a.m. p.m.	0040			0680	0710	0740		
2	Endeo	l a.ı	~		6	Ended	2 m			10	Ended	2 m				 		<u> </u>	<u> </u>	
		p.1					a.m. p.m.					a.m. p.m.				0690	0720	0750		
	Begar	۱ a.ı	n. 0330	0340		Began	a.m.	0450	0460		Began	a.m.	0570	0580		C. In answering questions a expense books, tax return	bout expenses, did the responses, or other records?	pondent consult bills, ı	eceipts, check stubs	,
3	<b>F</b> in dia d	p.i	n.		7	<b>F</b> inded	p.m.	_		11		p.m.	-			Mark (X) one.				
	Endeo	a.ı				Ended	a.m.				Ended	a.m.				0760 1 Always	3 ☐ Mostly	₅□ Almost never		
	Begar	p.ı				Began	p.m.			-	Began	p.m.				2 Almost always	4 Occasionally	6 Never		
	- 3 -	a.ı p.i		0370			a.m. p.m.	0480	0490			a.m. p.m.	0600	0610		d. If any bills, receipts, or re cost information?	cords were used, which on	es did the respondent	s) use to give	
4	Endeo	 I			8	Ended				12	Ended					Mark (X) all that apply.				
		a.ı p.i					a.m. p.m.					a.m. p.m.				0770 1 Bills 0780 2 Checkbook ledger	08004Receipts of pu08105Home file (pro		0830 7 🗌 Bank state 0840 8 🗌 Other	ements
							NOTES	;								or stubs	Census Bureau	r)		
																0790 3 Canceled checks	0820 6 Contracts or a	greements	PROCESSING USE C	
																<b>9.</b> LAST SECTION COMPLETED If the respondent did not cor		conclusion, enter	TROCESSING USE U	NNL T
																the last section completed.			0860 1 9 9	9
																0850 Section nu	umber			
																1				

S	ection	1 – GEN	- GENERAL SURVEY INFORMATION ield Representative Records													FORM <b>CE-302</b>			U.S. DEPARTMENT OF CO BUREAU OF T	
P	art A -	- Field Re	epresen	tative Re	cords		1 01 25	3 🗸								(4-1-33)			ACTING AS COLLECTING U.S. DEPARTMENT	AGENT FOR OF LABOR
<b>1.</b> Re	gional	2. Control	number		- h		lesignation   Ser	:-IN- 0			<b>3a.</b> HH No	o. <b>3b.</b> C	U No.	<b>4.</b> Intervi No.	ew		QUESTION	NAIRE	BUREAU OF LABOR	STATISTICS
		PSU code	Segment No	l I	nder suttix	Sample d	lesignation   Ser			спеск аідіт				□ 2	4	Q	UARTERLY INTER	VIEW SURVEY		
				 		Q	i		i					3	5		CONSUMER EXPEND	TURE SURVEYS		
			·			<u> </u>	·				1		I							
<b>5.</b> R	ECORD C	F TELEPHO	NE CONTAG	TS AND REA	SON FO	R CONTA	CT – Enter co	ode for rea	ason of tele	phone cor	ntact from list	of codes	below.			<b>NOTICE</b> – Your report to the only by sworn Census emplo	Census Bureau is <b>confide</b>	<b>ntial</b> by law (title 13, U	J.S. Code). It may be	e seen
Call (a)		Reason (b)	Cal (a)		Reason (b)		Call (a)	Reaso (b)	n		SON FOR NE CONTACT	OF	FICE U	SE ONLY		<b>7.</b> RECORD OF INTERVIEW ANI		,		
	0020	()	5	0100	()		9 0180	(11)		1	hone call	0250				J. RECORD OF INTERVIEW AN		1F	OFFICE USE (	
2	0040		6	0120			10 0200			to col	lect data					Activity	Began	Ended	Total minut	
	0060		7	0140			11 0220			sched						Interviewing	a.m. p.m.	a.n p.r		
	080		,	0160							intment telephone					Field Representative review	a.m.	a.n	1. 0630	
			8							call						Office edit	p.m. a.m.	p.r a.n	0.0640	
<b>6.</b> R	ECORD C	OF TRAVEL T	IME AND R	EASON FOR	VISIT – I	reason of	avel time and visit from list	enter cod of codes	e for at right.		Personal visit		: data				p.m. a.m.	p.r a.n	1. 0650	
	5       Personal visit to schedule appointment       Office transcription       p.m.       p.m.       0000         6       Other personal visit       8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.       0000																			
Trip	Trip Time Reason OFFICE USE <b>a.</b> Enter the line number of the respondent who answered the most questionnaire sections – Enter																			
(a)		(b)	(c)	ONLY	(a)		(b)	(c)	ONLY	(a)	(b)		(c)	ONL	Code 99 for non CU member.					
	Begar	a.ı		0280		Began	a.m.	0390	0400		Began	a.m.	0510	0520	Line number of main respondent					
1	Endeo	p.i	n.		5	Ended	p.m.	_		9	Ended	p.m.	-			<b>b.</b> Enter the line number(s)	of all other respondents – E	Enter code 99 for non (	CU member.	
	Lindot	a.ı p.ı				Endoa	a.m. p.m.				Endou	a.m. p.m.				0670	0700	0730		
	Begar	•		0310		Began	p.m.	0420	0430		Began	p.m.	0540	0550						
		a.ı p.i	···				a.m. p.m.	0420	0400			a.m. p.m.	0040			0680	0710	0740		
2	Endeo	l a.ı	~		6	Ended	2 m			10	Ended	2 m				 		<u> </u>	<u> </u>	
		p.1					a.m. p.m.					a.m. p.m.				0690	0720	0750		
	Begar	۱ a.ı	n. 0330	0340		Began	a.m.	0450	0460		Began	a.m.	0570	0580		C. In answering questions a expense books, tax return	bout expenses, did the responses, or other records?	pondent consult bills, ı	eceipts, check stubs	,
3	<b>F</b> in dia d	p.i	n.		7	<b>F</b> inded	p.m.	_		11		p.m.	-			Mark (X) one.				
	Endeo	a.ı				Ended	a.m.				Ended	a.m.				0760 1 Always	3 ☐ Mostly	₅□ Almost never		
	Begar	p.ı				Began	p.m.			-	Began	p.m.				2 Almost always	4 Occasionally	6 Never		
	- 3 -	a.ı p.i		0370			a.m. p.m.	0480	0490			a.m. p.m.	0600	0610		d. If any bills, receipts, or re cost information?	cords were used, which on	es did the respondent	s) use to give	
4	Endeo	 I			8	Ended				12	Ended					Mark (X) all that apply.				
		a.ı p.i					a.m. p.m.					a.m. p.m.				0770 1 Bills 0780 2 Checkbook ledger	08004Receipts of pu08105Home file (pro		0830 7 🗌 Bank state 0840 8 🗌 Other	ements
							NOTES	;								or stubs	Census Bureau	r)		
																0790 3 Canceled checks	0820 6 Contracts or a	greements	PROCESSING USE C	
																<b>9.</b> LAST SECTION COMPLETED If the respondent did not cor		conclusion, enter	TROCESSING USE U	NNL T
																the last section completed.			0860 1 9 9	9
																0850 Section nu	umber			
																1				

S	ection	1 – GEN	- GENERAL SURVEY INFORMATION													FORM <b>CE-302</b>			U.S. DEPARTMENT	OF COMMERCE
P	art A -	- Field Re	epresen	tative Re	cords		1 01 25	3 🗸								(4-1-33)			ACTING AS COLLEC	CTING AGENT FOR MENT OF LABOR
<b>1.</b> Re	gional	2. Control	number		- h		lesignation   Ser	:-IN- 0			<b>3a.</b> HH No	. <b>3b.</b> C	U No.	<b>4.</b> Intended			QUESTION	NAIRE	BOREAU OF L	LABOR STATISTICS
		PSU code	Segment No	l I	ider suttix	Sample d	lesignation   Ser			спеск аідіт					_		QUARTERLY INTER	VIEW SURVEY		
				 		Q	i		i						5		CONSUMER EXPENDI	TURE SURVEYS		
			·			<u> </u>	·				1		1			-				
<b>5.</b> R	ECORD C	F TELEPHO	NE CONTAG	TS AND REA	SON FO	R CONTA	CT – Enter co	ode for rea	ason of tele	phone cor	ntact from list	of codes	below.			<b>NOTICE</b> – Your report to th only by sworn Census empl	e Census Bureau is <b>confide</b> ovees and may be used only	<b>ntial</b> by law (title 13, U	J.S. Code). It ma	ay be seen
Call (a)		Reason (b)	Cal (a)		Reason (b)		Call (a)	Reaso (b)	n		SON FOR NE CONTACT	OF	FICE U	SE ON	Y	<b>7.</b> RECORD OF INTERVIEW AN		,		
	0020	()	5	0100	()		9 0180	(11)		1	hone call	0250						1F	OFFICE U	ISE ONI Y
2	0040		6	0120			10 0200			to col	lect data					Activity	Began	Ended		ninutes
	0060		7	0140			11 0220			sched						Interviewing	a.m. p.m.	a.n p.r		
	080		,	0160							intment telephone					Field Representative review	a.m.	a.n	n. 0630	
			8							call			VIOLT			Office edit	p.m. a.m.	p.r a.n	n. 0640	
<b>6.</b> R	ECORD C	OF TRAVEL T	IME AND R	EASON FOR	VISIT – I	reason of	avel time and visit from list	enter cod of codes	e for at right.		Personal visit		t data				p.m. a.m.	p.r a.n	n. 0650	
	5       Personal visit to schedule appointment       Office transcription       p.m.       p.m.       0050         6       Other personal visit       8. QUESTIONNAIRE DEBRIEFING - Complete at the conclusion of interview.       0050																			
Trip	Trip Time Reason OFFICE USE <b>a.</b> Enter the line number of the respondent who answered the most questionnaire sections – Enter																			
(a)		(b)	(c)	ONLY	(a)		(b)	(c)	ONLY	(a)	(b)		(c)	(	Cole 99 for non CU member.					
	Begar	a.ı		0280		Began	a.m.	0390	0400		Began	a.m.	051	0 05	20	Line number of main respondent				
1	Endeo	p.i	n.		5	Ended	p.m.	_		9	Ended	p.m.	-			<b>b.</b> Enter the line number(s	) of all other respondents – E	Enter code 99 for non (	CU member.	1
	Lindot	a.ı p.ı				Endoa	a.m. p.m.				Endou	a.m. p.m.				0670	0700	0730		J   
	Begar	•		0310		Began	p.m.	0420	0430		Began	p.m.	0540	0 05	50					<u> </u>
		a.ı p.i	···				a.m. p.m.	0420	0400			a.m. p.m.	004		50	0680	0710	0740		
2	Endeo	l a.ı	~		6	Ended	2 m			10	Ended	0 m				 		<u> </u>		<u> </u>
		p.1					a.m. p.m.					a.m. p.m.				0690	0720	0750		
	Begar	۱ a.ı	m. 0330	0340		Began	a.m.	0450	0460		Began	a.m.	0570	0 05	80	<b>C.</b> In answering questions expense books, tax retu	about expenses, did the responses, did the responses, and the records?	pondent consult bills, ı	eceipts, check s	stubs,
3	E . d.	p.ı	m.		7	E a da d	p.m.	_		11		p.m.	_			Mark (X) one.				
	Endeo	a.ı				Ended	a.m.				Ended	a.m.				0760 1 Always	3 ☐ Mostly	₅□ Almost never		
	Begar	p.1				Began	p.m.				Began	p.m.			40	2 Almost always	4 Occasionally	6 🗌 Never		
	- 3 -	a.ı p.i		0370			a.m. p.m.	0480	0490			a.m. p.m.	060	0 06	10	<b>d.</b> If any bills, receipts, or r cost information?	records were used, which or	es did the respondent	(s) use to give	
4	Endeo	 I			8	Ended				12	Ended					Mark (X) all that apply.				
		a.ı p.i					a.m. p.m.					a.m. p.m.				0770 1 Bills 0780 2 Checkbook ledger	0800         4 □         Receipts of pu           0810         5 □         Home file (pro		0830 7 Bank 0840 8 Othe	statements r
							NOTES	5								or stubs	Census Bureau	r)		
																0790 3 Canceled checks	0820 6 Contracts or a	greements	PROCESSING L	
																<b>9.</b> LAST SECTION COMPLETE If the respondent did not co	D omplete the interview to its o	conclusion, enter	rnucessiive L	ISE UNLY
																the last section completed.			0860 1 9	9 9
																0850 Section r	number			

Section 1 – GENERAL SURVEY INFORMATION – Continued									
Part A.1 – Consumer Unit and Reference	Period Explanations								
FIELD REPRESENTATIVE NOTE: Read the following paragraphic sectors and the following paragraphic sectors and the sectors are set of the sectors and the sectors are set of	phs (control card items 23f and 35b) ONLY if you have NOT re	ad them already.							
	2. Reference Period	NOTES							
During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses.	Most questions that I will be asking refer to a specific time period. During this interview, the time period, unless I state otherwise, is for the past three months, that is, from the first day of (Month, three months previous to this month) to								
<b>The person(s) I'm including in your CU (is/are):</b> (READ NAMES OF ALL PERSONS LISTED IN CONTROL CARD ITEM 18 WITH THE SAME CU MARKED IN CONTROL CARD ITEM 23g.)	today.								

# Page 3

# Section 1 – GENERAL SURVEY INFORMATION – Continued

FIELD

	Part B – General Hous	ing Characteristics – For New Consun	ner Units Only (For Returning	g Consumer Units, Go to Sectio	n 2) 1 01 26 1 ↓	
1a.	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 PUBLHOUS	5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?	0060 Number ROOMSQ	Information Booklet, page 5 <b>9. Does this unit have any of the following?</b> Mark (X) all that apply.	013001Swimming pool014002Off street parking015003Porch, terrace, patio, or balcony
b	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 GOVTCOST	6. How many bedrooms are there in this unit? Count all rooms used MAINLY for sleeping, even if also used for other purposes.	0070 Number 0 🗌 None BEDROOMQ		<ul> <li>0160 04 Apartment or guest house</li> <li>0170 05 Central air conditioning</li> <li>0180 06 Window air conditioning</li> </ul>
2.	Ask if not apparent. Are these living quarters presently used as student housing by a college or university?	0030 1 ☐ Yes 2 ☐ No ST_HOUS	<b>7a.</b> How many complete bathrooms are there in this unit? A COMPLETE BATHROOM has a flush toilet, a bathtub or	0080 Number 0 🗌 None		SWIMPOOL OFSTPARK PORCH A PTMENT
	Ask if not apparent by observation. Information Booklet, page 5	0040 01 Single family detached (detached structure with only one primary residence; however, the structure could include a rental unit(s) in the basement,	shower, and a wash basin with piped water.	BATHRMQ		CNTRA LA C WINDOWA C
3.	Which best describes this building?	attic, etc.) <sup>02</sup> Row or townhouse – inner unit (2, 3, or 4 story structure with 2 walls in common with other units and a private ground	<b>b.</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	0090 Number 0 🗌 None		
		level entrance; it may have a rental unit as part of the structure) 03	all the facilities of a complete bathroom.	HLFBATHQ	<b>10.</b> About when was this building originally built? Do not consider later remodelings.	0450 01 □ 1990 or later 02 □ 1985–1989
		<ul> <li>04 Duplex (detached two unit structure with one common wall between the units)</li> <li>05 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) - Go to item 5</li> </ul>	<ul><li>8. What fuel is used most for –</li><li>a. Heating this unit?</li></ul>	0100 01 □ Gas (underground piping) 02 □ Electricity 03 □ Fuel oil 04 □ Other - Specify <sub>K</sub>	remotenings.	03 □ 1980–1984 04 □ 1975–1979 05 □ 1970–1974 06 □ 1965–1969 07 □ 1960–1964
		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 5		05 □ No fuel used x □ Don't know HEA TFUEL		08   1955–1959 09   1950–1954
		<ul> <li>07 High-rise (a multi-unit structure which has 4 or more floors) – Go to item 5</li> <li>08 Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of one of the units described above) – Go to item 5</li> </ul>	<b>b.</b> Heating water in this unit?	0110 01 ☐ Gas (underground piping) 02 ☐ Electricity 03 ☐ Fuel oil 04 ☐ Other – <i>Specify</i> <sub>⋠</sub>		13 [] 1920–1933 13 [] 1920–1929 14 [] 1910–1919 15 [] 1900–1909 16 [] Before 1900 X [] Don't know
		09 $\Box$ Mobile home or trailer – <i>Go to item 5</i> 10 $\Box$ College dormitory – <i>Go to section 1, part C</i> 11 $\Box$ Other – <i>Specify and go to item 4</i> $_{\overline{a}}$		05 □ No fuel used x □ Don't know WA TERHT		NOTES
		BUILDING	C. Cooking?	0120 01 Gas (underground piping)		
4.	What is the approximate size of the lot on which this unit is located?	Lot size (approximate acreage) 0050 01 $\square$ 1 acre or less – 43,560 sq. ft. 02 $\square$ 2 acres – 87,120 sq. ft. 03 $\square$ 3 to 5 acres		02 □ Electricity 03 □ Fuel oil 04 □ Other – <i>Specify <sub>¥</sub></i>		
		04 □ 6 to 10 acres LOT_SIZE 1 05 □ Greater than 10 acres 06 □ No lot		05 □ No fuel used x □ Don't know		
		x 🗌 Don't know		COOKING		

u	rt C – Major Household /	Appl	lianc	1	ew Co	onsu	mer L	Jnits	Only					
_	a			b			C							
ONLY	Information Booklet, page 6 Does your CU have any of the following appliances?	•		If YES – How	these	e) —	lere an	-	_					
USE (	following appliances?			many?			ed for I with c							
							d as a g I with ı	-	unit?					
ESSI					5. Re	nted s	separat	tely?						
PROCESSING		Yes	No	-			ESENTA at box th							
_				MA JA PPLQ		AP	PLSTA	, Т	1					
0010	Electric cooking stove, range, or oven	1 🗌	2		1 🗌	2	3	4	5					
0020	Gas cooking stove, range, or oven	1 🗌	2				     3 🗌							
								4 [_]   						
0030	Microwave oven	1 🗌	2 🗌		1 🗆	2	   3 🗌	4	5					
0040	Other cooking stove, range, or oven	1 🗆	2			     a []	     3 🗌							
							3   	4 🛄   						
0050	Refrigerator	1 🗌	2 🗌		1	2	   3 🗌	4	5					
0060	Home-freezer	1	2		1	2	     3 🗌		¦ ∣ <sub>5</sub> □					
0070	Built-in dishwasher	1 🗌	2		1	2	   3 [] 	4	5					
0080	Portable dishwasher	1 🗌	2 🗌		1	2 🗌	   3 []	4	5					
0090							     3 []							
	Garbage disposal	1 🗌	2				3∐   							
0100	Clothes washer	1 🗌	2 🗌		1	2	3	4	5					
0110	Clothes dryer	1 🗆	2		1	     2 🗌	     3 🗌	     4 🗌	     5 []					
0405	-	_					 							
0120	Color television	1 🗌	2		1	2	3	4	5					
0130	Computer, not solely for games	1 🗆	2 🗌		1 🗌	2	   3 🗌	4	   5 🗌					
	Sound components, component system, or													
0140	compact disc sound system	1 🗌	2			2	3	4	5					
0140	Video tape recorder, video				isc player, or video cassette									
0140	Video tape recorder, video disc player, or video cassette recorder (VCR)	1 🗌	2 🗌		1 🗌	2	   3 🗌	4	5					


Page 5	Page 5
	NOTES

	Section 2 - RENTED LIVING QUARTERS       FIELD         Part A - CU Tenure, Rental Payments, Facilities, and Services for the Sample Unit       1 02 01 2 ↓													
F	Part A – CU Tenure, Rental Pay	ments, Facilities, and Sei	rvice	es for the Sample Unit	1	02 01 2 🖌								
1. a.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon section 1, part B, item 2 for first interview or new consumer units. For subsequent interviews, this item will be prefilled.	0010 1 Student housing – Go to item 6 2 Not student housing		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)?	r [		RTASPAY Go to item 5a							
b.	Are these living quarters owned or being bought by you (or any members of your CU)?	0020 1 ☐ Yes - <i>Go to item 6</i> 2 ☐ No OWNED	b.	What is the rental charge to another tenant for a similar unit?	er [	0310 <mark>\$</mark> x □ Don	COMPX .00							
	ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX.	0030 1 □ Yes 2 □ No - <i>Go to item 4a</i>	c.	What period of time does this cover	r?	0320 4 □ Mon	th er – <i>Specify <sub>▼</sub></i>							
C.	Do you (or any members of your CU) pay rent for these living quarters?	RENTED												
2a.	RENTAL OF THE SAMPLE UNIT What is the rental charge to your CU for this unit, including any extra charge for garage or parking facilities?	0040 \$ RTREGX .00	50			x 🗌 Don'								
b.	Do not include direct payments by local, state, or federal agencies. What period of time does this cover?	0050 4 Month	Ja.	Is any portion of this unit used for your own business?	0	0540 1 □ Yes 2 □ No -	RTBSNS Go to item 6							
		9 $\square$ Other – Specify $\swarrow$ RNTLPRD	b.	What percent of the rental payment counted as a business expense? Enter to the nearest whole percent.		0550 RTBSN	SZ .00 Percent							
C.	Since the 1st of (month, 3 months ago), how many payments have been made?	0060 RTPM TQ Number	6. Since the 1st of (month, 3 months ag have you (or any members of your		$0620$ 1 $\Box$ Yes – Complete part									
d.	Were all the payments in the amount of (rental charge reported in item 2a)?	0070 1 Yes – Go to item 2f 2 No RTPM TRG		CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or			for other rental property Go to next							
e.	<i>If NO</i> – What was the amount of each payment and how many payments were made at that amount?	Payment     Number       0080     RTIRE     RTIRE       \$     0090     RTIRE		university regulated housing.			section							
		0100 \$ .00 0110												
		0120 \$ .00 0130												
		0140 \$ .00 0150												
f.	Were any payments made during the current month?	0200 1 Yes RTCREX P 2 No – Go to item 3												
	If YES – How much?	0210 \$ RTCREXX .00												
З. а.	Does the rental payment include the cost of – Electricity?	Yes No 0220 1□ 2□RTELECT												
	. Gas?	0230 1 2 RTGAS												
1	Piped-in water?		-											
1	. Heating?	0250 1 2 RTH €AT 0260 1 2 RTTRASH												
	Garage or parking facilities	0270 1□ 2□RTPARK												

NOT	TEQ
NOT	23

S	Section 2 – RENTED LIVING QU	ARTERS – Continued		FIELD REPRESENTATIVE – Complete a separate page for each rented unit other than the sample unit.				
F	Part B – Rental Payments, Facili	ities, and Services for O	ther Than Sample Unit					
10	RENTAL OF OTHER THAN PROCESSING SAMPLE UNIT USE ONLY	1 02 02 0 ↓ m	<b>3a.</b> Did you or any members of your CU receive any free or reduced rent for the unit as a form of pay since the 1st of (month, 3 months ago)?	0250 1 □ Yes RTASPAY 2 □ No - Go to item 4	NOTES			
Ia.	What is the rental charge to your CU for the other unit, including any extra charge for garage or parking facilities?	0010 \$ RTREGX e .00 x □ Don't know t i	b. What is the rental charge to another tenant for a similar unit?	0260 \$ RTCOMPX .00				
b.	What period of time does this cover?	0020 4 $\square$ Month 9 $\square$ Other – Specify $\overline{V}$ RNT $L_{t}$ PRD	<b>C.</b> What period of time does this cover?	X $\Box$ Don't know 0270 4 $\Box$ Month 9 $\Box$ Other – Specify $\swarrow$				
			-	RTCMPPD				
C.	Since the 1st of (month, 3 months ago), how many payments have been made?	0030 RTPM TQ Number	<b>4a.</b> Is any portion of the unit used for your own business?	0280 1 Yes RTBSNS				
d.	Were all the payments in the amount of (rental charge reported in item 1a)?	$\begin{array}{c c} \hline 0040 & 1 \\ \hline \\ 2 \\ \hline \\ N0 \\ \hline \\ RTPMTRG \\ \hline \\ \end{array}$	<b>b.</b> What percent of the rental payment is counted as a business expense? <i>Enter</i>	2 □ No - <i>Go to item 5</i> 0290 RTBSNSZ .00 Percent				
е.	<b>e.</b> <i>If NO</i> – What was the amount of each	Payment Number	to the nearest whole percent.					
	payment and how many payments were made at that amount?	RTIREGX RTIREGC	Q 5. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living	0300 1 🗌 Yes – Complete part B for other rental				
		0070 \$ .00	apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.	property 2 🗌 No – Go to next section				
		.00 0100						
		0110 \$ .00 0120						
f.	Were any payments made during the current month?	0170 1 ☐ Yes RTCREX P 2 ☐ No - Go to item 2						
			-					
g.	If YES – How much?	0180 <sup>\$</sup> RTCREXX .00						
2.	Does the rental payment include the cost of –	Yes No						
a.	Electricity?		r					
b.	Gas?	0200 1 2 RTGAS						
C.	Piped-in water?	0210 1 2 RTWATE	R					
d.	Heating?	0220 1 2 2 RTHEA	Г					
e.	Trash/Garbage collection?	0230 1 _ 2 _RTTRAS	H					
f.	Garage or parking facilities?		<					

## Page 7

r			eening Que								<b></b>									
			TIVE INSTRUCT	TIONS • A • F	fter completin or each prope	g all scree rty previou	ening iten usly recor	ns (Pa rded a	art A.1 and st	1) fill tl till owi	he appropriate pa hed ("Yes" in item d of within the las	1, column g),	complete	part I.	-		D and			
<b>1.</b> Asl	k colu orma	ımn g for ead tion (amount	ch property liste t paid), column	ed, except if pro	operty has bee or a property, a	en dispose Isk columr	d of prev 1 k. If coli	/iously umn l	v ("YE is "YE	S" in c ES." as	column b). If mort sk column n.	gage								
8 0 3						·			10 12	20, ut		OPERTY INVE	ENTORY C	HART						
	а	b	C	d	e	f	g		h		i i			j				k		
	PRO	Property disposed of (part D	Property description (part B, item 1c)	Property type <b>1.</b> Condo	PROPERTY CODE from	Code 300 time share	still ha	ve ty	any o exper	nses	If "Yes" in column h –	Mortgage	or lump so reported in	um hor previo	ne equ us inte	ity information rview	Has y morte (lump	gage ) sum	Home Loan (	f Credit Equity Part H)
PROCESSING USE ONLY	erty number AON <sup>-</sup> A	completed) PROPDUSP		<ol> <li>Co-op</li> <li>Something else (part B, item 10)</li> </ol>	part B, item 1b. OWNYA / OWNY2	(part B, item 13, box 2)	descrip- tion)? If "No," to colum ST L O X Z	go mn j.	lf "No, to coli	erty cted less, , or l nses?	What percent of the expenses for this property are (were) deducted? Enter to the nearest whole percent.	No mortgage or lump sum home equity loan <i>Go to</i> <i>column l.</i>	Mortgage or Ioan number	Mortgage		Amount paid from part F, item 11 or part G, item 11	loan)	ent of unt ged?	If "No, next p	" go to roperty oan.
PRO	Prope	YES NO	-		Y2		YES	NO	YES A	Z ZNO	BSNS			Мон	Home		YES	NO	YES	NO
0001	PROP_								*	Ч Х Р	N B A Percent			1 🗌	     2 🗌	\$00	1 🗆	     2 []		
0021	NO2	1 🗌   2 🗌						2 🗌	1	     2 🗌 	Percent			1 🗌	     2 🗌 	\$00	1 🗆	     2 🗌 		
0041								2 🗌	1	     2 🗌	Percent			1 🗆	     2 🗌	\$00	1 🗆	     2 []		
0061								2 🗌	   1	     2 🗌 	Percent			1 🗆	     2 🗌	\$00	1 🗆	     2 🗌 		
0081								2 🗌	1	2	Percent			1 🗆	2	\$00	1 🗆	     2 []		
0101		1 🗌   2 🗌						2 🗌	1	   2 🗌 	Percent			1 🗌	   2 🗌 	\$00	1 🗆	   2 🗌 		
0121		1 🗌   2 🗌						2 🗌	1 🗌     	     2 🗌 	Percent			1 🗌	     2 🗌	\$00	1 🗆	     2 🗌 		
0141		1 🗌   2 🗌						2 🗌	1 🗌	   2 🗌	Percent			1 🗌	   2 🗌	\$00	1 🗌	     2 🗌		

_											
	m		n	0	р						
lit y t) ty	Line of Credit Home Equity Loan number (Part H, item 1d)			1st of (last month), have you (or your CU) made any payments		If "Yes" – What was the amount of the last payment?	Prior to the last payment, what was the total amount owed?				
	LOA N_NO2	of credit home equity loan? If "No," go		home equity loan?		PD2 A MTX	PRN2 A MTX				
	02	proper loan.			×						
)		YES	NO								
		1 🗌		\$00	\$00						
		1 🗌	N2   2	\$00	\$00						
		1 🗌	     2 🗌	\$00	\$00						
		1 🗌	     2 🗌	\$00	\$00						
		1 🗌	       2 🗌	\$00	\$00						
		1 🗆		\$00 \$00	\$00 \$00						

5	Section 3 – OWNED	LIVING QUART	ERS AND O	THER OV	WNED REAL ES	STATE – Continue	d
F F	Part A.1 – Screenin	g Questions - Co	ontinued		1 03 01 0		
2a.	Since the 1st of (month, any additional mortgag home equity loans for a	es, including second ı	nortgages or	0010 1	☐ Yes ] No – <i>Go to item 3a</i>		<b>4.</b> FIELD REPRESENTATIVE INSTRUCTION – Refer to the chart belo disposed of in the reference period and for each new property co
b.	If YES – For which prope home equity loan obtain			En	ter the appropriate p d property code(s) in	roperty number(s)	PROPERTY ST
	nome equity loan obtail	ned /		fro	and 1e).	ntory chart (items	Currently owned ("Yes" in item 3b) (".
6	Ask for each property. Was this a mortgage or	a home equity loan?		0020 1	] Mortgage – Mark ()	X) "Yes" in mortgage n in item 2g	B, E, I
				2 [		– Continue with item 2d	(NOTE: Do not fill any parts
d.	There are two basic typ describe both types. Ple closely describes your l	ease tell me which typ	ns. I'll De more				NOTE
	01 A loan where yo	oan. u (your CU) received t wed when you (your C	he entire :U) took				
	out the loan; or 02 A line of credit l	oan where vou (vour (	CU) can				
	increase the amo check or using a	ount borrowed by sim special credit card?	ply writing a				
е.	Is this new loan a lump	sum home equity loa	n?	0030 1	Yes – Mark (X) "Yes equity loan c	s" in lump sum home olumn in item 2g	
	Adamarita				□ No – <i>Continue with</i>		
f.	Ask or verify. Is this new loan a line of credit home equity loan?				Yes – Mark (X) "Yes equity loan c	s" in line of credit home olumn in item 2g	
g.	g. Complete the chart below for each additional mortgage/home equity		y loan.				
	Property number Property code Mortgage (Complete a page)		ort El	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	☐ Yes	
3a.	a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or otherwise acquired any property or real estate?				☐ Yes – Ask items 3b ☐ No – Go to next pa		
b.	Please look at (page 7, li property was it (were th	nformation Booklet). Wh	at kind of	Pro	perty code	Still owned	
	ENTER PROPERTY CODE(S) FROM BELOW 100 The home in which you (your CU) currently live(s)			0060		070 1 ☐ Yes 2 ☐ No	
	<b>200</b> A home in which you (your CU) used to live <b>600</b> Property for business or investment purposes only						·
	<ul> <li>300 A second home, vacation home or recreational property</li> <li>400 Unimproved land with no buildings on it</li> <li>500 Other property – <i>Specify</i></li> <li>C. Do you still have this property?</li> </ul>			0080		090 1 □ Yes 2 □ No	
c.				0100 0110 1 Yes			
	Mark (X) the appropriate box in "still owned" column.					2 🗌 No	

ow. Complete all appropriate parts for each new property currently owned before moving on to the next property.

ATUS

Disposed of "No" in item 3b)

B, D, E, I

s for property code 600.)

ES

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

FIELD REPRESENTATIVE – Ask part A.2 questions 1 throug

	Part A.2 – Screening Questions – <i>For Ne</i> u	w Con	sumer Units C	Dnly			
				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 code	YES	NO	If YES ask – How ma such properties do	vou 🗆	
	property. (Hand respondent Information Booklet, page 7.) Do you (any members of your CU) own the home in which you (your CU) currently	code		   	(does your CU) owr	n? ////	
2	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 Nu	mber	
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 $\square$ Go to item 5	0050 Nu	mber -	
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 Nu	mber	
6.	<b>Do you (Does your CU) own any other real</b> estate? – Specify $\vec{k}$			1   			
		500	0080 1	□ □ 2 □ Go to item 7a	0090 Nu	mber	
7a.	Since the first of (month, 3 months ago), did you (your own any real estate or land that you (your CU) no log own(s)?	r CU) nger	0100 1 🗌 Yes	     2		-	
b	If YES – How many different properties?		0110 Number				
C	Please look at page 7 in the Information Booklet. We kind of property(ies) was it (were they)? Enter property code(s) from below.	hat	0120	0130	0140		
	<ul><li>100 - The home in which you (your CU) currently live(s)</li><li>200 - A home in which you (your CU) used to live</li></ul>		0150	0160	0170		
	<ul> <li>600 – Property for business or investment purposes only</li> <li>300 – A second home, vacation home, or recreational pro</li> <li>400 – Unimproved land with no buildings on it</li> </ul>		0180	0190	0200		
	<b>500 –</b> Other property – <i>Specify</i> <sub>⋠</sub>		0210	0220	0230		
8.	FIELD REPRESENTATIVE INSTRUCTIONS – Refer to the						
	chart to the right. Complete all appropriate parts for each property disposed of in the reference period and for each property currently owned before moving on to next property.			PROPERTY ST	ATUS		
				rently owned	Disposed of YES" in item 7a)	-	
	Note – Do not fill any parts for property code 600.			B, E, I	B, D, E, I		

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

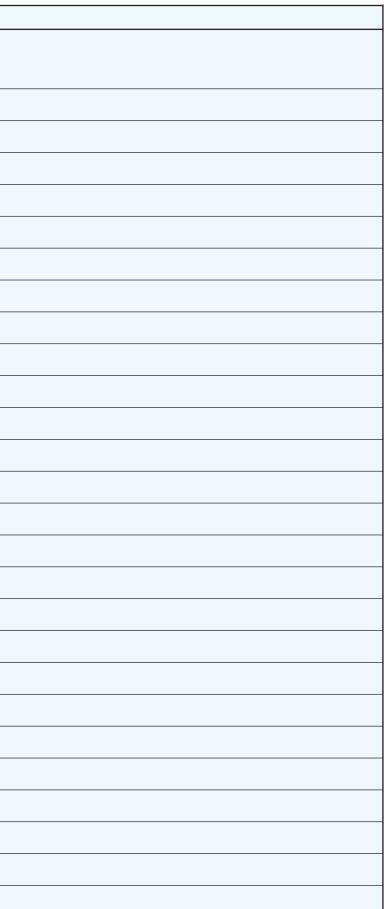
# Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued

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.

Pa	art B – Detailed Property Des	cription					
1.	FIELD REPRESENTATIVE CHECK ITEM	PROCESSING USE ONLY	1 03 03 6 🗸	1 03 04 4 🗸	1 03 05 1 🖌		
	New Consumer Units – <i>Assign a</i> property number to each property in	a. PROPERTY NUMBER	0010 Number PROP_NOB	0010 Number	0010 Number		
	Enter the property number in item	<b>b.</b> PROPERTY CODE from part A.1, item 3b or part A.2, items 1–7	0020 Code OWNYB	0020 Code	0020 Code		
	1a, the property code in item 1b, a brief description of the property (such as "own home") in item 1c,	C. DESCRIPTION	Description	Description	Description		
	and appropriate ownership status in item 1d.	<b>d.</b> CURRENT OWNERSHIP STATUS from part A.1 or part A.2	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)	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)		
<b>2</b> a	Now I'm going to ask you some question. Are (Were) any of the expenses for the business, farm, or rental expenses?	ons about (property description). his property deducted as	0040 1 Yes BSN SEX P 2 No – Go to item 3	0040 1 □ Yes 2 □ No – <i>Go to item 3</i>	0040 1 □ Yes 2 □ No – <i>Go to item 3</i>		
b	What percent of the expenses for this deducted?	s property are (were)	0060 OBSN SZB.00 Percent – If 100%, delete this property.	006000 Percent – If 100%, delete this property	006000 Percent – If 100%, delete this property.		
3a.	In what month and year did you (you property? If land contract – In what mo contract begin?	r CU) close or settle on this onth and year did the land	ACQUIRMO AQUIRYR 0080 Month 0090 Year	0080 Month 0090 Year	0080 Month 0090 Year		
b	<ul> <li>FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box for each preskip pattern.</li> </ul>	operty and follow appropriate	<ul> <li>0100 1 □ Item 3a is after the 1st of the month 3 months ago - Go to item 4</li> <li>2 □ Item 3a is before the 1st of the month 3 months ago - Go to item 8</li> </ul>	0100       1 □ Item 3a is after the 1st of the month 3 months ago - Go to item 4         2 □ Item 3a is before the 1st of the month 3 months ago - Go to item 8	0100 1 ☐ Item 3a is after the 1st of the month 3 months ago - Go to item 4 2 ☐ Item 3a is before the 1st of the month 3 months ago - Go to item 8		
4.	How did you (your CU) acquire this property? Mark (X) the FIRST answer that applies.		0120 1 A purchase, a contract with a builder, or a trade-in? 2 A gift or inheritance? 3 Other – Specify ACQMETH Go to item 8	0120       1 □ A purchase, a contract with a builder, or a trade-in?         2 □ A gift or inheritance?       3 □ Other - Specify ∠         3 □ Other - Specify ∠       Go to item 8	$\begin{bmatrix} 0120 & 1 & \square & A \text{ purchase, a contract with a builder, or a trade-in?} \\ 2 & \square & A \text{ gift or inheritance?} \\ 3 & \square & \text{Other} - Specify \\ \hline \swarrow & \hline \end{bmatrix} Go to \\ item 8$		
5.	Hand the respondent Information Bookle Closing costs include these kinds of costs, what was the total price paid	things. Not including closing	0130 <u></u> OWN_PURX .00	0130 \$00	0130 \$00		
6.	What was the amount of the down pa	ayment?	0140 <sup>\$</sup> OWNDPMTX .00	0140 \$00	0140 \$00		
7.	About how much were the closing co	osts?	0160 <u></u> \$ CLOSECST .00	0160 \$00	0160 \$00		
8.	About how much do you think this p today's market?	roperty would sell for on	0190 <u>\$</u> PROPVALX .00	0190 \$00	0190 \$00		
9.	What are your (your CU's) annual pro description)?	perty taxes for (property	0200 <u>\$</u> ANPROPTX .00	0200 \$00	0200 \$ .00		
10.	Ask if not apparent. Do not ask for unimp Is this property a condominium, coop		0210 1 A condominium 3 Something else 2 A cooperative PROPTYPE	0210 1 □ A condominium 3 □ Something else 2 □ A cooperative	0210 1 □ A condominium 3 □ Something else 2 □ A cooperative		
	<ul> <li>If vacation property/second home (code 300), ask questions 11–13. All other properties, go to part D or E as appropriate.</li> <li>Where is (property description) located?</li> </ul>		City or place VPROPLOC State	City or place State	City or place State		
11.			Foreign country	Foreign country	Foreign country		
12		OFFICE USE ONLY	0220	0220	0220		
12.	Do you (Does your CU) share owners property with anyone else outside yo	our CU? VSHARED	0230 1 Yes 2 No – Go to part D or E as appropriate	<b>0230</b> 1 $\Box$ Yes 2 $\Box$ No – Go to part D or E as appropriate	0230 1 Yes 2 No – Go to part D or E as appropriate		
13.	Do you (Does your CU) share ownershi a time-sharing arrangement where you of the property only for a specified tim	have (vour CU has) ownership	0240       1 □ Share ownership for entire year       Go to part D or E as         2 □ Time-sharing arrangement       appropriate	0240       1 □ Share ownership for entire year       Go to part D         2 □ Time-sharing arrangement       or E as	0240       1 Share ownership for entire year       Go to part D         2 Time-sharing arrangement       or E as         appropriate		

FORM CE-302

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



FIELD REPRESENTATIVE – Complete a column in part D for this property reported as disposed of in part A.1, item 1g, or part A.2, item 7, and continue with all appropriate parts for this property before going to next property.									
	1 03 35 8 🖌	1 03 36 6 ↓							
	0010 Number	0010 Number							
	0020 Code	0020 Code							
	Description	Description							
	0030 1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – <i>Specify</i> <sub>✓</sub>	0030 1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – <i>Specify</i> <sub>¥</sub>							
ld."	Mark property traded-in as "sold."	Mark property traded-in as "sold."							
erwise	Month Year 0040 0050 0050 0050 If "sold" in item 2, go to item 4; otherwise go to part E.	Month Year 0040 0050 0050 0050 If "sold" in item 2, go to item 4; otherwise go to part E.							
	0060 \$00	0060 \$00							
	0070 \$00 0080 1⊡Yes	0070 \$00 0080 1□Yes							
	2 🗌 No – Go to part E	2 🗌 No – Go to part E							
	0090 \$00	.00							

Ş	Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued 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.									
F	Part D – Disposed of Property									
1.		PROCESSING USE ONLY	1 03 33 3 🖌	1 03 34 1 🖌	1 03 35 8 🗸	1 03 36 6 🗸				
	ITEM Complete at the 1st interview in which the property is reported as	a. PROPERTY NUMBER	0010 Number PROP_NOD	0010 Number	0010 Number	0010 Number				
	being disposed of. Enter the property number in item 1a, the property	<b>b.</b> PROPERTY CODE	0020 Code OWNYD	0020 Code	0020 Code	0020 Code				
	code in item 1b, and a brief description of the property in item 1c.	C. DESCRIPTION	Description	Description	Description	Description				
2.	2. Did you (your CU) sell this property, give it to someone else (outside your CU), or do something else with it?		0030 1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – <i>Specify</i> DISPM TH D	0030 1 □ Sold the property 2 □ Gave it to someone else 3 □ Something else – <i>Specify</i> ✓	0030       1 □ Sold the property         2 □ Gave it to someone else         3 □ Something else – Specify	<ul> <li>0030 1 □ Sold the property</li> <li>2 □ Gave it to someone else</li> <li>3 □ Something else - Specify </li> </ul>				
			Mark property traded-in as "sold."	Mark property traded-in as "sold."	Mark property traded-in as "sold."	Mark property traded-in as "sold."				
3.	<b>3.</b> In what month and year did you (your CU) (sell/response to item 2) this property?		Month Year 0040 0050 0050 0050 0050 0050 0050 0050	Month Year 0040 0050	Month Year       Month     Year       0040     0050	Month Year           Month         Year           0040         0050				
			DISPM O DISPYR If "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.	If "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.				
4.	<b>4.</b> What was the selling price (trade-in value)?		0060 \$ DISPX .00	0060 \$00	0060 \$ .00	0060 \$				
5.	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 costs people may ing) property. Looking remember what es were. What were								
	the total expenses in se property?	lling (trading) this	0070 <u>\$</u> DISPEX PX .00	0070 \$00	0070 \$ .00	0070 \$00				
6a	Did you (your CU) finance sale (trade) for the buye	ce any part of the r?	0080 1 ☐ Yes 2 ☐ No - <i>Go to part E</i> MORTHOLD	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 <sub>\$</sub> TRUSTX .00	.00	.00	0090 \$				
				NOTES						

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

	Part E – Mortgage/ł	lome Equity Loan S	Creening Questions		
1.	FIELD REPRESENTATIVE	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS
	Enter the property number in item 1a, the property code in item 1b, and a brief description of	<b>b.</b> PROPERTY CODE	Code		
	the property in item 1c.	C. DESCRIPTION	Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3
2.	I want to ask next about (your CU) had in the lass (property description). FIELD REPRESENTATIVE ( Mark (X) appropriate box	t three months on CHECK ITEM	1 □ Co-op property – <i>Go to</i> 2 □ Not co-op	item 4a	<ul> <li>b. Enter number of lump sum home equity loans for this prope (from item 6a)</li> <li>c. Enter number of line of credit home equity loans for this pro</li> </ul>
3a.	Mark (X) appropriate box based upon part B, item 10 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)?	<ul> <li>(from item 6b)</li> <li>After completing the appropriate parts F, G, and/or H, conti</li> <li>If no mortgages nor home equity loans on this property, go</li> </ul>
			☐ Yes ☐ No – Go to item 3b	– Go to item 5 Number	NO <sup>*</sup>
b.	Have you (Has your CU) property since the 1st o	had a mortgage on this of (month, 3 months ago)?	☐ Yes ☐ No - <i>Go to item 5</i>	– Go to item 5 Number	
<b>4</b> a.	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 – 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?	vhich aives 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.	Now let's talk about yo description). There are to equity loans. I'll describ me which more closely	vo basic types of home be both types. Please tell			
	<ul> <li>A loan where you (you lump-sum borrowed w out the loan; or</li> </ul>	rr CU) received the entire when you (your CU) took			
		orrowed by simply ng a special credit card.	☐ Yes		
	Do you (Does your CU) equity loan?	-	□ No – Go to item 6b	Number	
b.	Do you (Does your CU) home equity loan?	have a line of credit	☐ Yes ☐ No – <i>Go to item 7</i>	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		

## Page 14a

	Section 3 – OWNED	D LIVING QUARTER	S AND OTHER OWNED F	REAL ESTATE – Continued	FIELD REPRESENTATIVE – Ask part E q parts F, G, a
	Part E – Mortgage/I	Home Equity Loan S	creening Questions - C	ontinued	
1.	FIELD REPRESENTATIVE	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS
	Enter the property number in item 1a, the property code in item 1b,	<b>b.</b> PROPERTY CODE	Code		
	and a brief description of the property in item 1c.		Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3
2.	I want to ask next about (your CU) had in the last (property description). FIELD REPRESENTATIVE (	it any mortgages you it three months on CHECK ITEM	1 □ Co-op property – <i>Go to</i> 2 □ Not co-op	o item 4a	<ul> <li><b>b.</b> Enter number of lump sum home equity loans for this proper (from item 6a)</li> <li><b>c.</b> Enter number of line of credit home equity loans for this properties of the second secon</li></ul>
Mark (X) appropriate box based upon part B, item 10. <b>3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?</b>				If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?	<ul> <li>(from item 6b)</li> <li>After completing the appropriate parts F, G, and/or H, contin</li> <li>If no mortgages nor home equity loans on this property, go</li> </ul>
			☐ Yes ☐ No – Go to item 3b	– Go to item 5 Number	
<b>b.</b> Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?		☐ Yes ☐ No - <i>Go to item 5</i>	– Go to item 5 Number		
<b>4</b> a	<ul> <li>In addition to your (you cooperative's total cos CU) make payments on obtained from an outsic (your CU's) shares in th</li> </ul>	a mortgage that was de lender for your	☐ Yes ☐ No – Go to item 4b	– Go to item 5 Number	
b	Since the lst of (month, (has your CU) made any mortgage that was obta lender for your (your Cl cooperative?	/ payments on a ained from an outside	☐ Yes ☐ No – Go to item 5	– Go to item 5 Number	
5.	Do you (Does your CU) Ioan or any other Ioan 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 - <i>Go to item 7</i>	Number	-
6. а	<ul> <li>equity loans. I'll descril me which more closely</li> <li>A loan where you (you lump-sum borrowed w out the loan; or</li> <li>A line of credit loan w increase the amount b</li> </ul>	wo basic types of home be both types. Please tell describes your loan. ur CU) received the entire when you (your CU) took where you (your CU) can porrowed by simply ng a special credit card.	☐ 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
inue with part I o to part I		
TES		

9	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	creening Questions - Co	ontinued	
	FIELD REPRESENTATIVE	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS
	Enter the property number in item 1a, the property code in item 1b,	<b>b.</b> PROPERTY CODE	Code		
	and a brief description of the property in item 1c.	C. DESCRIPTION	Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3
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		t any mortgages you t three months on	1 □ Co-op property – <i>Go to</i> 2 □ Not co-op	item 4a	<ul> <li>b. Enter number of lump sum home equity loans for this proper (from item 6a)</li> <li>c. Enter number of line of credit home equity loans for this prop (from item 6b)</li> </ul>
3a.	Excluding home equity your CU) presently have this property?	loans, do you (does e a mortgage on		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?	<ul> <li>After completing the appropriate parts F, G, and/or H, contir</li> <li>If no mortgages nor home equity loans on this property, go</li> </ul>
			☐ Yes ☐ No – <i>Go to item 3b</i>	– Go to item 5 Number	_
b.	Have you (Has your CU) property since the 1st o	had a mortgage on this of (month, 3 months ago)?	☐ Yes ☐ No – Go to item 5	– Go to item 5 Number	
<b>4</b> a.	In addition to your (you cooperative's total cost CU) make payments on obtained from an outsic (your CU's) shares in th	ts, do you (does your a mortgage that was de lender for your	☐ Yes ☐ No – Go to item 4b	– Go to item 5 Number	
b.	Since the lst of (month, (has your CU) made any mortgage that was obta lender for your (your Cl cooperative?	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	Number	
6.	Now let's talk about yo	ur (vour CU's) (loan		Number	
	description). There are tw equity loans. I'll describ 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 when you (your CU) took			
a.	increase the amount b writing a check or usin Do you (Does your CU)	orrowed by simply ng a special credit card.	☐ Yes		
Ŀ	equity loan?	have a line of the life	□ No – Go to item 6b	Number	-
D.	Do you (Does your CU) home equity loan?	nave 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
b, 4a, or 4b)		F
ty		G
perty		н
nue with part I		
to part l		
ES		

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Section 3 – OWNED LIVING QUARTERS AND OTHE	R OWNED REAL ESTATE – Continued

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

Pa	Part F – Mortgages						
1.	FIELD REPRESENTATIVE PROCESSING USE ONLY	1 03 43 2 🗸	1 03 44 0 ↓	1 03 45 7 🖌			
	Enter the property number in item 1a, the <b>a.</b> PROPERTY NUMBER	0010 Number PROP_NOF	0010 Number	0010 Number			
	property code in item 1b, a brief description of the property in item 1c. <b>b.</b> PROPERTY CODE	0020 Code OWNYF	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. <b>d.</b> LOAN NUMBER	0030 1 Number LOAN_NOF	0030 1 Number	0030 1 Number			
2. I'd like to ask some additional questions about your mortgage. In what month and year did you (your CU) make your (your CU's) first payment on this mortgage?		FRSTPYMO     FRSTPYYR       0035     0045	Month         Year           0035         0045	Month         Year           0035         0045			
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       MORTTERM         MTERM       0065       Number of years	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       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.)	OLDM RRT	0075 Percent	0075 Percent			
5.	What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.)	0080 NEW MRRT If same as item 4, go to item 90080 NEW MRRT 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.	0080       If same as item 4, go to item         0080			
<b>6</b> a	Is this a fixed rate mortgage?	0085 1 Yes – Go to item 7 2 No FIXEDRTE	0085 1 🗌 Yes – <i>Go to item</i> 7 2 🗌 No	0085 1 🗌 Yes – <i>Go to item</i> 7 2 🗌 No			
<b>b.</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 □ Other - Specify ↓         3 □ Graduated payment       PAYTYPE         4 □ Rollover or renegotiable       X □ Don't know	0090       1 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable rate of interest       6 □ Other - Specify ∠         3 □ Graduated payment       4 □ Rollover or renegotiable	0090       1 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable rate of interest       6 □ Other - Specify v         3 □ Graduated payment       4 □ Rollover or renegotiable			
7. Have you (Has your CU) refinanced or renegotiated this mortgage?		0105 1 □ Yes - <i>Read to respondent</i> - <b>The following question</b> refers to this current 2 □ No REFINED mortgage.	0105 1 □ Yes - <i>Read to respondent</i> - The following question refers to this current 2 □ No	0105 1 Yes - Read to respondent - The following question refers to this current 2 No			
8.	What was the amount of the mortgage when you (your CU) obtained it, excluding any interest?	0130 <sub>\$</sub> 00 ORGMRTX	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       MRTPMPD	0170       1 Weekly       5 Semiannually         2 Biweekly       6 Annually         3 Monthly       7 Other - Specify         4 Quarterly	0170       1 Weekly       5 Semiannually         2 Biweekly       6 Annually         3 Monthly       7 Other - Specify         4 Quarterly			
10.	<b>On your (your CU's) last regular payment,</b> <b>which of these things were included?</b> (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	0175       1 □ Principal and 0220       5 □ Mortgage guarantee interest PAYPRINI insurance PAYMORIN         0190       2 □ Property taxes PAYPROT Specify PAYOTHER         0200       3 □ Property insurance	0175       1 □ Principal and interest       0220       5 □ Mortgage guarantee insurance         0190       2 □ Property taxes       0230       6 □ Any other payments – Specify ∠         0200       3 □ Property insurance       5 □ Mortgage guarantee insurance	0175       1 □ Principal and interest       0220       5 □ Mortgage guarantee insurance         0190       2 □ Property taxes       0230       6 □ Any other payments – Specify ∠         0200       3 □ Property insurance			
		PAYPROIN 4 Life insurance PAYLIFIN	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) paid for those things?	0235 <sub>\$ MRTPMTX .00</sub>	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 <b>\$ PRININTX</b> .00 x Don't know	0245 \$00 x 🗆 Don't know	0245 \$00 × □ Don't know			

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

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

Pa	Part G – Lump Sum Home Equity Loans									
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 03 5	30 4		1 03 59 8	¥	1 03 60 6 🖌		60 6 <b>↓</b>
	Enter the property number in item 1a, the	<b>a.</b> PROPERTY NUMBER	0010 Number PR	OP_NOF	0010	lumber		0010	Number	
	property code in item 1b, a brief description of the									
	property in item 1c. Enter the 3-digit loan	<b>b.</b> PROPERTY CODE	Code	VNYF		Code		0020	Code	
	number in item 1d, beginning with 201 and	C. DESCRIPTION	Description		Description			Description		
	assigning loan numbers consecutively, regardless		0030 <b>2</b> Number L	OAN NOF	0030 2			0030 2		
2	of property number. I'd like to ask some addi	<b>d.</b> LOAN NUMBER		FRSTPYYR		Number		0030	Number	
۷.	your lump sum home eq month and year did you	uity loan. In what	FRSTPYM O Month	Year	Month		ear	Mon	!	Year
	(your CU's) first paymen	t on this loan?	0035 0045		0035	0045		0035	0045	
3.	Is this a 30-year home home equity loan, or so	equity loan, a 15-year omething else?	0055 1 30-year 2 15-year	3 Something else – Specify – MORTTERM	0055 1 □ 30-year 2 □ 15-year		Something else – Specify –		80-year 5-year	3 Something else – Specify –
			M T E R M	Number of years		0065	Number of years 🎽		0065	Number of years
4.	What was the rate of in home equity loan was	obtained? Enter in two		f i						
	decimal places, such as 9 all FHA guarantee insura	0.50% for 9 1/2%. (Include nce if applicable.)	OLDMRRT Percent			Percent		0075	Percen	t
5.	What is the current into (your CU's) home equit	erest rate on your		If same as item <sub>e</sub> 4, go to item		If ,	same as item 4, go to item			If same as item 4, go to item
	fractions to decimals.)		·	6a. If different, go to item 6b.	0080	Percent 6a	. If different, go to item 6b.	0800		t 6a. If different, go to item 6b.
<b>6</b> a.	Is this a fixed rate hom	e equity loan?	0085 1 🗌 Yes – Go to item 7	<sup>2</sup> □No F <sub>b</sub> XEDRTE	0085 1 🗌 Yes – <i>Go</i>	to item 7 2	No	0085 1 □ Y	/es – Go to item 7	2 🗌 No
b.	<b>b.</b> There are many different kinds of lump sum home equity loans. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?		0090 1  Fixed rate of interest 2  Variable or adjustable	5 $\Box$ Deferred interest 6 $\Box$ Other – S $\nabla$	0090 1 Fixed rate		□Deferred interest □Other – <i>Specify <sub>マ</sub></i>		ixed rate of interest /ariable or adjustable	5 □ Deferred interest 6 □ Other – <i>Specify <sub>マ</sub></i>
			rate of interest	PAYTYPE	rate of in	terest		ra	ate of interest	o⊡Other = Specify ¥
			3  Graduated payment 4  Rollover or renegotiable	x Don't know	3 □ Graduate 4 □ Rollover	a payment or renegotiable X[	Don't know	3 ⊡ G 4 ⊡ R	Graduated payment Rollover or renegotiabl	e x□Don't know
7.	Have you (Has your CU	) refinanced or	0105 1 🗌 Yes – Read to responder	t - The following question	0105 1 🗌 Yes – <i>Rea</i>	ad to respondent –	The following question	0105 1 □ Y	es – Read to responde	ent - The following question
	renegotiated this lump loan?	sum home equity	₂□No REFINED	refers to this current lump sum home equity	2 🗌 No		refers to this current lump sum home equity	2 🗆 N	lo.	refers to this current lump sum home equity
8.	What was the amount of	f the lump sum home		loan.			loan.			loan.
	equity loan when you (ye excluding any interest?	our CU) obtained it,	0130 \$00	ORGMRTX	0130 \$	.00		0130 \$	.00	
9.	How often are (were) lo	oan payments due?	0170 1 Weekly	5 Semiannually	0170 1 Weekly		Semiannually		Veekly Diversity	5 🗌 Semiannually
			2 □ Biweekly 3 □ Monthly	6	2 🗌 Biweekly 3 🗌 Monthly		□Annually □Other – <i>Specify <sub>K</sub></i>		Biweekly Monthly	6
			4 🗌 Quarterly	<u>MRTPMPĎ</u>	4 🗌 Quarterly	/		4 🗌 C	Quarterly	
10.	On your (your CU's) las which of these things	were included? (Hand	0175 1 Principal and 0220 interest PAYPRINI	5 Mortgage guarantee insurance PAYMORIN	0175 1 Principal interest	and 0220 5	Mortgage guarantee		Principal and 0220	5 Mortgage guarantee
	respondent Information E	Booklet, page 11.)	0190 2 Property taxes0230	6 Any other payments –	0190 2 Property		Any other payments –			6 🗌 Any other payments –
	Mark (X) all that apply.		0200 3 Property insurance 0210 4 Life insurance PAYPR PAYLIF	OIN	0200 3 □ Property 0210 4 □ Life insu		Specify 📈		Property insurance Life insurance	Specify 📈
11.	On your (your CU's) las what was the total amo	st regular payment,		IN						
	what was the total amo paid for those things?	ount you (your CU)	0235 <u></u> M RTPM TX .00		0235 \$	.00		0235 \$	.00	
12.	If any of codes 2–6 marke <b>How much of that amo</b>	ed in item 10, ask – unt was for principal								
	and interest?		0245 \$ PRININTX .00	x 🗌 Don't know	0245 \$	.00	x 🗌 Don't know	0245 \$	.00	× 🗌 Don't know

Section 3 – Part G

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued					
Part H – Line of Cre	edit Home Equity L	oans			
<b>1.</b> FIELD REPRESENTATIVE ITEM		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 property in item 1c. Enter the 3-digit loan number in item 1d, basing with 201 and	a. PROPERTY NUMBER	0010 PROP_NOH	0010 Number	0010 Number	
a brief description of the property in item 1c. Enter the 3-digit Ioan	<b>b.</b> PROPERTY CODE	0020 Code OWNYH	0020 Code	0020 Code	
number in item 1d, beginning with 301 and assigning loan numbers consecutively, regardless of property number.	<b>C.</b> DESCRIPTION	Description	Description	Description	-
		0030 3 LOAN_NOH Number	0030 <b>3</b> 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) r this loan?	0040 1 Yes PAIDLOAN 2 No – Go to next loan or part I	0040 1 🗌 Yes 2 🗌 No – Go to next loan or part I	0040 1 🗌 Yes 2 🗌 No – Go to next loan or part l	
3. If YES – What was the an payment?	mount of the last	0050 <sub>\$</sub> PAIDAMTX .00	.00	0050 \$00	
<b>4.</b> Prior to the last payment total amount owed?	nt, what was the	0060 <sub>\$</sub> PRINAMTX .00	.00	0060 \$00	

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

F	Part I – Ownership Costs							
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 77 0 ↓ 0010 PROP_NOI Number 0020 CodeOWNYI Description	<ol> <li>If property is co-op, ask –</li> <li>Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments?</li> </ol>	0160       01 □ Repayment of loans owed by cooperative         0170       02 □ Property taxes         0180       03 □ Property insurance         0190       04 □ Management         0200       05 □ Repairs and maintenance, including lawn care and snow removal	<b>11a.</b> If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these	SPCLPAY 0430 1	
2.	FIELD REPRESENTATIVE C Mark (X) the appropriate be If there was a mortgage or Ioan on the property within box 1; if not, mark box 2.	ox. Iump sum home equity the past 3 months. mark	0030 1  Mortgage/lump sum home equity loan 2  No mortgage/no lump sum home equity loan – A SM O RT <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	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 l	ng the last three i (month, 3 months ago), of your CU) paid more d on any mortgage or	0040 1 □ Yes MORTSPEC 2 □ No - Go to item 4a	COOPRG#	alarm systems 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       COOPSP	
	Since the 1st of (month, s the total amount that yo	u (your CU) paid extra?	0050 \$ SPECIALX .00	<b>9.</b> If property is not co-op, ask – <b>Which of the services and privileges</b>	0270 21 🗌 Management	HOCOSP	SERVICES FOR CONDOS/ SOMETHING ELSE	
	How much of the (amour (your CU) pay since the ' Were there any penalty of the extra payments?	1st of (current month)?	0060         \$         SPECLXCM         .00           0070         1 □ Yes         SPPENCHG           2 □ No - Go to item 4a	<b>listed</b> (hand the respondent Information Booklet, page 13) <b>are included in those</b> <b>payments?</b> Mark (X) all that apply.	<ul> <li>0280 22 □ Repairs and maintenance, including lawn care and snow removal</li> <li>0290 23 □ Improvements</li> <li>0300 24 □ Utilities: such as gas,</li> </ul>		0570         2         0580         2           0590         2         0600         2           0610         2         0620         2	
	Since the 1st of (month, much were these penalty	y charges?	0080 \$ SPPENCHX .00		electricity, water, heat 0310 25 Parking 0320 26 Recreational, including	C. Since the 1st of (month,	0630 2 0640 3 0650 3	
	How much of the (amour (your CU) pay since the Since the 1st of (month, S	<pre>1st of (current month)? 3 months ago), have you</pre>	0090 <u>\$</u> SPPCHCMX .00 0100 1 Yes GRNDRENT	HOCORG#	swimming, golf, and tennis facilities 0330 27 Security, including guards and alarm systems	3 months ago), how much were these special payments?	0660 \$SPECLX	
b.	(has your CU) made any land rent for (property de If YES – What was the tot	scription) <b>?</b>	$2 \square No - Go to item 5$ $0110 \ \ GRNDRNTX \ .00$		034028 □ Maid service035029 □ Medical services036030 □ Trash collection	<ul> <li>d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</li> <li>12a. Since the 1st of (month,</li> </ul>	0670 <u>\$</u> SPECLCX .00	
	How much of the (amour since the 1st of (current r	month) <b>?</b>	0120 <u>\$</u> GRNDRTCX .00	<b>10a.</b> Are any of the costs included in your	0370 31 □ Other – <i>Specify</i>	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.	FIELD REPRESENTATIVE C Mark (X) the appropriate be If property is condo, mark b If property is co-op, mark b	ox. box 1. Refer to part B, item 10 or	0130 1 □ Condominium – <i>Go to</i> <i>item 7</i> 2 □ Co-op – <i>Go to item 8</i> 3 □ Neither condo nor	b. If YES – How much per month?	0380 1 ☐ Yes INC_MORT 2 ☐ No - Go to item 10d 0390 \$ M GM ORTX .00	b. What was the total amount paid?	A SSESSM T	
6.	If property is neither, mark If property is not condo/co-	box 3. ] part A. I, Item I, column d TYF	CO-OP - Continue With item 6 PAYHOASS	C. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular	0400 1 ☐ Yes M GOTHER 2 ☐ No – Go to item 11a	C. How much of the (amount in item 12b) was paid since the 1st of (current month)?	0700 \$ ASSESSCX .00	
7.	Do you (Does your CU) n to a homeowner's assoc	nake regular payments iation?	0140 1 □ Yes - <i>Go to item 9</i> 2 □ No - <i>Go to item 11a</i> PAYCONDO	<b>d.</b> Since the 1st of (month, 3 months ago), how much have you (has your	0410 \$ MGOTHERX .00	<b>13.</b> Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how	0710 s RNTEQVX .00	
	Are you (Is your CU) requ payments of condominiu 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? <b>E.</b> How much of the (amount in item 10d) was paid since the 1st of (current month)?	0420 \$ M GOTHRCX .00	much do you think it would rent for monthly, unfurnished and without utilities?	x Don't know	

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

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

FIELD REPRESENTATIVE – Complete a separa within the past 3 n

F	Part I – Ownership Costs – Continued					
	FIELD REPRESENTATIVE ITEMPROCESSING USE ONLYEnter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. <b>a.</b> PROPERTY NUMBER <b>b.</b> PROPERTY CODE <b>c.</b> DESCRIPTION	1 03 78 8 ↓ 0010 Number 0020 Code Description	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 loans owed by cooperative         0170       02       Property taxes         0180       03       Property insurance         0190       04       Management         0200       05       Repairs and maintenance, including lawn care and snow removal	<b>11a.</b> If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these	0430 1 □ Yes 2 □ No - <i>Go to item 12a</i>
2.	FIELD REPRESENTATIVE 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. 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 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 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       0       0
b.	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?	0050 \$00	<b>9.</b> If property is not co-op, ask –			SERVICES FOR CONDOS/ SOMETHING ELSE
c.	How much of the (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	0270 21 Management 0280 22 Repairs and maintenance, including lawn care and snow		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>	payments? Mark (X) all that apply.	removal 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?	.00		electricity, water, heat		0630         2         0640         3           0650         3         3
f.	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0090 \$		0320       26 □ Recreational, including swimming, golf, and tennis facilities         0330       27 □ Security, including guards and	C. Since the 1st of (month, 3 months ago), how much were these special	0660 \$00
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 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)?	.00
b.	If YES – What was the total amount paid?	0110 \$00		0360 30 Trash collection	12a. Since the 1st of (month,	
c.	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0120 \$00		0370 31 □ Other – <i>Specify</i>	3 months ago), have you (has your CU) paid any special assessments by a local government for construction	0680 1
5.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box.	0130 1 Condominium – Go to item 7	<b>10a.</b> Are any of the costs included in your (your CU's) mortgage payment?	0380 1  Yes 2  No – <i>Go to item 10d</i>	or repair of roads, sidewalks, or other things like that?	
	If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither mark box 3 If property is neither mark box 3	2 □ Co-op – <i>Go to item 8</i> 3 □ Neither condo nor co-op – <i>Continue</i>	<b>b.</b> <i>If YES</i> – How much per month?	0390 \$00	<b>b.</b> What was the total amount paid? <b>C. How much of the</b> (amount in	0690 \$ .00
6.	If property is not condo/co-op, ask – Do you (Does your CU) make regular payments	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 payments for these services?	0400 1 □ Yes 2 □ No - <i>Go to item 11a</i>	<ul> <li>12b) was paid since the 1st of (current month)?</li> <li>13. Ask if code 100, 200, or 300 in</li> </ul>	0700 \$00
	to a homeowner's association?	2 🗌 No – Go to item 11a	<b>d.</b> Since the 1st of (month, 3 months		item 1b. If someone were to rent	
7.	If property is condo, ask – Are you (Is your CU) required to make regular	0150 1	ago), how much have you (has your CU) paid for these services?	0410 \$00	your home today, how much do you think it would rent for monthly,	0710 \$00 x □ Don't know
	payments of condominium fees for general maintenance or management services?	2 🗌 No – Go to item 11a	<b>C. How much of the</b> (amount in item 10d) was paid since the 1st of (current month)?	0420 \$00	unfurnished and without utilities?	

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# Page 18a

rate part I for each property still owned months.	or disposed of

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

F	Part I – Ownership (	Costs – Continued					
1.	FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the	PROCESSING USE ONLY <b>a.</b> PROPERTY NUMBER	1 03 79 6 ↓ 0010 Number	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	0160 01 ☐ Repayment of loans owed by cooperative 0170 02 ☐ Property taxes	<b>11a.</b> If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something	
	property code in item 1b, and a brief description of the property in item 1c.	<ul><li><b>b.</b> PROPERTY CODE</li><li><b>c.</b> DESCRIPTION</li></ul>	0020 Code Description	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?	0180       03 □ Property insurance         0190       04 □ Management         0200       05 □ Repairs and maintenance, including lawn care and snow	else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management	0430 1 □ Yes 2 □ No – Go to item 12a
2.	FIELD REPRESENTATIVE C Mark (X) the appropriate by If there was a mortgage or Ioan on the property withir box 1; if not, mark box 2.	ox. Iump sum home equity	0030 1	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.	removal 0210 06 Improvements 0220 07 Recreational, including swimming, golf, and tennis facilities 0230 08 Security, including guards and	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 d on any mortgage or	0040 1 □ Yes 2 □ No - <i>Go to item 4a</i>		0230       08 □ Security, including guards and alarm systems         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       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	<b>9.</b> If property is not co-op, ask –	0270 21 Management		SERVICES FOR CONDOS/ SOMETHING ELSE
C.	How much of the (amoun (your CU) pay since the	nt in item 3b) did you 1st of (current month)?	.00	Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those	0280 22 Repairs and maintenance, including lawn care and snow removal		0570 2 0580 2
d.	Were there any penalty of the extra payments?	charges as a result of	0070 1 □ Yes 2 □ No - <i>Go to item 4a</i>	payments? Mark (X) all that apply.	0290 23 Improvements 0300 24 Utilities: such as gas, electricity, water, heat		0590         2         0600         2           0610         2         0620         2           0630         2         0640         3
е.	Since the 1st of (month, much were these penalt	3 months ago) <b>, how</b> y charges?	.00		0310 25 Parking 0320 26 Recreational, including		0650 3
	How much of the (amoun (your CU) pay since the	1st of (current month)?	.00	_	swimming, golf, and tennis facilities 0330 27 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 to	tal amount paid?	0110 \$00		$\begin{array}{c} \hline 0360 \\ \hline 0370 \\ \hline 31 \\ \hline 0 \\ \hline \end{array}$	<b>12a. Since the 1st of</b> (month, 3 months ago), have you (has	0680 1 □ Yes
C.	How much of the (amoun since the 1st of (current i	nt in item 4b) <b>was paid</b> month) <b>?</b>	0120 \$00	<b>10a.</b> Are any of the costs included in your		your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks,	2 🗌 No – Go to item 13
5.	FIELD REPRESENTATIVE C Mark (X) the appropriate be If property is condo, mark	ox.	0130 1 □ Condominium – Go to item 7 2 □ Co-op – Go to item 8	b. If YES – How much per month?	0380 1 ☐ Yes 2 ☐ No – <i>Go to item 10d</i>	or other things like that? <b>b.</b> What was the total amount	0690 ¢
	If property is condo, mark is If property is co-op, mark is If property is neither, mark	box 2. item 10 or	3 Neither condo nor co-op – Continue with item 6	<b>C.</b> In addition to those costs, since the	0390 <b>\$</b> 00	paid? C. How much of the (amount in item 12b) was paid since the	0690 <u>\$</u>
6.	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	<b>1st of</b> (month, 3 months ago), <b>have you</b> (has your CU) made any other regular payments for these services?	0400 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i>	<b>131.</b> Ask if code 100, 200, or 300 in item 1b.	φ
7.	If property is condo, ask – Are you (Is your CU) req		2 □ No – <i>Go to item 11a</i> 0150 1 □ Yes – <i>Go to item 9</i>	<b>d.</b> Since the 1st of (month, 3 months 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,	0710 \$
	payments of condominin maintenance or manage	um fees for general	2 🗌 No – Go to item 11a	<b>E.</b> How much of the (amount in item 10d) was paid since the 1st of (current month)?	0420 \$00	unfurnished and without utilities?	

Section 3 – Part I (Continued)

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

# Section 3 - OWNED LIVING OLIAPTERS AND OTHER OWNED REAL ESTATE Continued

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

Section 3 – Owned Living QUARTERS AND C	THER OWNED REAL ESTATE - Continu	loan that has changed.	
Part J – Change in Mortgage or Lump Sum Hor	ne Equity 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	0010 Number PROP_NOJ	_	3 Monthly 4 Quarterly MRTPMPDJ 5 Semiannually
part A.1, item 1, column k. Enter the property number in <b>b.</b> PROPERTY CODE	0020 Code OWNYJ		6 $\Box$ Annually 7 $\Box$ Other – Specify $\overline{\nabla}$
item 1a, the property code in item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark	Description		
(X) the appropriate type of loan in item 1e. <b>d.</b> MORTGAGE (LOAN) NUME		<b>7.</b> What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%.	NEW MRRTJ
<b>e.</b> Type of loan	0035 1 Onrtgage LOANTYPJ 2 Lump sum home equity loan	(Include all FHA guarantee insurance if applicable.)	0100 Percent
2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (proper	y	<ul> <li>Hand respondent Information Booklet, page 11.</li> <li>8. On your (your CU's) last regular payment, which of these things were included?</li> </ul>	0125 1 Principal and interest PYPRINIJ 0130 2 Property taxes PYPROTX J
<ul> <li>description)?</li> <li>1 - Change in escrow account payment</li> <li>2 - Change in interest rate</li> <li>3 - Paid off</li> <li>4 - Change in amount of the graduated payment for a graduated payment mortgage (loan)</li> <li>5 - Mortgage (loan) renegotiated (rollover or renegotiable mortga (loan))</li> </ul>			<ul> <li>0140 3 □ Property insurance PYPROINJ</li> <li>0150 4 □ Life insurance PYLIFINJ</li> <li>0160 5 □ Mortgage guarantee insurance PYM ORINJ</li> <li>0170 6 □ Any other payments - Specify PYOTHER</li> <li></li> </ul>
<ul> <li>6 - Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan))</li> <li>7 - Other reasons</li> </ul>	$ \begin{array}{c c} 7 \square \\ 8 \square \\ X \square \end{array} $ Go to item 3	<b>9.</b> On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$00 M RTPM TJX
<ul> <li>8 – More than one of the above</li> <li>X – Don't know</li> </ul>		If any of Codes 2–6 marked in item 8 ask – <b>10. How much of that amount was for principal and interest?</b>	0185 \$
<b>3.</b> Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?	0045 1 □ 30-year 2 □ 15-year 3 □ Something else – Specify <sub>✓</sub>	<b>11.</b> In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0195 Month Go to next property or next section MORTCHMO
	0050 MRTTERM J	NOTES	
<b>4a.</b> Is this a fixed rate mortgage (lump sum home equity loan)?	0055 1 □ Yes - <i>Go to item 5</i> 2 □ No FIX ED RT J		
<ul> <li>Hand respondent Information Booklet, page 10.</li> <li><b>b.</b> There are many different kinds of mortgages (lump sum hor equity loans). Which one of these comes closest to yours (y CU's)?</li> </ul>	3 Graduated payment		
	4		
	6 □ Other – <i>Specify <sub>¥</sub></i> PATTYPJ		
	x Don't know		
<ol> <li>What was the amount of the mortgage (lump sum home equilibrium) when you (your CU) obtained it, excluding any interest</li> </ol>	ity ORGMRTJX .00		

Section 3 - 0	IVING (	DUARTERS		OTHER	OWNED	RFΔI	<b>FSTATE</b> -	Continued
Section 5 -		ZUANIENS	AND	UTIEN	OWNED	NLAL	LJIAIL-	Continuet

	Section 3 – OWNED LIVII	NG QUARTERS AND OTHE	R OWNED REAL ESTATE – Continu	Jed FIELD REPRESENTATIVE – Complete a separate pag loan that has changed.	e for each mortgage or lump sum home equity
	Part J – Change in Mortg	Jage 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 3 Monthly
	each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k.	a. PROPERTY NUMBER	0010 Number	_	4 🗆 Quarterly 5 🗆 Semiannually
	Enter the property number in item 1a, the property code in item 1b, the property description	<b>b.</b> PROPERTY CODE	0020     Code       Description	-	6
	in item 1c, and the mortgage (loan) number in item 1d. Mark (X) the appropriate type of loan	C. DESCRIPTION		<b>7.</b> What is the current interest rate for this mortgage (lump sum	
	in item 1e.	<b>d.</b> MORTGAGE (LOAN) NUMBER	0030 Number	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	e. TYPE OF LOAN	2 Lump sum home equity loan	<ul> <li>Hand respondent Information Booklet, page 11.</li> <li>8. On your (your CU's) last regular payment, which of these things were included?</li> </ul>	0125 1 Principal and interest 0130 2 Property taxes
	<ul> <li>mortgage (lump sum home equal description)?</li> <li>1 - Change in escrow account pay</li> <li>2 - Change in interest rate</li> <li>3 - Paid off</li> <li>4 - Change in amount of the grad payment mortgage (loan)</li> <li>5 - Mortgage (loan) renegotiated (loan))</li> </ul>	yment	$\begin{array}{c c} 0040 \\ 1 \\ \Box \\ Go \ to \ item \ 8 \\ 2 \\ \Box \\ Go \ to \ item \ 7 \\ 3 \\ \Box \\ Go \ to \ item \ 11 \\ 4 \\ \Box \\ Go \ to \ item \ 8 \\ 5 \\ \hline \\ 6 \\ \hline \end{array}$		<ul> <li>0140 3 □ Property insurance</li> <li>0150 4 □ Life insurance</li> <li>0160 5 □ Mortgage guarantee insurance</li> <li>0170 6 □ Any other payments - Specify ∠</li> </ul>
	<ul> <li>6 – Refinanced mortgage (loan) (t of the mortgage (loan))</li> <li>7 – Other reasons</li> </ul>	his includes changing the term	$ \begin{array}{c} 7 \square \\ 8 \square \\ X \square \end{array} \right\} Go to item 3 $	<b>9.</b> On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$00
	<ul><li>8 – More than one of the above</li><li>X – Don't know</li></ul>			If any of Codes 2–6 marked in item 8 ask – <b>10. How much of that amount was for principal and interest?</b>	0185 \$ .00 x \[] Don't know
3.	Is this a 30-year mortgage (lum 15-year mortgage (home equity	np sum home equity loan), a y loan), or something else?	0045 1 □ 30-year 2 □ 15-year 3 □ Something else – <i>Specify</i> <sub>V</sub>	<b>11.</b> In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0195 Month Go to next property or next section
			0050 Number of years	NOTES	
4a	. Is this a fixed rate mortgage (Iu	ump sum home equity loan)?	0055 1 ☐ Yes – <i>Go to item 5</i> 2 ☐ No		
b	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 □ Other – <i>Specify</i> <sub>¥</sub>		
			X  Don't know		
5.	What was the amount of the m loan) when you (your CU) obta	ortgage (lump sum home equity ined it, excluding any interest?	.00		

## 2 - OWNED LIVING OUNBTERS AND OTHER OWNED REAL ESTATE Continued -

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

Section 3 – OWNED LIVING	J QUARTERS AND UTHE	R OWNED REAL ESTATE - Continu	ed loan that has changed.	,
Part J – Change in Mortgag	ge or Lump Sum Home E	quity Loan Payment – Continued		
<b>1.</b> FIELD REPRESENTATIVE ITEM Complete a separate page for	PROCESSING USE ONLY	1 03 94 5 🗸	<b>6.</b> How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 Weekly 2 Biweekly
each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k.	PROPERTY NUMBER	0010 Number		3  Monthly 4  Quarterly 5  Semiannually
Enter the property number in item 1a, the property code in	PROPERTY CODE	0020 Code Description		6 $\Box$ Annually 7 $\Box$ Other – Specify $\neq$
item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark	DESCRIPTION			
(X) the appropriate type of loan	MORTGAGE (LOAN) NUMBER	0030 Number	<b>7.</b> What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%.	
e	. TYPE OF LOAN	0035 1 Mortgage 2 Lump sum home equity loan	(Include all FHA guarantee insurance if applicable.)	0100 Percent
<ul> <li>2. What was the reason for the char mortgage (lump sum home equity description)?</li> <li>1 - Change in escrow account paym</li> <li>2 - Change in interest rate</li> <li>3 - Paid off</li> </ul>	nge in the amount of your y loan) payment for (property	0040 1 □ Go to item 8 2 □ Go to item 7 3 □ Go to item 11	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         0140       3 □ Property insurance         0150       4 □ Life insurance         0160       5 □ Mortgage guarantee insurance         0170       6 □ Any other payments - Specify <sub>▼</sub>
<ul> <li>4 – Change in amount of the graduat payment mortgage (loan)</li> </ul>		4 🗌 Go to item 8 5 🔲 ]		
<ul> <li>5 - Mortgage (loan) renegotiated (ro (loan))</li> <li>6 - Refinanced mortgage (loan) (this</li> </ul>		6 [] 7 [] 8 [] 60 to item 3	<b>9.</b> On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$00
of the mortgage (Ioan)) 7 – Other reasons 8 – More than one of the above X – Don't know		x □ J	If any of Codes 2–6 marked in item 8 ask – <b>10. How much of that amount was for principal and interest?</b>	0185 \$00 x □ Don't know
<b>3.</b> Is this a 30-year mortgage (lump = 15-year mortgage (home equity lo	sum home equity loan), a oan), or something else?	0045 1 □ 30-year 2 □ 15-year	<b>11.</b> In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0195 Month Go to next property or next section
		$3 \square \text{Something else} - Specify_{\overrightarrow{V}}$ $0050 \square \qquad \text{Number of years}$	NOTES	
<b>4a.</b> Is this a fixed rate mortgage (lum	n sum homo oquitu loon\?			
Tu. is this a fixed rate montgage (unit		0055 1 ☐ Yes – <i>Go to item 5</i> 2 ☐ No		
Hand respondent Information Bookle <b>b.</b> There are many different kinds of equity loans). Which one of these	f mortgages (lump sum home	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{Other} - Specify \neq $		
		X 🗌 Don't know		
<b>5.</b> What was the amount of the mor- loan) when you (your CU) obtaine	tgage (lump sum home equity ed it, excluding any interest?	0070 \$00		

## Page 19b

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	Section 4 – UTILITIES AND FUELS	FOR OWNED A	AND RENTED	PROPERTIES									
	Part A – Telephone Expenses												
1.	Since the 1st of (month, 3 months ago), have	PROCESSING USI	ONLY	1 04 01 8	$\checkmark$	PROCESSING USE	ONLY	1 04 02 6 🌡	<b>→</b>		NOTES		
	you (or any members of your CU) received any bills for telephone services? Do not include bills for telephones used entirely for business purposes.	□Yes □No - Go	to part B										
2.	What property(ies) was (were) the telephone bills for?	UTLI	PROPI	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	sample unit			96 🗌 Mobile 97 🛄 Rented	sample unit						
	Property reported at this interview in section 3, part B, item 1a	98 🗌 Other re 99 🗌 Propert	y not owned or			98 🗌 Other r 99 🗌 Propert	y not owned or						
	• All other properties – Mark (X) appropriate box and enter a description of the property.	rented I	бусо			rented	by CU						
3.	What is the name of the company which	OFFICE USE ONLY	,	Name of telephone of	ompany	OFFICE USE ONL	<i>(</i>	Name of telephone co	ompany				
	provides telephone services for (property description)?	0030		TEL_COM P		0030							
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				
	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				
5a	What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.	TELCHGX	\$00	\$	\$ .00	\$.00	\$	\$00	\$.00	Property	PRE 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 TELMO	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 company		
a	A basic service charge?	₂ □ No TELBASIC	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	Outlet code	e		
b	Long distance call charges?	0090 1 🗌 Yes	0150 1 🗌 Yes	0210 1 🗌 Yes	0270 1 🗌 Yes	0090 1 🗌 Yes	0150 1 🗌 Yes	0210 1 🗌 Yes	0270 1 🗌 Yes				
		2 No TELNGDIS	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	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	0155 1 🗌 Yes	0215 1 Yes	0275 1 Yes	0095 1 Yes	0155 1 🗌 Yes	0215 1 Yes	0275 1 Yes		c	.00	
		2 🗌 No TELEQPUR	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	Name of te	⊮ ∣ elephone company		
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				
	Was a bill or checkbook used or was an estimate given?	2 □ Estimate 3 □ Check- <i>4</i> 5 book			з 🗌 Check-	2 □ Estimate 3 □ Check <sub>t</sub> A book <sup>tel</sup>		2 □ Estimate 3 □ Check-↑ book	2 □ Estimate 3 □ Check- book ∠	Outlet code	е		
7a	. Is any of the total charge to be deducted	REC_EST	2 🗌 No – <i>Go</i>		book <u>₹</u>	0420 1 🗆 Yes	2 🗌 No – <i>Go</i>		book ¥	Property No. from	Month bill received	Total amount of bill	
_	as a business expense? 		2 🗆 110 – 00				2 🖂 110 – 00			item 2	from item 5b	from item 5a	
b	. If YES – What percentage will be deducted?	0430	.00 Percent	TELBSNZ		043000 Percent					Name of telephone company		
8.	Did you (or any members of your CU) receive any other telephone bills for	0440 1 🗌 Yes – <i>Co</i>	mplete a separate co	lumn for each proper	ty and each	0440 1 🗌 Yes – Complete a separate column for each property and each					,		
	telephones that are not used entirely for business purposes?	2 🗌 No – <i>Go</i>	to part B			2 🗌 No – <i>Go</i>	to part B			Outlet code			
D	- 00				Castian A	D				Dage			

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				PROPERTIES -								
P	art A – Telephone Expenses – Cor	1				I			→	1	NOTES	
		PROCESSING US		1 04 03 4	↓ ////////////////////////////////////	PROCESSING USE		1 04 04 2	, ////////////////////////////////////		NOTES	
2.	What property(ies) was (were) the telephone bills for?			Description				Description				
	<ul> <li>Owned properties – Enter a description of the property and enter a property number for –</li> </ul>	0020	Property number			0020	_ Property number					
	Property previously reported in section 3, part A.1, item 1, column a		sample unit			96 🗌 Mobile 97 🗌 Rented	sample unit					
	Property reported at this interview in section 3, part B, item 1a	98 🗌 Other r 99 🗌 Proper	ty not owned or			98 🗌 Other re 99 🗌 Propert	y not owned or					
	• All other properties – Mark (X) appropriate box and enter a description of the property.	rented	by CU			rented l	ру СО					
	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		Name of telephone c	ompany			
l 1	How many telephone bills were received for (property description) from (company name)?	0040	Number			0040	Number					
	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			
	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			
	number)? Exclude any unpaid bills from a previous billing period.	\$00	\$00	\$	\$00	\$00	\$00	\$00	\$00	Property	PRE Month bill	Total amount
<b>b</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	4		\$.00
	Does the total amount of the bill include –	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	iny
<u> </u>	A basic service charge? Long distance call charges?									Outlet cod	e	
	Long distance our ondiges.	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	No. from	Month bill received from item 5b	Total amount of bill
<b>C.</b>	Equipment purchases such as the purchase of a telephone?	0095 1 🗌 Yes	0155 1 🗌 Yes	0215 1 Yes	0275 1 Yes	0095 1 🗌 Yes	0155 1 🗌 Yes	0215 1 🗌 Yes	0275 1 Yes	item 2		from item 5a
		2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	Name of t	elephone compa	+
	FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an	0110 1 Bills 2 Estimate	0170 1 🗌 Bills 2 🗌 Estimate	0230 1 🗌 Bills 2 🗌 Estimate	0290 1 🗌 Bills 2 🗌 Estimate	0110 1 🗆 Bills 2 🗆 Estimate	0170 1 🗌 Bills 2 🗌 Estimate	e 2 Estimate	0290 1 🗌 Bills 2 🗌 Estimate 3 🗌 Check-			
	estimate given?	3 Check-1 book			3 □ Check- book <sub>¥</sub>	3 Check- book			3 □ Check- book <sub>¥</sub>			
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	L	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)			lump for and	the and sight	1			elephone compa	iny		
	receive any other telephone bills for telephones that are not used entirely for business purposes?	0440 1 □ Yes - Co te 2 □ No - Go	lephone company	olumn for each proper	ty and each	0440 1 □ Yes – <i>Co</i> <i>tel</i> 2 □ No – <i>Go</i>	ephone company	olumn for each proper	ty and each	Outlet code		

Part B – Screening Question	S		1 04 25 7	↓						-								
• Since the first of (month, 3 months ago any members of your CU) received an of the following utilities, fuels, or ser	ny bills for any rvices? Do not	2a. s	Since the 1st CU) received uch as a cot	of (month any bills t tage?	n, 3 mo <b>for uti</b>	onths ago) <b>, have you</b> ilities or fuels for a	(or an rented	y mem vacati	bers of your on property,	TR4	NSCRIBE	LAST 2	BILLS PL	ER PROPERTY FC	<b>PRE</b> DR EACH U	TILITY OR SER	/ICE REPORTED IN P.	ART C
include bills for rented vacation prop properties used entirely for business.	erties or		🗌 Yes		$N_0 - G$	Go to part C				1	2		3	4		5	6	
FIELD REPRESENTATIVE: Read each item in b	old listed below.									Property	Utilit	v	Month		Unit-of-	Quantity	Name of utili company o	
U	TILITY CODE YES NO	b.v	f YES – <b>Vhich utility</b> eported.	or fuel wa	as the	charge for? Enter a	utility	code be	low for each bill	number from part C, item 2	code from part ( item	re 2,	bill eceived from part C, tem 7b	Amount of bill from part C, item 7a	measure from part C, item 7c	consumed from part C, item 7d	government ag from part C, ite	ency em 3 Company
Electricity	100	C. II	n what mont	h was the	e bill r	eceived? Enter mont	h belov	v for ea	ch bill reported.					I				code
Natural or utility gas	110								-					\$ 1.00				
Combined gas and electricity	120		eported.			of the charges? Ente	er amou	int belo	w for each bill				   	\$ .00				
Fuel oil	130	- 0		ACUTN	10		<b></b>		PRE	-				\$ .00				
Kerosene	140	PROCESSING USE ONLY	VACUTLY Utility code	Month		VACUTLX Amount								\$.00				
Bottled or tank gas	150	PROC USE 0					code	Month	Amount					\$ .00				
Wood	160												l I	\$ 1.00				
Coal	170	0020			\$	.00			\$.00	)				\$ <sup> </sup> .00				
	180	0030			\$	.00			\$.00	)			l I	\$ .00				
Combined expenses for items 130–180	190	0040			\$	.00			\$ .00	)				\$ .00				
Piped-in water	200	0050			\$	.00			\$.00	)				\$ .00				
Trash/Garbage collection	210	-								NOT	ΓES							
Sewerage maintenance	220	7																
Combined trash/garbage/ water/sewerage	230																	
Combined trash/garbage/water	240																	
Combined trash/garbage/sewerage	250																	
Combined water/sewerage	260																	
Water softening service	270																	
	280	-																
Cable TV, satellite services, or community antenna	290																	
Combined electric/water/sewerage	310	1																

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## Castie - ------. .... .

2	ection 4 – UTILITIES AND FUELS FOR OWNED A	AND K		RUPER	11E2 -	Contint	lea											
P	art C – Detailed Questions																	
1.	FIELD REPRESENTATIVE PROCESSING USE ONI	ILY		-		1 04	51 3 🖵							1 04 5	52 1 🖵			
	TRANSCRIPTION ITEM Enter a utility code in item 1a and <b>a.</b> UTILITY CODE		0010		Code	UTIL	(				0010		Code					
	a description of utility or fuel in item 1b from part 段tilt的Codes 100–1 <b>30</b> . DESCRIPTION OF UTILITY	Y OR FUEL	Description	1							Descrip	otion						
2.	<ul> <li>What property were the charges for?</li> <li>Owned properties – Enter a description of the property and enter property number for – Property previously reported in section 3, part A.1, item 1, col. Property reported at this interview in section 3, part B, item 1a</li> <li>All other properties – Mark (X) appropriate box and enter a description of the property.</li> </ul>	r a I. a a	0020 W H 97 [ 98 ]	ATPRO Rented sa Other ren Property rented by	Property ample unit nted unit not owned	t	Descript	ion				97 🗌 Rented sa 98 🗌 Other ren 99 🗌 Property rented by	ited unit not owned c		Descript	tion		
3.	Ask for utility codes 100–120, 200–260, and 290 only. What is the name of the company or government agency whe provides (utility or fuel description)?	hich	Name	СОМ	IPNAM	E					Name							
OFF	FICE USE ONLY		0030								0030							
4.	How many bills were received for (utility or fuel) for (property description)?		0045	Nı	umber						0045	Nu	ımber					
5.	What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.	d a	0055 1 2	Month 2 months		Quarter Other – <i>Sp</i>	ecify	BLPERIO	D			1 🗌 Month 2 🗌 2 months	3 □ Qu 4 □ Ot	uarter :her – <i>Spec</i>	ify			
6.	<b>Do you have any of these bills or other records showing thes</b> (utility or fuel) <b>charges?</b>		0060 1		2							1 🗌 Yes	2 🗌 N					
	Complete a separate column for each bill received since the 1st of (month, 3 months ago).	c	Bill	1		ill 2		Bill 3		ill 4		Bill 1	Bill 2			Bill 3		sill 4
7a	. What was the amount of bill (bill number)?		0070 UTLCH \$	+ G X .00	0140 \$.00		0210 \$	.00	0280 \$	.00	0070 \$	.00	0140 \$	.00	0210 \$	.00	0280 \$	.00
b	In what month was the bill received?		Mor	nth		/lonth		/lonth		lonth		Month	Mo	nth		Month		Nonth
				LMO	0150		0220		0290		0080		0150		0220		0290	
	Ask items 7c–f		Unit-of-me	asure	Unit-of-r	neasure	Unit-of	measure	Unit-of-r	neasure	Unit-of	-measure	Unit-of-measure		Unit-of-measu		Unit-of-	measure
C	What was the unit-of-measure, such as kilowatt hours, gallou cubic feet or therms?	ons,	UTLU	NIT														
_	OFFICE USE ONLY		0095		0165		0235		0305		0095		0165		0235		0305	
d	. What was the quantity consumed for bill (bill number)?		Qua 0105 UT	intity ILCON	0175	Ωuantity	0245	Juantity	0315	luantity	0105	Quantity	Qua 0175	antity	0245	Quantity	0315	ງuantity
e	Did the bill include any charges for merchandise, repairs, or services which were not part of the cost of (utility or fuel)?	r other	0110 1 2 IN CL SV C	No – <i>Go</i>	0180 1 2	☐ Yes ☐ No – Go to item 7	0250 1 2 7g	☐Yes ☐No – Go to item 7g		☐ Yes ☐ No – Go to item 7g		1 □ Yes 2 □ No – <i>Go</i> to item 7g		Yes No – Go to item 7g	0250 1	I □ Yes 2 □ No – Go to item 7g		☐ Yes ☐ No – Go to item 7g
f	. How much were these charges?		0120 \$ INCSV (	CX.00	0190 \$	.00	0260 \$	.00	0330 \$	.00	0120 \$	.00	0190 \$	.00	0260 \$	.00	0330 \$	.00
g	FIELD REPRESENTATIVE CHECK ITEM Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.		0130 1 🗆 BILUSED	ucod		□ Records used □ Estimate	<b>A</b>	Records used		☐ Records used ☐ Estimate <sub>✔</sub>		1 🗌 Records used 2 🗌 Estimate		Records used Estimate		Records used Estimate		□ Records used □ Estimate <sub>¥</sub>
8.	Was any part of the charge deducted as a business expense?	?	0420 1		2	No	UTILBUS	SN			0420	1 🗌 Yes	2 🗌 N	0				
9.	Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?		0440 1 🗌 Yes – Complete a separate column for each property 2 🗌 No										h property 2	No				

Se	ection 4 – UTILITIES AND	FUELS FOR OWNED AND R	ENTED	PROPER	RTIES –	Continue	d													
Pa	art C – Detailed Questions	;																		
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY				1 04 5	39 🖵							1 04 5	47					
		a. UTILITY CODE	0010		Code						0010		Code							
	a description of utility or fuel in item 1b from part B, item 1.		Descrip	tion							Descrip	otion								
-		<b>b.</b> DESCRIPTION OF UTILITY OR FUEL					Descriptio								Descript	lion				
2.	<ul> <li>What property were the charges</li> <li>Owned properties – Enter a description</li> </ul>	for? otion of the property and enter a	0020		Property	number	Descriptio	חו			0020		Property	number	Descript	lion				
	property number for – Property previously reported in	section 3, part A.1, item 1, col. a		7 🗌 Rented s	ample unit							97 🗌 Rented sa	mple uni							
	Property reported at this intervie	ew in section 3, part B, item 1a		98 🗌 Other rer 19 🗌 Property		dor						98 🗌 Other ren 99 🔲 Property ı		dor						
	• All other properties – Mark (X) app of the property.	ropriate box and enter a description	5	rented by	y CU	u OI						rented by	CU	u oi						
2	Ask for utility codes 100–120, 200–26		Name								Name									
3.	What is the name of the company provides (utility or fuel description)	y or government agency which ?																		
OFF	ICE USE ONLY		0030								0030									
4.	How many bills were received for description)?	<b>r</b> (utility or fuel) <b>for</b> (property	0045	Nu	umber						0045 Number									
5.	What period of time was covered	by the bill? If period covered	0055 1	Month	3	Quarter					0055 1 Month 3 Quarter									
	changed for a utility or fuel during the separate column for each different p	he reference period, complete a period of time.		$\square 2 \text{ months}$		Other – Spec	ify				$\begin{array}{c} 3 \square \text{ Outarter} \\ 2 \square 2 \text{ months} \\ 4 \square \text{ Other} - Specify \_ \\ \end{array}$									
6.	<b>Do you have any of these bills or</b> (utility or fuel) <b>charges?</b>		0060 1 🗌 Yes 2 🗌 No									ı∐Yes		No						
	<i>Complete a separate column for eac</i> (month, 3 months ago).	h bill received since the 1st of		Bill 1		ill 2		ill 3	· · · · · · · · · · · · · · · · · · ·		Bill 1		Bill 2		Bill 3		Sill 4			
	(		0070		0140		0210		0280		0070		0140		0210		0280			
7a.	What was the amount of bill (bill	number) <b>?</b>	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00		
b.	In what month was the bill receiv	ved?		Nonth		/lonth		onth		Month		Month	·	Vonth		Month		Nonth		
		100 and it hills received an other	0800	measure	0150		0220 Unit-of-r		0290	measure	0800		0150		0220		0290 Unit-of-r			
	Ask items 7c–f for utility codes 100– records are available (code 1, item 6	), otherwise go to item 7g.	Unit-oi-	measure	Unit-of-r	neasure	Unit-oi-r	neasure	Unit-oi-	measure		-measure	Unit-oi-i	measure	Unit-or	-measure	Unit-oi-i	neasure		
C.	What was the unit-of-measure, so cubic feet or therms?	uch as kilowatt hours, gallons,																		
	OFFICE USE ONLY		0095		0165		0235		0305		0095		0165		0235		0305			
d.	What was the quantity consumed	d for bill (bill number)?		Quantity		Ωuantity		uantity		Quantity		Quantity		Quantity		Quantity		Duantity		
			0105		0175		0245		0315		0105		0175		0245		0315			
е.	Did the bill include any charges f	for merchandise, repairs, or other the cost of (utility or fuel)?		☐ Yes	0180 1			Yes	0320 1			1 🗌 Yes	0180 1		0250 1		0320 1			
	services which were not part of t		2	l □ No – Go to item 7g		□ No – Go to item 7g	2	□No – Go to item 7g		No – Go to item 7g	:	2 🗌 No – Go to item 7g		□ No – Go to item 7g	2	2 □ No – Go to item 7g	2	□ No – Go to item 7g		
f.	How much were these charges?		0120		0190		0260		0330		0120		0190		0260		0330			
			0120	00	0190	.00	0260	.00	0330	00	0120	00	0190	00	0200	.00	0330	00		
			\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00		
g.	FIELD REPRESENTATIVE CHECK ITE	M	0130 1	Records	0200 1	Records	0270 1	Records	0340 1	Records	0130	1 🗌 Records	0200 1	Becords	0270 1	Becords	0340 1	Becords		
	Was a bill or other record used or wa Checks or checkbooks are not consid	as an estimate given? dered records	0130	used		used	0270 11	used A	0340	used	ords 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records used used used									
			2	Estimate	2	Estimate	2 [	Estimate	2	Estimate 🖌	:	2 🗌 Estimate 🦯	2	Estimate	2	Estimate <sup>/</sup>	2	🗌 Estimate 📈		
8.	Was any part of the charge deduc	cted as a business expense?			·	1	1		1					7	1					
			0420 1	∟Yes	2	No					0420	1 ∟ Yes	2 🗆	No						
9.	Since the 1st of (month, 3 months members of your CU) receive any	ago), did you (or any	$0440$ 1 $\Box$ Yes – Complete a separate column for each property 2 $\Box$ No $0440$ 1 $\Box$ Yes – Complete a separate column for each property 2 $\Box$ No																	
	members of your CU) receive any	y other utility or fuel bills?	0440 1	LI Yes – Con	ipiete a se	parate colum	n tor each	property 2	2 🗀 INO		0440	T L Yes – Com	piete a se	eparate colum	n tor each	i property	2 🗀 INO			

## Section A LITH THES AND FLIELS FOR OWNED AND DENTED DRODEDTIES C ntin . .

5	ection 4 – UTILITIES AND	FUELS FOR OWNED AND R		KOPER	(IIES - )	Continu	ea												
Pa	art C – Detailed Questions	5																	
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY				1 04	55 4 🖵							1 04 5	6 2 🖵				
	TRANSCRIPTION ITEM Enter a utility code in item 1a and	a. UTILITY CODE	0010		Code								Code						
	a description of utility or fuel in item 1b from part B, item 1.		Descriptio	n							Descrip	tion							
		<b>b.</b> DESCRIPTION OF UTILITY OR FUEL													<b>D</b>				
2.	<ul> <li>What property were the charges</li> <li>Owned properties – Enter a description</li> </ul>	<b>for?</b> ption of the property and enter a	0020		Property r	number	Descriptio	n			0020		Property nur	nber	Descripti	on			
	property number for –	section 3, part A.1, item 1, col. a		Rented s	ample unit							97 🗌 Rented sa	ample unit						
	Property reported at this intervi	iew in section 3, part B, item 1a		☐ Other rer ☐ Property		امت						98 🗌 Other ren 99 🗌 Property							
	• All other properties – Mark (X) app of the property.	propriate box and enter a description	99 [	rented by	y CU	101						rented by	v CU						
2	Ask for utility codes 100–120, 200–2		Name								Name								
3.	What is the name of the compan provides (utility or fuel description,	ly or government agency which /?																	
OFF	ICE USE ONLY		0030								0030								
4.	How many bills were received for description)?	or (utility or fuel) for (property	0045	Nu	umber						0045	Nu	umber						
5.	What period of time was covered changed for a utility or fuel during t	d by the bill? If period covered	0055 1 Month 3 Quarter									0055 1 Month 3 Quarter							
	separate column for each different p	period of time.	2	2 months	4	Other – <i>Spe</i>	cify				2	2 2 months	4 🗌 Oth	ner – <i>Speci</i>	fy				
6.	<b>Do you have any of these bills o</b> (utility or fuel) <b>charges?</b>	-	0060         1 □ Yes         2 □ No           Bill 1         Bill 2         Bill 3         Bill 4									Yes	2 🗌 No						
	Complete a separate column for eac (month, 3 months ago).	ch bill received since the 1st of		1		ill 2		3		4		Bill 1	Bill 2	2		ill 3		ill 4	
	(		0070		0140		0210		0280		0070		0140		0210		0280		
<b>7</b> a.	• What was the amount of bill (bill	number) <b>?</b>	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	
b	. In what month was the bill recei	ved?	Mo 0080	nth	0150	1onth	0220	onth	0290	onth	0080	Month	Mon 0150	ith	0220	lonth	0290	lonth	
	Ask items 7c–f for utility codes 100–	130 only if hills receipts or other	Unit-of-me	asure	Unit-of-m	neasure	Unit-of-m	neasure	Unit-of-m	easure		measure	Unit-of-mea	ISUITE	Unit-of-	measure	Unit-of-r	neasure	
6	records are available (code 1, item 6 . What was the unit-of-measure, s	6), otherwise go to item 7g.		Juburo		liousuro						incusure		louro		nousure		louburo	
U.	cubic feet or therms?	uch as knowatt nours, ganons,																	
	OFFICE USE ONLY		0095		0165		0235		0305		0095		0165		0235		0305		
d	. What was the quantity consume	d for bill (bill number)?		antity		luantity		antity		uantity		Quantity	Qua	ntity		uantity		luantity	
			0105		0175		0245		0315		0105		0175		0245		0315		
e	<ul> <li>Did the bill include any charges services which were not part of</li> </ul>	for merchandise, repairs, or other the cost of (utility or fuel)?		] Yes ] No – <i>Go</i>	0180 1	☐ Yes ☐ No – <i>Go</i>	0250 1	]Yes ]No <i>– Go</i>	0320 1	] Yes ] No <i>– Go</i>	0110 1	⊻	0180 1 🗌 \	∕es No <i>– Go</i>	0250 1	_]Yes _]No <i>– Go</i>	0320 1	_ Yes _ No <i>– Go</i>	
			2	to item 7g	2	to item 7g		to item 7g	2	to item 7g	2	to item 7g		o item 7g	2	to item 7g	21	to item 7g	
f.	. How much were these charges?		0120		0190		0260		0330		0120		0190		0260		0330		
			•	.00	¢	.00	¢	.00	¢	.00	•	.00	¢	.00	¢	.00	¢	.00	
			<u>ه</u>		¢		<u>۵                                    </u>		۵ <u>ــــــ</u>		<u>ه                                    </u>		۵		<u>ه                                    </u>		<u>م</u>		
g	FIELD REPRESENTATIVE CHECK ITE		0130 1	Records	0200 1	Records	0270 1	Records	0340 1	Records	0130 1	Records	0200 1 🗆 F	Records	0270 1	Records	0340 1	Records	
	Was a bill or other record used or w Checks or checkbooks are not consi			used	۱ <u> </u>	used		used 1		used		used		ised		used		used	
			2	Estimate <sup>7</sup>	2	Estimate <sup>7</sup>	2 🗌	Estimate	2	stimate 🖌	Estimate $\overrightarrow{r}$ 2 $\Box$ Estimate $\overrightarrow{r}$ 2 $\Box$ Estimate $\overrightarrow{r}$ 2 $\Box$ Estimate $\overrightarrow{r}$ 2 $\Box$ Estimate $\overrightarrow{r}$								
8.	Was any part of the charge dedu	cted as a business expense?	0420 1	Yes	2	No					0420 1 🗆 Yes 2 🗆 No								
											· · · · · ·								
9.	Since the 1st of (month, 3 months members of your CU) receive an	s ago), did you (or any y other utility or fuel bills?	0440 1	0440 1 🗌 Yes – Complete a separate column for each property 2 🗌 No 0440 1 🗌 Yes – Complete a separate column for each proper										property 2	2 🗆 No				
	members of your CO) receive an	y other utility of fuel bills?					r									/	-		

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

	Part A – Screening Questions											
	Information Booklet, page 14		JOB	VEC	NO			PROCESSING				
1.	Since the 1st of (month, 3 months ago), have you (or any members of your CU) had		JOB CODE	152	NO		PROCESSING USE ONLY  4a. Have there been any expenses for any other property					
	expenses for -?	Dwellings under construction including a vacation or second home	100			(р	ropert	ere been any expo sy that you do not 's of your CU)?	enses for any c t own or rent) l	other property by you (or any		
2.	Information Booklet, page 14 Have there been any expenses for property you owned or rented since the 1st of	Building an addition to the house or a new structure, such as a porch, garage, or new wing	110			<b>b.</b> Which jobs were those expenses for? Enter job code(s) from items 1 through 3.						
	(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 CU.)	Remodeling one or more rooms in the house	130			FII	ELD RE	PRESENTATIVE CH	IECK ITEM			
		Landscaping the ground or planting new shrubs or trees	140			<b>5.</b> Job codes items 1, 2, 3, and 4						
		Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools	150			ς οι	urrent	e 1st of (month, 3 month, have you chased any mate	(or any member	ers of your		
3a.	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			ye	et star					
	unit or any other unit you owned or rented since the 1st of (month, 3 months ago)? (Renters should not include jobs that have been or will be totally reimbursed by	Inside painting or papering	170				<b>sed fo</b> i nter a jo	code.				
	anyone outside of their CU.)	Outside painting	180									
b.	Which of the following?	Plastering or paneling	190			-	hat wa	as the total cost of?	of these mater	ials and		
		Plumbing or water heating installations and repairs		7a. si	ince th	e 1st of (month, 3 month, have you	a months ago), e	excluding the				
		Electrical work	210			CU) purchased any materials or supplies not for any specific job?						
		Heating or air-conditioning jobs	220			<b>b.</b> If YES – What was the total cost?						
		Flooring repair or replacement, including inlaid linoleum or vinyl tile	230			<b>8.</b> FIELD REPRESENTATIVE INSTRUCTION – If any box market						
										P		
		Insulation	240			1		2	3			
		Roofing, gutters, or downspouts	260			Job co from part l	n	Property description from part B,	Property description code			
		Siding	270			item		item 2a	from part B, 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									
ade	26		Se	ctior	5_	Part A						

	1 05 00 7 🗸	<b>&gt;</b>	
y y	☐ Yes ☐ No – <i>Go to item 5</i>		
	0010 0020		
	0030 0040		
	0050 1 All "No" 2 At least one "Yes" marker	d	
t	0060 1 ☐ Yes 2 ☐ No – <i>Go to item 7a</i>	ADVMATER	
	Description		
	0070 Job code C	RMCODEA	
	0080 \$00 A [	Ονματχ	
7	0090 1 ☐ Yes 2 ☐ No – <i>Go to item 8</i> M	ATNSPEC	
	0100 \$00 M A	TNSPCX	
ked	"Yes" in item 1, 2, 3, or 4, fill section 5	5B.	
PRE	1		
	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	ENAN	CE OF PROPERTY – Continued						
Part B – Job Descrip	otion										
<b>1.</b> FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 05 50	2 🗸		Which of these items did it include and what was the cost of each?		OFFICE USE ONLY	Description	NOTES		
	JOB NUMBER	1				1	0130	APPCDE			
Enter the job code from par jobs use code 310.)	rt A. (For combined	0010 Cod	e CRM CODEB				0140 \$	.00 APPL_X x 🗆 Don't k	know		
2a. On which property was t done?	the (job description)	Description					OFFICE USE ONLY	Description			
<b>b.</b> Enter a property number – enter the property number	from section 3. Mark	CRM PROPI	erty number			2		.00 x 🗆 Don't k			
(X) the appropriate box for	all other properties.	97 🗌 Rented samp	ole unit	82			Ψ				
		98 🗌 Other rented 99 🗌 Property not by CU			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 t</i>	CRMMA to item 9a	ATER		
<b>3a.</b> What work was done? Do	escription should be	Description		b.	What was the total cost for all items purchased for this job in –	or		SUPPI			
adequate to classify as "alt and to identify in next inter	rview.				(month, 3 months ago)?		0260 \$	.00 0 None			
FIELD REPRESENTATIVE CI <b>b.</b> Job classification – <i>Mark (X</i>		0030 1 Addition 2 Alteration	CRMTYPE		(month, 2 months ago) <b>?</b>		0270 \$	.00 SUPF	PLYX2		
		3 🗌 Replacement 4 🗌 Maintenance 5 🗌 New constru	e and repair		(last month) <b>?</b>		0280 \$	.00 SUPF	PLYX1		
OFFICE USE ONLY – Enter deta	ail ich acdas			1		-		.00 SUPP			
	-	0040	CRMCODE		(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-C insurance companies, an	(or any members of CU member, such as	0050 \$00	0 TOTJBCST	9a.	Have you (or any members of your CU) RENTED at tools or equipment for doing this job?	ny	0300 1 □ Yes 2 □ No - <i>Go</i> t	TOOLR to item 10a	RENT		
<b>5a.</b> Did you do all the work y	yourself or did you	0060 1 🗌 Self only – G	io to item 8a	b.	What was the total cost for all items rented for th job in –	is		TOOLF			
pay someone or contract all or part of the work?	t with a builder to do	2 Paid or contr			(month, 3 months ago)?		0310 \$	.00 0 None			
<b>b.</b> What was the cost for all l appliances, or equipment			CNTRCTX3		(month, 2 months ago) <b>?</b>		0320 \$	.00 0 None			
(month, 3 months ago) <b>?</b>		0070 \$00			(last month) <b>?</b>		0330 \$	.00 0 None			
(month, 2 months ago) <b>?</b>		.00	0 CNTRCTX2 0 None		(last month) f		¥				
(last month) <b>?</b>		0090 \$	0 CNTRCTX1	10-	(the current month)?		Ψ	.00 0 None			
(the current month)?		0100 \$00	CNTRCTX0		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 t</i>	REIM to item 11a	1 BRS		
C. Since the 1st of (month, 3 much have you paid for	3 months ago) <b>, how</b>	0110 \$ .00	CONTRCTX	b.	What percent of the total cost was (will be) reimbursed or paid by someone outside of your C		0370	REIM	BRSZ		
materials THEY PROVIDI	ED?	0 □ None – <i>Go to</i>	-					0 Percent			
If codes 100–130, 200–220, items 6 and 7; for all other	or 300 in item 1, ask codes, go to item 8a.		AJ_APPL /		Were (Will) any of these expenses for this job (be) deducted as a business expense?		0380 1 ☐ Yes 2 ☐ No - <i>Go</i> t	CRM BS to next job	SN SD		
Information Booklet, page 6. Did the charge(s) include	15 e the cost of any	0120 1 □ Yes M A 2 □ No - Go to it	_ /	b.	What percent was (will be) deducted?		0390	CRM BS	SN SZ		
appliances or equipment	t?					039000 Percent					

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Section 5 – CONSTRUCTION, REPAI	RS, ALTERATIONS, AND MAINT	ENANCE OF PROPERTY – Continued		
Part B – Job Description – Continue	k			
1. FIELD REPRESENTATIVE PROCESSING USE ONL	1 05 51 0 ↓	7. Which of these items did it include and what was the cost of each?	OFFICE Description	NOTES
ITEM JOB NUMBER	2		0130	
Enter the job code from part A. (For combined jobs use code 310.)	0010 Code		0140 \$00 x 🗆 Don't know	
<b>2a.</b> On which property was the (job description) done?	Description	2	OFFICE USE ONLY	
<b>b.</b> Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.	0020 Property number	- -	0160 \$00 x 🗆 Don't know	-
	97	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 - Go to item 9a	
<b>3a. What work was done?</b> Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.	Description	<b>b.</b> What was the total cost for all items purchased for this job in – (month, 3 months ago)?	0260 \$0 None	
FIELD REPRESENTATIVE CHECK ITEM <b>b.</b> Job classification – <i>Mark (X) one.</i>	0030 1 Addition 2 Alteration 3 Replacement	(month, 2 months ago) <b>?</b>	0270 \$00 0 🗆 None	
	4 Maintenance and repair 5 New construction	(last month) <b>?</b>	0280 \$00 0 🗆 None	
<b>OFFICE USE ONLY –</b> Enter detail job codes.	0040	(the current month)?	0290 \$0 O \_ None	
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.	0050 \$00	<b>9a.</b> Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 🗌 Yes 2 🗌 No – <i>Go to item 10a</i>	
<b>5a.</b> Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?	0060 1 Self only – <i>Go to item 8a</i> 2 Paid or contracted with someone else	<b>b.</b> What was the total cost for all items rented for this job in – (month, 3 months ago)?	0310 \$00 0 □ None	
<b>b.</b> What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)?	0070 \$00 0 □ None	(month, 2 months ago) <b>?</b>	0320 \$00 0 🗆 None	
(month, 2 months ago)?	0080 \$00 0 \ None	(last month) <b>?</b>	0330 \$00 0 🗆 None	
(last month) <b>?</b>	0090 \$00 0 \ None	(the current month)?	0340 \$00 0 🗆 None	
(the current month)?	0100 \$0 0 \ None	<b>10a. Was (Will) any of the total cost of</b> (read entry in <i>item 4</i> ) <b>(be) reimbursed or paid by someone outside of your CU?</b>	0350 1 □ Yes 2 □ No – <i>Go to item 11a</i>	
<b>C.</b> Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?	0110 \$00 ₀ □ None - <i>Go to item 8a</i>	<b>b.</b> What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent	
If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a.	0120 1 🗆 Yes	<b>11a.</b> Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 □ Yes 2 □ No - <i>Go to next job</i>	
<ul> <li>Information Booklet, page 15</li> <li>6. Did the charge(s) include the cost of any appliances or equipment?</li> </ul>	2 🗌 No – Go to item 8a	<b>b.</b> What percent was (will be) deducted?	039000 Percent	

Section 5 – CONSTR	RUCTION, REPAIR	S, ALTERATIONS, AND MAINT	ENANCE OF PROPERTY – Continued		
Part B – Job Descrip	otion – Continued				
<b>1.</b> FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 05 52 8 🗸	7. Which of these items did it include and what was the cost of each?	OFFICE Description	NOTES
ITEM	JOB NUMBER	3	was the cost of each:		
Enter the job code from pa jobs use code 310.)	rt A. (For combined	0010 Code			
2a. On which property was to done?	<b>the</b> (job description)	Description		0140 \$00 x 🗆 Don't know	
			4	OFFICE Description	
<b>b.</b> Enter a property number – enter the property number	from section 3. Mark	0020 Property number	2		
(X) the appropriate box for	all other properties.	97 🗌 Rented sample unit 98 🗌 Other rented unit	-		
		99  Property not owned or rented		0160 \$00 x 🗆 Don't know	
<b>3a. What work was done?</b> <i>D</i>	escription should be	by CU Description	<b>8a.</b> Have you (or any members of your CU)	0250 1 🗌 Yes	
adequate to classify as "alt and to identify in next inter	eration." "repair." etc.,		PURCHASED any materials, supplies, tools, or equipment for doing this job?	2 🗌 No – Go to item 9a	
FIELD REPRESENTATIVE C		0030 1 Addition	<b>b.</b> What was the total cost for all items purchased for this job in –		
<b>b.</b> Job classification – Mark ()	K) one.	2 Alteration 3 Replacement	(month, 3 months ago)?	0260 \$00 0 🗆 None	
		4 Maintenance and repair	(month, 2 months ago) <b>?</b>	0270 \$0 O \_ None	
	- 11 - 1			0280 \$0 None	
OFFICE USE ONLY – Enter deta		0040	(last month) <b>?</b>		
4. What was the total cost all costs paid for by you	(or any members of		(the current month)?	0290 \$00 0 🗆 None	
your CU) or by any non-( insurance companies, ar	CU member, such as nd so forth.	0050 \$00	<b>9a.</b> Have you (or any members of your CU) RENTED any	0300 1 🗌 Yes	
5a. Did you do all the work pay someone or contrac	yourself or did you t with a builder to do	0060 1 Self only – <i>Go to item 8a</i>	tools or equipment for doing this job?	2 🗌 No – <i>Go to item 10a</i>	
all or part of the work?		2	<b>b.</b> What was the total cost for all items rented for this job in –	0310 \$ .00 ₀ □ None	
<b>b.</b> What was the cost for all appliances, or equipment	labor, materials, THEY PROVIDED IN -		(month, 3 months ago) <b>?</b>	0310 \$00 0 None	
(month, 3 months ago) <b>?</b>		0070 \$00 0 None	(month, 2 months ago) <b>?</b>	0320 \$00 0 🗆 None	
(month, 2 months ago) <b>?</b>	· · · · · · · · · · · · · · · · · · ·	0080 \$00 0 🗆 None	(last month) <b>?</b>	0330 \$0 \_ None	
(last month) <b>?</b>		0090 \$0 0 \ None	(the current month)?	0340 \$0 O \_ None	
		0100 \$00 0 None	<b>10a. Was (Will) any of the total cost of</b> (read entry in item 4) (be) reimbursed or paid by someone	0350 1 🗌 Yes	
(the current month)? C. Since the 1st of (month,		0100 \$00 0 🗆 None	item 4) (be) reimbursed or paid by someone outside of your CU?	2 🗌 No – Go to item 11a	
much have you paid for materials THEY PROVID	labor and anv	0110 \$	b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent	
lf codes 100–130, 200–220,	or 300 in item 1, ask		<b>11a.</b> Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 🗌 Yes	
items 6 and 7; for all other Information Booklet, page	-	0120 1 □ Yes 2 □ No – Go to item 8a	b. What percent was (will be) deducted?	2 🗌 No – Go to next job	
6. Did the charge(s) include appliances or equipment	e the cost of any		<b>D.</b> What percent was (will be) deducted?	0390 .00 Percent	

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## Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT,

#### FIELD REPRESENTATIVE

Part A – Purchase	of Household	Appliances	8	06 02 6	→			-								
а		b		с	d	е	f	g		h	i	j		PRE		
Information Booklet, page Since the 1st of (month,		What type did you purchase or rent?		ENTER ITEM	Was this –	When did	What was the	lf code 2 in column d –	Did t	this Ide	Were there any extra charges	Did you purchase	1	2	3	
<ul> <li>have you (or any members of your CÜ) purchased or rented any of the following items for your CU, or as a gift to someone outside your CU?</li> <li>Do not list any appliance previously reported in section 5B, item 7. If an appliance is reported in both section 5 and section 6, probe to verify that they are not duplicated.</li> </ul>		Enter a brand name or a brief description of item.	ONLY	CODE from column a AJAP	2 - Rented? Go to column g. 3 - Purchased	pur- chase it? M AJ_	purchase price after any trade-in allowance?	What was the total rental expense since the 1st of (month, 3 months ago), excluding the current	sales	s tax? MAJT	for installation? /f "Yes" - How much? 목	or rent any other? If "No" go to next item in column a.	Description from column b and	Month from column e	Cost fror column or columr	۱f
COOKING STOVE, RANGE, OR OVEN	ITEM YES NO		PROCESSING USE	PLY	Grito others? TC Mark (X) box	MO	MAJPURX	month? M AJRENTX		AX	INSTX		section 5B item 6		and section 5 item 6	
Gas	110					Month				NO	NO	YES NO		Month		
Microwave	120		0010				\$.00	\$.00	-	2	0□ \$ .00				\$	
Other	130		0020		1 2 3		\$.00	\$.00	1	2	⁰□ \$ .00				\$	i
REFRIGERATOR	140		0030		1 2 3		\$ .00	\$ .00	1	2	₀□ \\$ .00				\$	i I
HOME-FREEZER	150		0040		1 2 3		\$ .00	\$ .00	1	2	∘□¦\$ .00				\$	
DISHWASHER							+	i	′ 	-					•	
Built-in	160		0050				\$.00	\$ .00		2	0□ \$ .00				\$	 
	170		0060				\$.00	\$.00	1		0□ \$ .00				\$	
GARBAGE DISPOSAL	180 190		0070		1 2 3		\$ .00	\$ .00	1	2	₀□¦\$ .00				\$	
CLOTHES DRYER	200		0080		1 2 3		\$.00	\$ .00	1	   2	0□ \$ .00				\$	
RANGE HOOD	210						l			2					· ·	   
Combination of any of the above items	220		0090				\$.00	\$.00		1					\$	
FIELD REPRESENTATIVE	1 06 01 3		0100		1 2 3		\$.00	\$.00		2	0□ \$.00				\$	
	0010 999  Go to Part B		0110		1 2 3		\$ .00	\$ .00	1	   2	◎□  \$ .00				\$	
Mark (X) box if there are no entries recorded in columns b–j.	Part B		0120		1 2 3		\$.00	\$ .00	1	   2	₀□ \$ .00				\$	
NOTES			0130		1 2 3		\$ .00	i			₀□ \$ .00				\$	
			0140							2					•	
							\$.00	\$.00			°□¦\$ .00	, I			\$	
			0150		1 2 3		\$.00	\$.00		2	0□ \$ .00				\$	
			0160		1 2 3		\$.00	\$.00	1	   2	∘□'\$0				\$	
			0170		1 2 3		\$.00	1			o□i\$ .00	, _ ¦ _			\$	

#### 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 purchase or rent? column d -ITEM include purchase or 1 – Purchased for you Include deliverv **1.** Since the 1st of (month, 3 months ago), have , purchase it? ≤ CODE own use? charges, exclude What was the sales rent any you (or any members of your CU) purchased $\leq$ Enter brand name or installation other . . .? total rental tax? from PROCESSING 2 - Rented? or rented any of the following items for your Z z a brief description of column a. charges.) expense since CU or as a gift to someone outside your CU? Go to column o If "No," go the item. the 1st of MINAP NO 3 – Purchased ITEM (month, 3 Ž GF to next item MINPURX YES NO as gift to CODE months ago), in column a. SMALL HOUSEHOLD others? excluding the **APPLIANCES** Month YES NO YES NO Mark (X) box $\Omega$ Go to column h. current month? Small electrical 230 0010 kitchen appliances 1 2 3 **7** $\leq$ 1 🗌 ¦ 2 🗌 .00 \$ .00 Electric personal care 240 IRE 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** 270 APPLIANCES 0040 1 2 3 1 🗌 | 2 🗌 .00 \$ .00 \$ 280 SEWING MACHINES 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 🗌 i 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 2 3 1 $\square$ 1 2 2 **ACCESSORIES FOR** .00 \$ .00 \$ 650 NON-BUSINESS USE 0120 1 2 3 1 2 PHOTOGRAPHIC EQUIPMENT 300 .00 \$ .00 \$ LAWNMOWING MACHINERY 0130 1 2 3 AND OTHER YARD 1 🗌 | 2 🗌 .00 \$ .00 \$ EQUIPMENT 310 0140 1 2 3 1 2 2 TOOLS FOR HOME USE .00 \$ .00 \$ 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 CHECK ITEM 1 2 3 1 2 .00 \$ .00 \$ 0010 999 Go to Mark (X) box if there are

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no entries recorded in

columns b–i.

next

page

0200

1 2 3

#### Page 31

NOTES				
NOTES		PRE		
	1	2	3	
	 Description from column b	Month from column e Month	Cost from column f c column g	or
			\$	.00
			\$	.00
				00
			\$	.00
			\$	.00
				.00
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				00.
				     .00
				.00

 $\square$ 

1 🗌 | 2 🗌

.00

.00 \$

#### 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? lf "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 2 0040 1 2 3 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 .00 \$ .00 400 Radio, all types . . . . . . . . . 1 2 3 1 2 0080 \$ .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.

Section 6 - Part B (Continued)

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

#### 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 08 7 -> d h i. b PROCESSING USE ONLY е f а С g ENTER **Did this** Did you Information Booklet, page 19 What type did you Was this -When did What did it cost? If code 2 in ITEM CODE purchase or rent? column d purchase or (Include delivery include 1 – Purchased for you **1.** Since the 1st of (month, 3 months ago), have own use? purchase charges, exclude What was the sales rent any you (or any members of your CU) purchased Enter brand name or it? installation other . . .? total rental tax? from 2 - Rented? or rented any of the following items for your a brief description of column a. charges.) expense since the CU or as a gift to someone outside your CU? Go to column g If "No," go the item. 1st of (month, 3 3 – Purchased ITEM months ago), to next item YES NO as gift to excluding the CODE in column a. others? **SPORTS, RECREATION, AND** current month? EXERCISE EQUIPMENT Month YES NO YES | NO Mark (X) box Go to column h. General sports equipment 0010 (Include here athletic shoes for 1 🗌 ¦ 2 🗌 .00 \$ .00 sports related use, such as football, baseball, soccer, or 470 0020 1 2 3 1 🗌 ¦ 2 🗌 .00 ¢ .00 \$ 480 Health and exercise equipment 0030 1 2 3 1 🗌 ¦ 2 🗌 \$ .00 \$ .00 Camping equipment . . . . . . 490 0040 1 2 3 1 🗌 ! 2 🗌 \$ .00 \$ .00 Hunting and fishing equipment 500 0050 1 2 3 3 1 🗌 | 2 🗌 .00 \$ .00 \$ 510 Winter sports equipment ... 0060 1 2 3 1 🗌 | 2 🗌 \$ .00 \$ .00 Water sports equipment . . . . 520 0070 1 2 3 1 🗌 i 2 🗌 \$ .00 \$ .00 Outboard motors ..... 530 0080 1 2 3 3 $\square$ 1 🗌 i 2 🗌 .00 \$ .00 \$ Bicycles 540 0090 1 2 3 Tricycles and battery powered 1 🗌 ¦ 2 🗌 .00 .00 \$ 550 riders .... 0100 1 2 3 1 🗌 ¦ 2 🗌 \$ .00 \$ .00 560 Playground equipment . . . . 0110 Other sports and recreation 1 🗌 ¦ 2 🗌 \$ .00 \$ .00 570 equipment . . . . . . . . . . . . Use only if unable to itemize 0120 1 2 3 1 🗌 ! 2 🗌 .00 \$ .00 820 \$ above – Combined expenses 0130 **2.** FIELD REPRESENTATIVE 1 2 3 1 06 07 0 🗸 1 🗌 | 2 🗌 .00 \$ .00 \$ CHECK ITEM 0010 999 🗌 Go to Mark (X) box if there are 0140 1 2 3 1 🗌 | 2 🗌 .00 \$ .00 section \$ no entries recorded in 7 columns b–i. 0150 1 2 3 1 🗌 i 2 🗌 NOTES \$ .00 \$ .00 0160 1 2 3 3 1 🗌 ¦ 2 🗌 .00 \$ \$ .00 0170 1 2 3 1 🗌 ¦ 2 🗌 .00 \$ .00 0180 1 2 3 1 🗌 ¦ 2 🗌 .00 \$ .00 0190 1 2 3 1 🗌 ¦ 2 🗌 \$ .00 \$ .00 0200 1 2 3 1 2 2 .00 \$ .00

NOTES		PRE	
		0	
	1 Description from column b	2 Month from column e	3 Cost from column f or column g
		Month	
			\$ .00
			\$.00
			\$
			\$.00
			\$.00
			\$.00
			\$.00
			\$ .00
			\$ .00
			\$ .00
			\$.00
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			\$00
			\$.00
			\$ .00
			\$ .00
			\$ 1.00
			\$ 1.00 \$ 1.00
			\$ .00 \$ .00

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

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.

Part A – Screening Questions Information Booklet, page 20					t B – Household Equipment F						07 02 0 →				
a. Since the 1st of (month, 3 months ago), did you (or any members of your CU) have any expenses for maintenance or repair	□ Ye	es – Go to colu 1a below	umn	Repair or	a What is/was (repaired/covered by service contract)?		b 1 – Equip- ment	ENTE ITEM	month was	e What was the total cost?	f Did this include	1	PRE 2	3	4
of household equipment? D. Did you (or any members of your CU) have any expenses for service contracts?		☐ Yes – <i>Go to column</i> 1b below ☐ No			Describe the item repaired or the type of service or equipment covered by the service contract.	SSING	repair 2 – Service R contrac	t CODE	done/service	1 1	sales tax? ת ס	Description	Repair or service contract	Month from	Cost fror
any expenses for service contracts?					Include all items covered.	PROCESSING USE ONLY	2 – Service contrac PAIR AlR	APPRF	Month		AIRT YES NOX	1	from column b	column d	column
		<b>1a.</b> Repair or	a. Repair or 1b. Service			0010		RYB	SRV	\$.00					\$
	ITEM CODE	YES NO	Contracts YES NO	2		0020				\$ .00					\$
Garbage disposal, range hood, or built-in dishwasher	. 100			3		0030			8	\$.00					\$   
Other household appliances, such as washer, refrigerator, or range/oven	. 110			4 5		0050				\$ .00					\$
Television, radio, video and sound equipment, except those installed in automobiles or other	. 120			6		0060				\$ .00					\$
vehicles Computers, computer systems, and related equipment for non-business use	. 120			7		0070				\$.00					\$ 1
Lawn and garden equipment				8		0080				\$.00					\$
Musical instruments and accessories				9 10		0100				\$ .00					\$       
Hand or power tools				11		0110				\$ .00					\$
Photographic equipment	. 160			12		0120				\$.00					\$
Sport and recreational equipment	. 170			13		0130				\$ .00					\$
Termite or pest control treatment	. 190			14 15		0150				\$ .00					\$
Heating or air conditioning equipment	. 200			16		0160				\$ .00					\$
Use only if unable to itemize above – Combined expenses	. 210			17		0170				\$ .00					\$
FIELD REPRESENTATIVE CHECK ITEM		1 07 01 1	1 🖌	18		0180				\$ .00					\$
Mark (X) box if there are no entries recorded in columns a–f in part B.	0010	999 🗌 Go to	part C	19		0190				\$ .00					\$
				20		0200				\$.00					\$

Se	ection 7 – HOUSEHOLD E FURNITURE RE	QUIP PAIR	MENT AND R	REPAIRS, S	SERVICE C TERING – C	ONTE Contir	RACTS, Annued	AND		FIELD	D REPRE	SENTATIVE –
Pa	art C - Screening Questio	on						PF	RE			NOTES
Di	d you (or any members of your C y expenses for repairing refinish	U) have	•					1	2	3	3	
for	d you (or any members of your C y expenses for repairing, refinish upholstering furniture, including r fabric?	the cos	sts		☐ Yes – Go to ☐ No – Go to r		tion	Description from column a	Month from	Cost	from	
Pa	art D – Furniture Repair o	r Reu	pholste	ering	4 C	07 04 9	→	column a	column	colur	ini u	
	a	Щ	b	с	d		е			\$	.00	
	What item of furniture was repaired or reupholstered?	G USE		In what month did	How muc did it cost	t?	Did this include			\$	.00	
ltem No.	Describe type of furniture.	SSIN	OFFICE USE				sales tax? ת ת			φ		
		PROCESSING (	ONLY	reupholstere	ed? קאפא ער ביי אר ביי					\$	00.	
		RAO	~				YES NOT			\$	.00	
1		0010	Z220 7		\$	.00				\$	.00	
2		0020	די 220 ≺		\$	.00				\$	.00	
3		0030	220	M O	\$	.00				\$	.00	
4		0040	220		\$		1 🗌   2 🗌			\$	.00	
5		0050	220		\$	i	1 2 2			\$	   .00	
6		0060	220		\$					\$	.00	
7		0070	220		\$		1 🗌   2 🗌			\$	.00	
8		0080	220		\$	I	1 2 2			\$	.00	
9		0090	220		\$	.00				\$	00.	
10		0100	220		\$	.00	1 🗌   2 🗌			\$	.00	
FORM CE												

Г

Part A – Purchases				5.09	3 01 0 -	•										
			b	5.00		4		0	f		h	NOTES		DDE		
a Information Booklet, pages 21 and 22			What did you purchase?		c ENTER	u In what	Was tl	e his	What was	g Did this	Did you		1	PRE 2		3
	<b>.</b>		Enter a brief description of the item purchased.		ITEM CODE	month did you purchase it?	purch your C	ased for CU or as to one le	the purchase price?	include sales tax?	purchase any other?		-	2		<b>&gt;</b>
LIVING, FAMILY, OR RECREATION ROOM FURNITURE	100	YES NO	-	PROCESSING USE	FURNPUR	FURNMO	FURN 1 - For the 2 - As	AGFTC r use by e CU. a gift to meone	FURNPURX	URNPURT	lf "No," go to next item in column a.		Description from column b	Month from column d	Cost colu	from Imn f
Living room chairs				PRO	$\prec$		ou CU	tside J.		×			_			
Living room tables	102		-			Month	Mar	rk box	YES NO YES NO			Month	-			
Modular wall units, shelves or cabinets Ping-pong, pool tables and other similar recreation room items	103 104		-	0010			1	2	\$ .00	1 2					\$	.00
Other living room, family or recreation room furniture including desks	105		-	0020			1	   2	\$ .00						\$	  .00
Living room furniture combinations	106			0030			1	   2	ф   ос							
DINING ROOM AND KITCHEN FURNITURE				0040			1	2	\$ .00						\$ \$	00.       .00
All dining room and kitchen furniture	110							1	\$ .00		 		-		φ	1.00
				0050			1	2	\$.00						\$	.00
Mattress and springs	120			0060			1	2	\$ .00						\$	.00
Bedroom furniture other than mattresses and springs	. 121			0070			1	     2	\$ 00	) 1□¦2□					\$	    .00
Combined bedroom furniture (codes 120 and 121)	122			0080					\$ .00		1				\$	.00      .00
INFANTS FURNITURE AND EQUIPMENT				0090			1	2	\$ .00						\$	     .00
Infants furniture	130 131			0100			1	2	\$ .00						\$	.00
OUTDOOR FURNITURE AND EQUIPMENT			1	0110			1		\$ .00						\$	00.
Patio, porch or outdoor furniture	. 140		1	0120			1		\$ .00						\$	.00      .00
	. 141						1	+								
OFFICE FURNITURE FOR HOME USE	·////		-	0130				2	\$.00						\$	00.
All office furniture for home use. Exclude any furniture used exclusively for business	150			0140			1	2	\$.00						\$	00.
Combined furniture expense. Use only if unable to itemize separately	160			0150			1	2	\$.00						\$	.00
HOUSEHOLD DECORATIVE ITEMS				0160			1	2	\$ .00						\$	ا 00. ا
Clocks	. 170			0170			1	2	\$ .00						\$	00.
Lamps, and other lighting fixtures	. 171		-	0180			1	2								
Other household decorative items	173								\$ .00						\$	.00

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

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

Part A – Purchases – Cont	tinued			50	8 02 8 -	▶											
a			b		с	d		е	f		g		h	NOTES		PRE	
Information Booklet, pages 23 and 24			What did you purchase?		ENTER	In what	Was t	nis	What was	Did	l this		l you		1	2	3
Have you (or any members of your C for your CU or as a gift to someone your CU any of the following?	U) purcl outside	hased of	Enter a brief description of the item purchased.	~		month did you purchase it?	your ( a gift some outsic	to one le	the purchase price?	incl sale tax		any	rchase / ier				
	ITEM CODE	YES NO		ΟΝΓΥ			the Cl	J? use by				If "I	No," to nex	t .	_	Month	
CLOSET STORAGE AND TRAVEL				USE			the	e CU.				iten	n in umn a.		<ul> <li>Description</li> <li>from column b</li> </ul>	from column d	Cost from column f
Storage items	180			ט ע				a gift to meone							_		
Travel items	181			SSIN			ou CL	tside									
DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE				PROCE											-		_
Plastic dinnerware	190			ЪР		Month	Mai	k box		YES	S¦ NO	YES	s¦ no	0		Month	
China and other dinnerware	191			0010			1	2			   2 🗌			1			
Stainless, silver, and other flatware	192								\$ .00	, <u> </u>	+						\$ 1.0
Glassware	193		-	0020			1	2	\$ .00	1□	2			]			\$
Serving pieces other than silver	195								φ					1			Ψ I.
Non-electric cookware	196			0030			1	2	\$.00		2						\$
Combined kitchenware (Codes 190–196)	197			0040			1	2		1	   2 🗌						
Silver serving pieces	198								\$ .00	/	1		<u> </u>				\$ 1.0
				0050			1	2	\$ .00	) 1□	2			]			\$ 1.0
Bedroom linens	200			0060			1				2			1			
Bathroom linens	201			0000			1		\$.00					]			\$ .(
Kitchen and dining room linens	202		-	0070			1	2	\$ .00	_ 1□	2			]			
Other linens	203 204			0080			1	2	\$ .00		2			1			\$ \$
Slipcovers, decorative pillows and cushions	205			0090			1							]			\$ 1.0 \$ 1.0
FLOOR AND WINDOW COVERINGS								<u> </u>	\$.00	<u> </u>	+						۱.
Original wall-to-wall carpet	210			0100			1	2	\$.00	) 1□	2			]			\$.
Repacement wall-to-wall carpet	211		-	0110			1	2	\$ .00	, 1□	2			]			\$ .0
Room size rugs and other non- permanent floor coverings, including carpet squares	212			0120			1	2	\$ .00	0 1□	   2 []			]			\$ 1.0
Curtains and drapes	214			0130			1	2	\$ .00	1□	2		□ ¦ □	]			\$ .(
Venetian blinds, window shades, other window coverings	215			0140			1	   2	\$ .00		2			]			\$ <u>.</u>
Use only if unable to itemize above – Combined expenses	220			0150			1	2 	\$ .00		2			]			\$  .(
Part B – Rental or Leasing	of Fu	rniture	1 08 03 5 🗸											NOTES			
1a. Since the 1st of (month, 3 month (or any members of your CU) re any furniture?	<i>s ago),</i> h nted or	ave you leased	0010 1 🗌 Yes FURNRN 2 🗌 No – Go to next sec		<b> </b>												
<b>b.</b> If YES – What was the total expe or leasing furniture, excluding a the current month?	ense for any expo	renting enses for	0020 <sup>\$</sup> FURNRNTX	.00													

FORM CE-302

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

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

Part A – Clothing	Part A – Clothing a b					)9 O2 4→											-					
а				b		С		d		е	f	g		h		i	i		PRE			
Information Booklet, page . I. Since the 1st of (month, shave you (or any member CU) purchased any of th items, for persons age 2 either for members of your someone outside your C	3 months a ers of you e followi	r		What did you buy? Describe briefly the item purchased.		ITEM CODE from column a.	CU m numb If son and a <b>90</b> – I	whom was it purchased bember, enter name and I ber from Control Card. neone outside CU, enter i ppropriate code as follow Male 16 and over	ine name	purchase? Enter number of identical	it?	How much did it cost?		Did thi include sales ta C C O T T	ax?	Did ye purch any other	nase ? "" go	1	2	3 Monti		4
Coats, jackets, and	CODE	ES N	0		PROCESSING USE C		92 - 1	Female 16 and over Male 2–15 Female 2–15 PERSONY		items purchased. CLOTH OTH	ОТНМОА	ОТНХА		НТХА		item in colum	n ın a.	Description from column b	Person from column d	colum	n i	Cost from column g
furs	100				PRC				Line No. or code	QA	Month			YES	NO	YES			Name	Mont	h	
Sport coats and tailored jackets	110				0010							\$	.00		2						\$	.00
Suits	120		_		0020							\$	.00								\$	.00
Vests	130		_		0030							\$	.00	1							\$	.00
sets	140		_		0040							\$	.00	 							\$	.00
Pants, slacks, and jeans	150		_		0050							\$	.00								\$	.00
<b>Shorts and short sets</b> <i>Exclude all athletic shorts</i>	160				0060								.00								\$	.00
Dresses	170		_		0070								.00								\$	.00
Skirts	180				0090								.00								\$	.00
Shirts, blouses, and tops	190		_		0100								00.								\$	.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 09 01				0110								00.								\$	00.       .00
Mark (X) box if there are no entries recorded in columns b–i.	0010 999	IICA	· L		0120								.00								\$	.00     .00
NOTES		pag			0130								.00								\$	.00     .00
NOTES					0140							\$	.00								\$	.00
					0150							•	.00	1	2						\$	.00
					0160							\$	.00		2						\$	.00
					0170							\$	.00	1 1 1	2						\$	     .00
					0180							\$	.00	1	2						\$	   .00

## Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part A – Clothing -	- Continued		6 0	09 04 0 →															
а		b		С	d		е	f	g		h			i		PRE			
Information Booklet, page <b>1. Have you (or any member CU) purchased any of th items, for persons age 2 either for members of y someone outside your C</b>	ers of your	What did you buy? Describe briefly the item purchased.		ITEM CODE from column a.	For whom was it purchased CU member, enter name and I number from Control Card. If someone outside CU, enter r and appropriate code as follov 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.		How much did it cost?	l i	Did this nclude ales ta		Did y purcl any other If "No to ne. item i colum	hase r? n," go xt in	1 Description from column b	2 Person from column d	3 Month from column f	Cos	<b>4</b> It from umn g
	ITEM CODE YES NO		PROC	-	Name	Line No or code	- ·	Month	-	,	YES	NO	YES	NO		Name	Month	-	
Undergarments	200		0010						\$ 1.00	0	I 1□ !	2						\$	.00
Hosiery	210		0020						\$ .00		 1□	2						\$	.00
			0030						\$ .00		1	2						\$	.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 09 03 3 🖌		0040						\$ .00		1	2						\$	.00
	0010 999 🗌 Go to		0050						\$ .00	0	1 1 1	2						\$	.00
columns b–i.	next page		0060						\$ .00	0	1	2						\$	.00
NOTES			0070						\$ .00	0	1	2						\$	.00
			0080						\$ .00	0	1	2						\$	.00
			0090						\$ .00	0	 1□   	2						\$	.00
			0100						\$ .00	0	1□   1□	2						\$	.00
			0110						\$ .00	0		2						\$	.00
			0120						\$ .00	0	1 🗌 📙	2						\$	.00
			0130						\$ .00	0		2						\$	.00
			0140						\$ .00	0	1   1	2						\$	.00
			0150						\$ .00	0	1 🗌 📙	2						\$	.00
			0160						\$ .00	0		2						\$	.00
			0170						\$ .00	0		2						\$	.00
			0180						\$ .00	0	1	2						\$	.00

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

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

Part A – Clothing						09 06 5 →												
а				b		с	d		е	f	g	h		i		PRE		
Information Booklet, page		(OUR		What did you buy?		ITEM	For whom was it purchase CU member, enter name and	ed? If I line	How many	In what month	How much did it cost?	Did this include	Did y purcl	ou hase	1	2	3	4
<ol> <li>Have you (or any memb CU) purchased any of the items, for persons age 2 either for members of y someone outside your ( Nightwear and</li> </ol>	2 and o your CU	YES	r	Describe briefly the item purchased.	USE ONLY	CODE from column a.	number from Control Card. If someone outside CU, enter and appropriate code as follo 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15	r name ows:	did you purchase? Enter number of identical items purchased.	did you purchase it?		sales tax?	any	r? n," go xt in	Description from column b	Person from column d	Month from column f	Cost from column g
loungewear	220				PROCESSING													
Accessories	230				PROC	-	Name	Line No or code	-	Month		YES NO	YES	NO		Name	Month	- 
Active sportswear	240				0010						\$ .00	1 2						\$ 1.00
Uniforms, for which 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			- - -				\$ 1.00
clothing combined Footwear	270				0060						\$ .00			 				\$ .00
(Include here athletic shoes not specifically purchased for sports					0070						\$ .00							\$.00
<b>2.</b> Have you (or any	280				0080						\$ .00	1 2						\$ .00
members of your CU) purchased any other clothing which you					0090						\$ .00	1 2		      				\$ .00
have not previously mentioned? Do not include infants					0100						\$ .00	1 2						\$.00
<b>clothing.</b> If YES – probe and assign an item code.					0110						\$ .00	1 2						\$ .00
3. FIELD REPRESENTATIVE CHECK ITEM		05 8			0120						\$ .00	1 2						\$00
Mark (X) box if there are no entries recorded in columns b–i.	0010 9	999 🗌 0 p	Go to bart B		0130						\$ .00							\$ .00
NOTES					0140						\$.00							\$ .00
					0150						\$.00	1 2						\$ .00
					0160						\$ .00		_					\$.00
					0170						\$ .00							\$ .00
					0180						\$00	1 2						\$00
age 40								tion 9 - P	art A (Con	tinued)								Page 40

Part A – Clothing	g – Cor	tinued	6 09 07 3 →														
b		С	d		е	f	g		ł	า		i	NOTES		PRE		
What did you buy?		ENTER ITEM	For whom was it purchase	d?	How many	In what month	How much did it cost?		Did th	nis 1e	Did y purc	/OU hase		1	2	3	4
Describe briefly the		CODE	If CU member, enter name an number from Control Card.	d line	did vou	did vou			sales	tax?	any	r?					
tem purchased.		column	If someone outside CU, enter and appropriate code as follo	name	purchase? Enter	it?					lf "No	o," go		—			
	ONLY	preceding		WS:	number of identical						to ne. item	xt in			Person from	Month from	
	USE (		90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15		items purchased.						colun	nn a.		Description from column b	column d	columr	Cost from column g
			<b>93</b> – Female 2–15														columning
	ESSI																
	PROCESSING		Name	Line No. or code	-	Month			YES	NO	YES	NO		_	Name	Month	-
	0010						\$	.00	1	2							\$
	0020						\$	.00	1	2							\$
	0030						\$	.00		2							\$
	0040						\$	.00	1	2							\$
	0050						\$	.00	1	2							\$
	0060						\$	.00	1	2							\$
	0070						\$	.00	1	2							\$
	0080						\$	.00		2		-					\$
	0090						\$	.00	1	2							\$
	0100						\$	.00	1	2							\$
	0110						\$	.00		2							\$
	0120						\$	.00	1	2							\$
	0130						\$	.00	1	2							
	0140						\$	.00	1	2							\$
	0150						\$	.00	1	2							\$
	0160						\$	00.		2							\$ 
	0170						\$	.00	1	2							\$
	0180						\$		1	2							\$

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

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Did vou

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purchase

other . . .?

If "No," go

to next

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column a.

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**Did this** 

include

sales tax?

#### Part B – Infants Clothing, Watches, Jewelry, and Hairpieces 6 09 12 3 -> b d f С а е g 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 C CLOG outside your CU? СГ PROCESSING USE ONLY number of ř ITEM CODE C identical 0 YES NO Such as -Η Η items ЧН 0 purchased. П Coats, jackets, or - $\times$ ΗB $\leq$ snowsuits 290 C Т ω 0 б $\prec$ **Dresses and other** π ω 300 ЧН outerwear . . . . . Underwear and diapers, ā including disposable 310 Non-CU member CU member Ξ Month 320 Sleeping garments. 1 2 0010 .00 \$ 330 Layettes 1 2 0020 .00 Accessories 340 0030 1 2 .00 \$ Combined clothing for infants –*This should be* 2 1 0040 used only if the \$ .00 respondent cannot itemize clothing 0050 1 2 purchases. Specify (in .00 \$ the Notes) the types of clothing combined. 360 0060 1 2 .00 **b.** Have you (or any members of your CU) 1 2 0070 .00 \$ purchased any other infants clothing which 1 2 you have not 0080 \$ .00 previously mentioned? If YES – probe and 1 2 0090 .00 assign an item code. \$ Information Booklet, 0100 1 2 page 27 \$ .00 Have you (or any 1 2 0110 .00 members of your CU) \$ purchased any of the following items, 1 0120 2 .00 \$ either for members of your CU or for someone outside 0130 1 2 .00 your CU? Watches 370 0140 1 2 .00 Jewelry . . . . . . . . . . 380 0150 1 2 .00 \$ Hairpieces, wigs, or toupees . . . . . . . . . . . . 390 1 0160 2 .00 \$ **3.** FIELD REPRESENTATIVE 1 09 11 6 🗸 CHECK ITEM 1 0170 2 .00 \$ Mark (X) box if there are 0010 999 🗌 Go to

no entries recorded in

columns b–i.

part C

2.

Section 9 – Part B

2

1

0180

instructions	to read	the list	of items as	you proceed.
--------------	---------	----------	-------------	--------------

PRE	1		
1	2	3	
Description from column b	Montł from colum f	Cost from n column g	
		\$	.00
		\$	00.
		\$	.00
		\$	.00
		\$	00
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			.00
		\$	.00
		\$	.00
		\$	.00
		Pac	je 42

Part B – Infants		ig, watt				linueu	6 09 13 1 →		1 1	NOTEC	r		
b		С		d	e	f	g	h	i	NOTES		PRE	
<b>Vhat did you buy?</b> Describe briefly the tem purchased.		ENTER ITEM CODE from column a from	Was this purchas or for someone o CU?	sed 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	the preceding	,		number of identical items				to next item in column a.		-	Month	
	PROCESSING USE	page.			purchased.						Description from column b 	from column f	Cost from column g
	PROC		CU member	Non-CU member	-	Month	-	YES NO	YES NO		_		
	0010		1				\$	.00 1 2					\$
	0020		1				\$	.00 1 2					\$
	0030		1	2			\$	.00 1 2					\$
	0040		1	2			\$	.00 1 2					\$
	0050		1				\$	.00					\$C
	0060		1	2			\$	.00 1 2					\$ <mark> </mark> .C
	0070		1	2			\$	.00 1 2					\$ <sup> </sup> .0
	0080		1	2			\$	.00 1 2					\$
	0090		1	2			\$	.00 1 2					\$
	0100		1	2			\$	.00 1 2					\$ <mark>.</mark>
	0110		1	2			\$	.00 1 2					\$ .C
	0120		1	2			\$	.00 1 2 2					\$
	0130		1	2			\$	.00 1 2					\$0
	0140		1				\$	.00 1 2					\$ <mark>.</mark>
	0150		1				\$	.00 1 2					\$ .0
	0160		1	2									\$
	0170		1	2			\$	.00 1 2 2					\$
	0180		1					.00 1 2					\$ 1.0

FORM CE-302

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

	a Information Booklet, page 27					5 09 2	224→												
	а				b				С		d		e	f		g	J	h	ı [
1.		omeone to item 2	outs	or ide	What did you Describe briet item purchase	flv the	PROCESSING USE ONLY	ITE CO fro	DE m umn a SE S		or someone	In wh mont did yc purch it? SEW I	h Du ase	How much did cost? SE SE SE SE SE SE SE SE SE SE SE SE SE	it		de	Did yo purch any other If "No, to nex item it colum	nase r? n," go kt in
	below. Complete columns b–h for item purchased.	each					PROC		INGY	CU member	Non-CU member	Мс	onth	SX SX		YES	+ ×NΟ	YES	NO
	Were these -	ITEM CODE	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   			\$	.00		2		
	Sewing materials for making clothes?	410					0030			1				\$	.00	1	2		
	Sewing notions?	420					0040			1 🗌	2			\$	.00	1 🗆	2		
	Other sewing materials?	if unable to itemize					0050			1	2			\$	00.	1	2		
	Use only if unable to itemize separately – Combined sewing materials	ately – Combined sewing ials					0060			1	2			\$	.00	1	2		
	FIELD REPRESENTATIVE CHECK ITEM	= 1 09 21 5 ↓					0070			1 🗌				\$	.00		   2 🗌 		
	Mark (X) box if there are no entries recorded in columns b–h.	0010 9					0800			1 🗌				\$	.00		   2 🗌 		
				part D			0090			1 🗌				\$	.00		   2 🗌 		
	NOTES						0100			1 🗌				\$	.00		2		
							0110			1 🗌	2			\$	.00		I		
							0120			1	2			\$	.00	1	2		
							0130			1 🗌	2			\$	.00	1	2		
							0140			1 🗌	2			\$	.00		2		
							0150			1				\$	.00	I 1	2		
					0160			1 🗌				\$	.00		2				
					0170			1				\$	.00		2				
					0180			1 🗌	   2			\$	.00		2				

PRE 2 1 3 Month from Description from column b Cost from column f column е \$ 1.00 \$ .00 \$ 00. \$ .00 \$ .00 \$ .00 \$ 00. \$ 1.00 \$ 1.00 \$ 00. \$ 00. \$ .00 \$ .00 \$ 00. \$ 00. \$ 00. 1 \$ 00. \$ 1.00

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

## Section 9 – CLOTHING AND SEWING MATERIALS – Continued

	Part D – Clothing Servio	ces				5 09 3	32 3→													
	а				b				C	c	d		•		f		g		h	. [
1.	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?	your Cl ving, ei omeone	U) had ther fo outsio	l or de	What did you Describe briefl item purchase	v the	ING USE ONLY	ITE CO fro	DE m umn O	Was this purc your CU or fo outside of you	hased for r someone ur CU?	In wha month did yo purcha it?		cost?	ch did it CLSRVCX	ir	id th ncluc ales ר עד	de tax?	Did y purcl any other If "No to ne	h <b>ase</b> r? o," go
		ITEM CODE	YES	NO			PROCESSING		LOT	0200			0 D		°√ C			22	item i colun	in 🛛
	Repair, alteration, and tailoring for clothing and accessories	450					PROC		ΗΥD	CU member	Non-CU member	Мо	nth		×	Y	ES 7	<no< th=""><th> </th><th>NO</th></no<>		NO
	Shoe repair and other shoe						0010			1 🗌				\$		00 <sup>1</sup>		2		
	services	460					0020			1	2			\$		00 1		2		
	Watch or jewelry repair	470					0030			1 🗌	2			\$	   	<b>00</b> <sup>1</sup>		2		
	Clothing rental	480					0040			1	2			\$	     .	<b>00</b> <sup>1</sup>		2		
2	Clothing storage	490	21 /				0050			1	2			\$	     .	00 <sup>1</sup>		2		
	CHECK ITEM Mark (X) box if there are no	are no 0010 999 🗌 Go to					0060			1 🗌	2			\$	   	1		2		
	entries in columns b–h.	0010 999 Go to section 10					0070			1 🗌	2   2			\$	     .	00 <sup>1</sup>		2		
	NOTES						0080			1 🗌	   2 []			\$	     .	00 <sup>1</sup>		2		
							0090			1	   2			\$	    .	<b>00</b> 1		2		
							0100			1	2   			\$		00 <sup>1</sup>		2		
							0110			1 🗌				\$		00 <sup>1</sup>		2		
							0120			1 🗌	2			\$		00 <sup>1</sup>		2		
							0130			1 🗌	2			\$	     .	00 1		2		
							0140			1 🗌	2			\$	     .	00 <sup>1</sup>		2		
							0150			1 🗌	2   2			\$	   - 1	00		2		
							0160			1	   2 			\$	     .	00 <sup>1</sup>		2		
					0170			1	   2			\$		00 <sup>1</sup>		2				
				0180			1	2   			\$		00 <sup>1</sup>		2					

PR	E		
1	2	3	
Description from column b	Month from columr e	Cost from	
			.00
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		\$	.00
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		\$	.00

Section 10 – F	RENTE	D AND LEA	SED VE	HICLE	S		FIELD	REPRESENTATIVE	– Hand the i	respondent	the Information	n Booklet v	vith instr	uctions to	o read the	list of items as ye	ou proceed	. Ask ques	stion 1 foi	r all		
Part A.1 – Scr	reening	g Questions	(If Nev	v Cons	umer	Unit,	Go to Pa	rt A.2.)														
Information Book	let, page 2	28	<b>2.</b> FIE	ELD REPR	ESENTA	TIVE ITE	M PROC	ESSING USE ONLY		1 10 01	5 🖌		1 1 (	0 0 2 3↓		1	10031	¥			1 10 04 9↓	
1a. Since the 1st of	(month, 3	3 months ago),					VEHIC	LE NUMBER		1				2			3				4	
have you (or any CU) rented any v not used ENTIRE not include lease Yes	vehicles ELY for b ed vehic	which were ousiness? Do		escribe bri "boat."	efly the	type of v	ehicle rente	d, such as "auto"	Description			Descri	ption			Description	on			Descri	otion	
If YES – Read the below and mark (.			<b>b.</b> En	nter vehicl	e code fi	rom item	1b.		0010	R	ENTCODE Code	0010		Coc	le	0010	С	ode	00	10	Code	
or "No" box. <b>b.</b> If YES to an indivi many?	idual item	n ask – <b>How</b>	3. Wa tri	as it rent ip, or a tr	ed sole ip of 75	ly for us i miles o	e on a vaca or more one	tion, overnight way?		veh	to next rented icle or item 6 YVACAT		1 🗌 Yes 2 🗌 No		next rente or item			o next rei cle or iter		30 1 🗌 2 🗌	Yes – Go to next r vehicle or it No	
Automobile	VEHICLE CODE	YES NO HOW	/ cu /? <b>th</b> If µ an	rrent mor <b>is vehicl</b> e periodic p nount of t	nth) <b>wha</b> e? ayments he paym	<b>t has be</b> s were m ent and	en your ex ade, enter ir the number	, excluding (the pense for renting the notes the of payments	0080 \$ _	RENTE	КРХ <u>.00</u>	0080 \$	;		.00	0080 \$		.0	00 00	80 \$		.00
Truck, including	. 110		ex	pense and	d enter t	he amou	nt in this ite															
Wotorized camper-coach	. 120		as	busines meone e	s expen	tne rent ses, reir	al expenses nbursed, o	s (be) deducted paid by		] No – <i>Go t</i>	N Y B SN R M o next rented cle or item 6	0.00	1	– Go to n	ext rente or item 6		No – <i>Go to</i>	next ren le or item	ted	30 1 2	Yes No – Go to next re vehicle or ite	
Trailer-type camper	. 130		b. // 	YES – Wh over? Ente	<b>at perce</b> er to nea	ent of th rest who	<b>le total exp</b> le percent.	ense will this	B SN	ISPCTZ.	0 Percent	0140		hov an	<i>mark</i> d go to n. Percent	0140	.00	Percen	t 01	40	.00 Perce	ent
Other attachable-	140										LEAS	ED VEHIC										
type camper Motorcycle,	. 140							previously reported														
motor scooter, or moped						ch vehicl	e listed, exce	ept if vehicle has bee	n disposed c					•								
(motorized bicycle)	150		7 1	0 10 3→						LEA	ASED VEHIC		ITORY		I				1			
Boat, with a	. 130		(7)	а	l l	<b>o</b>		Vehicle id	dentification		d	e Enter vel	hiclo	f Do you	ı etill	g How many		h month	i Woro a	<b>n</b> v	j If YES –	
Boat, with a Boat, without a motor	. <b>160</b>		PROCESSING USE ONLY	Vehicle number	dispo	icle sed of	Vehicle	identification from pa	art B, item 2	for fro	hicle used business om part B, item 6a	code froi part B, ite	n	have v If NO	ehicle?	miles are on the vehicle? Enter and go to next vehicle	was t termi	he lease nated? NDMO	fees in at the termin of the TERM	curred ation	How much? Enter and go to next vehicle or item 7a.	
Trailer, other					YES	NO	YEAR	MAKE	MODE			LVICO	DDE	YES		or to item 7a. LVIMILE		onth	YES		TERM FEEX	(
than camper type, such as for a boat or			0010											1	2				1	2	\$	.00
<b>cycle</b>	. 180		0020	2										1	     2 🗌				1	2	\$	.00
Private plane	. 190		0030	3										1					1	2	\$	.00
Any other vehicle	. <b>200</b>		0040	4		   								1	2				1		\$	.00
IN	OTES		0050	5		   					   			1					1	2	\$	.00
			0060	6		1								1						2	¢	.00
			0070	7		   								1	2     2				1	2	φ \$	.00
			0070	1																	Ψ	.00

Section 10 – RENTED AND LEASED	<b>OVEHICLES – Continued</b>	FIELD REPRESENTATIVE – Ask item 7 for all respondents.							
Part A.1 – Screening Questions – C	ontinued								
7a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) begun leasing any automobile or truck not used ENTIRELY for business?		NOTES							
<b>b.</b> If YES – What kind of vehicle was it? Enter vehicle code	0020 0030								
VEHICLE CODE	0040								
Automobile 100	0060								
Truck, including vans	0080								
	0100 0110								
FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased vehicle.									

S	Section 10 – RENTED AND LEASED VEHICLES – Continued																		
P	art A.2 – Scre	ening	g Questions	- FC	DR NEW CONSUMER UN	ITS ONLY													
	Information Bookle	et, page	28	2.	2. FIELD REPRESENTATIVE ITEM PROCESSING USE ONLY				1 10 12 2 🖌				13 0 🖌		1 1(	0 14 8 🖌	1 10 15 5 🖌		
1a.	Since the 1st of ( have you (or any	month,	3 months ago),			VEHICLE NUMBE	R	1			2			3			4 Description		
	CU) rented any vo not used ENTIRE not include lease	ehicles LY for k d vehic	which were business? Do	a	<b>a.</b> Describe briefly the type of vehicle rented, such as "auto" or "boat."			Descriptio	Description			Description			Description				
	lf YES – Read the li below and mark (X	ist of ind () the ap	dividual items propriate "Yes"	b	Enter vehicle code from item 1b.			0010		RENTCODE	0010		Code	0010		Code	0010	Code	
b.	<ul> <li>or "No" box.</li> <li>If YES to an individual item ask - How many?</li> <li>3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?</li> </ul>				night			- Go to next rented vehicle or item 6 ANYVACAT		1 🗌 Yes 2 🗌 No	– Go to next rented vehicle or item 6		□ Yes □ No	- Go to next rented vehicle or item 6	0030 1 🗆 Yes 2 🗌 No	– Go to next rented vehicle or item 6			
		VEHICLE CODE	YES NO HOW	? <b>4.</b>	Since the 1st of (month, 3 mont current month) what has been y this vehicle?	ths ago) <b>, excludin</b> our expense for	g (the renting												
	Automobile	100			If periodic payments were made, amount of the payment and the n incurred during the reference per	ts	0080 \$	REN	TEXPX .00	0080	\$	.00	0080 \$		.00	0080 \$	.00		
	Fruck, including vans	110		5a	• Were (Will) any of the rental ex														
	Motorized camper-coach	120			as business expenses, reimbur someone else?	icteu		🗌 No –	ANYBSNRM Go to next rented vehicle or item 6		1 🗌 Yes 2 🗌 No -	- Go to next rented vehicle or item 6	0130 1   Yes 2   No - Go to next rented vehicle or item 6			0130 1 🗌 Yes 2 🗌 No – Go to next rei vehicle or iter			
	Trailer-type camper	130		b	<b>b.</b> If YES – What percent of the total expense will this cover? Enter to nearest whole percent.				SNSPC	TZ .00 Percent	0140		.00 Percent	0140		.00 Percent	0140	.00 Percent	
	Other attachable- type camper	140			I		S	1 10 20 5	5 ↓						Ν	IOTES			
	Motorcycle, motor scooter, or moped (motorized bicycle)	150		6a	Since the 1st of (month, 3 mont you (or any members of your C lease payments or begun leasi automobile or truck not used l business?	CU) made anv		1											
	Boat, with a motor	160		b	. If YES – What kind of vehicle w	vas it?	0020			030									
	Boat, without a motor	170			Enter vehicle code	VEHICLE				050									
	Trailer, other than camper				Automobile	CODE <b>100</b>													
	type, such as for a boat or cycle	180			Truck, including vans	110	0060			070									
	Private plane	190		-			0080		0	090									
Any other vehicle     200     1     0100				0100		0	110												
NOTES 0120						0120		0	130										
FIELD REPRESENTATIVE INSTRUCTION																			
					Complete part B on next page for	r each leased vehic	le.												

Section 10 – RENTED AND LEASED VEHICLES – Continued													
Part B – Detailed Questions for Leased Vehic	les												
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1.	1 10 21 3 ↓	<b>10a.</b> What was the number of payments contracted for?	0190 Payments	NOTES									
<b>2nd through 5th interviews –</b> Assign the next available vehicle number from chart in part A.1, column a.	0010 Number LSDNUM	<b>b.</b> In what month and year was the first payment made?	PM T M @ th TH   Year PM TYEAR     0200   0210										
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE CODE	0020 Code	<b>C.</b> What is the amount of each payment?											
<b>2.</b> What is the year, make, and model?	Year Make Model		0220 <u>\$</u> PAYEXPX .00										
	0030 MODELYR MODEL	<b>d.</b> What period is covered by each payment?	0230     1     Week     5     Semiannually       2     2     weeks     6     Annually										
OFFICE USE ONLY Enter auto code			3 ☐ Month 7-☐ Other – Specify <sub>↓</sub> 4 ☐ Quarter PAYTIME										
<ol> <li>How many cylinders does it have?</li> <li>4. Does it have –</li> </ol>	0050       Cylinders       NUM CYL         0       No cylinders (rotary, turbine or electric)         Yes       No	<b>e.</b> Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 □ Yes S ANYEXTRA 2 □ No x □ Don't know										
<b>a.</b> Automatic transmission? <b>b.</b> Power steering? <b>C.</b> Power brakes?	0060         1         2         ANYAUTO           0070         1         2         ANYSTEER	<b>f.</b> <i>If YES</i> – How much of the payment is for these extra charges?	0250 \$ EXTRAEX P .00 x \[] Don't know										
<ul> <li>d. Air conditioning?</li> <li>e. Sun roof?</li> <li>f. Turbo charged engine?</li> </ul>	.         0100         1         2         ANYROOF           .         0110         1         2         ANYTURBO	<b>11.</b> Is any of the (period reported in item 10d) leasing cost paid by an employer?	f       0260     1 □ Yes - /       2 □ No       0270       \$       EM PLYEX P       .00	/									
g. Diesel engine?	0120         1         2         ANYDIESL           0121         1         2         ANYWHEEL	<b>12.</b> Was a trade-in allowance received?	0280 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No A N <sup>4</sup> Y T R A D E										
(Ask for vehicle code 100) <b>5a. How many doors does it have?</b>	0122 DOORS		0290 \$ TRADEEX P .00										
<b>b.</b> Is it a?	0123 1 Station wagon? 2 Convertible? 3 Hatchback? TYPEVEH 4 Other?	<b>13a. Was a cash down payment made?</b> (A down payment is a capitalized cost reduction.)	$\begin{array}{ c c c c c c } \hline 0300 & 1 & \Box & Yes - If YES - How much? \\ \hline 2 & \Box & No - Go to item 14a & A & Y & D & O & W \\ \hline 0310 & & & & & \\ \hline 0310 & & & & & \\ \hline \end{array}$										
6a. Is it used for business?	ANYBUSIN 0130 1 Yes, used for business 2 Personal use only – <i>Go to item</i> 7	<b>b.</b> Was any portion of the cash down payment paid by an employer?	0320 1 🗌 Yes – <i>If YES</i> – <b>How much?</b>										
<b>b.</b> If used for business – What percent of the mileage is counted as a business expense?	0140 PRCBSNSZ Percent If 100%, delete this vehicle and go to		2 □ No AN¥DNEMP 0330 \$ DNEMPEXP .00										
7. How many miles are currently on the vehicle?	0150 MILESVEH Miles	<b>14a.</b> Do you still have this vehicle?	0340         1 □ Yes - Go to next vehicle or section 11           2 □ No         A N Y H A V E										
8. Was it new or used when first leased?	(Enter to nearest whole mile) 0160 1 \[ New 2 \[ Used \] Used \]	<b>b.</b> In what month was the lease terminated?	Month 0350 LSDENDMO										
9. Was this vehicle leased from a –	0170       1 □ New or used vehicle dealer?         2 □ Independent leasing company?         3 □ Bank?         4 □ Someplace else? - Specify ∨	C. Were any fees incurred at the termination of the lease?	0360 1 Ves - If YES - How much? 2 No - Go to next vehicle or section 11										
	LSDSOURC		0370 \$ FEESEX P .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	1 10 24 7 🖌	<b>10a.</b> What was the number of payments contracted for?		NOTES								
beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.	0010 Number	<b>b.</b> In what month and year was the first payment made?	0190         Payments           Month         Year           0200         0210									
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE CODE	0020 Code	<b>C.</b> What is the amount of each payment?	0220 \$ .00									
<b>2.</b> What is the year, make, and model?	Year     Make     Model       0030	<b>d.</b> What period is covered by each payment?	0230 1 Week 5 Semiannually									
<b>OFFICE USE ONLY</b> Enter auto code	0040		2 □ 2 weeks 6 □ Annually 3 □ Month 7 □ Other – <i>Specify</i> <sub>✔</sub> 4 □ Quarter									
3. How many cylinders does it have?	0050 Cylinders 0	<b>C.</b> Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 □ Yes 2 □ No x □ Don't know Go to item 11									
<ul> <li>4. Does it have –</li> <li>a. Automatic transmission?</li> <li>b. Power steering?</li> <li>c. Power brakes?</li> </ul>	Yes     No       0060     1     2       0070     1     2       0080     1     2	<b>f.</b> <i>If YES</i> – How much of the payment is for these extra charges?	0250 \$									
<ul> <li>d. Air conditioning?</li> <li>e. Sun roof?</li> <li>f. Turbo charged engine?</li> <li>g. Diesel engine?</li> </ul>	0090       1       2         0100       1       2         0110       1       2         0120       1       2	<b>11.</b> Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No 0270 \$00									
<ul> <li>h. Four wheel drive?</li> <li>(Ask for vehicle code 100)</li> <li>5a. How many doors does it have?</li> </ul>	0121 1 2 Doors	<b>12.</b> Was a trade-in allowance received?	0280       1 □ Yes - If YES - How much?         2 □ No         0290       \$									
<b>b.</b> Is it a?	0123 1 Station wagon? 2 Convertible? 3 Hatchback? 4 Other?	<b>13a. Was a cash down payment made?</b> (A down payment is a capitalized cost reduction.)	0300 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No - <i>Go to item 14a</i> 0310 \$00									
6a. Is it used for business?	0130 1   Yes, used for business 2  Personal use only – <i>Go to item</i> 7	<b>b.</b> Was any portion of the cash down payment paid by an employer?	0320 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No									
<b>b.</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 portubide</i>		0330 \$									
7. How many miles are currently on the vehicle?	0150 Miles (Enter to nearest whole mile)	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?	0160 1 New 2 Used	<b>b.</b> In what month was the lease terminated?	Month 0350									
<b>9.</b> Was this vehicle leased from a –	0170       1 □ New or used vehicle dealer?         2 □ Independent leasing company?         3 □ Bank?         4 □ Someplace else? - Specify ∠	<b>C.</b> Were any fees incurred at the termination of the lease?	$\begin{array}{ c c c c c c c c } \hline 0360 & 1 & \square \ \mbox{Yes} - \ \mbox{If YES} - \ \mbox{How much?} \\ 2 & \square \ \mbox{No} - \ \mbox{Go to next vehicle} \\ or \ \mbox{section 11} \\ \hline 0370 \ \mbox{\$} & .00 \\ \hline \end{array}$									
			0370 \$00									

Section 10 – RENTED AND LEASED VEHICLES – Continued												
Part B – Detailed Question	s for Leased Vehic	cles – Continued										
<ul> <li>FIELD REPRESENTATIVE ITEM</li> <li><b>a.</b> New CU's – Assign vehicle numbers in consecutive order beginning with 1.</li> <li><b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1,</li> </ul>		1 10 27 0 🗸		<b>10a.</b> What was the number of payments contracted for?		NOTES						
		0010 Number		<b>b.</b> In what month and year was the first payment made?	0190 Payments							
column a. <b>b.</b> Enter a vehicle code from part A.1 or A.2.	<b>b.</b> VEHICLE CODE	0020 Code		<b>C.</b> What is the amount of each payment?	0200 0210 0210							
<b>2.</b> What is the year, make, and mo	del?	Year Make Mo	del	<b>d.</b> What period is covered by each payment?	0230 1 Week 5 Semiannually							
<b>OFFICE USE ONLY</b> Enter auto code		0040			22 weeks6Annually3Month7Other - Specify4Quarter							
<b>3.</b> How many cylinders does it hav	re?	0050 Cylinders 0	e	<b>e.</b> Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 □ Yes 2 □ No							
<ul> <li>4. Does it have –</li> <li>a. Automatic transmission?</li> </ul>		Yes     No       0060     1     2       0070     1     2       0080     1     2		<b>f.</b> If YES – How much of the payment is for	Go to item 11							
<ul> <li>b. Power steering?</li> <li>C. Power brakes?</li> <li>d. Air conditioning?</li> </ul>				these extra charges?	0250 \$00 x □ Don't know							
C. Air conditioning?		. 0100 1 . 2		<b>11.</b> Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 🗌 Yes – <i>If YES</i> – <b>How much?</b> 2 🗌 No							
<b>g.</b> Diesel engine?				<b>12.</b> Was a trade-in allowance received?	0270 \$00 0280 1 □ Yes - <i>If YES</i> - <b>How much?</b>							
(Ask for vehicle code 100) <b>5a. How many doors does it have?</b>		0122 Doors			2 □ No 0290 \$00							
<b>b.</b> Is it a?		0123 1 Station wagon? 2 Convertible? 3 Hatchback? 4 Other?		<b>13a. Was a cash down payment made?</b> (A down payment is a capitalized cost reduction.)	0300 1 □ Yes – <i>If YES</i> – <b>How much?</b> 2 □ No – <i>Go to item 14a</i>							
<b>6a.</b> Is it used for business?		0130 1 Ves, used for business 2 Personal use only – Go to	item 7	<b>b.</b> Was any portion of the cash down payment paid by an employer?	0310 \$00 0320 1 □ Yes - <i>If YES</i> - <b>How much?</b>							
<b>b.</b> If used for business – What percent counted as a business expenses	nt of the mileage is ?	0140 Percent { If 100%, this vehicle and go to	delete cle		2 □ No 0330 \$00							
7. How many miles are currently on the vehicle?		0150 Miles	cle.	<b>14a.</b> Do you still have this vehicle?	0340 1 □ Yes – Go to next vehicle or section 11 2 □ No							
8. Was it new or used when first leased?		(Enter to nearest whole mile)          0160       1       New       2       Used		<b>b.</b> In what month was the lease terminated?	Month 0350							
9. Was this vehicle leased from a –		0170 1  New or used vehicle deal 2  Independent leasing com 3  Bank?	pany?	<b>C.</b> Were any fees incurred at the termination of the lease?	0360 1 □ Yes – If YES – <b>How much?</b> 2 □ No – Go to next vehicle or section 11							
		4  Someplace else? – Specify	₹		0370 \$00							

S	ection	11 –	OWN	IED VEHICLES								FIE	LD REP	PRESEI	NTATIVE –					
Pa	art A.1	– Sc	reen	ing Questions	(If New C	onsumer Unit	, Go to Part A	.2)												
				, no vehicles were pr													Information Booklet, page 28	1 11	01 3 🖌	
				vehicle listed, except			eviouslv ("Yes" in co	olumn b).						1		Za	Since the 1st of (month, 3 months ago), have you (or any members of	0010 1 🗌 Yes		
				00 through 120 and 3			-										your CU) purchased or acquired any vehicle not used exclusively for business? <i>Include those vehicles</i>	2 🗌 No – <i>Go</i>	to next pai	t or section
purchased for your own use or as a																				
	00 9		b		OWNED VEHICLE INVENTORY CHART           Vehicle identification         f         g         h					h	:	b	. If YES – What kind of vehicle							
ONLY		-	5	С		d		e	<b>e</b> Codes 100–		Ente	<b>g</b> Enter vehicle		0	Codes_100–120		was it? Enter vehicle code from item 3 below.	0020	0030	
ISE C		Ve	Vehicle				Veh	icle	120 and 150 only	part		still h	lave >	and 150 only How many miles		Enter venicle code nom tem 5 below.	0040	0050		
N D N	Vehicle	disposed of (part C	oosed		Vehicl	Vehicle identification from part B, item 3			d for ness	Enter mileage	item	1b.	If NO	- lete	are currently on the vehicle? Enter to nearest			0060	0070	
ESSI	numbe O	r com	pleted)	Vehicle description from part B, item 2	Venici		i part D, item 5	part	part B,		OVACODE		ן מוו עכו	110105	Enter to nearest whole mile.					
PROCESSING USE	<						1	item		item 10b or part A.1,			dispo	sed of.				0080	0090	
	A Z U		NO		YEAR	MAKE	MODEL	YES	NO	column i			YES	I NO	OVAMILE			0100	0110	
0010													1	2		3.	FIELD REPRESENTATIVE INSTRUCTION Complete part B for each new vehicle.	I		
0020	2												1	2			<u> </u>			VEHICLE
0030	3		¦ 🗆										1	2			Automobile			CODE . <b>100</b>
0040	4												1	2			Truck, including vans			. 110
	-								 								Motorized camper-coach			. 130
0050	5												1				Other attachable type camper Motorcycle, motor scooter, or moped (r	notorized bicvcle)		. <u>140</u> . 150
0060	6												1	2			Boat, purchased with a motor			. 160
0070	7												1	2			Boat, purchased without a motor Trailer other than camper type, such as	for a boat or cycle .		180
0080	8												1	2			Private plane			
0090	9												1	2			NOT			
0100	10													2						
0110														   2 🗌						
0120																				
0120																				
0140	-													2     2						
0150														2						
0160													1							
0170													1	2						
0180	18		¦ 🗆										1	2						

Section 11 – OWNED VEHICLES – Continued FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask part A.2 questions 1 through 3 for all vehicles and then complete part B for each vehicle reported. Also complete part C for each vehicle disposed of.											
Part A.2 – Screening Questions – FOR NEW CONSU	MER UNIT	S ONL	/	1 11 02 1 🗸	<b>→</b>						
Information Booklet, page 28 1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?	HICLE YES	NO	     	If YES – How m	any?		Complete par	SENTATIVE INSTRUCTIONS t B for each vehicle reported in items 1 and 2. ts B and C for each vehicle reported in item 3.			
<b>a.</b> Automobile	00 0010		0020				complete par	NOTES			
<b>b.</b> Truck, including vans	10 0030		0040								
C. Motorized camper-coach 1	20 0050		0060								
<b>d.</b> Trailer type camper	<b>30</b> 0070		0080								
e. Other attachable type camper	40 0090		0100								
f. Motorcycle, motor scooter, or moped (motorized bicycle) 1	<b>50</b> 0110		0120								
g. Boat, purchased with a motor	<b>60</b> 0130	2	0140								
<b>h.</b> Boat, purchased without a motor	70 0150		0160								
i. Trailer other than camper type, such as for a boat or cycle 1	80 0170	2	0180								
j. Private plane 1	90 0190		0200								
k. Any other vehicle 2	00 0210		0220								
<b>2a.</b> Have you (or any members of your CU) purchased any such vehicles since the 1st of the (month, 3 months ago) as a gift to someone outside of your CU?		0230 1 ☐ Yes – Ask items 2b and 2c 2 ☐ No – Go to item 3a									
<b>b.</b> If YES – How many?	0240	0240 Number									
<b>C.</b> What kind of vehicle(s) did you purchase? Enter a separate code for each vehicle.	0250 0280 0310		0260 0290 0320	0270							
<b>3a.</b> Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)?			sk items 3b o to item 4	and 3c							
<b>b.</b> If YES – How many?	0350		Number								
<b>C. What kind of vehicle(s) did you dispose of?</b> Enter a separate code for each vehicle.	0360		0370	0380							
	0390		0400	0410							
	0420		0430	0440							
	0450		0460	0470							
	0450										

P=	art B – Detailed Questions							
1.	FIELD REPRESENTATIVE ITEM <b>New CU's</b> – Assign vehicle numbers in	PROCESSING USE ONLY	1 11 0	)3 9 🗸	11.	In what month and year was it purchased?		
•	consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in	a. VEHICLE NUMBER	0010 VEHICIB Numb	per	12a.	. Was any portion of the purchase price financed?		
b.	part A.1, column a. Enter a vehicle code from part A.1 or A.2.	<b>b.</b> VEHICLE CODE	0020 Code	• VEHICYB				
2.	Do not ask for vehicle codes 100 or 110. 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		
3.	Complete items 3, 4, and 5 for autos and trucks (vehicle codes 100 and 110). What is the year, make, and model?	only	Year VEHICYR	Make Model	13a.	payments to be made? . Was a trade-in allowance received?		
5.	What is the year, make, and model:	<b>OFFICE USE ONLY</b> Enter auto code	0040		b.	If YES – How much?		
4.	How many cylinders does it have?		0050 <u>CYLQ</u> Cylind 0  No cylinders (	lers rotary, turbine, or electric)	C.	. What was the amount paid for it after trade-in allowance and discount?		
	Does it have – Automatic transmission?		Yes No 0060 1 2	AUTOTRAN	d.	Did this price include sales tax?		
	Power steering?     Power brakes?		0070     1     2       0080     1     2	PWRSTEER PWRBRAKE		Was any of the amount or price paid by an employer?		
	Air conditioning?		0090         1         2           0100         1         2	A IRCA R SUNROOF		Ask items 14 and 15 for credit payments only, "2" marked in item		
g.	Turbo charged engine?         Diesel engine?         Four wheel drive?		0110       1       2         0120       1       2         0121       1       2	TURBOCHG DIESEL FRWHLDRV		What was the amount of the cash down payment? . What was the source of credit?		
6a.	Ask for vehicle code 100. How many doors does it have?		0122 Doors	NUMDOOR				
b.	ls it a?		0123 1 Station wag 2 Convertible? 3 Hatchback? 4 Other?			Ask if codes "2," "3," or "4" marked in item 15a. <b>Was this a home equity loan?</b> <b>C. How much was borrowed, excluding any interest?</b>		
7a.	Is it used for business?		0130 1 🗌 Yes, used for		d.	. What was the number of payments contracted for?		
b.	If used for business – What percent of the mil business expense?	leage is counted as a	VEHBSNZ	only – Go to item 8 If 100%, delete this vehicle and go to next vehicle.		In what month and year was the first payment made?		
8.	Was it new or used when acquired?		0150 1 🗌 New 2 🗌 l	L	-  f.	. What is the amount of each payment?		
9.	Was this vehicle purchased from –	0160 1 Vehicle deale 2 Private indivi 3 Other? - Spec	idual? VPURSRCE	g.	. What period is covered by each payment?			
10a.	Was this vehicle –		0170 1 Purchased fo 2 Purchased as Go to item 11 3 Received as g	or own use? VEHGFTC a gift to others? – gift?	h.	Does the payment include any charges other than principal and interest such as auto insurance or credi- life insurance?		
h	Ask for item codes 100–120 and 150 only. How many miles are currently on the vehic	le?		– If item 10a is 3, go to next vehicle	i.	. <i>If YES</i> – How much of the payment is for these extra charges?		

	VEHPIGRIMO Year VEHPURYR
	0210 1 Yes VFINA NCE
	2 🗌 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the
	last 3 months, go to item 13a.
ng	ago, go to next vehicle. 2
	$\begin{array}{c} \hline 0230 \\ 2 \ \hline \ No - Go \ to \ item \ 13c \end{array} $
	0240 \$00 TRA DEX
	0250 \$00 NETPURX
	0260         1 □ Yes         X □ Don't know           2 □ No         SA LESTA X
r?	0270 1 Yes EMPLEX P 2 No - Go to item 14
	0280 <u>\$</u> EMPLEX PX .00
ו 12b.	0290 \$ DNPA YMTX00
	0300       1       Auto dealer       5       Insurance company         2       Finance company       6       Individual         3       Bank       7       Other - Specify         4       Credit Union       FIN_INST
	0305 1 Yes 2 No VEHEQTLN
	0310 <sup>\$</sup> PRINCIPX .00
	0320 VEHQPMT Payments
e?	PMontMO         Year         PMT1YR           0330         0340         1
	0350 <sub>\$</sub> PAYMENTX .00
	0360       1 □ Week       5 □ Semiannually         2 □ 2 weeks       6 □ Annually         3 □ Month       7 □ Other - Specify ↓         4 □ Quarter       PMTPERD
dit	0370       1 □ Yes       EXTRA CHG         2 □ No       Go to next vehicle or part         X □ Don't know       or section
	0380 \$ EXTRCHGX .00 x Don't know

Section 11 - OWNED VEHICLES - Continued												
Part B – Detailed Questions – Continue	ed											
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1.	ROCESSING USE ONLY	1 11 04 7 ↓	<b>11.</b> In what month and year was it purchased?	Month Year 0190 0200								
	VEHICLE NUMBER	0010 Number	<b>12a.</b> Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the								
,	VEHICLE CODE	Code		last 3 months, go to item 13a.								
Do not ask for vehicle codes 100 or 110. <b>2. Briefly describe the</b> (vehicle).		Description Year Make Model	<b>b.</b> If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	0220 1  Paid off – <i>If item 11 is prior to 3 months ago, go to next vehicle.</i> 2  Remaining payments								
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model?			<b>13a.</b> Was a trade-in allowance received?	0230 1 □ Yes 2 □ No - Go to item 13c								
	<b>OFFICE USE ONLY</b> Enter auto code	0040	<b>b.</b> If YES – How much?	0240 \$00								
<b>4.</b> How many cylinders does it have?		0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00								
5. Does it have – a. Automatic transmission?		Yes No 0060 1 2 2	<b>d.</b> Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No								
<b>b.</b> Power steering?			<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 Yes 2 No - Go to item 14								
C. Power brakes?		0080         1         2           0090         1         2	f. If YES – How much?	0280 \$ .00								
e. Sun roof?			Ask items 14 and 15 for credit payments only, "2" marked in item 12b.									
f. Turbo charged engine?			<b>14.</b> What was the amount of the cash down payment?	0290 \$00								
g. Diesel engine?		0120 1 2 2 0121 1 2 2	<b>15a.</b> What was the source of credit?	0300       1       Auto dealer       5       Insurance company         2       Finance company       6       Individual								
Ask for vehicle code 100.			-	3 □ Bank 7 □ Other – Specify <sub>↓</sub>								
<b>6a.</b> How many doors does it have?		0122 Doors										
<b>b.</b> Is it a?		0123 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1 ☐ Yes 2 ☐ No								
		3 🗌 Hatchback? 4 🗋 Other?	C. How much was borrowed, excluding any interest?	0310 \$00								
7a. Is it used for business?		0130 1 □ Yes, used for business 2 □ Personal use only – <i>Go to item 8</i>	<b>d.</b> What was the number of payments contracted for?	0320 Payments								
<b>b.</b> If used for business – What percent of the mileag business expense?	e is counted as a	0140     Percent     If 100%, delete this vehicle and go to next vehicle.	<b>e.</b> In what month and year was the first payment made?	Month Year 0330 0340								
8. Was it new or used when acquired?		0150 1 🗆 New 2 🗆 Used	<b>f.</b> What is the amount of each payment?	0350 \$00								
9. Was this vehicle purchased from –		0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify	<b>g.</b> What period is covered by each payment?	03601Week5Semiannually22weeks6Annually3Month7Other - Specify4Quarter $\checkmark$								
<b>10a.</b> Was this vehicle –	Oa. Was this vehicle –		<b>h.</b> Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No x ☐ Don't know } Go to next vehicle or part								
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>		0180 Miles – If item 10a is code 3, go to next vehicle	i. <i>If YES</i> – How much of the payment is for these extra charges?	0380 \$00 x 🗆 Don't know								

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.	NLY 1 11 05 4 ↓	<b>11.</b> In what month and year was it purchased?	Month     Year       0190     0200									
<b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.		<b>12a.</b> Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the									
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE CODE	0020 Code		last 3 months, go to item 13a.									
Do not ask for vehicle codes 100 or 110. <b>2. Briefly describe the</b> (vehicle). Complete items 3, 4, and 5 for autos and trucks only	Description       Year       Make	<b>b.</b> If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	0220 1  Paid off – <i>If item 11 is prior to 3 months ago, go to next vehicle.</i> 2  Remaining payments									
(vehicle codes 100 and 110). 3. What is the year, make, and model?	0030	<b>13a.</b> Was a trade-in allowance received?	0230 1 ☐ Yes 2 ☐ No - Go to item 13c									
OFFICE USE O Enter auto co		<b>b.</b> If YES – How much?	0240 \$ .00									
<b>4.</b> How many cylinders does it have?	0050 Cylinders 0	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00									
5. Does it have – a. Automatic transmission?	Yes No 0060 1 □ 2 □	<b>d.</b> Did this price include sales tax?	0260 1 ☐ Yes X ☐ Don't know 2 ☐ No									
<b>b.</b> Power steering?		<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 🗌 Yes 2 🗌 No – Go to item 14									
C. Power brakes?		<b>f.</b> If YES – <b>How much?</b>	0280 \$ .00									
e. Sun roof?		Ask items 14 and 15 for credit payments only, "2" marked in item 12b. <b>14.</b> What was the amount of the cash down payment?	0290 \$ .00									
f. Turbo charged engine?		<b>15a.</b> What was the source of credit?	0300 1 Auto dealer 5 Insurance company									
g. Diesel engine?			2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify <sub>✓</sub>									
Ask for vehicle code 100. <b>6a. How many doors does it have?</b>	0122 Doors		$4 \square \text{ Credit Union}$									
<b>b.</b> Is it a?	0123 1  Station wagon? 2  Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1 🗌 Yes 2 🗌 No									
	3 🗆 Hatchback? 4 🖸 Other?	<b>C.</b> How much was borrowed, excluding any interest?	0310 \$00									
7a. Is it used for business?	0130 1   Yes, used for business 2  Personal use only – <i>Go to item 8</i>	<b>d.</b> What was the number of payments contracted for?	0320 Payments									
<b>b.</b> If used for business – What percent of the mileage is counted as a business expense?	<b>C</b>	<b>e.</b> In what month and year was the first payment made?	Month Year 0330 0340									
8. Was it new or used when acquired?	0150 1 New 2 Used	<b>f.</b> What is the amount of each payment?	0350 \$00									
9. Was this vehicle purchased from –	/as this vehicle purchased from -       0160       1       Vehicle dealership?         2       Private individual?       3       Other? - Specify		03601Week5Semiannually22weeks6Annually3Month7Other - Specify4Quarter $\checkmark$									
<b>10a.</b> Was this vehicle –			0370 1 ☐ Yes 2 ☐ No X ☐ Don't know									
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>	0180 Miles – If item 10a is code 3, go to next vehicle	i. <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.	ESSING USE ONLY		1 11 06 2 🖌	11. In what r	nonth and year was it purchased?	0190	Month     Year       0190     0200					
<b>2nd through 5th interviews</b> – 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	11 is prior to 3 months ago, go vehicle. If item 11 is during the					
	HICLE CODE	0020	Code			last 3 months, go to item 13a.						
Do not ask for vehicle codes 100 or 110. <b>2. Briefly describe the</b> (vehicle).		Description Year	Make	loans on	on the 1st of (month, 3 months ago), were all (vehicle) paid off or were there any remaining s to be made?	0220 1  Paid off – <i>If item 11 is prior to 3 months ago, go to next vehicle.</i> 2  Remaining payments						
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model?		0030		13a. Was a tra	nde-in allowance received?	$\begin{array}{c c} \hline 2 & \hline 1 & \hline 2 & \hline 1 & \hline 2 & \hline 1 & \hline 2 & \hline 2 & \hline 1 & \hline 2 & \hline 2 & \hline 2 & \hline 0 & \hline 1 & \hline 2 & \hline 0 & \hline 1 & 1 &$						
	FFICE USE ONLY Enter auto code	0040		<b>b.</b> <i>If YES</i> – <b>H</b>	ow much?	0240 \$		.00				
<b>4.</b> How many cylinders does it have?		0050 0 🗌 No	Cylinders o cylinders (rotary, turbine, or electric	C. What was allowanc	s the amount paid for it after trade-in e and discount?	0250 \$		.00				
5. Does it have – a. Automatic transmission?		Yes	No 2 🗌	<b>d.</b> Did this	price include sales tax?	0260 1	□ Yes □ No	x 🗌 Don't know				
<b>b.</b> Power steering?		0070 1	2	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 🗌 0090 1 🗌	2 🗌 2 🗌	f. If YES – H	ow much?	0280 \$		.00				
<b>e.</b> Sun roof?		0090 1	2 🗆 2	Ask items 14 and 15 for credit payments only, "2" marked in ite		0290 \$						
f. Turbo charged engine?		0110 1	2	<ul><li>14. What was the amount of the cash down payment?</li><li>15a. What was the source of credit?</li></ul>				.00				
g. Diesel engine?		0120 1	2				0300 1 Auto dealer 5 Insurance company 2 Finance company 6 Individual					
h. Four wheel drive?							3 🗌 Bank 7 🗌 Other – Speci					
Ask for vehicle code 100. <b>6a. How many doors does it have?</b>		0122 Doors				4	Credit Union					
<b>b.</b> Is it a?			tation wagon? onvertible?	_	les "2," "3," or "4" marked in item 15a. <b>a home equity loan?</b>	0305 1   Yes 2   No						
		3 🗌 <b>H</b> a 4 🗌 <b>O</b> 1	atchback? ther?	C. How muc	ch was borrowed, excluding any interest?	0310 \$		.00				
<b>7a.</b> Is it used for business?			es, used for business	d. What wa	s the number of payments contracted for?	0320	Paym	ients				
<b>b.</b> If used for business – What percent of the mileage is business expense?	counted as a	0140	Percent Percent Percent If 100%, delete this vehicle and go to next vehicle.	e. In what r	nonth and year was the first payment made?	0330	1onth 0340	Year				
8. Was it new or used when acquired?		0150 1 🗌 Ne	L	<b>f.</b> What is t	he amount of each payment?	0350 \$		.00				
<b>9.</b> Was this vehicle purchased from –			g. What per	iod is covered by each payment?	2	☐ Week ☐ 2 weeks ☐ Month ☐ Quarter	5 🗌 Semiannually 6 🗌 Annually 7 🗌 Other – <i>Specify</i> <sub>🖌</sub>					
<b>10a.</b> Was this vehicle –		2 🗌 Pi Go	urchased for own use? urchased as a gift to others? – o to item 11 eceived as gift?	h. Does the principal life insur	payment include any charges other than and interest such as auto insurance or credit ance?	2	☐ Yes ☐ No ☐ Don't know }	Go to next vehicle or part or section				
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>		0180	Miles – If item 10a is code 3, go to next vehicle	i. <i>If YES</i> – H charges?	ow much of the payment is for these extra	0380 \$		.00 x 🗌 Don't know				

Section 11 – OWNED VEHICLES – Continued											
Part B – Detailed Questions – Continued											
<b>1.</b> FIELD REPRESENTATIVE ITEM       PROCESSING <b>a.</b> New CU's – Assign vehicle numbers in consecutive order beginning with 1.       PROCESSING	USE ONLY 1 11 07 0 ↓	<b>11.</b> In what month and year was it purchased?	Month Year 0190 0200								
<b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.		<b>12a.</b> Was any portion of the purchase price financed?	0210 1 ☐ Yes 2 ☐ No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the								
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE C			last 3 months, go to item 13a.								
Do not ask for vehicle codes 100 or 110. <b>2. Briefly describe the</b> (vehicle). Complete items 3, 4, and 5 for autos and trucks only	Description     Year     Make	<b>b.</b> If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	0220 1 □ Paid off – <i>If item 11 is prior to 3 months</i> <i>ago, go to next vehicle.</i> 2 □ Remaining payments								
(vehicle codes 100 and 110). 3. What is the year, make, and model?	0030	<b>13a.</b> Was a trade-in allowance received?	0230 1 ☐ Yes 2 ☐ No – Go to item 13c								
Enter a	JSE ONLY 0040 0040	<b>b.</b> If YES – How much?	0240 \$00								
<b>4.</b> How many cylinders does it have?	0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00								
5. Does it have – a. Automatic transmission?	Yes No 0060 1 2	<b>d.</b> Did this price include sales tax?	0260 1 ☐ Yes X ☐ Don't know 2 ☐ No								
<b>b.</b> Power steering?		<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 Yes 2 No - Go to item 14								
C. Power brakes?		<b>f.</b> If YES – How much?	0280 \$00								
e. Sun roof?		Ask items 14 and 15 for credit payments only, "2" marked in item 12b. <b>14.</b> What was the amount of the cash down payment?	0290 \$00								
g. Diesel engine?		<b>15a.</b> What was the source of credit?	0300       1 □ Auto dealer       5 □ Insurance company         2 □ Finance company       6 □ Individual         3 □ Bank       7 □ Other - Specify         4 □ Credit Union       -								
Ask for vehicle code 100. 6a. How many doors does it have?	0122 Doors										
<b>b.</b> Is it a?	0123 1 Station wagon?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1 □ Yes 2 □ No								
	3 Hatchback?	<b>C.</b> How much was borrowed, excluding any interest?	0310 \$00								
7a. Is it used for business?	0130 1	<b>d.</b> What was the number of payments contracted for?	0320 Payments								
<b>b.</b> If used for business – What percent of the mileage is counter business expense?		e. In what month and year was the first payment made?	Month Year 0330 0340								
8. Was it new or used when acquired?	0150 1 🗌 New 2 🗌 Used	<b>f.</b> What is the amount of each payment?	0350 \$00								
9. Was this vehicle purchased from –	0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify	<b>G.</b> What period is covered by each payment?	0360       1 □ Week       5 □ Semiannually         2 □ 2 weeks       6 □ Annually         3 □ Month       7 □ Other - Specify         4 □ Quarter								
<b>10a.</b> Was this vehicle –	0170 1 Purchased for own use? 2 Purchased as a gift to others? – Go to item 11 3 Received as gift?	<b>h.</b> Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No X ☐ Don't know ∫ or section								
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>	0180 Miles – If item 10a is code 3, go to next vehicle	i. <i>If YES</i> – How much of the payment is for these extra charges?	0380 \$00 x 🗆 Don't know								

Section 11 – OWNED VEHICLES – Continued												
Part B – Detailed Questions – Continued												
<b>1.</b> FIELD REPRESENTATIVE ITEM       PRO <b>a.</b> New CU's – Assign vehicle numbers in consecutive order beginning with 1.       PRO	PROCESSING USE ONLY 1 11 08 8			11	. In what month and year was it purchased?	Month Year 0190 0200						
	VEHICLE NUMBER			12	<b>a.</b> Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the						
	VEHICLE CODE	0020 Code				last 3 months, go to item 13a.						
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).	Description Year Make Model			<b>b.</b> If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?		0220 1 □ Paid off – <i>If item 11 is prior to 3 months</i> <i>ago, go to next vehicle.</i> 2 □ Remaining payments						
<ul><li>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</li><li>What is the year, make, and model?</li></ul>					<b>a.</b> Was a trade-in allowance received?	0230 1 🗌 Yes						
	<b>OFFICE USE ONLY</b> Enter auto code	0040		_ '	<b>b.</b> If YES – How much?	0240 \$	.00					
<b>4.</b> How many cylinders does it have?		0050 Cylinders 0			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 2			<b>d.</b> Did this price include sales tax?	0260 1 🗌 Yes 2 🗌 No	x 🗌 Don't know					
<b>b.</b> Power steering?		0070 1	2	e	e. Was any of the amount or price paid by an employer?	0270 1 🗌 Yes	2 🗌 No – Go to item 14					
C. Power brakes?		0090     1     2       0100     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. • What was the amount of the cash down payment?	0290 \$	.00					
g. Diesel engine?				a. What was the source of credit?	0300 1 Auto dealer 5 Insurance company 2 Finance company 6 Individual							
<b>h. Four wheel drive?</b>					$3 \square Bank                                     $							
6a. How many doors does it have?	0122 Doors			Ask if codes "2," "3," or "4" marked in item 15a.								
<b>b.</b> Is it a?	0123 1 Station wagon? 2 Convertible?			<b>b. Was this a home equity loan?</b>	0305 1 🗌 Yes 2 🗌 No							
		3 🗌 Hatchback? 4 🗌 Other?			C. How much was borrowed, excluding any interest?	0310 \$00						
<b>7a.</b> Is it used for business?		0130 1 □ Yes, used for business 2 □ Personal use only – <i>Go to item 8</i>			<b>d.</b> What was the number of payments contracted for?	0320 Payments Month Year						
<b>b.</b> If used for business – What percent of the mileage business expense?	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?							
8. Was it new or used when acquired?					<b>f.</b> What is the amount of each payment?	0350 \$	.00					
9. Was this vehicle purchased from –	0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify			<b>g.</b> What period is covered by each payment?	0360 1 Week 2 2 2 weeks 3 Month 4 Quarter	5 🗌 Semiannually 6 🗌 Annually 7 🗌 Other – <i>Specify <sub>K</sub></i>						
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>b.</b> How many miles are currently on the vehicle?  Description:				×	I. If YES – How much of the payment is for these extra charges?	0380 \$	.00 x 🗆 Don't know					

5	Section 11 - OWNED VEHICLES - Continued												
F	Part C – Disposed of Vehicles												
1.	IIEIVI	PROCESSING USE ONLY	1 11 51 8 ↓			1 11 52 6 ↓			1 11 53 4 🖌	1 11 54 2 ↓			
	Complete a column in the 1st interview in which the vehicle is disposed of.	a. VEHICLE NUMBER	0010 Number	VEHICIC	0010	Numbe	r	0010	_ Number	0010 Number			
	Enter vehicle number and vehicle code. <b>b.</b> VEHICLE CODE		0020 Code VEHICYC		0020 Code			0020	Code	0020 Code			
<b>2a. How did you dispose of the vehicle?</b> Mark (X) one box.		the 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 - SpecifyVEHDISP			<ul> <li>0030 1 Sold?</li> <li>2 Traded in?</li> <li>3 Given away to someone outside the CU, including students away at school?</li> <li>4 Damaged beyond repair?</li> <li>5 Stolen?</li> <li>6 Other - Specify</li></ul>			d in? away to someone outside the cluding students away at l? ged beyond repair? n? – Specify	<ul> <li>0030 1 Sold?</li> <li>2 Traded in?</li> <li>3 Given away to someone outside the CU, including students away at school?</li> <li>4 Damaged beyond repair?</li> <li>5 Stolen?</li> <li>6 Other - Specify</li></ul>			
b.	In what month was it (relified item 2a)?	ad answer from	0040 Month – If code 3 in item 2a, go to item 5a VDISPMO			0040 Month – If code 3 in item 2a, go to item 5a			lonth – If code 3 in item 2a, go to item 5a	0040 Month – If code 3 in item 2a, go to item 5a			
3.	lf sold (code 1, item 2a). How much did you sell it	t for?	0050 \$ SALEX	.00 Go to item 5a	0050 \$		.00 Go to item 5a	0050 \$	.00 Go to item 5a	0050 \$	.00 Go to item 5a		
4a.	If damaged beyond repair ( or stolen (code 5, item 2a). Were you reimbursed for the vehicle?		0060 1 ☐ Yes 2 ☐ No - <i>Go to item 4c</i> REIMBURS		0060 1 □ Yes 2 □ No - Go to item 4c			0060 1 🗌 Yes	io to item 4c	0060 1 □ Yes 2 □ No - <i>Go to item 4c</i>			
b.	How much did you recei	ve for the vehicle?	0070 \$REIMBURX .00 Go to item 5a		0070 \$00 Go to item 5a			0070 \$	.00 Go to item 5a	0070 \$00 Go to item 5a			
C.	Do you expect to be rein of the vehicle?	nbursed for the value	0080 1 □ Yes 2 □ No - <i>Go to item 5a</i> x □ Don't know EX REIMB		0080 1 □ Yes 2 □ No - <i>Go to item 5a</i> x □ Don't know			0080 1 □ Yes 2 □ No - G x □ Don't k	o to item 5a mow	0080 1 □ Yes 2 □ No – <i>Go to item 5a</i> x □ Don't know			
d.	How much will you recei	ive for the vehicle?	0090 \$ EXREIMBX x	Ψ		0090 \$			.00 know	0090 \$00 x 🗆 Don't know			
5a.	Were there any outstand the vehicle when it was	ling loans on disposed of?	0100 1 🗌 Yes 2 🗌 No – <i>Go to next ve</i>	LOA NSTA T hicle	0100 1 [ 2 [	☐ Yes ☐ No – <i>Go to next</i>	vehicle	0100 1 🗌 Yes 2 🗌 No – G	o to next vehicle	0100 1 🗌 Yes 2 🗌 No – Go	to next vehicle		
b.	Were any final payments	s made on the loan?	0110 1 🗌 Yes 2 🗌 No – <i>Go to next ve</i>	FINPA YMT hicle	0110 1 [ 2 [	☐ Yes ☐ No – <i>Go to next</i>	vehicle	0110 1 🗌 Yes 2 🗌 No – G	o to next vehicle	0110 1 🗌 Yes 2 🗌 No – Go	o to next vehicle		
C.	If YES – How much was t	he final payment?	0120 \$ FINPA YMX	.00	0120 \$		.00	0120 \$	.00	0120 \$	.00		
						NOTES							

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I ay	01	

	Section 11 - OWNED VEHICLES - Continued														
F	Part C – Disposed o	f Vehicles – Contin	ued												
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. Enter vehicle number and	a. VEHICLE NUMBER	0010	Number		0010	Νι	ımber	[0	0010	Number	0010	Numl	ber	
	vehicle code.	<b>b.</b> VEHICLE CODE	0020	Code		0020	c	Code		0020	Code	0020	Cod	le	
<b>2a. How did you dispose of the vehicle?</b> Mark (X) one box.		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			le the	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				
b.	In what month was it (re item 2a)?	ead answer from	from 0040 Month – If code 3 in item 2a, go to item 5a			0040 Month – <i>If code 3 in item 2a, go to item 5a</i>			?a, 0	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		
3.	lf sold (code 1, item 2a). How much did you sell it	t for?	0050 \$		00 Go to item 5a	0050 \$		.00 Go to iter	em 5a	0050 \$	.00 Go to item 5a	0050 \$		.00 Go to item 5a	
<b>4</b> a.	<ul> <li>If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a).</li> <li><b>a. Were you reimbursed for the value of the vehicle?</b></li> </ul>		0060 1 ☐ Yes 2 ☐ No - <i>Go to item 4c</i>		0060 1 □ Yes 2 □ No - Go to item 4c			0	0060 1[ 2[	☐ Yes ☐ No – <i>Go to item 4c</i>	0060 1 □ Yes 2 □ No - <i>Go to item 4c</i>				
b.	. How much did you recei	much did you receive for the vehicle? .00 Go to item 5a		00 Go to item 5a	0070 \$00 Go to item 5a		em 5a	0070 \$00 Go to item 5a		0070 \$		.00 Go to item 5a			
C.	Do you expect to be rein of the vehicle?	nbursed for the value	rsed for the value □ 0080 1 □ Yes 2 □ No - Go to item 5a x □ Don't know		0080 1 ☐ Yes 2 ☐ No - <i>Go to item 5a</i> x ☐ Don't know			٥	0080 1 □ Yes 2 □ No - <i>Go to item 5a</i> x □ Don't know			0080 1 □ Yes 2 □ No – <i>Go to item 5a</i> X □ Don't know			
d.	<b>d.</b> How much will you receive for the vehicle?		0090 \$00 x □ Don't know			0090 \$00 x 🗆 Don't know			0	0090 \$00 x 🗆 Don't know			0090 \$00 x 🗆 Don't know		
5a.	Were there any outstand the vehicle when it was	ling loans on disposed of?	0100         1 □ Yes           2 □ No - Go to next vehicle		0100 1 🗌 Yes 2 🗌 No – <i>Go to next vehicle</i>			0	0100 1			0100 1 □ Yes 2 □ No - <i>Go to next vehicle</i>			
b.	. Were any final payments	s made on the loan?	0110 1 🗌 Ye 2 🗌 No	es o – Go to next veh	icle		2 ☐ No – Go to next vehicle		0	0110 1 ☐ Yes 2 ☐ No – <i>Go to next vehicle</i>		0110 1 □ Yes 2 □ No - <i>Go to next vehicle</i>		ext vehicle	
C.	. If YES – How much was t	he final payment?	0120 \$	20 \$00		0120 \$00		0	0120 \$00		0120 \$00				
							NOT	ES							

**Section 12 – VEHICLE OPERATING EXPENSES** 

i.

Has any of

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### Part A – Vehicle Maintenance and Repair, Parts, and Equipment 8 12 02 4 -> b С d е f h а g Information Booklet, pages 29 and 30 What was the ENTER Did this Which vehicle was it for? What was the Did this In what ONLY ITEM expense for? expense month total cost? include I will now ask about expenses for Describe briefly and CODE include did you sales tax? vehicle services, parts, and enter the vehicle code Enter a brief labor? have this from equipment. Please do not include **VOPLA BOR** USE from the vehicle code list. description. column a expense? VOPTA : expenses for vehicles used entirely for business. VOPMOA VOPSERVY PROCESSING VOPVENYA VOPEXPX **1. Since the 1st of** (month, 3 months ago), $\times$ have you (or any members of your CU) had expenses for any of the Vehicle following? Description YES | NO Month YES | NO code 0010 1 2 2 1 .00 ITEM YES NO CODE 1 1 i 2 020 2 .00 Oil change, lubrication, and oil filter 100 1 2 1 2 0030 .00 110 Motor tune-up 0040 1 2 1 2 120 .00 Brake work **Battery purchases** 0050 1 2 1 2 .00 130 and installation . . . . . 1 2 2 0060 1 .00 Tire purchases and mounting 140 1 2 2 0070 1 .00 150 Tire repair . . . . . . . . . . 1 2 1 2 0800 .00 Front end alignment, wheel balancing and 1 | 2 1 | 2 160 0090 wheel rotation . . . . . . .00 Steering or front-end 0100 .00 work . . . . . . . . . . . . . . . 170 1 2 2 0110 1 180 **Electrical system work** .00 Engine repair 2 2 0120 1 1 .00 190 or replacement 1 2 0130 1 2 Air conditioning work 200 .00 Engine cooling 0140 1 i 2 🗌 2 1 .00 210 system work 1 2 0150 1 2 .00 \$ NOTES **2.** FIELD REPRESENTATIVE 1 12 01 1

CHECK ITEM Mark (X) box if there are 0010 999 🗌 Go to no entries recorded in next columns b-k. page

j			k		PRE							
F YES – low much?		Did yo have a other expen	any	Description from column b	Description from column b Cost f column f							
		for	.?			\$		.00				
VOPRMBX	(A	lf "No" next it colum				\$		.00				
						\$	ו   	.00				
		YES	NO			\$		.00				
5	.00					\$	ו ו 	.00				
5	.00					\$	I	.00				
; 	.00					\$		.00				
5	.00					\$		.00				
6	.00					\$		.00				
6	.00					\$	   	.00				
5	.00					\$		.00				
3	.00			VE		ODES						
6	.00				[							
6	.00			Automobile	100							
3	.00			Truck			1	10				
5	.00			Motorized cam	per			20				
;	.00			Trailer camper		-		30				
;	.00			Other attachabl		-		40				
;	.00			Motorcycle, sco				50				
				Boat, with moto	or		1	60				
				Boat, without n	notor		1	70				
				Trailer, other th as for boat	an camper		18	80				
				Private plane .			1	90				
				Any other vehic	cle		2	00				

Section 12 - VEHICLE OPERATING EXPENSES - Continued

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

### Part A – Vehicle Maintenance and Repair, Parts, and Equipment 8 12 04 0 → b d f h i . С е i а g **Did this** Information Booklet, pages 30 and 31 ENTER Which vehicle was it for? What was the Did this IF YES -What was the In what Has ΟΝΓΥ expense for? ITEM total cost? include any of expense month **1. Since the 1st of** (month, 3 months ago), Describe briefly and this expense CODE sales tax? How mu include did you 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 or will any **PROCESSING USE** from the vehicle code list. description. column a of it be expense? following? reimbursed? 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 0110 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.

j			k		PRE		
ıch?		Did yo have a other expen	ou any ises	Description from column b	Month from column f	Cost from column g	
		for If "No" next it colum	', go to em in			\$ \$	
		YES	NO				.00
	.00					\$	00
	.00						.00
	.00					\$	00
	.00					\$	.00
	.00					\$	.00
	.00					\$	.00
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	.00						

# Section 12 – VEHICLE OPERATING EXPENSES – Continued

## FIELD REPRESENTATIVE – Ask column a and con going to next item in c

Part B – Licensing, Registrati	on, an	d Inspection of Veh	icl	es					3 12	26 4	→																																															
a		b		C		d		(	•		f		PRE																																													
<b>1. Since the 1st of</b> (month, 3 months			EN	ITER		ln w		What wa	as the	Did y	ou	1	2		3																																											
ago), have you (or any members of your CU) had expenses for –	ONLY		CC frc	CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE from column a.		CODE ( from I		CODE ( from I		CODE from I		CODE from		CODE from		CODE from		CODE from		did you the ex have this		total an the exp	nount of ense?	have othe expe for.	nses	Description from column b	Month from column o		Cost from column e	
ITEM CODE YES NO	I –	Enter the item description from column a.																																		(	Š	<		lf "No go to	next				     01													
Driver's license? 400	BNIS	from column a.																																		OPR		OPR		OPR		)PRE		OPRI		OPR		OPR		OPR		OPR		OPR		OPR		OPR
Vehicle inspection? 410	PROCESSING			EGY		۱ ۲	0	GX						\$	.00	)																																										
Vehicle registration?420Use only if unable to///////////////////////////////	PRO					Мо	nth			YES	NO			\$	.00	)																																										
itemize above – Combined expenses <b>430</b>	0010							\$	.00					\$	.00	)																																										
2. FIELD REPRESENTATIVE 1 12 25 0 ↓ CHECK ITEM	0020				+				i					\$	.00	)																																										
Mark (X) box if there are no 00010 999 Go to			-		+			\$	.00					\$	.00	)																																										
entries recorded part C in columns b–f.	0030				_			\$	.00					\$	.00																																											
NOTES	0040							\$	.00					\$	.00	1																																										
	0050							\$	.00						 	1																																										
	0060								l					\$	.00	1																																										
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	0110				+									\$	.00	)																																										
			-		+			\$	.00					\$	.00																																											
	0120							\$	.00						I	1																																										
	0130							\$	.00					\$	.00	1																																										
	0140							\$	.00					\$	.00	)																																										
	0150				+				l					\$	.00	)																																										
			⊢		+			\$	.00					\$	.00	)																																										
	0160							\$	.00					\$	.00	)																																										
	0170							\$	.00					\$	  .00	)																																										
	0180				T			\$	.00					\$	.00																																											
	1							¥	1.00					Ψ	.00	·																																										

mplete columns b–f for each expe	nse reported before
column a.	

NOTES

Page 65

Section 12 – VEHICLE OPERATING EXPENSES – Continu	ıed		
Part C – Other Vehicle Operating Expenses	1 12 51 6 🗸		
<b>1a.</b> Since the 1st of (month, 3 months ago), what has been the CU's AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles?	0010 \$ VOPGA SX .00 0 None – Go to item 2a	<ul> <li>4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for –</li> <li>a. Parking, including garage rental, metered parking, and parking lot fees, except any expenses included in property ownership costs? Do</li> </ul>	0120 1 □ Yes VOPPA RK 2 □ No - Go to item 4c
<b>b.</b> Was any of this expense for the purchase of diesel fuel?	0020 1 □ Yes VOPDIES 2 □ No - Go to item 1d	not include parking expenses that are totally reimbursed or paid entirely for business.	
C. If YES – How much?	0030 \$00	<b>b.</b> <i>If YES</i> – How much was paid, excluding any payments made this month?	0130 \$ VOPPA RKX .00
<b>d.</b> Was any of the average monthly cost counted as a business expense?	0040 1 □ Yes VOPBSNS 2 □ No - Go to item 2a	<b>C.</b> Towing charges, excluding contracted or pre-paid towing charges?	0None 0140 1Yes VOPTOW 2No - Go to item 4e
<ul> <li>e. How much of the (dollar amount in item 1a) was counted as a business expense?</li> <li>2a. Since the 1st of (month 2 months age) have you (or one members of the second seco</li></ul>	0050 <u>\$ VOPBSNSX</u> .00	<b>d.</b> <i>If YES</i> – How much was paid, excluding any payments made in the current month?	0150 <sub>\$</sub> VOPTOWX .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 VOPOIL 2 □ No – Go to item 3a	e. Docking and landing fees for boats and planes?	0 □ None 0160 1 □ Yes VOPDOCK 2 □ No - Go to item 5a
<b>b.</b> What was the total cost?	0070 \$ VOPOILX .00	<b>f.</b> <i>If YES</i> – How much was paid, excluding any payments made in the current month?	0170 \$ VOPDOCKX .00
C. Was any of this purchased this month?	0080 1 ☐ Yes VOPOILNT 2 ☐ No - Go to item 3a		0 🗌 None
<b>d.</b> If YES – How much was purchased this month?	0090 \$00	<b>5a.</b> Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for auto repair service policies? Do not include service policies for vehicles used entirely for business.	0180 1 ☐ Yes VOPPOLCY 2 ☐ No – Go to item 6a
<b>3a.</b> Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any antifreeze, brake fluid, transmission fluid, or additives, except if purchased with a tune-up?	0100 1 Yes VOPFLUID	<b>b.</b> If YES – How much?	0190 \$VOPPLCYX00
Do not include purchases for vehicles used entirely for business.	2 □No – Go to item 4a	<b>6a.</b> Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for bottled or tank gas for recreational vehicles, including vans, campers, and boats?	0200 1 🗌 Yes TA NK GA S 2 🗌 No – Go to next section
<b>b.</b> What was the total cost of these purchases?	0110 \$ VOPFLUDX .00	<b>b.</b> If YES – How much?	0210 \$ TA NK GA SX .00
	NC	DTES	

Section 13 – INSURANCE OTHER THAN HEALTH -	Continu	ed			Ha As	and the respondent the Information Booklet with instructions to look at the item list as you proceed. sk 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 UN	ITS OI	VLY		1 13 02 7 🗸	
Information Booklet, page 32 <b>1. Do you (or any members of your CU) have any –</b>	Insurance code		YES	NO	If YES – How many policies or pla does your CU have?	NOTES
<ul> <li>a. Life insurance or other policies which provide benefits in case of death or disability?</li> </ul>	100	0010	1 🗌	2	0020 Number	
<b>b.</b> Automobile or other vehicle insurance?	200	0030	1	2	0040 Number	
C. Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –				     		
(1) Homeowner's insurance?	300	0050	1	2 🗌	0060 Number	
(2) Tenant's insurance?	400	0070	1 🗌	2	0080 Number	
<b>d.</b> Other types of nonhealth insurance?	500	0090	1	2	0100 Number	
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?	0130 1 🗌 Y 2 🗌 N	es – Ask it o – Go to				
	In	surance co	ode		How many?	
<b>b. What kind of insurance policy(ies) was it (were they)?</b> Enter insurance code from items 1a–d for each policy reported.	0140				0150 Number	
C. How many?	0160				0170 Number	
	0180				0190 Number	
	0200				0210 Number	
	0220				0230 Number	
<b>3a.</b> Have you (or any members of your CU) made any payments for insurance policies, other than health, for persons not in your CU?	0300 1 🗌 Y 2 🗌 N	es – Ask it o – Go to		and 3c		
	In	surance co	ode		How many?	
<b>b.</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	
<b>4.</b> FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each policy reported. Complete a column in part B for each discontinued policy. Be sure to n	nark the disco	ntinued b	ox, part	B, item	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.

Part B – Detailed Questions						
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 -	0010 Number POLICYIB	0010 Number	0010 Number	0010 Number		
Enter the next available policy number from chart in part A.1. <b>b.</b> DISCONTINUED	0020 1 D PLCYSTAB	0020 1	0020 1	0020 1		
<b>2a.</b> What type of insurance is (was) it?	Description	Description	Description	Description		
<b>b.</b> Enter insurance code from part A.1 or part A.2.	0030 Code POLICYYB	0030 Code	0030 Code	0030 Code		
<b>3. What is the name of the insurance company?</b> Enter name of insurance company, not the insurance agent.	Insurance company name	Insurance company name	Insurance company name	Insurance company name		
<b>4.</b> Ask only for insurance code 200 from item 2b. Describe briefly what vehicles are covered.	Description	Description	Description	Description		
<b>5a.</b> Ask only for insurance code 300 from item 2b. Describe briefly the property this policy covers.	Description	Description	Description	Description		
<b>b.</b> Enter property number from section 3, part B.	0160 0170 N SPRPY 0180	0160 0170 0180	0160 0170 0180	0160 0170 0180		
<b>6a.</b> Are the policy premiums paid?	0220       1 □ Entirely by CU       PREM PAID         2 □ Partially by CU and partially by someone outside the CU       3 □ Entirely by an employer or union       Go to next policy         4 □ Entirely by another group or       Go licy       Go licy	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 policy	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 <i>Go to</i> <i>next</i> <i>policy</i>	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		
<b>b.</b> Are any premiums paid through payroll deductions?	persons outside the CU     0230   1 Ures     2 Ures   No	persons outside the CU     0230   1 — Yes     2 — No	persons outside the CU     0230     1     Yes     2     No	persons outside the CU     0230     1     Yes     2     No		
7. How often are premiums on this policy paid? Mark (X) the appropriate box.	0240       1 □ Weekly       PREMPERD         2 □ Biweekly       3 □ Monthly – directly         3 □ Monthly – in mortgage payment         5 □ Quarterly         6 □ Semiannually         7 □ Annually         8 □ Paid-up policy – Go to next policy         9 □ Other – Specify	0240       1 □ Weekly         2 □ Biweekly         3 □ Monthly – directly         4 □ Monthly – in mortgage payment         5 □ Quarterly         6 □ Semiannually         7 □ Annually         8 □ Paid-up policy – Go to next policy         9 □ Other – Specify	0240       1 □ Weekly         2 □ Biweekly         3 □ Monthly – directly         4 □ Monthly – in mortgage payment         5 □ Quarterly         6 □ Semiannually         7 □ Annually         8 □ Paid-up policy – Go to next policy         9 □ Other – Specify	0240       1 □ Weekly         2 □ Biweekly         3 □ Monthly – directly         4 □ Monthly – in mortgage payment         5 □ Quarterly         6 □ Semiannually         7 □ Annually         8 □ Paid-up policy – Go to next policy         9 □ Other – Specify		
<b>8a.</b> 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 \$ IN SEX PBX .00 ₀ □ None - Go to next policy	0250 \$00 ₀ □ None - <i>Go to next policy</i>	0250 \$00 ₀ □ None - <i>Go to next policy</i>	0250 \$00 ₀ □ None - <i>Go to next policy</i>		
<b>b.</b> Were any payments made this month?	0260 1  Yes IN SEX PB 2  No - Go to next policy	0260 1 ☐ Yes 2 ☐ No – Go to next policy	$\begin{array}{ c c c } \hline 0260 & 1 \\ \hline 2 \\ \hline 0 \\ No - Go to next policy \end{array}$	0260 1 □ Yes 2 □ No – <i>Go to next policy</i>		
<b>C.</b> <i>If YES</i> – How much was paid this month?	0270 <sup>\$</sup> IN SN EX X B .00	0270 \$00	0270 \$00	0270 \$00		

Se	ction 13 – INSURAI	NCE OTHER THAN I	HEALTH – Continued		FIELD F	REPRESENTATIVE – Combine insuranc	e payments if m e (for example:	ore than one policy is held throug automobile insurance) and for th	gh the same co e same time pe	mpany for the s priod.	ame type of
Pa	rt B – Detailed Que	stions – Continued	-		_						
N	ELD REPRESENTATIVE ITEM <b>ew CU's</b> – Enter policy	PROCESSING USE ONLY	1 13 07 6	, ·		1 13 08 4		1 13 09 2 🗸		1 13 10 0 🗸	
b	umbers in consec <sup>'</sup> utive <sup>'</sup> order eginning with 1. <b>nd through 5th interviews –</b>	a. POLICY NUMBER	0010 Number		0010	Number	0010	Number	0010	Number	
E E	nter the next available policy umber from chart in part A.1.	<b>b.</b> DISCONTINUED	0020 1		0020 1		0020 1		0020 1		
2a. w	/hat type of insurance is (	was) it?	Description		Description		Description		Description		
<b>b.</b> <i>E</i>	nter insurance code from pa	rt A.1 or part A.2.	0030 Code		0030	Code	0030	Code	0030	Code	
E	<b>Ihat is the name of the ins</b> nter name of insurance com nsurance agent.		Insurance company name		Insurance com	pany name	Insurance co	ompany name	Insurance con	npany name	
	sk only for insurance code 2 escribe briefly what vehicles		Description		Description		Description		Description		
<b>5a.</b> Ask only for insurance code 300 from item 2b. Describe briefly the property this policy covers.			Description		Description		Description		Description		
<b>b.</b> E	nter property number from s	section 3, part B.	0160 0170	0180	0160	0170 0180	0160	0170 0180	0160	0170	0180
	re the policy premiums paid thr		0220 1 Entirely by CU 2 Partially by CU ar someone outside 3 Entirely by an em union 4 Entirely by anoth persons outside t	the CU ployer or er group or he CU Go to next policy	som 3	ially by CU and partially by eone outside the CU rely by an employer or on rely by another group or ons outside the CU	to to t cy 4 E p	ntirely by CU artially by CU and partially by omeone outside the CU ntirely by an employer or nion ntirely by another group or ersons outside the CU	son 3   Ent uni 4   Ent per	rtially by CU and meone outside th tirely by an emplo ion tirely by another rsons outside the	group or CU Go to next policy
<u></u> 7. н Л	eductions? ow often are premiums o lark (X) the appropriate box.	n this policy paid?	0230 1 Yes 2 0240 1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mort 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – G 9 Other – Specify	gage payment	4	kly eekly thly – directly thly – in mortgage payment rterly iannually	3 🗌 M 4 🗌 M 5 🗍 Q 6 🗌 S 7 🗌 A 8 🗌 Pa		4 🗌 Mo 5 🗌 Qua 6 🗌 Ser 7 🗌 Ant 8 🗌 Paie	eekly veekly onthly – directly onthly – in mortgag arterly miannually	ge payment
E	ince the 1st of (month, 3 n our total expense for this nter the actual amount the C ny expenses paid for the CU	U paid, do not include	0250 \$ 0  [] None - <i>Go to next</i>	.00 policy	0250 \$ ₀ □ Non	.00 e – Go to next policy	0250 \$ 0 \[ N	.00 Ione – Go to next policy	0250 \$ 0 \[] Not	ne – Go to next po	00 olicy
I	lere any payments made t		0260 1 □ Yes 2 □ No - Go to next p	plicy	0260 1 🗌 Yes 2 🗌 No -	- Go to next policy	0260 1 🗌 Y 2 🗌 N	es lo – Go to next policy	0260 1 🗌 Yes 2 🗌 No	s – Go to next polic	су
<b>c.</b> If	YES – How much was paid	d this month?	0270 \$	.00	0270 \$	.00	0270 \$	.00	0270 \$		00

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

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

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

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

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

8 1	4 00	4 →	HEALTH INSURANCE POLICY INVENTORY CHART														
	Ŧ	b	С	d		е		f		g			h		i		j
ONLY	IIPD								Exp p	penses reporte revious intervi	ed in ew	paid	mium entirely	1 /mal	you have icy)?	Since the (month, 3 were any	mor
PROCESSING USE	Policy number AI 7	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	deductions disco rom part B, from		olicy ntinued part B, m 1b	Enter payment from part B, item 8a or item 10 or 14A.1 column k	Enter time period covered from part B, item 8b	Enter payments made this month from part B, item 11b or 14A.1	outs CU pa ite	omeone ide the from art B, em 6 ode or 4)			made on by any m your CU? those ma payroll de lf NO - Go policy	this emb (Inc de b educ
R	Po				YES	NO	YES	NO			column m		NO	YES	NO	YES	1
0010	1		н						\$.00		\$ .0	•	<u>∓</u> 2□	1 🗆	2	1 🗆	
0020	2		ICO						\$.00		\$.0	0 1 🗆	₽₂□	1 🗆	2	1 🗌	
0030	3		DEA			¦ 🗆		🗆	\$.00		\$ .0	0 1 🗆	Ŭ <sub>2</sub> □	1 🗆	2	1 🗌	<u>ר</u>
0040	4								\$.00		\$.0	0 1 🗆	2	1 🗆	2	1 🗌	
0050	5								\$ .00		\$	0 1 🗆	2	1 🗆	2	1 🗌	
0060	6								\$.00		\$.0	0 1 🗆	2 🗌	1 🗆	2	1 🗌	
0070	7								\$.00		\$ .0	0 1 🗆	2	1 🗆	2	1 🗌	
0080	8								\$.00		\$.0	0 1	   2	1 🗆	2	1 🗆	
0090	9								\$.00		\$ .0	0 1 🗆	   2	1 🗆	2	1 🗌	
0100	10								\$.00		\$.0	0 1 🗆	2	1 🗆	2	1 🗌	
0110	11								\$.00		\$ .0	0 1 🗆	   2	1 🗆	2	1 🗌	
0120	12								\$ .00		\$ .0	0 1 🗆	2	1 🗆	2	1 🗌	
	•			•					1 14 01 7	¥	NOTES						
2a.	Since CU) p	the 1st of (month, 3 months ago), have you urchased any (additional) health or hospita	(or any n alization	nembers of your insurance?			[	0010 1 2	□ Yes □ No – <i>Go to</i>	item 3a							
		- <b>How many policies did you buy?</b> lete a column in part B for each new policy.						0020	N	umber							
3a. :	Since	the 1st of (month, 3 months ago), have you	(or any n	nembers of your CU)				0030 1									
	made any payments for health insurance plans for persons outside of your CU?																
	<b>b.</b> If YES – How many policies did you buy?         Complete a column in part B for each policy.         0040																
4.	FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each new policy reported. If "No," to items 2 and 3 – Go to part C.																
Page -									Section 14	Davit A 1							

s b b b b	of ths ago), ments policy er of ude y tions.) ext	k Since the 1st of (month, 3 months a what was the too amount paid by C members for this policy? I I D D A	aľ CU	Were an paymen made d the cur montha If NO –	nts H luring rent C Go to X licy or olicy	was paid this month?				
	2			1	2					
HHIANYPD		\$	.00			\$	00.			
Z	2	\$	.00	1	2	\$	.00			
PD	2	\$	.00	1 🗌	2		.00			
	2	\$	.00	1 🗌	2	\$	.00			
	2	\$	.00	1 🗌	2	\$	.00			
	2	\$	.00	1 🗌	2	\$	.00			
	2	\$	.00	1 🗌	2		.00			
	2	\$	.00	1 🗌	2	\$	.00			
	2	\$	.00	1 🗌	2	\$	.00			
	2	\$	.00	1 🗌	2	\$	.00			
	2	\$	.00	1 🗌	2	\$	.00			
	2	\$	.00	1 🗌	2	\$	.00			

Section 14 – HOSPITALIZATION AND HEALTH INS	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.
Part A.2 – Screening Questions – FOR NEW CONS	UMER UNITS ONLY - Conti	inued 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 purpose plans you may have, such as those listed on page 32a of the Information Booklet.	0010 1 □ Yes 2 □ No – Go to item 2a	NOTES
<b>b.</b> <i>If YES</i> – How many policies do you have?	0020Number	
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made payments for hospitalization or health insurance policies which you no longer have?	0030 1 🗌 Yes 2 🗌 No – <i>Go to item 3a</i>	
<b>b.</b> If YES – How many policies?	0040Number	
<b>3a.</b> Have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?	0050 1 🗌 Yes 2 🗌 No – Go to item 4	
<b>b.</b> If YES – How many policies?	0060Number	
<ul> <li>FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each policy reported. If the policy was reported in item 2, be sure to mark the discontinued b If "No," to items 1, 2, and 3 – Go to part C.</li> </ul>	box in part B, item 1b.	

# Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

Pa	art <b>B</b> – Detailed Questions										
1.	FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive	PROCESSING USE ONLY	1 14 03	•		1 14 0	4 1 ↓		1 14 0	58↓	
	order beginning with 1. 2nd thru 5th interviews – Enter policy number in	a. POLICY NUMBER	0010 HHIPDLI	3 Number	0010		_Number 5	0010		_ Number	0010
	consecutive order using the next available number in policy chart in part A.1.	<b>b.</b> DISCONTINUED	0020 1 HHIS	БТАТВ	0020	1 🗌		0020	1		0020
2.	What is the name of the insurance company?		Insurance company		Insurar	nce compan	iy name o	Insurai	nce compan	ny name	Insuranc
	Enter name of insurance company, not the insurance a If Blue Cross/Blue Shield, Mark (X) box.	agent. ———	H H 0030 1 Blue Cro	LIBCBS oss/Blue Shield	0030	1 🗌 Blue C	ross/Blue Shield	0030	1 🗌 Blue C	Cross/Blue Shield	0030 1
3.	How many CU members are covered by this polic	y?		None 0 □ None	0060	Nui	mber 0 🗌 None	0060	Nu	mber 0 🗌 None	0060
4a.	Information Booklet, page 32a What type of insurance plan is it?		0061 1 Go to 4b			1 🗌 Go to 4		0061	1 🗌 Go to 4		0061
		Medicare Supplement al purpose plan	2 🗌 Go to 4c 3 🗌 Go to 5 H H I C O D E	× 🗌 Don't know – <i>Go to 5</i>		2 🗌 Go to 4 3 🗌 Go to 5			2 🗌 Go to 4 3 🗌 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	2 🗌 No 🛛	to to item 5 H H I P O S		1 □ Yes } 2 □ No }	Go to item 5	0062	1 🗌 Yes 2 🗌 No 🖇	Go to item 5	0062 1
C.	Ask only if item 4a is "2." Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Pl	rovider Option Plan	$\begin{bmatrix} 0063 & 1 \\ 2 \end{bmatrix} Go to$	HHIFEET item 5		$\left. \begin{array}{c} 1 \\ 2 \\ \end{array} \right\} Go t$	to item 5	0063	$\left. \begin{array}{c} 1 \\ 2 \\ \end{array} \right\} Got$	to item 5	0063
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 spinsurance?		2 □ 5 3 □ 6	□ □ □ Specify <sub>₹</sub> SPECT		2 .	4 □ 5 □ 6 □ Specify <i>⊋</i>	0064	2	4 □ 5 □ 6 □ Specify <i>¥</i>	0064
5.	Was the policy obtained on an individual or group1 - Individually obtained3 - Group throug2 - Group through place of employment	<b>b basis?</b> In other organization	0070 1 2 🗆 H H I G F		0070	1 🗌 2 🗌	3 🗌	0070	1 2 🗌	3 🗌	0070
6.		another group or ide of the CU?		lf code 3 or 4, go to next policy		1 🗌 3 🗌 2 🗌 4 🗌	If code 3 or 4,   go to next policy	0090	1 🗌 3 🗌 2 🗌 4 🗌		0090
7.	Are any of the premiums paid through payroll de	ductions	E <mark>10100</mark> 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 <sub>\$</sub> HHIRE	PM X B .00	0110	\$	.00	0110	\$	.00	0110
b.	. What period of time is covered by the regular pay	vment?	0120 1 ☐ Week 2 ☐ 2 weeks 3 ☐ Month 4 ☐ Quarter H H	5 □ 6 months 6 □ Year 7 □ Other – Specify <del>v</del> HIRPM PD		1 🗌 Week 2 🗌 2 weeks 3 🗌 Month 4 🗌 Quarter	7 🗌 Other –	0120	1 🗌 Week 2 🗌 2 weeks 3 🗌 Month 4 🗌 Quarter	7 🗌 Other –	0120
9a.	Since the 1st of (month, 3 months ago), were any p made on this policy?	ayments	0130 1 🗆 Yes H H I C P M T	$^{2}\square$ No – Go to B next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130
b	• Was each payment in the amount of (regular paym reported in item 8a)?	nent amount	0140 1 Ves HHIRPM			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 HHIQPM	Go to Number∫item 11a	0150		<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 <sub>\$</sub> HHII	RGXB .00	0160	\$	.00	0160	\$	.00	0160
11a.	. Were any payments made during the current mor	nth?	0170 1 🗌 Yes H H I CM E	2 □ No – Go to E X B next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170
b	. If YES – How much was paid during the current m	onth?	0180 <u></u> HHIC	MXXB .00	0180	\$	.00	0180	\$	.00	0180
<u> </u>	70		•				( D				•

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 $\square$ Go to 4b4 $\square$ Go to 4d2 $\square$ Go to 4c× $\square$ Don't3 $\square$ Go to 5know - Go to 5	00611 $\bigcirc$ Go to 4b4 $\bigcirc$ Go to 4d2 $\bigcirc$ Go to 4c $\times$ $\bigcirc$ Don't3 $\bigcirc$ Go to 5 $\overset{Know}{}$ $\overset{Know}{}$
1 🗌 Yes 2 🗌 No } Go to item 5	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
1 🗌 2 🗌 3 🗌	
$\begin{array}{ccc} 1 & & & 3 \\ 2 & & & 4 \end{array} \right  If code 3 or 4, \\ go to next \\ policy \end{array}$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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 2 weeks 6 Year 3 Month 7 Other – 4 Quarter Specify $\swarrow$
1 🗌 Yes 2 🗌 No – Go to next policy	0130 1 Yes 2 No - Go to next policy
$1 \square Yes \qquad 2 \square No - Go to item 10$	0140 1 Yes 2 No - Go to item 10
ן <i>Go to</i> Number∫ <i>item 11a</i>	0150 Number } <i>Go to</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	08 2 🖌		1 14 0	90		1 14 1	0 8 ↓		_
	order beginning with 1. <b>2nd thru 5th interviews –</b> Enter policy number in	a. POLICY NUMBER	0010		Number	0010		_ Number	0010		_ Number	0010	
	consecutive order using the next available number in policy chart in part A.1.	<b>b.</b> DISCONTINUED	0020	1		0020	1 🗌		0020	1		0020	1
2.	What is the name of the insurance company?		Insurar	nce compa	ny name	Insura	nce compan	iy name	Insura	nce compar	iy name	Insurar	າດ
	Enter name of insurance company, not the insurance a If Blue Cross/Blue Shield, Mark (X) box.	agent. ———>	0030		Cross/Blue Shield	0030		ross/Blue Shield	0020		ross/Blue Shield	0030	1
3.	How many CU members are covered by this polic		0030										_
0.	Information Booklet, page 32a	, <b>y</b> :		Ni	umber 0 🗌 None 4b 4 🗌 Go to 4d			mber 0 □ None b 4 □ Go to 4d		Nu 1 🗌 Go to 4	mber 0 🗌 None		_
<b>4</b> a.	What type of insurance plan is it?	Medicare Supplement		$\begin{array}{c} 1 \ \Box \ Go \ lo \\ 2 \ \Box \ Go \ to \\ 3 \ \Box \ Go \ to \end{array}$	$4c \times \square$ Don't 5 know –	0061	2 Go to 4 3 Go to 5	c x□Don't know-	0061	2 Go to 4 3 Go to 5	c x□Don't know-	0061	1 2 3
	2 – Fee for Service Plan 4 – Other specia				Go to 5			Go to 5			Go to 5		-
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	0062	1 □ Yes 2 □ No	Go to item 5	0062	1	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	$\begin{pmatrix} 1 \ \Box \\ 2 \ \Box \end{pmatrix} Go$	to item 5	0063	$\left \begin{array}{c}1\\2\end{array}\right $ Go t	to item 5	0063	$\begin{bmatrix} 1 \ \Box \\ 2 \ \Box \end{bmatrix} $ Go	to item 5	0063	1
d	Ask only if item 4a is "4." Is this special purpose insurance plan- 1 - Dental insurance? 2 - Vision insurance? 5 - Dread disease p	surance?	0064	1 🗌 2 🔲 3 🗌	4 □ 5 □ 6 □ Specify <i>⊋</i>	0064		4 □ 5 □ 6 □ Specify <i><sub>¥</sub></i>	0064	1 🗌 2 🗌	4 □ 5 □ 6 □ Specify <i>⊋</i>	0064	1 2 3
	3 - Prescription drug insurance? 6 - Other type of sp insurance?	ecial purpose health											
5.	Was the policy obtained on an individual or group1 - Individually obtained3 - Group throug2 - Group through place of employment	<b>p basis?</b> gh other organization	0070	1 2	3	0070	1 2 🗌	3 🗌	0070	1 2	3	0070	1
6.		another group or ide of the CU?	0090	1 🗌 3 🗌 2 🗌 4 🗌		0090	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
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
<b>8</b> a.	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?	0120	1 🗌 Week 2 🗌 2 wee 3 🗌 Month 4 🗌 Quarte	n 7 🗌 Other –	0120	1 🗌 Week 2 🗌 2 weeks 3 🗌 Month 4 🗌 Quarter	7 🗌 Other –	0120	1 🗌 Week 2 🗌 2 week 3 🗌 Month 4 🗌 Quarter	7 🗌 Other –	0120	1 2 3 4
<b>9</b> a.	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		1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy		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 11</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 mor	nth?	0170	1 🗌 Yes	2 🗌 No – Go to next policy		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	ļ
FORM CE	E-302					- <u> </u>	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	00611Go to 4b4Go to 4d2Go to 4c $\times$ Don't3Go to 5Go to 5Go to 5
1 🗌 Yes 2 🗌 No } Go to item 5	0062 1 🗌 Yes 2 🗌 No } Go to item 5
1 🗌 } Go to item 5	0063 1 🗌 2 🗌 } Go to item 5
1 □ 4 □ 2 □ 5 □ 3 □ 6 □ Specify ₹	0064       1       4         2       5         3       6       Specify ∠
1 🗌 2 🗌 3 🗌	
$\begin{array}{ccc} 1 & 3 \\ 2 & 4 \end{array} \Big  \begin{array}{c} If \ code \ 3 \ or \ 4, \\ go \ to \ next \\ policy \end{array}$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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
$1 \square Yes \qquad 2 \square No - Go to item 10$	0140 1 Yes 2 No - Go to item 10
ן <i>Go to</i> Number∫ <i>item 11a</i>	ן <i>Go to</i> 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

ę	Section 14 – HOSPITALIZATION AND HEALTH INSU	JRANCE – Continued		FIELD REI	PRESENTATIVE – Ask part C for all CU's.
	Part C – Medicare, Medicaid, and Other Health Insu	rance Plans Not Directly Paid For By T	he CU	1 14 51 2 🖌	
	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.				NOTES
b.	If YES – How many members of your CU are covered by Medicare?	0020Number HHMCRCOV			
<b>2</b> a.	Is anyone in your CU enrolled in Medicaid or has anyone in your CU been enrolled since the first of (month, 3 months ago)?	0030 1 ☐ Yes 2 ☐ No – <i>Go to item 3</i> M D C D E N R			
b.	If YES – How many members of your CU are covered by Medicaid?	0040 Number MDCDCOV			
3.	Are you (or any members of your CU) covered by any plan other than Medicare or Medicaid which provides free health care such as CHAMPUS or military health care?	0050 1 🗌 Yes 2 🗌 No OTH PLAN			
		11			

Page 75	Page 75
	NOTES

# **Section 15 – MEDICAL AND HEALTH EXPENDITURES**

	Part A – Screening Qu	estior	ns for	P	art	<b>B</b> –	Payments For Mo	edical Expenses			4 1!	5 02 6	→				
	Payments				é	a		b			C	;	d		е		
	Hand respondent Information Bool			- -	EN		Ask if not apparent –		Σ		Alway	s ask –	What was t		Did yo	u	1
	Now I am going to ask you so about medical payments and I will begin with your paymen By payments I mean any expe members of your CU directly	nts.		I USE ONLY	ITE CO fror par	DE m t A.	What was the (care/ser Who received the (care	/service or item) <b>?</b>	1 EDPGFT		In wh mont was (were	h DP	Σ	tne	make any other payme for	.?	
	members of your CU directly provider by cash, check, or cl medical service or item. Inclu even those for persons who a members.	redit ca Ide all p	rd for a ayments,	PROCESSING		כ ס רם	Was the person a CU r		C C men		the paym made	ent(sy ? 0	EDPM T		If "No," go to next ite in part	em	Care/service or ite from column b
1.	Since the 1st of (month, 3 mor	nths ago	), have	PRO			Care/service or item	Person's name		NO	Мо	nth	×		YES	NO	
	you (or any members of your any payments for the following Read all bold items below.	CU) ma	de	0010					1	   2 🗌			\$	.00			
		ITEM	Payments	0020					1	   2 🗌			\$	.00			
			YES NO	0030					1	   2 🗌 			\$	.00			
	EYE CARE, such as Eye examinations, treatment, or surgery	110		0040					1	   2 🗌 			\$	.00			
	Purchase of eye glasses or contact lenses			0050					1	2			\$	.00			
	Combined eve care			0060					1	2			\$	.00			
	services			0070					1	2			\$	.00			
	DENTAL CARE	200		0080					1	   2 🗌			\$	.00			
	CARE, such as			0090					1	   2 🗌 			\$	.00			
	Hospital room	310		0100					1	   2 🗌 			\$	.00			
	Hospital services	320	V//////	0110					1	   2 🗌 			\$	.00			
	Combined hospital room and services	330		0120					1	2			\$	.00			
	PROFESSIONALS OTHER THAN PHYSICIANS	410		0130					1	2			\$	.00			
	PHYSICIAN SERVICES	420		0140					1	2			\$	.00			
	Combined hospital care and physicians' services	430	<u>/////////////////////////////////////</u>	0150					1	   2 🗌 			\$	.00			
2.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are		01 4 ↓ 99 □ Go to	0160					1	   2 🗌 			\$	.00			
	no entries recorded in part B.		next page	0170					1	   2 🗌			\$	.00			

2 Name from column b	3 Month from	4	
Name from column b	Month		
	column c	Total from column d	ן ו
	Month	-	
		\$	.00
			.00
		\$	.00
		\$	     .00
		\$	     .00
		\$	     .00
		\$	.00
			00.
		\$	.00
		\$	.00
		\$	00.
		\$	   .00
NOTES			
	NOTES	NOTES	

# 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	estion	s for	Pa	art B -	- Payments For Me	dical Expenses ·	- Contin	ued		4 15 05 9→							
Payments – Continued				а		b		6	C	d	е			PRE			
	respondent Information Booklet, pages 34 and 3 e the 1st of (month, 3 months ago), have or any members of your CU) made payments for the following? all bold items below.		USE ONL'	ENTER ITEM CODE from part A.	Ask if not apparent – What was the (care/serv Who received the (care, Was the person a CU m	/service or item) <b>?</b>		Always In wha montl was (were the payme made	at h ) ent(s)	What was the amount of the payment?	Did you make any other paymen for? If "No," go to	nt(s)	1 Care/service or item from column b	<b>2</b> Name from column b	Mo fro colur	nth	<b>4</b> Total from column d
			PROCESSING		Care/service or item	Person's name	CU member				next iten in part A	A.					
	ITEM	Payments YES NO	0010						nth		YES N				Mo	nth	
OTHER MEDICAL CARE SERVICES, such as			0020							\$ .00						9	\$ <u>.</u> .00 \$00
Lab tests or x-rays	540		0030							\$ .00							\$ <u>,00</u>
Care in convalescent or nursing home	. 520		0040							\$ .00							\$ .00
Other medical care	. 530		0050							\$0						ę	\$ 1.00
Combined medical care services	. 540		0060				1 . 2 .			\$.00							\$ 1.00
MEDICINE AND MEDICAL SUPPLIES, such as			0070							\$ .00							\$ .00
Hearing aids	610		0080							\$.00							\$ .00
Prescribed medicines or prescribed drugs	. 620		0090							\$.00						4	\$.00
Rental of supportive or convalescent equipment	. 630		0100							\$.00						5	\$ .00
Purchase of supportive or convalescent equipment	. 640		0110							\$0						4	\$ 1.00
Rental of medical or surgical equipment for general use	. 650		0120							\$ .00				NOTES		9	\$00
Purchase of medical or surgical equipment for general use	. 660		0140							\$ .00							
Combined medicine and medical supplies	. 670		0150				1 . 2 .			\$.00							
2. FIELD REPRESENTATIVE CHECK ITEM		04 8 ↓ 9□ Go to	0160							\$ .00							
Mark (X) box if there are no entries recorded in part B.	0010 33	next page	0170							\$.00							

FORM CE-302

### FORM CE-302

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

	Part C – Screening Que	estio	ns fo	or	Pa	art D	) –	Reimbursements	For Medical Exp	pense	S	4 15 0	7 5 →					
	Reimbursements					ja				С		d		е				
	Hand respondent Information Bood Now I am going to ask you so about your reimbursements. By reimbursements I mean m any members of your CU from company, medical care provis member, for medical expense	ome qu oney re n an in der, or	estior eceive suran non C	ns ed for ce CU	USE ONL'	ENTE ITÆM CODE from <sup>P</sup> ≤ ED R	- 	Ask if not apparent – What was the (care/ser Who received the (care Was the person a CU r	/service or item) <b>?</b>	M EDRGFTC		In what month was	M EDRM	hat was the nount of th imburseme ⊆ □ 刀	e	Did y receiv any o reimb ment for If "No go to	/e ther jurse- (s) .?	<b>1</b> Care/service or iter from column b
1	<ul> <li>Since the 1st of (month, 3 more)</li> </ul>		-		PROCESSING	CARY		Care/service or item	Person's name	C men YES		Month	0	M BX		next in in par YES	t C.	
	you (or any members of your any reimbursements for the f Read all bold items below.	CU) red	ceived	ł	0010					1	     2 🗌		\$		.00			
		ITEN	<u>1 m</u>	ents	0020					1	   2 🗌		\$		.00			
	EYE CARE, such as		YES	NO	0030					1	   2 🗌 		\$		.00			
	Eye examinations, treatment, or surgery	110		<u>x / / / /</u>	0040					1	   2 🗌 		\$		.00			
	Purchase of eye glasses or contact lenses				0050					1	2 🗌 		\$		.00			
	Combined eye care	. 130			0060						2 🗌		\$		.00			
	DENTAL CARE				0070						2 🗌 		\$		.00			
	INPATIENT HOSPITAL				0080						2 🗌   2		\$		.00			
	CARE, such as Hospital room				0090						   2 🗌   		\$		.00			
	Hospital services				0100						2 🗌   		\$		.00			
	Combined hospital room	. 330			0110						2 🗌   		\$		.00			
	and services SERVICES BY MEDICAL PROFESSIONALS OTHER				0120					1	1		\$		.00			
		. 410			0130						2 🗌 		\$		.00			
	<b>PHYSICIAN SERVICES</b>	420			0140						2 🗀 		\$		.00			
2	and physicians' services FIELD REPRESENTATIVE CHECK ITEM	<b>430</b> 1 1	5 06 3	X//// 3 ↓	0160						2 🗀 		\$		.00			
	CHECK ITEM Mark (X) box if there are no entries recorded in part D.	<mark>0010</mark> 9	n	Go to lext lage	0170						2       2 		\$		.00 .00			

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С

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

Section 15 – Part C and Part D

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

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m	Name from column b	fro	nth om mn c	Total from column d	1
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	Section 15 – MEDICAL	AND	HEALTH	HEXI	PEND	ITURE	S – Continue		D REPRESE	NTATIVE -	heading and identical reir	์ sub ทbบเ	-categ rseme	jories. nts. la	ormation Booklet. Asl Complete a separate lentical items are thos bined services compl
	Part C - Screening Qu	estion	ns for	Pa	Part D – Reimbursements for Medical Expenses – Continued								4 1	→	
	Reimbursements - Co	Part C – Screening Questions for Reimbursements – Continued			а		b c							e	
	Hand respondent Information Boo	klet, page	es 34 and 35.	>	ENTER	Ask if r	not apparent –			Always ask	- What was the amount of th		Did y		1
1.	Since the 1st of (month, 3 mo	ONLY	ITEM CODE	What v	was the (care/ser	vice or item) <b>?</b>		In what	reimburseme		other				
	Since the 1st of (month, 3 mon you (or any members of your any reimbursements for the f	eived	JSE	from part C.	Who re	eceived the (care	e/service or item) <b>?</b>		month was			ment for	(s)		
	Read all bold items below.		.9.	D DN		Was th	ne person a CU r	nember?		(were) the				" '	Care/service or iter
				ISSI					CU	reimburse ment(s)			go to next item		from column b
				PROCESSING USE		Care	/service or item	Person's name	member	received?	-		in par		
		ITEM	Reimburse- ments						YES NO	Month		1	YES	I NO	
		CODE		0010							\$	.00			
	OTHER MEDICAL CARE SERVICES, such as			0020					1 🗌 1 2 🗌		\$	.00			
	Lab tests or x-rays	510		0030							\$	.00			
	Care in convalescent or nursing home	520		0040							\$	.00			
	Other medical care			0050								.00			
	Combined medical	540		0060					1 2			.00 .00			
		540									ъ	.00			
	MEDICINE AND MEDICAL SUPPLIES, such as			0070							\$	.00			
	Hearing aids	. 610		0080							\$	.00	1		
	Prescribed medicines or prescribed drugs	620		0090							\$	.00			
	Rental of supportive or convalescent equipment	630		0100							\$	.00			
	Purchase of supportive or convalescent equipment	640		0110							\$	.00			
	Rental of medical or surgical equipment for			0120							\$	.00			
	general use	650		0130					1 🗌   2 🗌		\$	.00			
	surgical equipment for general use	660	7//////	0140					1 🗌 1 🗌		\$	.00			
	Combined medicine and medical supplies	670	///////////////////////////////////////	0150							\$	.00			
2.	FIELD REPRESENTATIVE CHECK ITEM		i 08 9 ↓ 99 □ Go to	0160							\$	.00			
	Mark (X) box if there are no entries recorded in part D.	<u> </u>	next page	0170							\$	.00		-	

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sk part C, question 1, followed by general category te line in part D for each reimbursement or set of ose for the SAME SERVICE for the SAME PERSON, in plete one line.

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	2 Name from column b	2       3         Name from column b       Mo from column         Mo       Mo         Mo	2       3         Name from column b       Month from column c         Month       Month         Image:	234Name from column bMonth from column cTotal from column dMonthNonthSMonthSSImage: Signal strain					

Section 16 – EDUCATIONAL EXPENSES

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

### 7 16 02 7 -> d f i. b С е g h а ITEM CODE YES NO ENTER Who was it for? Complete without In what Information Booklet, What was the expense for? How much was If "Yes" in Has any of asking if information month page 36. ITEM paid? this amount column h -CODE is known. Describe briefly the expense. If CU member. was the been or will 1. Since the 1st of (month, from enter name and payment any of it be What kind of How much was 3 months ago), have you column a line number from made? reimbursed school was it? or will be (or any members of Control Card. If 1 – College or university 2 – Elementary of high school by an ΟΝΓΥ reimbursed? your C(U) paid for any someone outside employer, EDEX OX A recreational lessons or Ш EDUC\_ CU, enter 99. agency, or DMONTHA other instructions for other **PROCESSING USE** members of this CU person? EDREIMBX 100 or other persons? EDUCGFTC . . . **3** – Child day EDREIMB ∕≻ 2. Have you (or any care center $\prec$ members of your CU) If "No," go to 4 - Nursery school paid for nursery school column j. Line or preschool or child day care centers Name No. or 5 - Other school for members of this CU code 200 Month YES | NO or other persons? Mark (X) box **3a.** Have you (or any 1 3 5 5 members of your CU) 1 2 0010 2 4 paid for any (other) .00 .00 \$ school related 1 3 5 5 expenses for 1 2 0020 members of this CU 2 4 \$ .00 .00 or other persons? 1 3 5 0030 **b.** If YES – **Did you** 1 | 2 | 2 4 \$ .00 .00 pay for – 1 3 5 0040 1 2 2 4 .00 .00 \$ 1 3 5 0050 1 Housing while attending 2 2 4 .00 .00 \$ 310 school? 1 3 5 0060 1 2 2 4 .00 .00 Food or board while 1 attending school? 1 3 5 5 320 0070 1 i 2 🗌 2 4 \$ 00.1 00. Use only if unable to 1 3 5 5 1 | 2 | 0080 separate - Combined 2 4 00. .00 room and board 330 (Codes 310 and 320) 1 3 5 1 0090 2 2 4 .00 .00 1 3 5 1 0100 2 2 4 .00 .00 \$ 1 3 5 0110 1 2 2 4 .00 \$ .00 1 3 5 4. FIELD 1 16 01 2 \downarrow 1 2 REPRESENTATIVE 0120 2 4 .00 .00 \$ CHECK ITEM **0010** 999 Go to 1 3 5 1 2 next 0130 Mark (X) box if 2 4 .00 .00 page \$ \$ there are no 1 3 5 5 entries recorded 0140 1 2 in columns b–j. 2 4 .00 .00 \$ 1 3 5 5 1 2 0150 2 4 .00 .00 \$

Section 16

j						_	PRE						
Did you make any other payments for? If "No," go to next item in column a.		ents ? " go Item				ltem		1	2	Mo	<b>3</b> onth		4
		rt n	า			Name from column d	colu	om mn f	Cost from column g				
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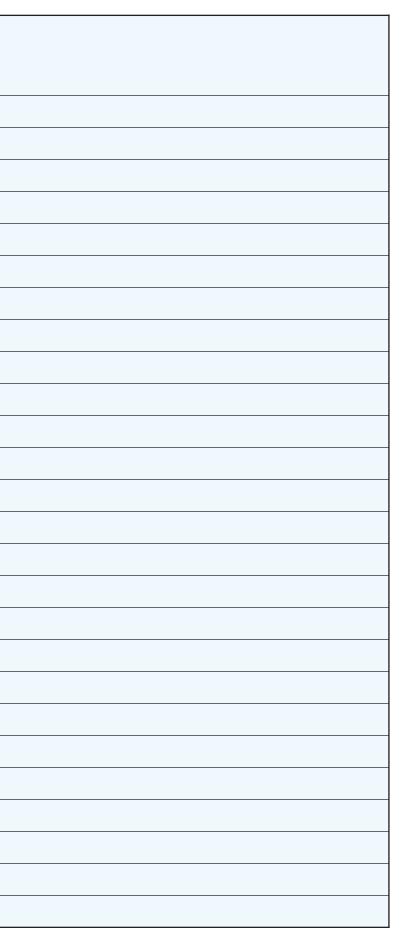
### **Section 16 - EDUCATIONAL EXPENSES - Continued** 7 16 04 3 → d f h i. b е g а С Complete without In what Information Booklet, page 36. ENTER What was the expense for? Who was it for? How much was Has any of If "Yes" in asking if information month ITEM paid? this amount column h – CODE Describe briefly the expense. If CU member, is known. was the been or will **3b.** Did you pay for – (Continued) enter name and any of it be from What kind of payment How much was column a line number from made? reimbursed school was it? or will be Control Card. If by an USE ONLY 1 – College or reimbursed? someone outside employer, university CU, enter 99. agency, or ITEM CODE YES NO **2** – Elementary or other person? high school **3** – Child day PROCESSING care center Private school bus? 340 lf "No," go to 4 - Nursery school column j. Line or preschool Purchase of any school Name No. or 5 - Other school books, supplies, or code YES NO Month equipment which Mark (X) box has not already been 350 1 3 5 5 reported? 0010 1 2 2 4 .00 .00 \$ Other school related expenses not already 1 3 5 reported? 360 0020 1 2 2 4 .00 .00 \$ Use only if the respondent 1 3 5 is unable to separate 0030 1 2 2 4 expenses. \$ 00. .00 1 3 5 Combined expenses for 0040 1 2 books and tuition (Codes 2 4 .00 .00 \$ 370 300 and 350) . . . . . . . 1 3 5 5 1 2 0050 Other combined education 2 4 .00 \$ .00 expenses (Include any combined educational 1 3 5 0060 1 2 expenses not previously 2 4 .00 .00 reported.) (Codes 100, 200, 300, 310, 320, 1 3 5 380 340–360) . . . . . . . . 0070 1 2 2 4 .00 .00 1 3 5 1 2 0080 2 4 .00 \$ .00 \$ 1 3 5 1 0090 2 2 4 .00 .00 \$ 1 3 5 5 1 0100 2 2 4 .00 .00 \$ 1 3 5 5 0110 1 2 2 4 .00 .00 \$ FIELD 1 3 5 4. 1 16 03 8 \downarrow 1 2 0120 REPRESENTATIVE 2 4 .00 .00 \$ \$ CHECK ITEM 0010 999 🗌 Go to 1 3 5 next 0130 1 2 Mark (X) box if 2 4 section .00 .00 \$ \$ there are no entries recorded 1 3 5 0140 1 2 in columns b–j. 2 4 .00 .00 \$ 1 3 5 5 0150 1 2 2 4 .00 .00 \$

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j Did you make any other payments for? If "No," go to next item in column a.					PRE			
		lte co frc colu	em de om umn o	2 Name from column d	Mo	nth om mn f	<b>4</b> Cost from column g	
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### Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, FIELD REPRESENTATIVE – Ask column a and complete columns b–g for each AND ENTERTAINMENT EXPENSES **Part A – Subscriptions and Memberships** 4 17 02 2 → d f b С е g PRE а ENTER What is the name of the Mark (X) What was the How much of this Did you Since the 1st of (month, 3 months ago), 1. 1 2 ΟΝΓΥ ITEM (subscription, club, or the total cost amount was paid purchase have you (or any members of your CU) CODE organization reported appropriate during this this month? purchased any of the following for your any in column a)? other...? own use? from box. S period? column a Include PROCESSING USE 7 GFTCA $\overline{\delta}$ shipping and FIELD REPRESENTATIVE – ITEM Read each item listed YES NO Enter name such as "Daily S17CODEA If "No," go handling o Item 7 CME News," "Redbook," "Columbia to next item Description from code fees.) Record Club," and "Book of the below. in column a. column c from Total Month Club.' column b colur PURX ×× Newspaper delivery 100 $\geq$ None YES NO Books purchased from a 200 0010 1 2 i 🗆 book club 0 \$ .00 \$ 00. \$ Compact discs, tapes, .00 0 1 2 0020 .00 \$ \$ videos, or records .\$ purchased from a 300 1 1 2 mail-order club 0030 0 \$ .00 \$ .00 \$ 1 | 2 | 0040 о 🗌 Magazine or periodical ¢ .00 \$ .00 \$ subscriptions 400 .00 0 1 | 2 | 0050 .00 \$ \$ \$ Theater, concert, opera, 1 2 0060 0 or other musical series, \$ .00 \$ .00 \$ season tickets 500 0070 1 2 о 🗌 \$ .00 \$ .00 \$ Season tickets to 600 1 2 🗆 .00 0 sporting events 0080 \$ .00 \$ \$ 1 | 2 | 0090 0 **Reference books NOT** .00 \$ .00 \$ 900 in sets 1 2 0100 I 🗌 0 \$ .00 \$ .00 \$ **Encyclopedias or** 1 | 2 | .00 0 0110 other sets of .00 \$ \$ \$ reference books 700 0120 о 🗌 **2a.** Have you (or any members of your CU) \$ 1.00 \$ 00. \$ purchased any of these as a gift to someone outside the CU? .00 0 0130 1 2 \$ .00 \$ \$ **YES** $\square$ NO – Go to item 3 1 2 0140 0 .00 \$ .00 \$ Item code(s) \$ If YES **b**. What 1 🗌 ¦ 2 🗌 0150 0 \$ was .00 \$ .00 \$ purchased? 1 2 0160 I 0 🗌 \$ .00 .00 \$ Complete a separate line for each \$ gift purchased. .00 0 🗌 1 2 0170 .00 \$ \$ 3. FIELD 1 17 01 0 \downarrow REPRESENTATIVE 1 2 0180 0 CHECK ITEM **0010** 999 Go to \$ .00 \$ .00 \$ Mark (X) box if next .00 0 there are no 0190 1 🗌 🖞 2 🔲 page \$ .00 \$ \$ entries recorded in columns b–g.

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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.

	Part A – Subscriptions and M	embe	rships	- Continued	4 17 04	8 →									
	a		b	с	d	е	f	g				PRE			NOTES
1.	Have you (or any members of your CU)	ONLY	ENTER ITEM	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 yo purcha		1	2	3		4	
	had any membership costs or other expenses related to any of the following? Do not include contributions to or membership in religious, professional,		from column a.	organization reported in column a) <b>?</b>	appropriate box.	during this period?	this month?	any other.	?				COS	ST	
	business, or other tax deductible organizations. FIELD REPRESENTATIVE - ITEM Read each item listed YES NO	SING USE		Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor Club."				lf "No," to next in colur	item	Description from column c	from	Total from		This month	
	Read each item listed below.     CODE     YES       Country clubs, health     Image: Control of the second seco	PROCESSING			OWN <sup>1</sup> USE <sup>1</sup> GIFT						column b	column e		from column f	
	clubs, świmming pools, tennis clubs, social or other recreational	0010						e YES						None	
	organizations 800	0020				\$ .00	φ 1.00	1					00 \$		
	Civic, service, or	0030				- I						i I	00 \$		
	fraternal organizations	0040						1					00 \$		
	Credit card	0050											00 \$		
	memberships 820	0060						-					00 \$		
	Automobile service clubs	0070				•		-					00 \$		
	<ol> <li>Have you (or any members of your CU) purchased any memberships as a gift to someone outside the CU?</li> </ol>	0080			1 2 1			1				· · · · · · · · · · · · · · · · · · ·	00 \$		
	□ YES □ NO – Go to item 6	0090			1 1 2	\$ .00						\$	00 \$	s .00 □	
k	If YES - Item code(s)	0100				\$.00						\$ 1.	00 \$	s .00	
	memberships were purchased?	0110				•		-				\$	00 \$	s .00 <sup> </sup> .00	
	Complete a separate line for each gift membership.	0120			1 🗌   2 🗌	\$ .00	\$.00					\$ <u>'</u> .	00 \$	s	
	FIELD 1 17 03 6	0130										\$	00 \$		
	CHECK ITEM Mark (X) box if 0010 999 Go to the	0140										\$	00 \$		
	there are no next entries recorded section in columns b–g.											\$	00 \$		
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Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES – Continued									
Part B – Books and Entertainment Expenses 1 17 26	↓								
<b>1a. Since the 1st of</b> (month, 3 months ago), have you (or any members of your CU) paid any fees for participating in sports such as tennis, golf, bowling,       0010       1 G         Image: Construction of the second se	<b>b</b> . What was the total expense	<b>10a.</b> Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?							
or swimming?         b. What was the total expense for them?         0020 \$         SPORTFEEX .00	C. How much of the total amount was spent this month?	b. What was the total expense for them?       0290 \$ VIDOPURX       .00         c. How much of the total amount was spent this month?       0300 \$ VDPURX CM       .00							
C. How much of the total amount was spent this month?	6a. Have any CU members purchased single copies of newspapers (non-subscription)?       0 □ None         0160       1 □ Yes       NEWSPA PR         2 □ No - Go to item 7a	11a. Have any CU members rented any video cassettes, video     0310     1 Yes     VIDEORNT							
<b>2a.</b> Have you (or any members of your CU) paid any single admissions to spectator sporting events such as football, baseball, hockey, SPORTA D	b. What was the total expense 0170 \$ NEWSPPRX .00	any video cassettes, video table     2 □ No - Go to next section       b. What was the total expense for them?     0320 \$ VIDORNTX .00							
b. What was the total expense for them?		C. How much of the total amount was spent this month?							
C. How much of the total amount was spent this month?	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 - Go to item 8a         RECORDYN	NOTES							
<b>3a.</b> Have you (or any members of your CU) paid any single admissions to entertainment activities such as movies, plays,       0070       1 □ Yes         2 □ No - Go to item 4a	b. What was the total expense for them?       0200 \$ RECORDX       .00         c. How much of the total amount       DECORDX 00								
b. What was the total expense for them? RECA DMX .00	0210     RECORDX M     .00       0     None								
C. How much of the total amount was spent this month?	8a. Have any CU members purchased any photographic film?       0220       1 □ Yes       FILM         2 □ No - Go to item 9a								
0 None	b. What was the total amount spent? 0230 \$ FILMX .00	_							
<ul> <li>4a. Have you (or any members of your CU) bought any (other) books, including paperbacks, not purchased through a book club? (Exclude reference books or school books.)</li> <li>0100</li> <li>1 □ Yes</li> <li>2 □ No - Go to item 5a</li> <li>OTHBOOK S</li> </ul>	C. How much of the total amount was spent this month?								
b. What was the total expense for them? OTHBOOKX .00	9a. Have any CU members paid for film processing?								
	b. What was the total amount <u>0260</u> s FLMPRCSX .00								
C. How much of the total amount was spent this month?	C. How much of the total amount was spent this month?								

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**Section 18 - TRIPS AND VACATIONS** 

# 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	1 18 00 0↓		1 1 8	3 0 1 8						
<b>1a.</b> Now I'm going to ask about trips and vacations. First I'd		<b>8.</b> Ask	k colu	ımns c–i for each trip reported in i	items 2–7b. Do not record	any trip more than	once. Trips reported in	item 1b will be		
like to ask about trips taken by you (or any members of your CU) which were paid for by someone else. Since	0010 1	а	b	C	d	е	f	g	h	i
<ul> <li>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?</li> <li>b. If YES – How many trips like this did you have?</li> </ul>	A NY OUT SD 0020 NUMOUT SD Trips	not	Line No. ⊣	Trip type TYPETRIP	Where did you (they) go on this trip?	In what month did this trip end? ENDTRPMO	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid fo by a business, employer, or other non-CU member?
	Go to item 2		RP	FROM ITEM –	City or place		NUMTRIPS	ANYBYOTH	NUMCUPA Y	
<ul> <li>FIELD REPRESENTATIVE – Ask if box is marked.</li> <li>Last interview you reported trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now.</li> </ul>	Complete items 8e–8i for each trip checked in 8a.		LINE 1	<ul> <li>1 3b (relatives or friends)</li> <li>2 4b (business)</li> <li>3 5b (sightseeing, sports, etc.)</li> <li>4 6b (any others)</li> </ul>	State	Month 0 Not ended – <i>Go to next</i>	(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 item 8h – Go to	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	NUMREIMB Trips partia reimbursed Enter trip I. No. below
<b>3a.</b> (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer to visit relatives or friends?	A NYRELS 1 Yes 2 No - Go to item 4a			5 🗌 7b (day trips)	Foreign country	trip	item 8g)	novet trin	TRIPID1Trip identification No.	TRIPID2 Trip identifi cation No.
<b>b.</b> <i>If YES</i> – How many trips were taken to visit relatives or friends?	item 4a 0040 NUMRELS Ask items 8c-8i for each trip reported		2	FROM ITEM – 1 3b (relatives or friends) 2 4b (business) 3 5b (sightseeing, sports, etc.)	City or place State	Month	Trips (If more than one trip, go to item 8h)	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 partia reimbursed Enter trip I. No. below
<b>4a.</b> (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for business?	A NYBSNS 0050 1 🗌 Yes 2 🗌 No – Go to item 5a			4 □ 6b (any others) 5 □ 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	Trip identification No.	Trip identifi cation No.
<b>b.</b> If YES – How many trips were taken for business?	0060 NUMBSNS Ask items 8c–8i for each trip reported		1 □ 3b (rel 2 □ 4b (bu 3 3 □ 5b (sig	FROM ITEM – 1	State	Month	Trips (If more than one trip, go to item 8h)	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 partia reimbursed Enter trip I. No. below
<b>5a.</b> (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for recreation such as sightseeing, sports events, club or organizational meetings, or outdoor recreation?	A NYREC 0070 1 □ Yes 2 □ No - Go to item 6a			4 □ 6b (any others) 5 □ 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	Trip identification No.	Trip identifi cation No.
<b>b.</b> <i>If YES</i> – How many trips were taken for these reasons?	0080 NUMREC Ask items 8c–8i for each trip reported			FROM ITEM – 1	State	0 □ Not ended – <i>Go to next</i>	/If more than one	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 partia reimbursed Enter trip I No. below
<b>6a.</b> (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer on any other kind of trip?	A NYOTHER 0090 1	<b>9</b> TRI		4 □ 6b (any others) 5 □ 7b (day trips)	Foreign country	trip	(If one trip, go to item 8g)	item 8h – Go to next trip	in 8f, go to next trip. Trip identification No. PRE	Trip identifi cation No.
<b>b.</b> <i>If YES</i> – How many trips were taken for these reasons?	0100 NUMOTHER Trips Ask items 8c-8i for each trip reported	<ul> <li>For trips ENTIRELY paid for by someone outside the CU, complete one part D.</li> <li>For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip.</li> </ul>					1	2 Month end		
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?	A NYTRP75 0110 1 Yes 2 No - Go to item 9	identi	No. <b>1</b>	ion     entirely by CO (from column h)     non-Cl (from       Image: Complete part B     Image: Complete part B     Complete part B		(from column	h) non-CU member (from column i)	C		
<b>b.</b> If YES – How many such trips were taken?	0120 NUMTRP75 Trips Ask items 8c-8i for each trip reported		2 3 4	Complete part B     Corr     Complete part B     Corr     Complete part B     Corr     Complete part B     Corr	nplete part C <b>7</b>	Complete pa	rt B Complete part rt B Complete part rt B Complete part	С		
age 88				Section 1			, , ,			Page

Section 18 – Part A

<b>Part A – Screening Question</b>	s – Contin	ued	1 18 02 6 🗸									
NOTES	<b>8.</b> A	sk colur	nns c–i for each trip reported in	items 2–7b. Do not recor	d any trip mo	re than c	once. Trips report	ted in item	1b will be reco	orded in part	D	
	а	b	С	d	е		f		g			
	Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	) In what mo this trip	onth did end?	How many trip (or members o take to (desti (month en	f your CU) nation) in	Did or will a employe other n member p the costs fo	r, or any on-CU ay any of		
			FROM ITEM – 1 🗌 3b (relatives or friends)	City or place							T	
	□	5	$2 \square 4b$ (business) $3 \square 5b$ (sightseeing, sports, etc.	State		onth	Trip (If more than or		1 ∐ Yes – En item 8i – next trip	Go to	-	
			4 🗌 6b (any others) 5 🗌 7b (day trips)	Foreign country	0 🗌 Not end Go to r	ded – next trip	go to item 8h) (If one trip, go to item 8g)		2 🗌 No – Ent item 8h - next trip	- Go to		
			FROM ITEM –	City or place							t	
			1 $\Box$ 3b (relatives or friends)	0			Tuin		1 🗌 Yes – En item 8i –		-	
		6	2 ☐ 4b (business) 3 ☐ 5b (sightseeing, sports, etc.	State		onth	Trip   (If more than or		next trip			
			4 🗌 6b (any others) 5 🗌 7b (day trips)	Foreign country	0 🗌 Not end Go to r	ded – next trip	go to item 8h) (If one trip, go t	o item 8g)	2 🗌 No – Ent item 8h - next trip			
			FROM ITEM – 1 🗌 3b (relatives or friends)	City or place					1 🗌 Yes – En	ter "1" in	T	
		7	2 🗌 4b (business) 3 🗍 5b (sightseeing, sports, etc.	State	0 🗆 Not end	onth	Trip (If more than or go to item 8h)		item 8i – next trip	Go to		
			4 🗌 6b (any others) 5 🗌 7b (day trips)	Foreign country	Go to next trip		(If one trip, go to item 8g)		2 🗌 No – Ent item 8h - next trip	- Go to	.	
			FROM ITEM –	City or place							T	
			1 🗌 3b (relatives or friends) 2 🗌 4b (business)	State	М	onth	Trir	)S	1 🗌 Yes – En item 8i –	ter "1" in Go to	-	
		8	3 🗌 5b (sightseeing, sports, etc.		0 🗌 Not end		Trips (If more than one trip,		next trip			
			4 🗌 6b (any others) 5 🗌 7b (day trips)	Foreign country		next trip	go to item 8h) (If one trip, go t	o item 8g)	2 🗌 No – Ent item 8h - next trip	- Go to	.	
		9. TRIP TALLY CHART – Continued										
	•	For trips	s ENTIRELY paid for by someone s paid for by CU or trips partially low and complete the appropria	paid for by someone ou	itside the CU,		he					
		Trip	Trip paid for	Trip partially paid for	Trip	Tr	ip paid for	Trip parti	ially paid for			
		dentifica No.	ation entirely by CU (from column h)	by non-CU members (from column i)	identification No.		irely by CU n column h)	by non-C (from	CU members column i)			
		9	Complete part B	□ Complete part C	13	🗌 Co	mplete part B	🗌 Comp	plete part C			
		10	Complete part B	□ Complete part C	14	🗌 Co	mplete part B	🗌 Comp	olete part C			
		11	Complete part B	Complete part C	15		mplete part B		plete part C			
		12	□ Complete part B	☐ Complete part C	16	🗌 Co	mplete part B	🗌 🗌 Comp	olete part C			

FORM CE-302

How many of these trips were paid for entirely by you (your CU)?were or will be partia paid for by a busines employer, or other non-CU member?	How many of these trips were paid for entirely by you (your CU)?       How many of these tri were or will be partial paid for by a busines employer, or other non-CU member?         Trips paid for entirely by CU - Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.		
How many of these trips were paid for entirely by you (your CU)?were or will be partia paid for by a busines employer, or other non-CU member?	How many of these trips were paid for entirely by you (your CU)?were or will be partia paid for by a busines employer, or other non-CU member?	h	i
CU – Enter trip I.D. No.       reimbursed         below. If number of trips       is the same as in 8f, go       No. below         Trip identification No.       Trip identification No.       Trips paid for entirely by         Trips paid for entirely by       Trips partial cation No.       Trips partial reimbursed         Enter trip I.D. No.       below. If number of trips       Trips partial reimbursed         below. If number of trips       State same as in 8f, go       No. below         Trips paid for entirely by       Trips partial cation No.       Trips partial reimbursed         Trips paid for entirely by       Trips partial cation No.       Trips partial reimbursed         Trips paid for entirely by       Trips partial reimbursed       Trips partial reimbursed         CU – Enter trip I.D. No.       below. If number of trips       Trip identification No.         Trips paid for entirely by       Trips partial reimbursed       Trip identification No.         Trips paid for entirely by       Trips partial reimbursed       Trips partial reimbursed         Trips paid for entirely by       Trips partial reimbursed       Trips identification No.         Trips paid for entirely by       Trips partial reimbursed       Trips identification No.         Trips beid for entirely by       Trips partial reimbursed       Trip identification No.         T	CÚ – Énter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.reimbursed Enter trip I. No. belowTrip identification No.Trip identification No.Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.Trips paid for entirely by Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.Trips patia reimbursed Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.Trips partia reimbursed Enter trip I.No. No. belowTrips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.Trips partia reimbursed Enter trip I.No. No. belowTrips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.Trips partia reimbursed Enter trip I.No. No. belowTrip identification No.Trips partia reimbursed Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.Trip identifi- reimbursed Enter trip I. No. belowTrip identification No.Trip identification No.Trip identifi- reimbursed Enter trip I. No. below	were paid for entirely by	How many of these tri were or will be partial paid for by a business employer, or other non-CU member?
CU – Enter trip I.D. No.       reimbursed         below. If number of trips       Enter trip I         is the same as in 8f, go       No. below         Trip identification No.       Trip identification No.         Trips paid for entirely by       Trips partia         CU – Enter trip I.D. No.       Enter trip I         below. If number of trips       Enter trip I         below. If number of trips       Enter trip I         below. If number of trips       Trip identification No.         Trip identification No.       Trip identification No.         Trips paid for entirely by       Trip identification No.         Trips paid for entirely by       Trips partia         reimbursed       Enter trip I         No. below       Trip identification No.         Trips paid for entirely by       Trips partia         Trip identification No.       Trips partia         reimbursed       Enter trip I.D. No.         below. If number of trips       Enter trip I         No. below       No. below         to next trip.       Trip identification No.         Trip identification No.       Trip identification No.	CU – Enter trip I.D. No.       reimbursed         below. If number of trips       is the same as in 8f, go       No. below         Is the same as in 8f, go       Trip identification No.       Trip identification No.         Trips paid for entirely by       Trips partia       Trips partia         CU – Enter trip I.D. No.       Enter trip I.       Trips partia         CU – Enter trip I.D. No.       Enter trip I.       No. below         Below. If number of trips       Enter trip I.       No. below         Trip identification No.       Trips partia       Trip identification No.         Trips paid for entirely by       Trip identification No.       Trips partia         Trips paid for entirely by       Trip identification No.       Trips partia         Trips paid for entirely by       Trip identification No.       Trips partia         Trips paid for entirely by       Trips partia       Trips partia         Trip identification No.       Trips partia       Trips partia         Trip identification No.       Trips partia       Trips partia         Trip identification No.       Trip identification No.       Trip identification No.	CÚ – Ènter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	Trip identifi-
Trips paid for entirely by CU - Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.       Trips partia Enter trip I No. below         Trip identification No.       Trips paid for entirely by CU - Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.       Trips paid for entirely by CU - Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.       Trips partia Trip identification No.         Trip identification No.       Trips identification No.       Trip identification No.	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.       Trips partia Enter trip I. No. below         Trip identification No.       Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.       Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.       Trips partia reimbursed Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.         Trip identification No.       Trip identifi- cation No.	CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go	Trips partial reimbursed <i>Enter trip I.I</i> <i>No. below</i> Trip identifi-
CU – Enter trip I.D. No.       reimbursed         below. If number of trips       Enter trip I         is the same as in 8f, go       No. below         Trip identification No.       Trip identification No.         Trips paid for entirely by       Trips partial         CU – Enter trip I.D. No.       Enter trip I         below. If number of trips       Enter trip I         below. If number of trips       Enter trip I         below. If number of trips       Enter trip I         No. below       Trip identification No.         Trip identification No.       Trips partial         reimbursed       Enter trip I         No. below       Trip identification         Trip identification No.       Trip identification	CU – Enter trip I.D. No.       reimbursed         below. If number of trips       Enter trip I.         is the same as in 8f, go       No. below         Trip identification No.       Trip identification No.         Trips paid for entirely by       Trips partia         CU – Enter trip I.D. No.       Enter trip I.         below. If number of trips       Trips partia         reimbursed       Enter trip I.         No. below       Trips partia         reimbursed       Enter trip I.         No. below       Trips partia         reimbursed       Enter trip I.         No. below       Trips partia         Trip identification No.       Trip identification         Trip identification No.       Trip identification	Trip identification No.	
Trip identification No.       cation No.         Trips paid for entirely by       Trips partial         CU – Enter trip I.D. No.       reimburset         below. If number of trips       Enter trip I         is the same as in 8f, go       No. below         to next trip.       Trip identification No.         Trip identification No.       cation No.	Trip identification No.       cation No.         Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.       Trip identification No.         Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.       Trip identification No.	CÚ – Ènter trip I.D. No. below. If number of trips is the same as in 8f, go	Trips partial reimbursed Enter trip I.I No. below
CU – Enter trip I.D. No.       reimbursed         below. If number of trips       Enter trip I         is the same as in 8f, go       No. below         to next trip.       Trip identification No.	CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.reimbursed Enter trip I. No. belowTrip identification No.Trip identifi- cation No.		Trip identifi- cation No.
· · · · · · · · · · · · · · · · · · ·		CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	Trip identifi-

hT					
Section 18 – TRIPS A	ND VACATIONS – Continued	k		FIELD REPRESENTATIVE – Ask part B for tu for one trip or s about other trip	ips paid for entirely by CU. (Ask all questions in part B first et of identical trips before asking questions in this part s.)
Part B – Trips,/Paid Er	ntirely By CU				
<b>1.</b> FIELD REPRESÉNTATIVE ITEM E	PROCESSING USE ONLY	1 18 34 9 🗸		Hand respondent Information Booklet, page 37.	<b>3b.</b> Ask for each code 1–5 marked in item 3a. <b>How much did you (or any members of your CU)</b>
In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIFICATION NUMBER	0010 TRIPIDBC Ident	ification number	<b>3a.</b> Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home	spend for (transportation) (other than what the package deal covered)?
destination in item 1b, the number of (i <u>d</u> entical) trips	<b>b.</b> DESTINATION	TRIPDEST		to the time you (they) got back home. <i>PROBE</i> – <b>Any other kinds of transportation on this</b>	Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU)
in item 1c, and the month the trip ended in item 1d.	OFFICE USE ONLY	0020		trip?	spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?
s <sub>R</sub>	C. NUMBER OF (IDENTICAL) TRIPS	0030 NUMSA ME Num	ber	If no codes 1–12 marked, go to item 4.	the package deal covered/:
a <sub>P</sub>	<b>d.</b> MONTH ENDED	EOTRIPM	10	COMMERCIAL	
<b>e.</b> If set of "identical trips read	Since you (your CU) took a set of			0120 01 🗌 Local (taxi, etc.)	0290 01 \$ CMLOCA LX 0 0 None
similar trips, I will ask about total of all these trips for e	ut them as a group. Please give the each of the following questions.			0130 02 Airplane CMPLA NEY	0300 02 \$ CMPLANEX 0 None
f. Now I'd like to ask some ad you (your CU) took to (dest	dditional questions about the trip(s) ination). If day trip, go to item 2a.			0140 03 🗌 Train	0310 03 \$ CMTRAINX 0 None
e	nerwise, as MEHOW many nights did ur CU) spend away from home on			0150 <sub>04</sub> Bus CMBUSY	0320 04 \$ CMBUSX 0 None
thiš trip?		0050 Night	ts	0160 05 🗆 Ship CMSHIPY	0330 05 \$CMSHIPX .00 0 None
package deal that covers	take a trip they have some sort of some or all of the costs. Was all or	0060 1 ☐ Yes PK 2 ☐ No - <i>Go to item 3a</i>	GTRIP	RENTED	RENTED
<b>b.</b> $\frac{1}{\sqrt{1-1}}$	Did the package deal include		Yes No DK	0170 06 Car, jeep RTCA RY	0340 06 \$ RTCA RX 0 None
F				0180 07 🗌 Truck, van RTTRUCKY	0350 07 \$ RTTRUCKX0 0 None
	FOODDEAL	0070         Food and beverages            0080         Lodging		0190 08  Motorcycle, moped RTMOPEDY	0360 08 \$ RTMOPEDX 0 None
	LODGDEA L TRA NDEA L	0090 Transportation		0200 09  Private plane RTPLANEY	0370 09 \$
	ELSEDEAL	$\begin{array}{c} \bullet \\ \hline 0100 \end{array}  \text{Anything else}  \overrightarrow{V} \\ \bullet \\ \hline \end{array}$		0210 10 Boat, trailer RTBOA TY	0380 10 \$ RTBOA TX .00 0 None
		Specify		0220 11 Camper RTCA MPY	0390 11 \$ RTCA MPX .00 0 □ None
			- 1 1	0230 12 Other vehicles	0400 12 \$ RTOTHERX .00 0 None
C. How much did you (or any package deal?	y members of your CU) pay for the	0110 <sup>\$</sup> PKGTRIPX .00		PRIVATE	
	NOTES			0240 13 Car owned by CU PVCA RY	
				0250 14 Vehicle leased by CU PVLEA SY	
				0260 15 Other vehicle owned by CU PVOTHERY	
				0270 16 Vehicle owned by someone else PVELSEY	
				0280 17 Other transport PVTRA NSY	
				<b>4.</b> Codes 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	d
Part B – Trips Paid Entirely by CU – Continued	

	Part B – Trips Paid Entirely by CU – Contir	1 18 35 6 ↓			NOTES
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 <sub>1</sub> □ Yes A NYGA S 2 □ No – <i>Go to item 5c</i>	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 □ Yes A NY SPORT 2 □ No - Go to item 11a	
b.	How much did you (or any members of your CU) spend for that?	0020 \$ GA SOILX .00	If YES – <b>b.</b> How much did you (or any members of your CU) pay?	0200 \$TRSPORTX	
c.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes A NYTOLL 2 □ No - Go to item 5e	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 ☐ Yes A NYENTER 2 ☐ No - Go to item 12a	
d.	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$ TRPTOLLX .00	Information Booklet, page 40.) If YES –		
e.	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes A NYPA RK 2 □ No – Go to item 6a	<ul> <li>b. How much did you (or any members of your CU) spend?</li> <li>12a. Did you (or any members of your CU) have any expenses</li> </ul>	0220 \$ TRPETRTX .00	
f.	If YES – How much were they?	0060 \$ PARKINGX .00	for this trip such as for souvenirs, passports, tourist booklets, and so on? 	0230 1 □ Yes A NYMISC 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	0070 1 Ves	If YES – <b>b. How much were these expenses?</b>	0240 \$ TRMISCX .00	
h	lodging (not counting what the package deal covered)? If YES –	2 No – Go to item 7a	<b>13a.</b> You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250       1 □ Yes       TRPGFTC         2 □ No - Go to next trip; after last trip, go to part D	
D.	What was the cost, including taxes and tips?	0080 \$00	<b>b.</b> Did these expenses include anything for?	YES NO DK	
7a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 □ Yes TRPFOOD 2 □ No - Go to item 8a		<b>0260</b> Food and beverages 1 □ 2 □ X □	
b.	If YES – What was the cost, including taxes and tips?	0100 \$ TRPFOODX .00	LODGOUTS TRA NOUTS		
c.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ∐Yes TRPALCIN 2 □ No - Go to item 8a	ELSEOUTS	<b>0290 Other expenses</b> 1 □ 2 □ X □	
d.	If YES – What was the cost for alcoholic beverages, including		C. How much of the total expenses for this trip were for persons outside your CU?	0300 <u></u> TRPGFTCX .00	
8a.	taxes and tips? 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 A NY GROC 2 □ No - Go to item 9a	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 <sub>\$</sub> TCOMBEST00	
b.	<i>If YES –</i> What were the expenses, including taxes?	0140 \$ TRPGROCX .00	<b>b.</b> Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 <sub>1</sub> □ Yes A NYA LC 2 □ No − Go to item 9a	FIELD REPRESENTATIVE – Read each item listed. FOODCOMB	<b>0320</b> Food and beverages 1 □ 2 □ X □	
d.	If YES – What was the cost for alcoholic beverages, including	0160 <sup>\$</sup> TRPALCGX .00	LODGCOMB TRA NCOMB	0330       Lodging       1       2       x         0340       Transportation       1       2       x	
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 - <i>Go to item 10a</i>	ELSECOMB OTHRCOMB	0350       Other expenses	
b.	If YES – How much did you (or any members of your CU) pay to rent sports equipment?	0180 <sup>\$</sup> TRSPRTX .00	GO TO NEXT TRIP; AFTER LAST		
		•			

FORM CE-302

Section 18 – TRIPS AND VACATIONS – Continued

		FIELD REPRESENTATIVE – Ask part B for tr for one trip or se about other trip	et of identical trips before	J. (Ask all questions in part B first asking questions in this part
18 36 4 ↓ Identif	fication number	Hand respondent Information Booklet, page 37. <b>3a. Starting at the beginning of this trip, please tell me</b> all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home. PROBE – Any other kinds of transportation on this trip? If no codes 1–12 marked, go to item 4. COMMERCIAL	spend for (transport package deal cover Ask for each code 6– How much did you spend for (transport	(or any members of your CU) (ation) (other than what the red)? 12 marked in item 3a. (or any members of your CU) (ation) not including gas you (or ur CU) bought (other than what
				.00 0 🗆 None
		0130       02       Airplane		
		0140 03 🗆 Train	0310 03 \$	.00 0 🗆 None
		0150 04 🗌 Bus		
Nights	S	0160 05 🗌 Ship	0330 05 \$	.00 0 🗌 None
		RENTED	RENTED	
item 3a		0170 06 🗌 Car, jeep		.00 0 🗆 None
	Yes No DK	0180 07		
erages		0190 08 🗌 Motorcycle, moped	0360 08 \$	.00 0 None
n		0200 09 🗌 Private plane	0370 09 \$	00 0 🗆 None
₹ · · · · · ·		0210 10 🗌 Boat, trailer	0380 10 \$	00 0 🗌 None
		0220 11 🗌 Camper	0390 11 \$	.00 0 🗌 None
		0230 12 🗌 Other vehicles	0400 12 \$	00 0 🗌 None
.00		PRIVATE		
		0240 13 Car owned by CU		
		0250 14 🗌 Vehicle leased by CU		
		0260 15 Other vehicle owned by CU		
		0270 16 Vehicle owned by someone else		
		0280 17 🗌 Other transport		
		<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a	6a. 9a.	

Part B – Trips Paid Entit	irely By CU – Continued								
<b>1.</b> FIELD REPRESENTATIVE	PROCESSING USE ONLY		1 18 36 4 🗸		ŀ	land re	spondent Information Booklet, page 37.	3b	Ask for each code 1–5 marked in item 3a.
ITEM In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIFICATION NUMBER	0010	Ident	tification number	3a. s	tartin II the f your	g at the beginning of this trip, please tell me kinds of transportation you (or any members · CU) used from the time you (they) left home time you (they) got back home.		How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?
destination in item 1b, the number of (identical) trips	<b>b.</b> DESTINATION								Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU)
in item 1c, and the month the trip ended in item 1d.	OFFICE USE ONLY	0020			t	rip?	– Any other kinds of transportation on this		spend for (transportation) not including gas you (or any members of your CU) bought (other than what
	C. NUMBER OF (IDENTICAL) TRIPS	0030	Num	hber		f no co	des 1–12 marked, go to item 4.		the package deal covered)?
	<b>d.</b> MONTH ENDED	0040			0120	<b>—</b> .	COMMERCIAL	029	COMMERCIAL 0 01 \$00 0 🗆 None
<b>e.</b> If set of identical trips read – Sin similar trips, I will ask about total of all these trips for eac	them as a group. Please give the						.ocal (taxi, etc.)		0 01 \$00 0 □ None 0 02 \$00 0 □ None
f. Now I'd like to ask some addi you (your CU) took to (destina	itional questions about the trip(s) ation). If day trip, go to item 2a.					03 🗌 T	rain	031	0 03 \$ 00 0 □ None
<b>g.</b> Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?					0150	04 🗌 E	3us	032	0 04 \$00 0 □ None
		0050	0050 Nights			05 🗌 S	Ship	033	0 05 \$00 0 □ None
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?		1				RENTED	024	RENTED
<b>b.</b> If "Yes," ask for each item: <b>Did</b>	the package deal include			Yes No DK			Car, jeep		0 06 \$00 0 🗌 None
FIELD REPRESENTATIVE – Rea	ad each item listed.	0070	F		0180	07 🗌 T	ruck, van	035	0 07 \$00 0 □ None
			Food and beverages		0190	08 🗌 N	Notorcycle, moped	036	0 08 \$00 0 □ None
			Transportation			09 🗌 F	Private plane	037	0 09 \$00 0 □ None
			Anything else $\mathbf{z}$				Boat, trailer	038	0 10 \$00 0 □ None
			Specify	- 1 1					
							Camper		
<b>C.</b> How much did you (or any n	nembers of your CU) pay for the		00		0230	12 🗌 🕻	Other vehicles	040	0 12 \$00 0 🗌 None
package deal?		0110	\$00				PRIVATE		
	NOTES				0240	13 🗌 C	Car owned by CU		
					0250	14 🗌 🗸	/ehicle leased by CU		
					0260	15 🗌 C	Other vehicle owned by CU		
					0270	16 🗌 V	/ehicle owned by someone else		
					0280	17 🗌 C	Other transport		
					<b>4.</b> c	odes 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.	

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	Section 18 – TRIPS AND VACATIONS – Co	ontinued			
	Part B – Trips Paid Entirely by CU – Contir	nued 1 18 37 2↓			NOTES
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 □ Yes 2 □ No - <i>Go to item 5c</i>	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 □ Yes 2 □ No – <i>Go to item 11a</i>	
b.	How much did you (or any members of your CU) spend for that?	0020 \$ .00	If YES – <b>b.</b> How much did you (or any members of your CU) pay?	0200 \$00	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes 2 □ No - <i>Go to item 5e</i>	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 □ Yes 2 □ No – <i>Go to item 12a</i>	
	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$00	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>	0220 \$00	
e.	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes 2 □ No – <i>Go to item 6a</i>	<b>12a.</b> Did you (or any members of your CU) have any expenses	0220 \$ .00 0230 1 \[Yes	
f.	If YES – How much were they?	0060 \$	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 🗌 No – Go to item 13a	
<b>6</b> a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal		<b>b.</b> How much were these expenses?	0240 \$	
h	covered)? <i>If YES –</i> What was the cost, including taxes and tips?	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250 1 🗌 Yes 2 🗌 No – Go to next trip; after last trip, go to part D	
		0080 \$00	<b>b.</b> Did these expenses include anything for?	YES NO DK	
7a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0260       Food and beverages       1       2       X       1         0270       Lodging       1       2       X       1	
b.	If YES – What was the cost, including taxes and tips?	0100 \$ .00		0270       Lodging       1       1       2       1       X       1         0280       Transportation       1       1       2       1       X       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 . X	
d.	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$00	<b>C.</b> How much of the total expenses for this trip were for persons outside your CU?	0300 \$	
8a.	Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 □ Yes 2 □ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 \$00	
b.	If YES – What were the expenses, including taxes?	0140 \$00	<b>b.</b> Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 □ Yes 2 □ No - <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0320</b> Food and beverages 1 □   2 □   X □	
d.	If YES – What was the cost for alcoholic beverages, including			0330 Lodging	
92	taxes? Did you (or any members of your CU) have any			0340 Transportation 1 □   2 □   X □	
Ja.	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 AN	D VACATIONS – Continued	ł			FIELD REPRESENTATIVE – Ask part B for t for one trip or s about other trip	trips pa set of i os.)	aid for entirely by CU. dentical trips before a	(Ask all q asking que	uestions in part B first stions in this part
F	Part B – Trips Paid Enti	irely By CU – Continued								
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 18 38 0 🗸		20	Hand respondent Information Booklet, page 37.	<b>3</b> b	Ask for each code 1–5 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			0010 Identi	ification number		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 (transporta package deal covere	ed)?	
	destination in item 1b, the number of (identical) trips in item 1c, and the month	<b>b.</b> DESTINATION				to the time you (they) got back home. <i>PROBE</i> – <b>Any other kinds of transportation on this</b>		Ask for each code 6–1. How much did you ( spend for (transporta	or any me tion) not in	mbers of your CU) Including gas you (or
	the trip ended in item 1d.	OFFICE USE ONLY	0020		-	trip? If no codes 1–12 marked, go to item 4.	any members of your CU) bought (other than what the package deal covered)?			
	C. NUMBER OF (IDENTICAL) TRIPS		0030 Numl	ber	4	n no coues 1–12 marked, go to ttern 4.				
		<b>d.</b> MONTH ENDED	0040		012	COMMERCIAL	020	COMMERCIAL	.00	_
е.	If set of identical trips read – Sin similar trips, I will ask about t	ce you (your CU) took a set of them as a group. Please give the h of the following questions.				20 01		0 01 \$		o 🗌 None
	total of all these trips for eac	h of the following questions.				30 <sub>02</sub> 🗌 Airplane		0 02 \$	.00	o 🗌 None
f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.						<sup>40</sup> 03 □ Train		0 03 \$	.00	0 🗌 None
<b>g.</b> Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on			0050			50 04 🗌 Bus		0 04 \$	.00	o 🗌 None
this trip?				ts	016	<sup>60</sup> ₀₅ 🗆 Ship	033	0 05 \$	.00	0 🗌 None
2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?			0060 1 🗌 Yes 2 🗌 No – <i>Go to item 3a</i>			RENTED		RENTED		
b	<u> </u>	the package deal include		Yes No DK		70 o6 🗌 Car, jeep		0 06 \$	.00	0 🗌 None
	FIELD REPRESENTATIVE – Rea	d each item listed.	0070 Food and beverages		018	30 o7 🗌 Truck, van		0 07 \$	.00	o 🗌 None
			0080 Lodging		019	08 🗌 Motorcycle, moped		0 08 \$	.00	0 🗌 None
			0090 Transportation			00 09 🗌 Private plane		0 09 \$	.00	0 🗌 None
			0100 Anything else $\vec{k}$		021	10 10 🗌 Boat, trailer	038	0 10 \$	.00	o 🗌 None
			Specify		022	20 11 🗆 Camper	039	0 11 \$	.00	0 🗌 None
C	How much did you (or any n	nembers of your CU) pay for the			023	12 🗌 Other vehicles	040	0 12 \$	.00	0 🗌 None
	package deal?		0110 \$			PRIVATE				
		NOTES			024	13 Car owned by CU				
					025	<sup>50</sup> 14 □ Vehicle leased by CU				
					026	50 15 Other vehicle owned by CU				
					027	16 Vehicle owned by someone else				
					028	30 17 ☐ Other transport				
					4.	Codes 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item 5	6а. 5а.			

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

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S	ection 18 – TRIPS AN	ID VACATIONS – Continued	ł			FIELD REPRESENTATIVE – Ask part B for to for one trip or s about other trip	rips paid for entirely by set of identical trips befo ps.)	CU. (Ask all questions in part B first re asking questions in this part	
P	art B – Trips Paid Ent	irely By CU – Continued				· · · · · · · · · · · · · · · · · · ·			
, 	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 18 40 6 ↓			respondent Information Booklet, page 37.	<b>3b.</b> Ask for each code How much did ye	ou (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 Ident	ification number	all th of yo	ing at the beginning of this trip, please tell me e kinds of transportation you (or any members ur CU) used from the time you (they) left home e time you (they) got back home.	package deal co	ortation) (other than what the vered)? 6–12 marked in item 3a.	
	destination in item 1b, the number of (identical) trips in item 1c, and the month	b. DESTINATION OFFICE USE ONLY	0020			<i>E</i> – Any other kinds of transportation on this	How much did vo	or any members of your CU) ortation) not including gas you (or your CU) bought (other than what	
	the trip ended in item 1d.	C. NUMBER OF (IDENTICAL) TRIPS	0030 Numl	ber	· ·	odes 1–12 marked, go to item 4.	the package deal covered)?		
		<b>d.</b> MONTH ENDED	0040			COMMERCIAL	COMMERCIAL		
e.	lf set of identical trips read – Sin	Le vou (vour CU) took a set of			0120 <sub>01</sub>	Local (taxi, etc.)	0290 01 \$	.00 0 🗌 None	
	similar trips, I will ask about total of all these trips for eac	them as a group. Please give the h of the following questions.			0130 02	Airplane			
f.	f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.				Train				
g.	Verify if already reported. Other you (or any members of your this trip?	0050 Night	ts		Bus				
20					0100 05	Ship	05\$	00 0 🗌 None	
Za.	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 oc 🗆	RENTED	RENTED 0340 06 \$	.00 0 🗆 None	
b.	If "Yes," ask for each item: Did	I the package deal include		Yes No DK					
	FIELD REPRESENTATIVE – Rea	ad each item listed.			0180 07	Truck, van	0350 07 \$	.00 0 🗌 None	
			0070         Food and beverages            0080         Lodging			Motorcycle, moped		00 0 🗆 None	
			0090 Transportation		0200 09	Private plane	0370 09 \$	.00 0 🗌 None	
						Boat, trailer		.00 0 🗆 None	
			Specify		0220 11	Camper	0390 11 \$	00 0 🗆 None	
C	How much did you (or any r	nembers of your CU) pay for the			0230 <sub>12</sub>	Other vehicles	0400 12 \$	00 0 🗌 None	
	package deal?		0110 \$00			PRIVATE			
		NOTES			0240 13	Car owned by CU			
					0250 14	Vehicle leased by CU			
						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 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 41 4			NOTES						
5a	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 □ Yes 2 □ No - <i>Go to item 5c</i>	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 □ Yes 2 □ No – <i>Go to item 11a</i>							
b	. How much did you (or any members of your CU) spend for that?	0020 \$00	If YES – <b>b. How much did you (or any members of your CU) pay?</b>	0200 \$00							
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes 2 □ No - <i>Go to item 5e</i>	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 □ Yes 2 □ No – <i>Go to item 12a</i>							
d	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$00	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>								
е.	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes 2 □ No – <i>Go to item 6a</i>	<b>12a.</b> Did you (or any members of your CU) have any expenses	0220 \$00							
f.	If YES – How much were they?	0060 \$00	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 🗌 No – Go to item 13a							
<b>6</b> a	<ul> <li>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</li> </ul>	0070 1 🗌 Yes	<b>b.</b> How much were these expenses?	0240 \$							
b	covered)? If YES – . What was the cost, including taxes and tips?	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250 1 Yes 2 No – Go to next trip; after last trip, go to part D							
		\$	<b>b.</b> Did these expenses include anything for?	YES NO DK							
/ a	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         x         -           0270         Lodging         1         2         x         -							
b	If YES – . What was the cost, including taxes and tips?	0100 \$00		0270       Lodging       1       2       X       1         0280       Transportation       1       2       X       1							
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 □ Yes 2 □ No – <i>Go to item 8a</i>		<b>0290 Other expenses</b> 1 2 2 X 2							
d	If YES – • What was the cost for alcoholic beverages, including taxes and tips?	0120 \$00	<b>C.</b> How much of the total expenses for this trip were for persons outside your CU?	0300 \$00							
8a	<ul> <li>Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?</li> </ul>	0130 1 □ Yes 2 □ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 \$ .00							
	If YES –		adie to dreak down should de combined and entered here.								
D	. What were the expenses, including taxes?	0140 \$00	<b>b.</b> Does this (amount) include anything for?	YES NO DK							
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 □ Yes 2 □ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0320</b> Food and beverages 1 2 2 X							
d	If YES – • What was the cost for alcoholic beverages, including taxes?	0160 \$00		0330         Lodging         1         2         x           0340         Transportation         1         2         x							
<b>9</b> a	. 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       X         0360       Expenses for others       1       2       X							
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	rrip, go to part d.							

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Section 18 – TRIPS AND VACATIONS – Continued for one trip or set of identical trips before asking questions in this part about other trips.)											
Part C -	Part C – Partially Reimbursed Trips										
1. FIELD REF	FIELD REPRESENTATIVE PROCESSING USE ONLY		1 77 01 4 🗸		Hand respondent Information Booklet, page 37.	<b>3b.</b> Ask for each code 1–5 marked in item 3a. <b>How much did you (or any members of your CU)</b>					
In item 1a number fi	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b. the	a. TRIP IDENTIFICATION NUMBER	0010 TRIPIDBC Identification number		<b>3a.</b> Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home	spend for (transportation) (other than what the package deal covered)? Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU)					
destinatio		<b>b.</b> DESTINATION	TRIPDEST		to the time you (they) got back home.						
in item 1c		OFFICE USE ONLY	0020		PROBE – Any other kinds of transportation on this trip?	spend for (transportation) not including gas you (or any members of your CU) bought (other than what					
		C. NUMBER OF (IDENTICAL) TRIPS	0030 NUMSA ME Num	ber	lf no codes 1–12 marked, go to item 4.	the package deal covered)?					
		<b>d.</b> MONTH ENDED	EOTR	RIPMO	COMMERCIAL	COMMERCIAL					
<b>e.</b> If set of identical trips read Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.				0120 01 🗌 Local (taxi, etc.)		0 🗌 None					
		them as a group. Please give the hold of the following questions.			0130 02 Airplane	0300 <sub>02</sub> \$00	0 🗌 None				
f. You told me that someone outside your CU paid for part of the trip(s) you (your CU) took to (trip destination). In the next questions I'm interested only in the costs you (your CU) had to				0140 03 🗌 Train	0310 03 \$00	0 🗌 None					
pay, not t	<b><i>i</i></b> , <b>not those paid or to be paid by a business or employer.</b> If <i>i</i> trip, go to item 2a.				0150 04 🗌 Bus	0320 <sub>04 \$</sub> CMBUSX00	0 🗌 None				
<b>g.</b> Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on		0050 NUMNIGHT Nights		0160 05 Ship CMSHIPY	0330 <sub>05</sub> \$ CMSHIPX .00	0 🗌 None					
this trip?				RENTED RTCA RY	RENTED						
package	metimes when people take a trip they have some sort of ckage deal that covers some or all of the costs. Was all or rt of this trip covered by a package deal?		0060 1 Yes 2 No – Go to item 3a	0170 06 Car, jeepRTCART		0 🗌 None					
<b>b.</b> If "Yes," a	ask for each item: <b>Did</b>	the package deal include		Yes No DK			o 🗌 None				
FIELD REPRESENTATIVE – Read each item listed. FOODDEA L		0070 Food and beverages		0190 08 Motorcycle, moped RTMOPEDY	0360 <sub>08</sub> \$RTMOPEDX00	o 🗌 None					
LODGDEAL		0080 Lodging		0200 09  Private plane RTPLA NEY	0370 <sub>09</sub> \$00	o 🗌 None					
TRA NDEA L		0090 Transportation		0210 10 🗆 Boat, trailer	0380 10 \$ RTBOA TX .00	o 🗌 None					
ELSEDEAL		<b>0100</b> Anything else $\mathbf{z}$		0220 11 Camper RTCA MPY	0390 11 \$ RTCA MPX .00	0 🗌 None					
		Specify		0230 12 Other vehicles RTOTHERY							
				- 1 1	PRIVATE		o 🗌 None				
C. How much did you (or any members of your CU) pay for the package deal?			0110 \$ PKGTRIPX .00		0240 13 Car owned by CU PVCA RY						
NOTES					0250 14 Vehicle leased by CU PVLEA SY						
					0260 15 Other vehicle owned by CU PVOTHERY						
					0270 16 Vehicle owned by someone else PVELSEY						
					0280 17 Other transport PVTRA NSY						
					<b>4.</b> 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.						
					in any couce of the marked, continue with item ba.						

S	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 A NY GA S 2 □ No - Go to item 5c	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 □ Yes 2 □ No – <i>Go to item 11a</i>	A NY SPORT	
b.	What costs for gasoline or other fuels won't be reimbursed?	0020 \$ GA SOILX .00 ₀ □ None	If YES – <b>b. What costs for playing sports won't be reimbursed</b> ?	0200 \$ TRSPORTX .00	₀ □ None	
c.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes A NYTOLL 2 □ No - Go to item 5e	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 🗌 Yes 2 🗌 No – <i>Go to item 12a</i>	ANYENTER	
d.	<i>If YES –</i> What costs for tolls won't be reimbursed?	0040 \$ TRPTOLLX .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 A NYPA RK 2 □ No – Go to item 6a	<ul> <li>b. What costs for entertainment and admissions won't be reimbursed?</li> </ul>	0220 \$ TRPETRTX .00	0 🗌 None	
f.	If YES – What costs for parking fees won't be reimbursed?	0060 \$PA RKINGX00 0None	<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0230 1 🗌 Yes 2 🗌 No – <i>Go to item 13a</i>	A NYMISC	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 Yes	If YES – <b>b. What costs for these things won't be reimbursed?</b>	0240 \$ TRMISCX .00	₀ 🗌 None	
h	covered)? If YES –	2 No – Go to item 7a	<b>13a.</b> You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?	0250 1 □ Yes TR 2 □ No - Go to next trip; aft	PGFTC er last trip, go to part D	
D.	What costs for lodging, including taxes and tips, won't be reimbursed?	0080 \$ LDGCOSTX .00 0 None	<b>b.</b> Did these expenses include anything for?		YES NO DK	
7a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package	0090 1 □ Yes TRPFOOD 2 □ No - <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed. FOODOUTS	<b>0260</b> Food and beverages	1 🗌 🕴 2 🗌 🕴 X 🗌 -	
	deal covered)? If YES –		LODGOUTS	0270 Lodging		
b.	What costs for these things won't be reimbursed?	0100 \$ TRPFOODX .00 0 None	TRA NOUTS	0280 Transportation		
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes TRPA LCIN 2 ☐ No – <i>Go to item 8a</i>	ELSEOUTS	0290 Other expenses	1 1	
d.	If YES – What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$ TRPALCHX .00 0 None	<b>C.</b> How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$ TRPGFTCX .00	-	
8a.	Did you (or any members of your CU) spend anything	0130 1 Yes A NY GROC	<b>14a.</b> If the respondent is unable to break down food and beverages,			
	for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0130 1 ☐ Yes A NY GROC 2 ☐ No - Go to item 9a	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 \$ TCOMBEST .00	-	
b.	If YES – What costs, including taxes, won't be reimbursed?	0140 \$ TRPGROCX .00 0 None	down should be combined and entered here			
c.	Was any of the (amount in item 8b) for alcoholic	0150 1 Yes ANYALC	<b>D.</b> Does this (amount) include anything for?		YES NO DK	
	beverages?	$2 \square No - Go to item 9a$	FIELD REPRESENTATIVE – Read each item listed. FOODCOMB	0320 Food and beverages	1 🗌   2 🗌   X 🗌	
d.	If YES – What cost for alcoholic beverages, including taxes,	0160 \$ TRPALCGX .00 0 None	LODGCOMB	0330 Lodging		
<b>Q</b> 2	won't be reimbursed? Did you (or any members of your CU) have any		TRA NCOMB	0340 Transportation		
Ja.	expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 ☐ Yes A NY SPEQP 2 ☐ No - Go to item 10a	ELSECOMB	0350 Other expenses		
h	If YES – What costs for renting sports equipment won't be	0180 STRSPRTX .00 None	OTHRCOMB	0360 Expenses for others		
	reimbursed?	0180 \$ TRSPRTX .00 0 None	GO TO NEXT TRIP; AFTER LAST TH	RIP, GO TO PART D.		

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Se	ection 18 – TRIPS AN	<b>D VACATIONS</b>	– Continued	ł		FIEL	D REPRESENTATIVE – Ask part C for partially reimbursed tri. identical trips before asking questions		for one trip or set of
Pa	art C – Partially Reim	bursed Trips – C	Continued						
	FIELD REPRESENTATIVE	PROCESSING L	USE ONLY		1 77 03 0 🗸		Hand respondent Information Booklet, page 37.	<b>3b.</b> Ask for each code 1–5 marked in <b>How much did you (or any me</b>	item 3a.
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIFICAT	TION NUMBER	0010	Ident	ification number	<b>3a.</b> Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home	spend for (transportation) (othe package deal covered)?	r than what the
	destination in item 1b, the number of (identical) trips	<b>b.</b> DESTINATION					to the time you (they) got back home.	Ask for each code 6–12 marked i How much did you (or any me	mbers of your CU)
	in item 1c, and the month the trip ended in item 1d.	OFFI	ICE USE ONLY	0020			PROBE – Any other kinds of transportation on this trip?	spend for (transportation) not in any members of your CU) bout	ncluding gas you (or Ight (other than what
		C. NUMBER OF (IDE	ENTICAL) TRIPS	0030	Num	ber	If no codes 1–12 marked, go to item 4.	the package deal covered)?	
		<b>d.</b> MONTH ENDED		0040			COMMERCIAL	COMMERCIAL	
e.	lf set of identical trips read – Sin	ce vou (vour CU) took	k a set of				0120 01 🗌 Local (taxi, etc.)	0290 01 \$00	o 🗌 None
	similar trips, I will ask about total of all these trips for eac	them as a group. Please h of the following que	estions.				0130 02 🗌 Airplane	0300 02 \$00	o 🗌 None
f.	You told me that someone ou trip(s) you (your CU) took to ( guestions I'm interested only	Itside your CU paid fo (trip destination). In the	or part of the next ur CU) had to				0140 03 🗌 Train	.00	0 🗌 None
	questions I'm interested only pay, not those paid or to be p day trip, go to item 2a.	aid by a business or e	employer. If				0150 04 🗌 Bus	0320 04 \$00	o 🗌 None
g.	Verify if already reported. Otherw you (or any members of your	wise, ask – How many r CU) spend away from	nights did 1 home on	0050	NP 1		0160 05 🗌 Ship	0330 05 \$00	o 🗌 None
	this trip?				Night	IS	RENTED	RENTED	
	Sometimes when people tal package deal that covers so part of this trip covered by a	ome or all of the cost	ome sort of ts. Was all or	0060 1 □ Yes 2 □ No -	Go to item 3a		0170 06 Car, jeep	0340 06 \$00	o 🗌 None
_	If "Yes," ask for each item: Did		clude			Yes No DK	0180 07 🗌 Truck, van	0350 07 \$00	o 🗌 None
	FIELD REPRESENTATIVE – Rea						0190 08 🗌 Motorcycle, moped	0360 08 \$00	o 🗌 None
					beverages		0200 09 🗌 Private plane	0370 09 \$00	o 🗌 None
					rtation		0210 10 🗆 Boat, trailer	0380 10 \$00	o 🗌 None
				0100 Anything	g else 📈		0220 11 🗌 Camper	0390 11 \$00	o 🗌 None
				Specify			0230 12 Other vehicles	0400 12 \$00	0 🗌 None
•			)			1 1	PRIVATE		
υ.	How much did you (or any n package deal?	nembers of your CO)	) pay for the	0110 \$	.00		0240 13 Car owned by CU		
			NOTES	1			0250 14 Vehicle leased by CU		
							0260 15 Other vehicle owned by CU		
							0270 16 Vehicle owned by someone else		
							0280 17 🗌 Other transport		
							<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a	6a. 6a.	

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	Section 18 – TRIPS AND VACATIONS – Co	ontinued				
	Part C – Partially Reimbursed Trips – Cont	inued 1 77 04 8 ↓		-		NOTES
5a	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 □ Yes 2 □ No – <i>Go to item 5c</i>	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 □ Yes 2 □ No - <i>Go to item 11a</i>		
b	What costs for gasoline or other fuels won't be reimbursed?	0020 \$00 0 \_ None	If YES – <b>b. What costs for playing sports won't be reimbursed?</b>	0200 \$ .00	₀□None	
C	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 □ Yes 2 □ No – <i>Go to item 5e</i>	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 □ Yes 2 □ No – <i>Go to item 12a</i>		
d	If YES – • What costs for tolls won't be reimbursed?	0040 \$00 0 \_ None	Information Booklet, page 40.) If YES –			
<b>e</b> .	Did you (or any members of your CU) have any parking fees?	0050 1 □ Yes 2 □ No - <i>Go to item 6a</i>	<ul> <li>b. What costs for entertainment and admissions won't be reimbursed?</li> <li>12a. Did you (or any members of your CU) have any expenses</li> </ul>	0220 \$ .00	0 🗆 None	
f.	<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	0230 1 🗌 Yes 2 🗌 No – <i>Go to item 13a</i>		
6a	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 🗌 Yes	If YES – <b>b. What costs for these things won't be reimbursed?</b>	0240 \$ .00	₀□None	
h	<i>covered)?</i> <i>If YES –</i> <b>What costs for lodging, including taxes and tips,</b>	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?	0250 1 🗌 Yes 2 🗌 No – Go to next trip; aft	er last trip, go to part D	
	won't be reimbursed?	0080 \$00 0 🗆 None	<b>b.</b> Did these expenses include anything for?		YES NO DK	
7a	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0090 1 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0260</b> Food and beverages		
b	If YES – What costs for these things won't be reimbursed?	0100 \$00 0 None		0270 Lodging	1 1	
	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 🗌 Yes		0280Transportation0290Other expenses		
		2 🗌 No – Go to item 8a	<b>C.</b> How much of the total non-reimbursed expenses for			
d	<ul> <li>If YES –</li> <li>What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?</li> </ul>	0120 \$00 0 None		0300 \$ .00		
8a	<ul> <li>Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience</li> </ul>		<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those	0310 \$ .00		
	stores, or liquor stores on this trip? If YES –	2 🗌 No – Go to item 9a	non-reimbursed expenses a respondent is not able to break down should be combined and entered here	0310 \$		
D	. What costs, including taxes, won't be reimbursed?	0140 \$00 0 🗆 None	<b>b.</b> Does this (amount) include anything for?		YES NO DK	
C	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 □ Yes 2 □ No − <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0320</b> Food and beverages		
d	If YES – • What cost for alcoholic beverages, including taxes,	0160 \$00 0 □ None		0330 Lodging		
	won't be reimbursed?			0340 Transportation		
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 – • What costs for renting sports equipment won't be	0180 \$00 <sub>0</sub> None		0360 Expenses for others		
	reimbursed?		GO TO NEXT TRIP; AFTER LAST T	RIP, GO TO PART D.		

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Section 18 – TRIPS AND VACATIONS – C	Continued		FIELD REPRESENTATIVE – Complete item 1 for all CU's.
Part D – 100% Reimbursed Trips	1 77 67 5 🖌		NOTES
NON-CO member from part A, item Ia or Ib.			
<b>2a.</b> You told me that you (your CU) had (number from item 1) trip(s) entirely paid for 0020	1	A NYYUPD	
<b>b.</b> Did these expenses include anything for – ?		YES NO DK	
FOODY UPD FIELD REPRESENTATIVE – Read each item listed.	Food and beverages	1 🗌   2 🗌   X 🗌	
LODGYUPD 0040	Lodging	1 🗌   2 🗌   X 🗌	
TRA NYUPD 0050	Transportation		
	-	1 🗌 🖞 2 🔲 🖞 X 🗌	
<b>C.</b> What was the total amount for these expenses?	\$TOTYUPDX00		
GO TO PAR	RT E		

Section 18 – TRIPS AND VACATIONS – Continued		FIELD REPRESENTATIVE – Ask part E for all CU's.
Part E – Trip Expenses for Non-CU Members 1 77 68 3	3 🗸	NOTES
<ul> <li>1a. Sometimes people in a CU don't take a trip themselves, but pay for part or all of a trip that someone else takes. Since the 1st of (month, three months ago), have you (has your CU) paid for part or all of such a trip for any non-CU members?</li> </ul>	ANYNONCU	
If Yes – NUMNONCU Trips		
<b>b.</b> How many trips was that?		
C. Did these expenses include anything for – ?	YES NO DK	
FOODNOCU FIELD REPRESENTATIVE – Read each item listed. 0030 Food and beverages		
LODGNOCU 0040 Lodging		
TRA NNOCU 0050 Transportation		
ELSENOCU 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		

	Section 18 – TRIPS AND VACATIONS – C	continued	FI	IELD RE	PRESE	NTA	ATIVE – Ask part F for all CU's. (Ask all questions in this part for one stay before a	asking about other stays.)	
	Part F – Local Overnight Stays	1 77 69 1 \downarrow							
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	A NY L	OC			a. 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>	ANYLCGR
2.	VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020 NUMLOC Nights					<ul> <li><b>D. What were the expenses, including taxes?</b></li> <li><b>C. Was any of the</b> (amount in item 6b) for alcoholic</li> </ul>	0160 \$ LOCGROCX .00	
<b>3</b> a	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>	A NY LC	OCDL			<ul> <li>What was the cost for alcoholic beverages, including taxes?</li> </ul>	0170 1 Yes 2 No – Go to item 7a	A NYA LCGR
b	Ask for each item – Did the package deal include		YES	NO	DK			0180 \$ A LCGROCX .00	
	anything for? FOODLCDL FIELD REPRESENTATIVE – Read each item Isted,GLCDL	0040         Food and beverages            0050         Lodging	· · · · · 1 🗆	2 🗌	x□   x□	7a	<ul> <li>a. (Hand respondent Information Booklet, page 40.)</li> <li>Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not</li> </ul>	0190 1 □ Yes 2 □ No - Go to item 8	A NY A DMI S
	ENTRLCDL	0060 Entertainment		2			counting what the package deal covered)?		
	ELSELCDL	0070 Anything else – Specify <sub>₹</sub>	1	   2     		b	<b>).</b> How much did you (or any members of your CU) pay?	0200 \$ LOCA DMSX .00	
	How much did you (or any members of your CU) pay for the package deal?	0080 \$ LOCDEALX .00				8.	If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0210 \$ LOCCOMBX .00	
4a	<ul> <li>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)?</li> </ul>	0090 1 □ Yes 2 □ No – <i>Go to item 5a</i>	A NYLODG	Ε			Did the (amount) include anything for?FOODLCCM		
b	. What was the cost, including taxes and tips?	0100 \$ LOCLODGX .00					LODGLCCM FIELD REPRESENTATIVE – Read each item listed. ENTRLCCM ELSELCCM	0230         Lodging	$\begin{vmatrix} 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 $
5a	<ul> <li>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)?</li> </ul>	0110 1 □ Yes 2 □ No − <i>Go to item 6a</i>	A NYME.	AL		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 sta 2 🗌 No – Go to next section	IY
b	. What was the cost, including taxes and tips?	0120 \$ LOCMEALX .00					NO	TES	
C.	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 □ Yes 2 □ No − <i>Go to item 6a</i>	A NYA LC	CML					
d	What was the cost for alcoholic beverages, including taxes and tips?	0140 \$ALCMEALX00							

ę	Section 18 - TRIPS AND VACATIONS - C	ontinued	F	FIELD RE	PRESE	NTA	ATIVE – Ask part F for all CU's. (Ask all questions in this part for one stay before a	asking about other stays.)				
	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					<ul> <li>Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?</li> <li>What were the expenses, including taxes?</li> </ul>	0150 1 □ Yes 2 □ No − <i>Go to iten</i>	n 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					. Was any of the (amount in item 6b) for alcoholic	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 – Go to item 4a				d	beverages? . What was the cost for alcoholic beverages, including taxes?	2 🗌 No – Go to iten				
b.	Ask for each item – Did the package deal include		YES	NO	DK			0180 \$	.00			
	anything for? FIELD REPRESENTATIVE – Read each item listed.	0040         Food and beverages	1 🗌 1 🗌	   2      2	¦ x□ ¦ x□	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)?	0190 1 □ Yes 2 □ No – Go to iten	n 8			
C.	How much did you (or any members of your CU)	0070 Anything else – Specify 📈	1	   2      	¦ x□ !	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  Yes 2  No – <i>Go to item 5a</i>					Did the (amount) include anything for?	0220 Food and beverag	es	<b>YES</b>	2	¦ x□
b.	What was the cost, including taxes and tips?	0100 \$00					FIELD REPRESENTATIVE – Read each item listed.	0230Lodging0240Entertainment0250Other expenses		1 🗌	2	¦ x□
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 2 □ No - Go to nex		Y		
b.	What was the cost, including taxes and tips?	0120 \$00					NO	TES				
C.	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 🗌 Yes				1						
	Develages:	$2 \square$ No – Go to item 6a										
d.	What was the cost for alcoholic beverages, including taxes and tips?	0140 \$00										

**Section 19 – MISCELLANEOUS EXPENSES** 

			4	19 02 8 -	•				continuing e enter the to	expenses si tal expense	uch as "housekeeping" or " for the reference period, e	"babysitting," mark the box in column d and excluding the current month.				
а		b	ΟΝΓΥ	С		d		е	f	g	NOTES		PRE			
Information Booklet, page <b>1. Since the 1st of</b> (month, have you (or any member had expenses for any of either for your CU or for outside your CU?	3 months ago), ers of your CU) f the following, r someone	What was the expense for? Describe briefly.	PROCESSING USE ON	ENTER ITEM CODE from column a.	you have expense If it is a c expense	e this ? continuous throughout ence period,	for you somed of you 1 - For 2 - For	ur CU or one outside r CU? CU	For continuing expenses, do not include expenses fo	have any other expenses for?		<b>1</b> Description from column b	2 Month code fr colum	om	3 Expense colum	e from
FUNERALS, BURIALS, OR CREMATION	CODE YES NO	-	PROC	<u> </u>	Month	Continuous expense	CU	Outside CU	the current month.	YES			Mont	h		
PURCHASE OR UPKEEP OF CEMETERY LOTS OR		-	0010		MISCMO	1 3	1		\$ SCE .00						\$	.00
COMBINATIONS OF THE	110		0020		MO	1 3 🗌	1		\$ × .00						\$	.00
ABOVE Use only if cannot itemize the above			0030			1 3	1	ิ <sub>2</sub>	\$ .00						\$	.00
CATERED AFFAIRS	120	-	0040			1 3 🗌	1	2	\$.00						\$	.00
FRESH FLOWERS OR POTTED PLANTS	140		0050			1 3 🗌	1	2	\$ .00						\$	.00
LEGAL FEES	150		0060			1 3 🗌	1	2	\$.00						\$	   .00
related to real estate closing costs which were reported in section 3.			0070			1 3 🗌	1	2	\$.00						\$	.00
	160		0080			1 3	1	2	\$.00						\$	.00
HOME SERVICES Gardening or lawn care			0090			1 3 🗌	1	2	\$.00						\$	00.
services	170 180		0100			1 3 🗌	1	2	\$.00						\$	00.
Other home services and small repair jobs around			0110			1 3 🗌	1	2	\$ .00						\$	00.
the house, not previously reported Babysitting or other child	210		0120			1 3	1	2	\$ .00						\$	.00
care in your own home Babysitting or other child			0130			1 3 🗌	1	2	\$ .00	1					\$	.00
care in someone else's	220		0140			1 3 🗌	1	2	\$ .00						\$	00.
Care for invalids, convalescents, handicapped or elderly persons in the	d		0150			13	1	2	\$.00						\$	00.
ADULT DAY CARE	200		0160			13	1	2	\$.00						\$	.00
CENTERS	350		0170			1 3		2	\$.00						\$	.00
	360		0180			1 3		2	\$.00						\$	00.
SYSTEM SERVICE FEES 2. FIELD	<b>370</b> 1 19 01 6 ↓		0200			13		2	\$ .00						\$	00
REPRESENTATIVE	1 19 01 6 ↓ 010 999 □ Go to		0200			1 3		2	\$.00						+	.00
Mark (X) box if there are no entries recorded	next page		0210			1 3		2	\$ .00	1					\$	00.
in columns b Page 98			0220			13	1	2 Section 19	\$ .00						\$	.00 Page 98

# 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.

# Section 19 – MISCELLANEOUS EXPENSES – Continued

		L.	≻			d						NOTO		DDC		
a		b	ONLY	С		d		e	f		g	NOTES		PRE		
Information Booklet, pag Since the 1st of (moni ago), have you (or any your CU) had expense the following, either 1 for someone outside	th, 3 months members of s for any of for your CU or your CU?		PROCESSING USE O	ENTER ITEM CODE from column a	you have expense If it is a c expense	? continuous throughout ence period,	for you someo of you 1 – For 2 – For		What was the total amount of the expense? For continuing expenses, do not include expenses for the current		Did you have any other expenses for?		1 Description from column b	2 Month code fro column	m	3 Expense from column f
	ITEM YES NO		PRO		Month	Continuous expense	CU	Outside CU	month.	,	YESNO			Month	ı	
COMPUTER INFORMATION SERVICES	280		0010			1 3	1	2	\$.0	00					\$	.0
TV COMPUTER GAMES AND		-	0020			1 3	1	2	\$.0	00					\$	.0
COMPUTER GAME	290		0030			1 3 🗌	1	2	\$	00					\$	.0
HAND HELD COMPUTER			0040			1 3	1	2	\$.0	00					\$	.0
GAMES AND COMPUTER BOARD	300		0050			1 3	1	2	\$	00					\$	.0
TOYS AND		-	0060			1 3	1	2	\$	00					\$	.0   .0
GAMES	330	-	0070			1 3 🗌	1	2	\$.0	00					\$	.0
	340		0080			1 3	1	2	\$.0	00					\$	.0
MOVING, STORAGE, AND FREIGHT EXPRESS	230		0090			1 3 🗌	1	2	\$.0	00					\$	.0
PURCHASE OF		-	0100			1 3	1	2	\$.0	00					\$	.0
PETS, PET SUPPLIES, AND MEDICINE			0110			1 3 🗌	1	2	\$.0	00					\$	.0
FOR PETS	240 250		0120			1 3	1	2	\$.0	00					\$	.0
VETERINARIAN	230		0130			1 3 🗌	1	2	\$.0	00					\$	ا ١.0
EXPENSES FOR PETS	260		0140			1 3 🗌	1	2	\$.0	00					\$	.0
	310		0150			1 3 🗌	1	2	\$.0	00					\$	.0
CHILD SUPPORT	320		0160			1 3 🗌	1	2	\$.0	00					\$	ا ۱.0
MONEY GIVEN TO NON-CU MEMBERS,			0170			1 3 🗌	1	2	\$.0	00					\$	.0
CHARITIES, AND OTHER	270		0180			1 3	1	2	\$.0	00					\$	   .0
FIELD	<b>270</b> 1 19 03 2↓		0190			1 3 🗌	1	2	\$.0	00					\$	.0
REPRESENTATIVE CHECK ITEM	0 999 🗌 Go to		0200			1 3	1	2	\$.0	00					\$	.0
Mark (X) box if there are no entries recorded	999 🗋 GO 10 section 20		0210			1 3 🗌	1	2	\$.0	00					\$	   .(
in columns b–g.			0220			1 3	1	2	\$ .0	00					\$	.0

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	Section 20 – EXPENSE PATTERNS FOR FOOD, BE	VERAGES, AND OTHER	SELE	CTED	ITEMS				
	Part A – Food and Beverages	1 20 01 4 🖌							
<b>1</b> a	Since the 1st of (month, 3 months ago), what has been your usual WEEKLY expense at the grocery store or supermarket?	0010 \$ GROCWEKX .00 0 \[] None - Go to item 2a	8.	bevera agenci	<b>You (or any members of your CU) received an</b> tiges, or meals through public or private welf ties, including religious organizations? Do not in school or preschool programs.	are	0170 1 🗌 Yes 2 🗌 No	FREEFOO	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 \$ OTHSTUFX .00	9a.	Have y at wor	ou (or any members of your CU) received an k as part of your pay?	y free meals	0180 1 🗌 Yes	MEA LSPA Y Go to item 10a	
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 OTHSTOR 2 ☐ No - <i>Go to item 3a</i>	c.	Since	what was the WEEKLY dollar value of such the 1st of (month, 3 months ago), how many w		0190 <sub>\$</sub> MLF	PAYWKX .0	
b	What was your usual WEEKLY expense at these places?	0040 STORWKX .00		Ask on	ers of your CU receive such meals? Iy if preschool or school age students; otherwise the 1st of (month, 3 months ago), excluding (th		0210 1 🗌 Yes		<u></u>
3a.	Do you (or any members of your CU) ever buy alcoholic beverages to be served at home?	0050 1 ☐ Yes A LCOHOL 2 ☐ No - Go to item 4a		have v	ou (or members of your CU) purchased any r or in a preschool program for preschool or	neals at	2 ∐ No –	Go to part B	
b	What was your usual MONTHLY expense for beer and wine?	0060 \$ BRWINMOX .00	b.	<b>meals</b> Enter tl	- What are the names of all CU members who at school? he name of each CU member purchasing meals a n a, then ask columns b through d for each name	t school in			
C.	What was your usual MONTHLY expense for other alcoholic beverages?	0070 \$ OTHA LMOX .00		ONLY	a	<b>b</b> Enter	c What is the	d How many	_
<b>4</b> a	Have you (or any members of your CU) purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges?	0080 <sub>1</sub> <u>Yes</u> A LC_OUT 2 <u>No</u> – <i>Go to item 5a</i>		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 \$ ALC_OUTX .00		PROCESSING		EME	HMLW	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 DINEOUT 2 ☐ No – Go to item 6a		Щ 0010	3 20 02 8 →	NUM	×	Ĺ	
b	What was the usual MONTHLY expense for these purchases?	0110 \$ DINE_MOX .00		0020			\$ .00		
6a.	Have you (or any members of your CU) paid for board not received in a boarding house?	0120 <sub>1</sub>		0030			\$ .00		
b	What was the usual MONTHLY expense?	0130 \$ BOA RDX .00		0040			\$.00		
7a.	Have you (or any members of your CU) received any food stamps?	0140 <sub>1</sub> <u></u> <sub>1</sub> <sub>1</sub> <sub>Yes</sub> FD_STA MP 2  □ No - <i>Go to item 8</i>	1	0050			\$.00		
b	For how many months since the 1st of (month, 3 months ago), were food stamps received?	FD_STPRD		0070			\$ .00 \$ .00		
		2 2 2 months 3 3 3 months 4 4 4 months		0080			\$ .00		
C.	What was the value of all food stamps received?	0160 \$ FD_STMPX .00		0090			\$.00		

Section 20 – Part A

Section 20 – EXPENSE PATTERNS FOR FOOD, BE	VERAGES, AND OTHER SELECTED ITEI	MS – Continued	
Part B – Selected Services and Goods	1 20 03 0 🖌		
<b>1a.</b> Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) used public pay phone service?	0010 1 🗌 Yes PA YPHONE 2 🗌 No – <i>Go to item 2a</i>	<b>6a.</b> Do you (or any members of your CU) rent a safe deposit box located in a bank or a similar financial institution?	0170 1 ☐ Yes SA FEDPST 2 ☐ No - Go to item 7a
<b>b.</b> What was the total expense?	0020 \$ PAYPHONX .00	<b>b.</b> What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago)?	0180 \$
	0 🗌 None	<b>7a.</b> Do you (or any members of your CU) have any expenses for	0190 1 Yes BANKSRVC
<b>2a.</b> Have you (or any members of your CU) used coin-operated laundry or dry cleaning machines?	0030 1 □ Yes LNDROMA T 2 □ No - <i>Go to item 3a</i>	checking accounts or other banking services?	2 No – Go to item 8a
<b>b.</b> What was the total cost for these machines?	0040 \$ LNDRYX .00	<b>b.</b> What is the usual MONTHLY charge?	0200 \$ BANKMOX .00
		<b>8a. Since the 1st of</b> (month, 3 months ago), have you (or any members of your CU) used taxis or limousines for nonbusiness purposes, except those used while on a trip?	0210 1 ☐ Yes TXLIMSRV 2 ☐ No – Go to item 9a
C. Was any of this amount for items other than clothes?	0050 1 ☐ Yes OTHLNDRY 2 ☐ No - <i>Go to item 3a</i>	<b>b.</b> <i>If YES</i> – What was the total expense?	0220 <sub>\$</sub> TXLIMX .00
<b>d.</b> How much?	0060 \$ OTHLNDRX .00	9a. Do you (or any members of your CU) use mass transportation services such as a bus, subway, mini-bus or train, including commuter bus and train service?	0300 1 🗌 Yes MA SSTRA N 2 🗌 No – Go to next section
		<b>b.</b> What is the usual MONTHLY cost to use mass transit	
<b>3a.</b> Have you (or any members of your CU) sent clothes or other items to the dry cleaners or laundry?	0070 1 ☐ Yes DRYCLEA N 2 ☐ No - <i>Go to item 4a</i>	to go to –	
<b>b.</b> What was the total cost for dry cleaning or laundry services?	0080 \$ DRYCLNX .00	(1) Work?	0330 <sub>\$</sub> TRA NWRKX .00
<b>C.</b> Was any of this amount for items other than clothes?	0090 1 □ Yes OTHDRCLN 2 □ No - Go to item 4a	(2) School?	0350 <sub>\$</sub> TRA NSCHX .00
d. How much?	0100 \$ OTHDCLNX .00	( <b>3</b> ) Other places?	0370 \$ TRA NOTHX .00
	x 🗌 Don't know	NOTES	
<b>4.</b> Do any members of your CU use tobacco products, such as –	0110 1 🗌 Yes 2 🗌 No – <i>Go to item 4c</i> CIGA RETT		
a. Cigarettes?			
<b>b.</b> <i>If YES</i> – What is the usual WEEKLY expense for cigarettes?	0120 <b>\$</b> CIGA RETX .00		
<b>C.</b> Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?	0130         1 □ Yes         OTHTOBAC           2 □ No - Go to item 5         2		
<b>d.</b> If $YES$ – What is the usual WEEKLY expense for cigars, pipe	OTHTBACX 00		
tobacco, or other tobaccos?	0140 \$		
<b>5.</b> What is the usual MONTHLY expense for haircutting, styling, and other related services for all members of your CU?	0150 s HA IRMOX .00		
	0 🗌 None		

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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 Qu	arter (	Only	1 21 02 0 🗸						
a				b	c	I	d			е	
1. On the 1st of (the current month), did members of your CU) owe any mon the following? Do not include mortga loans, automobile loans, or business re	ev to any	v of	USE ONLY	ENTER ITEM CODE from	What is the name of the ( to which you owe money	?	How much was owe (credit source)?	d to	vour CU	any other	- 
Read each item listed below. Complete for each individual store, credit card, et	a separa c.	te line	PROCESSING US	column a CREDITR	Enter name of store, credit of company, bank, credit union company, etc.	card, finance n, insurance			lf "No," go credit sou column a.	rce in	
CREDIT SOURCE	ITEM CODE	YES NO	PROC	I R1				Don' know		NO	-
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc	100		0010				\$	00 ×□			
Stores for installment credit accounts	200		0020				\$	00 x 🗆			-
Banks and savings and loan companies.	300		0030				\$	00 x 🗆			-
Credit unions	400		0040				\$ 1.	00 ×□			
Finance companies	500		0050				\$	00 ×□			
Insurance companies (Do not include insurance premium payments)	600		0060				\$	00 ×□			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance			0070				\$	00 ×□			
by insurance			0080				\$	00 ×□			
		1 1	0090				\$	00 × 🗆			
			0100				\$	00¦ x□			
			0110				\$	00 x 🗆			
			0120				\$	00   x 🗆			
2. FIELD REPRESENTATIVE CHECK ITEM	1 21 0	01 2 ↓	0130				\$	00 × 🗆			
Mark (X) box if there are no entries recorded in columns b–e.	<mark>0010</mark> 999 [	□ Go to next sectioi	0140				\$	00 x 🗆			
			0150				\$	00¦ x□			

store, bank, credit account, etc., reported in column a.	store,	bank,	credit	account,	etc.,	reported	in	column a.	
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NOTES

# Section 21 - CREDIT LIABILITY - Continued

#### FIELD REPRESENTATIVE – Complete columns b through e for each s

а			b		C		d			e	
		ONLY	ENTER ITEM CODE		What is the name of the (credit source) to which you owe money?	How much (credit source		to	Did any m your CU o money to (credit sou	ember of we any any other	
		USE (	from columi		Enter name of store, credit card, finance				(credit sou	rce) <b>?</b>	
		PROCESSING			company, bank, credit union, insurance company, etc.				lf "No," go to next credit source in column a.		
CREDIT SOURCE	ITEM CODE	PROCI						Don't know	YES	NO	
Revolving credit accounts ncluding store, gasoline, and jeneral purpose credit cards, uch as Sears, Amoco, Visa,		0010				\$	.00	х□			
AasterCard, etc	100	0020				\$	.00	x 🗌			
Stores for installment credit	200									   	
anks and savings and loan	300	0030				\$	.00	х□			
redit unions	400	0040				\$	.00	х□			
inance companies	500	0050				\$	.00	x 🗆			
nsurance companies (Do not nclude insurance											
premium payments)	600	0060				\$	.00	х□			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered		0070				\$	.00	х□			
	700	0080				\$		x 🗆			
Other credit sources	800					φ	.00				
		0090				\$	.00	х□			
		0100				\$	.00	х□			
		0110				<b>•</b>					
						\$	.00	x □			
		0120				\$	.00	х□			
		0130				\$	.00	х□			
		0140				\$	.00	хП			

NOTES	

# Section 21 – CREDIT LIABILITY

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

	Part A.2 – Credit Balances -	- Fifth	Quart	er Onl	у	1 21 11 1 🖵						
	a				b	c		d			е	
1.	On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans.     Read each item listed below. Complete a separate line for each individual store, credit card, etc.		SING USE ONLY	ENTER ITEM CODE from column a C R E	What is the name of the to which you owed mone Enter name of store, credit company, bank, credit unio company, etc.	ey? F	Ask if "Yes" in item 1. How much was owed to (credit source)? CR ED T X S	to	What was the to on the 1st of (cu year ago)?			
	CREDIT SOURCE	ITEM CODE	YES NO	PROCESSING				.×5		-	Ч Т	
	Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100		0010	σ σ		\$	5	.00 x	\$		Non
	Stores for installment credit accounts	200		0020			\$	\$	.00 x 🗆	\$	.00	0
	Banks and savings and loan companies	300		0030			\$	\$	.00 × 🗆	\$	.00	0
	Credit unions	400		0040			\$	5	.00 × 🗆	\$	.00	0
	Finance companies	500		0050			\$	5	.00 × 🗆	\$	.00	0
	premium payments)	600		0060			\$	5	.00 × 🗆	\$	.00	0 🗆
	other medical practitioners for expenses not covered by insurance	700		0070			\$	5	.00 × 🗆	\$	.00	0
2a	Other credit sources	800	ao), did	0080			\$	\$ 	.00 x 🗆	\$	.00	0
	you (or any members of your CU) of any creditor that you did not owe 1st day of (the current month, the cu	owe mo money t	ney to to on the	0090			\$	  }  }	.00 x 🗆	\$	.00	0 🗆
	□ YES □ NO			0100			\$	5 1	.00 × 🗆	\$	.00	0 🗆
b	. What was the source of the credit?	em code	(s)	0110			\$	5	.00 × 🗆	\$	.00	0
	Complete columns b, c, e, and f for each credit source reported.			0120			\$	\$	.00 x 🗆	\$	.00	     0 [
3.	FIELD REPRESENTATIVE CHECK ITEM	1 21 1	•	0130			\$	5	.00 × 🗆	\$	.00	0 🗆
	Mark (X) box if there are no entries recorded in columns b–f.	010 999	Go to gart B	0140			\$	\$	.00 × 🗆	\$	.00	
				0150			\$	\$	.00 × □	\$	.00	0 🗆

			f	NOTES
<b>owe</b> , one	d	Did any m your CU o money to (credit sour	ember of we any any other rce)?	
		lf "No," go credit sour column a.		
		column a.		
Vone	Don't know	YES	NO	
о 🗌	х□			
о 🗌	х□			
o 🗌	х□		 	
0	х□			
о 🗌	х□			
о 🗌	х□			
o 🗌	х□			
o 🗌	х□			
0	х□			
o 🗌	х□			
o 🗌	х□			
o 🗌	х□			
o 🗌				
- <u>-</u>				
o 🗌	х□			
o 🗌	х□			

# Section 21 – CREDIT LIABILITY – Continued

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

а			b	с	d			е				F	NOTES
		SING USE ONLY	ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.	Ask if "Yes" in item 1. How much was owe (credit source)?			What was the total amoun on the 1st of (current mon year ago)?			Did any m your CU o money to (credit sou If "No," go credit sour column a.	we any any other rce)?	
REDIT SOURCE	ITEM CODE	PROCESSING					Don't know		None	Don't know		NO	
evolving credit accounts cluding store, gasoline, and eneral purpose credit cards, ich as Sears, Amoco, Visa,		0010			\$	.00		\$.00		     x []			
asterCard, etc	100	0020			\$	.00	×П	\$.00	0	. ×□			
counts	200 300	0030			\$	.00	х□	\$.00	0 🗌	   x□ 			
edit unions	400	0040			\$	.00	х□	\$.00	0 🗌	x□ 			
ance companies	500	0050			\$	.00	х□	\$.00	0	x 🗆			
lude insurance mium payments)	600	0060			\$	.00	×П	\$.00	0 🗌				
ctors, dentists, hospitals, or er medical practitioners for penses not covered insurance	700	0070			\$	.00	×П	\$.00	0 🗌	   x□			
ner credit sources	800	0080			\$	.00	х□	\$.00	0	. ×□			
		0090			\$	.00	х□	\$.00	0 🗌	   x□ 			
		0100			\$	.00	×П	\$.00	0	   x□			
		0110			\$	.00	х□	\$.00	0 🗌	. ×□			
		0120			\$	.00	х□	\$.00	0 🗌	   x□ 			
		0130			\$	.00	х□	\$.00	0 🗌	   x□			
		-140			\$	.00	×П	\$.00	   0 🗌	. x□			
		0150			\$		х□	¢		¦ ¦ x□			

Section 21 – CREDIT LIABILITY – Continue	d	FIELD REPRESENTATIVE – Ask items a through h and record the total amount of finance charges or interest paid during the past 12 months for each item.
Part B – Finance Charges – Fifth Quarter Only	1 21 20 2 🖌	
During the past 12 months, have you (or any members of your CU) paid any finance charges, interest charges or late fees to any of the following except for mortgage, home equity loans, or automobile loans?		NOTES
<b>a.</b> Revolving credit accounts including store, gasoline and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.?	0010 1 Yes CREDCA RD	
If YES – How much was paid for finance, interest and late charges?	0020 \$ CRDCA RDX .00 x \[ Don't know	
<b>b.</b> Stores for installment credit accounts?	0030 1 Yes INSTALL 2 No	
If YES – How much was paid for finance, interest and late charges?	0040 \$ INSTALLX .00 x 🗆 Don't know	
C. Banks and Savings and Loans?	0050 1 🗌 Yes BA NK 2 🗌 No	
If YES – How much was paid for finance, interest and late charges?	0060 \$ BANKX .00 x  Don't know	
d. Credit unions?	0070 1 Yes CRDUNION 2 No	
<i>If YES</i> – How much was paid for finance, interest and late charges?	0080 \$ CDUNIONX .00 .00 .00 .00 .00	
<b>e.</b> Finance companies?	0090 1 🗌 Yes FINA NCE 2 🗌 No	
If YES – How much was paid for finance, interest and late charges?	0100 \$ FININT .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	
f. Insurance companies?	0110 1 Yes INSURE	
If YES – How much was paid for finance, interest and late charges?	0120 \$ INSUREX .00 .00 .00 .00	
<b>g.</b> Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance?	0130 1 Yes 2 No MEDICA L	
	0140 \$ MEDICA LX .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	
h. Other credit sources?	0150 1 Yes OTHER	
<i>If YES</i> – How much was paid for finance, interest and late charges?	0160 \$ PDOTHERX .00 .00	

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	NOTES

Part A – Second	Quarter, Fifth (	Quarter or New Consur	ner	Units Only			
<ol> <li>FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</li> <li>In the last 12 monthe weeks did work opart time, not countil</li> </ol>	either full time or	1 22 01 0 ↓ 0010 M EM BN O 0020 IN CW EEKQ 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?	0100 INCNONW K <sub>Code</sub>	đ	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 it
the house? Include p paid sick leave. 3. In the weeks that many hours did u week?	aid vacation and	0 Did not work – <i>Go to item 5</i> 0030 INC_HRSQ Hours per week	6.	6 - Doing something else? - Specify	0200 1 □ Yes SALARYST 2 □ No - Go to item 6b	9.	last pay and what period o
Information Booklet, pa 4a. The job in which earnings during the fits best in the follow Manager, professional	received the most past 12 months wing category:			Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 <sub>\$</sub> SALARYX .00	10.	this cover? Was there any money dedu 's last pay for –
01 – Administrator, r 02 – Teacher 03 – Professional Administrative support 04 – Administrative s clerical 05 – Sales, retail	manager t, technical, sales support, including			nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?	0220 1 ☐ Yes NONFARM 2 ☐ No - Go to item 6c 0230 \$ NONFARM X .00 0240 3 ☐ Loss NFRM LOSS	e k	If YES – How much was ded I. Federal income tax? D. State and local income tax C. Social Security including
06 – Sales, business 07 – Technician Service 08 – Protective servi 09 – Private househo 10 – Other service Operator, assembler, la	ce bld service	O C C U C O D E 0070 Code	C.	Income or loss from's own farm? What was the amount of income or loss after expenses?	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	c	Medicare?
11 – Machine operations inspector 12 – Transportation ( 13 – Handler, helper, Precision production, c 14 – Mechanic, repai production	<b>or, assembler, operator , laborer</b> craft, repair		7. a.	During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	FARMLOSS		<ul> <li>F. Private pension fund?</li> <li>If NO in item 10c – Are Social payments normally deduct your paycheck?</li> </ul>
15 – Construction, m Farming, forestry, fishi 16 – Farming 17 – Forestry, fishing	ng		b.	From Railroad Retirement checks?	0290 1 Ves 2 No RRRETINC	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Security cover only the Med portion of Social Security?
Armed forces 18 – Armed forces b. Was				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 contribute to a pension or
CODE 1 – An employee of a company, busine working for wage 2 – A Federal govern 3 – A State governme 4 – A local governme	ss, or individual es or salary? ment employee? ent employee?	Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 □ Yes		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 \$ RRRETIRX .00 0320 1 Yes 2 No INCMEDCR		<ul> <li>plan that was enrolled</li> <li>During the past 12 months, place any money in a retirem such as Individual Retiremen (IRA &amp; Keogh)? Exclude rollow</li> <li>If YES – How much?</li> </ul>
5 – Self-employed in professional prac 6 – Working WITHOU business or farm	OWN business, ctice, or farm? IT PAY in family	2 No INCORP	f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 SS_RRQ		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 🗌 Yes 2 🗌 No	SUPPLINC	
y Income ocal	0350 1 🗌 Yes 2 🗌 No	SL SSI	
in ome	0360 <sub>\$</sub> SSIX	.00	
a is YES nt of's f time did	0370         \$         GROSP/           0380         1 □ Week         2 □ 2 Weeks           3 □ Month         4 □ Quarter	5 🗌 Year	
icted from	Yes No	Amount	
lucted?	FEDTAX           0390         1		.00
?	SLTAX 0410 1 2 2	0420 <sub>\$</sub> SLTAXX .	.00
	0430     1     2       RRRDED     2       0440     1     2	0450 <b>\$</b> RRRDEDX	.00
		0470 <sup>\$</sup> GOVRETX	.00
	PRIVPEN \$ 0480 1 2	0490 \$ PRIVPENX .	.00
al Security ted from	SSN O R M   0500 1 . 2 .		
g or Social licare	0501 1 ☐ Yes 2 ☐ No	MEDICOV	
, did any worked ths retirement in?	0510 1 🗌 Yes 2 🗌 No	EMPLCONT	
did nent plan nt Account vers.	0520 1 □ Yes 2 □ No - <i>Go</i>	INDRETAC to item 14	
	0530 <b>\$</b> INDRE	T X .00	
K ITEM ased upon s in providing	0540 1 Records 2 No recor	rds used RECSUSED	

	Part A – Second	Quarter, Fifth C	Quarter or New Consur	ner	Units Only – Continued			
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 22 06 9 🖌	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months?		8. a	During the past 12 months receive – . Any Supplemental Securit checks from the U.S. Gove
	Enter the first name and line number of	a. NAME			Was CODE			
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010		1 – Retired? 2 – Taking care of home/family?		b	Any Supplemental Securit 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 ng work around	0020 Weeks 0 Did not work – <i>Go to item 5</i>		<ul> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify K</li> </ul>	0100Code		If YES in items 8a and/or 8b - How much did receive Supplemental Security Inc checks altogether?
3.	In the weeks that many hours did u		0030 Hours per	6.	During the past 12 months, did	0200 1 🗌 Yes	9.	Ask items 9–12 only if item 6a (code 1). What was the gross amour
	week?		week		receive any money in – Wages or salary? Include commissions,	2 🗌 No – Go to item 6b	<b>.</b>	last pay and what period o this cover?
4a.	Information Booklet, p. The job in which earnings during the	received the most bast 12 months			tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$00		
	fits best in the follow Manager, professional 01 – Administrator, r 02 – Teacher			b	Income or loss from's own nonfarm business, partnership, or professional practice?	0220 1 🗌 Yes 2 🗌 No – Go to item 6c	10.	Was there any money dedu 's last pay for – If YES – How much was ded
	<b>03 – Professional</b> Administrative support <b>04 – Administrative</b> s	, technical, sales support, including			What was the amount of income or loss after expenses?	0230 \$		<ul> <li>Federal income tax?</li> <li>State and local income tax</li> </ul>
	clerical 05 – Sales, retail 06 – Sales, business					0240 3 🗌 Loss		<ul> <li>Social Security including Medicare?</li> </ul>
	07 – Technician Service 08 – Protective servi		0070 Code	C	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	d	Railroad Retirement?
	09 – Private househo 10 – Other service	ld service				0260 \$ .00 0270 3 Loss	е	Government Retirement? .
	Operator, assembler, la 11 – Machine operator inspector	or, assembler,		-			f	Private pension fund?
	<b>12 – Transportation</b> <b>13 – Handler, helper,</b> Precision production, c	laborer		7.	During the past 12 months, did receive from the U.S. Government any money –	0280 1 🗌 Yes 2 🗌 No	g	If NO in item 10c – Are Socia payments normally deduct
	14 – Mechanic, repai production	rer, precision		a	From Social Security checks?		<u> </u>	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.	Does the money deducted for Security cover only the Med portion of Social Security?
h	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.	Other than Social Security employer or union that for during the last 12 mon contribute to a pension or
D.	Was CODE		0080 Code	d	What was the amount of the last	0310 \$ .00		plan that was enrolled
	1 – An employee of a company, busine working for wage	ss, or individual es or salary?	Ask if code 5 and not a farm – <b>Is the business incorporated?</b>		Social Security or Railroad Retirement payment received?		13a	<ul> <li>During the past 12 months, place any money in a retirem such as Individual Retiremen (IRA &amp; Keogh)? Exclude rollow</li> </ul>
	2 – A Federal govern 3 – A State governme 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 🗌 Yes 2 🗌 No	b	If YES – How much?
	5 – Self-employed in 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 CHEC Mark (X) the appropriate box b the respondent's use of records

s, did y Income	0340 1 □ Y 2 □ N				
ernment?		10			
y Income ocal	0350 1 🗌 Y 2 🗌 N				
in ome	0360 \$		.00		
a is YES nt of 's f time did	0370       \$       .00         0380       1 □ Week       5 □ Year         2 □ 2 Weeks       6 □ Other - Specify <sub>K</sub> 3 □ Month       4 □ Quarter         7 □ Twice a month				
	Yes	No		Amount	
icted from	165			Alloull	
ducted?	0390 1	   2 🗌	0400 \$		.00
<b>?</b>	0410 1	   2 🗌	0420 \$	///////////////////////////////////////	.00
	0430 1	   2 🗌			
	0440 1	2	0450 \$		.00
	<b>0460</b> 1	2	0470 \$		.00
	0480 1	2	0490 \$		.00
al Security ted from	0500 1	2			
g or Social licare	0501 1 🗌 Y 2 🗌 N				
, 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		

		_	E AND INCOME – Cont			SENTATIVE – Ask a separate	bage of	<sup>r</sup> part A for each CU membe
1.	Part A – Second FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over. In the last 12 month weeks did work part time, not count the house? Include p paid sick leave.	PROCESSING USE ONLY a. NAME b. LINE NUMBER s, how many either full time or ing work around	Duarter or New Consur         1 22 11 9         0010         0020       Weeks         0 □ Did not work –         Go to item 5	5.	Units Only – Continued 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	0100Code	a.	During the past 12 months receive – Any Supplemental Security checks from the U.S. Gove Any Supplemental Security checks from the State or la 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 many hours did week? Information Booklet, p The job in which earnings during the	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 received before any deductions?	0200 1 ☐ Yes 2 ☐ No – <i>Go to item 6b</i> 0210 \$00	9.	(code 1). What was the gross amour last pay and what period o this cover?
	<ul> <li>fits best in the follow</li> <li>Manager, professional</li> <li>O1 - Administrator, professional</li> <li>O2 - Teacher</li> <li>O3 - Professional</li> <li>Administrative support</li> <li>O4 - Administrative clerical</li> <li>O5 - Sales, retail</li> <li>O6 - Sales, retail</li> <li>O6 - Sales, business</li> <li>O7 - Technician</li> <li>Service</li> <li>O8 - Protective service</li> <li>O9 - Private househor</li> <li>10 - Other service</li> <li>Operator, assembler, I.</li> <li>11 - Machine operation</li> </ul>	wing category: manager t, technical, sales support, including goods and services ice old service aborer	0070 Code		<ul> <li>Income or loss from's own nonfarm business, partnership, or professional practice?</li> <li>What was the amount of income or loss after expenses?</li> <li>Income or loss from's own farm?</li> <li>What was the amount of income or loss after expenses?</li> </ul>	0220       1 □ Yes         2 □ No - Go to item 6c         0230       \$	a. b. c. d. e.	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 13 – Handler, helper, Precision production, o 14 – Mechanic, repai production 15 – Construction, m	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 Socia payments normally deduct your paycheck? Ask if "Yes" in item 10c or 10g
	Farming, forestry, fishi 16 – Farming 17 – Forestry, fishing Armed forces 18 – Armed forces	ing			<ul> <li>From Railroad Retirement checks?</li> <li>FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</li> </ul>	0290 1  Yes 2  No 0300 1  Yes – <i>Go to item 7d</i> 2  No – <i>Go to item 8a</i>	11. 12.	Does the money deducted for Security cover only the Med portion of Social Security? Other than Social Security employer or union that for during the last 12 mont
b.	Was CODE 1 – An employee of a company, busine working for wage 2 – A Federal govern 3 – A State governm 4 – A local governm 5 – Self-employed in	ess, or individual es or salary? ment employee? ent employee? ent 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		contribute to a pension or plan that was enrolled in During the past 12 months, of place any money in a retirement such as Individual Retirement (IRA & Keogh)? Exclude rollow If YES – How much?
	6 – Working WITHOU 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 CHEC Mark (X) the appropriate box ba the respondent's use of records responses to items 6–13.

s, did y Income	0340 1 □ Y 2 □ N						
ernment? y Income ocal	0350 1 □ Y 2 □ N	0350 1 🗌 Yes					
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 <sub>¥</sub></i> ce a month			
icted from	Yes	No		Amount			
lucted?			0400 \$		.00		
<b>?</b>	0410 1	   2 🗌	0420 \$		.00		
	0430 1	   2 🗌					
	0440 1	2	0450 \$		.00		
	0460 1	2	0470 \$ .		.00		
	0480 1	2 🗌 	0490 \$	///////////////////////////////////////	.00		
al Security ted from	0500 1	   2 🗌					
g or Social licare	0501 1 □ Y 2 □ N						
, did any worked ths retirement in?	0510 1 🗌 Y 2 🗌 N						
did nent plan nt Account vers.	0520 1 □ Yes 2 □ No - <i>Go to item 14</i>						
	0530 \$		.00				
K ITEM ased upon s in providing		ecords lo recor	rds used				

F	Part A – Second	Quarter, Fifth C	Quarter or New Consur	ner	Units Only – Continued			
1.	FIELD REPRESENTATIVE ITEM Enter the first name	PROCESSING USE ONLY <b>a.</b> NAME	1 22 16 8 ↓	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8. a	During the past 12 months receive – . Any Supplemental Security checks from the U.S. Gove
	and line number of each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010	-	CODE 1 – Retired? 2 – Taking care of home/family?			Any Supplemental Securit checks from the State or lo
2.	In the last 12 months weeks did work e part time, not counti the house? Include p paid sick leave.	either full time or ng work around	0020 Weeks 0 □ Did not work – <i>Go to item 5</i>		<ul> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify Z</li> </ul>	0100 Code		Government? If YES in items 8a and/or 8b - How much did receive Supplemental Security Inc checks altogether?
3.	In the weeks that many hours did u week?	worked, how sually work per	0030 Hours per week	6. a	During the past 12 months, did receive any money in – Wages or salary? Include commissions,	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 o this cover?
4a.	Information Booklet, pa The job in which earnings during the j fits best in the follow	received the most bast 12 months			tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$00	10.	Was there any money dedu
	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 – <i>Go to item 6c</i>		<ul> <li>If YES – How much was ded</li> <li>Federal income tax?</li> </ul>
	Administrative support 04 - Administrative s clerical 05 - Sales, retail 06 - Sales, retail	support, including			loss after expenses?	0230 \$00 0240 3 🗌 Loss		<ul> <li>State and local income tax</li> <li>Social Security including</li> </ul>
	06 - Sales, business 07 - Technician Service 08 - Protective servic 09 - Private househo	ce	0070 Code	C	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 ₅	d	Medicare?
	10 – Other service Operator, assembler, la 11 – Machine operato inspector	aborer <b>or, assembler,</b>				0270 3 Loss		<ul> <li>Government Retirement?</li> <li>Private pension fund?</li> </ul>
	12 – Transportation of 13 – Handler, helper, Precision production, c	laborer		7.	During the past 12 months, did receive from the U.S. Government any money –	0280 1 🗌 Yes 2 🗌 No		<ul> <li>If NO in item 10c – Are Socia payments normally deduct</li> </ul>
	14 – Mechanic, repai production 15 – Construction, m Farming, forestry, fishi	ining			From Social Security checks?	0290 1 🗌 Yes	11.	your paycheck? Ask if "Yes" in item 10c or 10g Does the money deducted for
	16 – Farming 17 – Forestry, fishing Armed forces	-			FIELD REPRESENTATIVE CHECK ITEM	2 🗌 No	12.	Security cover only the Med portion of Social Security? Other than Social Security,
b.	18 – Armed forces Was		00800		Is "Yes" marked in items 7a and/or 7b?	0300 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a		employer or union that for during the last 12 mont contribute to a pension or plan that was enrolled
	CODE 1 – An employee of a company, busines working for wage	ss, or individual es or salary?	0080 Code Ask if code 5 and not a farm – Is the business incorporated?		What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$00	13a	<ul> <li>During the past 12 months, of place any money in a retirem such as Individual Retirement (IRA &amp; Keogh)? Exclude rollow</li> </ul>
	2 – A Federal govern 3 – A State governme 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 🗌 Yes 2 🗌 No	b	. If YES – How much?
	5 – Self-employed in professional prac 6 – Working WITHOU business or farma	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 CHECI Mark (X) the appropriate box ba 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 \$	0360 \$00					
a is YES nt of's f time did	0370       \$       .00         0380       1 □ Week       5 □ Year         2 □ 2 Weeks       6 □ Other - Specify         3 □ Month       4 □ Quarter         7 □ Twice a month						
icted from	Yes	No		ount			
licted from lucted?	0390 1	   	0400 \$	.00			
<b>?</b>	0410 1	   2 🗌	0420 \$	.00			
	0430 1 🗌		0450 \$	.00			
	0460 1	2 []     2 []	0450 \$	.00			
		   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 ☐ Yes 2 ☐ No					
did nent plan nt Account vers.		0520 1 □ Yes 2 □ No - <i>Go to item 14</i>					
	0530 \$		.00				
K ITEM ased upon s in providing	0540 1 🗌 R	ecords lo recor	ds used				

		_	E AND INCOME – Cont			SENTATIVE – Ask a separate	bage of	<sup>f</sup> part A for each CU membe
1.	Part A – Second FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over. In the last 12 month weeks did work part time, not count the house? Include p paid sick leave.	PROCESSING USE ONLY a. NAME b. LINE NUMBER s, how many either full time or ing work around	2uarter or New Consur         1 22 21 8 ↓         0010         0020       Weeks         0 □ Did not work –         Go to item 5	5.	Units Only – Continued 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	0100Code	a.	During the past 12 months receive – Any Supplemental Securit checks from the U.S. Gove Any Supplemental Securit 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 many hours did week? Information Booklet, p . The job in which earnings during the	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 received before any deductions?	0200 1 ☐ Yes 2 ☐ No - Go to item 6b 0210 \$00	9.	(code 1). What was the gross amour last pay and what period o this cover?
	fits best in the follow Manager, professional 01 - Administrator, n 02 - Teacher 03 - Professional Administrative support 04 - Administrative clerical 05 - Sales, retail 06 - Sales, business 07 - Technician Service 08 - Protective servi 09 - Private househo 10 - Other service Operator, assembler, la 11 - Machine operat	wing category: manager t, technical, sales support, including goods and services ice old service aborer	0070 Code		<ul> <li>Income or loss from's own nonfarm business, partnership, or professional practice?</li> <li>What was the amount of income or loss after expenses?</li> <li>Income or loss from's own farm?</li> <li>What was the amount of income or loss after expenses?</li> </ul>	$\begin{array}{ c c c c c c c c } \hline 0220 & 1 & & Yes \\ & 2 & & No - Go \ to \ item \ 6c \\ \hline 0230 & & & & .00 \\ \hline 0240 & 3 & & & Loss \\ \hline 0250 & 1 & & Yes \\ & 2 & & No - Go \ to \ item \ 7 \\ \hline 0260 & & & & .00 \\ \hline 0270 & 3 & & Loss \\ \hline \end{array}$	a. b. c. d. e.	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 13 – Handler, helper, Precision production, o 14 – Mechanic, repai production	operator , laborer craft, repair i <b>rer, precision</b>		7. a	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 Socia payments normally deduct your paycheck? Ask if "Yes" in item 10c or 10g
	15 – Construction, m Farming, forestry, fishi 16 – Farming 17 – Forestry, fishing Armed forces 18 – Armed forces	ing			<ul> <li>From Railroad Retirement checks?</li> <li>FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</li> </ul>	0290 1 □ Yes 2 □ No 0300 1 □ Yes - Go to item 7d 2 □ No - Go to item 8a	11. 12.	Does the money deducted for Security cover only the Med portion of Social Security? Other than Social Security employer or union that for during the last 12 mon
b.	<ul> <li>Was</li> <li>CODE</li> <li>1 - An employee of a company, busine working for wage</li> <li>2 - A Federal governm</li> <li>3 - A State governm</li> <li>4 - A local governm</li> <li>5 - Self-employed in</li> </ul>	ss, or individual es or salary? ment employee? ent employee? ent 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		contribute to a pension or plan that was enrolled During the past 12 months, o place any money in a retirement such as Individual Retirement (IRA & Keogh)? Exclude rollow If YES – How much?
5 – Self-employed in professional prac 6 – Working WITHOU 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 CHEC Mark (X) the appropriate box b the respondent's use of records responses to items 6–13.

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lucted?			0400	\$	.00		
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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 □ Yes 2 □ No - <i>Go to item 14</i>					
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K ITEM ased upon s in providing	0540 1 🗌 R	ecords lo reco	rds used				
	1						

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 or New Consur		onits only - continued	1							
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY <b>a.</b> NAME <b>b.</b> LINE NUMBER	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 CODE 1 – Retired?		3	a.	During the past 12 months, receive – Any Supplemental Security I checks from the U.S. Govern Any Supplemental Security I checks from the State or loc				
2.	In the last 12 months weeks did work part time, not count the house? Include p paid sick leave.	s, how many either full time or ing work around	0020 Weeks 0 Did not work – <i>Go to item 5</i>		<ul> <li>2 - Taking care of home/family?</li> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify k</li> </ul>	0100Code			<b>Government?</b> If YES in items 8a and/or 8b – <b>How much did receive in</b> <b>Supplemental Security Incor</b> <b>checks altogether?</b>				
3.	In the weeks that many hours did u week?	isually work per	0030 Hours per week	6. a.	During the past 12 months, did receive any money in – Wages or salary? Include commissions,	0200 1 🗌 Yes 2 🗌 No – Go to item 6b		9.	Ask items 9–12 only if item 6a is (code 1). What was the gross amount last pay and what period of 1 this cover?				
<b>4</b> a.	Information Booklet, p. The job in which earnings during the fits best in the follow	received the most past 12 months			tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$00	10	)	Was there any money deduct				
	Manager, professional 01 – Administrator, 1 02 – Teacher 03 – Professional	-		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			If YES – How much was dedu Federal income tax?				
	Administrative support 04 – Administrative s clerical 05 – Sales, retail 06 – Sales, business	support, including		loss after expenses?					loss after expenses?	0230 \$00 0240 3 □ Loss			State and local income tax? Social Security including Medicare?
	07 - Technician Service 08 - Protective servi 09 - Private househo 10 - Other service	ce	0070 Code		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			Railroad Retirement?				
	Operator, assembler, la 11 – Machine operato inspector 12 – Transportation 13 – Handler, helper,	or, assembler, operator		7.	During the past 12 months, did receive from the U.S. Government	0270 3 🗌 Loss		f.	Government Retirement?         Private pension fund?         If NO in item 10a         Are Social 1				
	Precision production, c 14 – Mechanic, repai production	raft, repair <b>rer, precision</b>		a.	any money – From Social Security checks?	2 🗌 No		y.	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	1.	Does the money deducted for Security cover only the Medic portion of Social Security?				
b.	Armed forces <b>18 – Armed forces</b> Was			C.	FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a	12	2.	Other than Social Security, of employer or union that w for during the last 12 month contribute to a pension or re				
	CODE 1 – An employee of a company, busine working for wage	ss, or individual		What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$ .00	13	3a.	plan that was enrolled in During the past 12 months, di place any money in a retireme 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		b.	(IRA & Keogh)? Exclude rollover If YES – How much?				
	professional prac 6 – Working WITHOU business 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	1.	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	0340 1 □ Y 2 □ N						
ernment?	2 🗆 N	10					
y Income ocal		0350 1 ☐ Yes 2 ☐ No					
in ome	0360 \$		.00				
a is YES nt of 's f time did	0370       \$       .00         0380       1 □ Week       5 □ Year         2 □ 2 Weeks       6 □ Other - Specify 3 □ Month         4 □ Quarter       7 □ Twice a month						
ucted from	Yes	No		Amount			
ducted?			0400 \$		.00		
	0410 1	   2 🗌	0420 \$		.00		
		   2 🗌					
	0440 1	2	0450 \$		.00		
	<b>0460</b> 1 🗌	2	0470 \$		.00		
	0480 1	2	0490 \$		.00		
al Security ted from	0500 1	2					
g or Social licare	0501 1 🗌 Y 2 🗌 N						
r, did any worked ths retirement in?	0510 1 🗌 Y 2 🗌 N						
did nent plan nt Account vers.	0520 1 □ Yes 2 □ No - <i>Go to item 14</i>						
	0530 \$		.00				
K ITEM ased upon s in providing		ecords lo recor	ds used				

9	Section 22 – WORK EXPERIENCE AND INCOME – Continued							
F	Part B – Second Quarter, Fifth	Quarter or New Consume	r Units – Ask for entire CU as a gro	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 2 2 9 7 8	<b>1h.</b> Income from child support?	0155 1 ☐ Yes CHDSUP 2 ☐ No – Go to item 1i	<b>3.</b> During the past 12 months, did you (or any members of your CU) receive any refunds from the following –			
	Income from unemployment compensation?	0005 1 ☐ Yes UNEMPCMP 2 ☐ No - Go to item 1b	If YES – (1) Did you receive a one time lump sum payment for child support?	0160 1 ☐ Yes CHDLMP 2 ☐ No – Go to item 1h(2)	If YES – What was the total amount received by ALL CU members?	0250 1 Yes FEDREFNO		
	If YES – What was the total amount received by ALL CU members?	0020 <u>\$</u> UNEMPLX .00	If YES –		a. Federal income tax?	0260 <sub>\$</sub> FEDRFNDX .00		
	Income from worker's compensation or veteran's benefits including education benefits, but excluding	0025 1 □ Yes COMPENSN 2 □ No - Go to item 1c	What was the total amount received by ALL CU members in last 12 months?	0165 \$ CHDLMPX .00	<b>b.</b> State and local income tax?	0270 1 Yes SLREFUND 2 No 0280 SLRFUNDX .00		
	military retirement? <i>If YES</i> – What was the total amount received by ALL CU members?	0030 <b>COMPENSX</b> .00	(2) Did you receive any child support payments in other than a lump sum amount?	0170 1 ☐ Yes CHDSPOTH 2 ☐ No – Go to item 1i	C. Overpayment on Social Security?	0290 1 Yes SSOVERPM 2 No		
C.	Income from public assistance or welfare including money received from job training grants such as	0035 1 □ Yes WELFA RE 2 □ No - Go to item 1d	If YES – What was the total amount received by ALL CU members in last 12 months?	0175 s CHDOTHX .00	al	0300 <u>\$</u> SSOVERPX .00		
	Job Corps? If YES – What was the total amount received by ALL CU members?	0040 \$ WELFAREX .00	i. Income from regular contributions from –	0180 1 Yes 2 No ALIM SUP	<b>d</b> . Insurance policies?	0310 1 ☐ Yes IN SRFN D 2 ☐ No 0320 \$ IN SRFN D X .00		
d.	Income from interest on savings accounts or bonds?	0050 1 ☐ Yes INTEA RN 2 ☐ No - <i>Go to item 1e</i>	<ul> <li>(1) <u>Alimony?</u></li> <li>(2) Other sources such as from persons outside the CU?</li> </ul>	0185 1 Yes 2 No OTHCONT	e. Property taxes?	0330 1 Yes PTAX RFN D 2 No		
	If YES – What was the total amount received by ALL CU members?	0060 <u>\$</u> INTEA RNX .00	If YES – for item i(1) or i(2) – Altogether what was the total amount received by ALL CU		<b>f.</b> Other sources, including any other taxes?	0340 <u>\$ PTAXRFDX</u> .00		
e.	Regular income from dividends, royalities, estates, or trusts?	0070 1 □ Yes FINANING 2 □ No - Go to item 1f	members? 2 During the past 12 months, did	0188 \$00	Specify in notes.	0350 1 ☐ Yes OTHRFND 2 ☐ No 0360 \$ OTHRFNDX .00		
_	If YES – What was the total amount received by ALL CU members?	0080 <b>\$</b> FININCX .00	you (or any members of your CU) receive any – a. Lump sum payments from estates, trusts, royalties, alimony, prizes or		<ol> <li>During the past 12 months, did you (or any members of your CU) pay any –</li> </ol>	·····		
f.	Income from pensions or annuities from private companies, military, Government, IRA, or Keogh?	0090 1 ☐ Yes PEN SION S 2 ☐ No - Go to item 1g	games of chance, or from persons outside of the CU?	0190 1 ☐ Yes LUM PSUM 2 ☐ No – Go to item 2b	If YES – What was the total amount PAID by ALL CU members?	0370 1 Yes PDFEDTAX		
	If YES – What was the total amount received by ALL CU members?	0100 <b>\$ PENSIONX</b> .00	received by ALL CU members?	0200 \$ LUM PSUM X .00	<b>a.</b> Federal income tax in addition to that withheld from earnings?	0380 <sub>\$</sub> FEDTAXX .00		
g.	Net income or loss from any type of rental of rooms or living units?	0110 1 ☐ Yes IN C_LO SS 2 ☐ No – Go to item 1h	<b>b.</b> Money from the sale of household furnishings, equipment, clothing, jewelry, pets, or other belongings, excluding the sale of vehicles or	0210 1 🗌 Yes SALEIN C	<b>b.</b> State and local income tax in addition to that withheld from earnings?	0390 1 Yes PDSLTAX 2 No		
	If YES -	0120 \$ INC LOSSA .00	property? If YES – What was the total amount	2 🗌 No – Go to item 2c		0400 <sup>\$</sup> SLOCTAXX .00		
	(1) How much net income or loss was received from roomers or boarders?	$\begin{array}{c} 0120 \\ \hline 0130 \\ 1 \\ \hline 0 \\ 1 \\ 1 \\ \hline 0 \\ 1 \\ 1 \\ \hline 0 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\$	received by ALL CU members? C. Other money income, including	0220 \$ SALEINCX .00	C. Personal property taxes not reported elsewhere?	0410 1 Yes TAXPROP 2 No TAXPROPX 00		
	(2) How much net income or loss was received from payments	0140 \$ INC LOSSB .00	money received from cash scholarships and fellowships, stipends not based on working, or from the care of foster children?	0230 1 ☐ Yes OTHERINC 2 ☐ No – Go to item 3	<b>d.</b> Other taxes not reported elsewhere? Do not include Social Security tax for the	0420 <u>\$</u> TAXPROPX .00 0430 1 Yes MISCTAX 2 No		
	from other rental units?	0150 0 None 1 Loss INCLOSBN	If YES – What was the total amount received by ALL CU members?	0240 \$ OTHRINCX .00	self-employed – Specify in notes.	0440 \$ MISCTAXX .00		
			NOTE	S				

Pag	е	1	15	5

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

	Section 22 - WORK EXPE	RIENCE AND INCO	DME – Continued						
	Part D – Third and Fourth	Quarter – CU Men	nbers 14 Years Old and	d Over who previously (	did not work				
1.	OFFICE TRANSCRIPTION ITEMS	PROCESSING USE ONLY	1 23 13 3 🗸	1 23 14 1 🗸	1 23 15 8 🗸	1 23 16 6 🗸	1 23 17 4 🖌	1 23 18 2 🗸	
	CU members who previously reported not working.	<b>a.</b> NAME							
	reported not working.	<b>b.</b> LINE NUMBER	0010	0010	0010	0010	0010	0010	
2.	Since the 1st of (month, 3 month income from wages, or salary f partnership, professional pract	as ago), did earn any rom a business, ice, or farm?	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 □ Yes 2 □ No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	
3.	FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded	a. NAME							
	on the control card for the first time in this interview who are 14 years old or older.	<b>b.</b> LINE NUMBER	0030	0030	0030	0030	0030	0030	
	• Complete a page in part E for eac	ch "Yes" response in item 2	and for each new CU member li	sted in item 3.					
1.	OFFICE TRANSCRIPTION ITEMS	PROCESSING USE ONLY	1 23 19 0 🗸	1 23 20 8 🗸	1 23 21 6 🗸	1 23 22 4 🗸	1 23 23 2 🗸	1 23 24 0 🗸	
	CU members who previously reported not working.	a. NAME							
	reported not working.	<b>b.</b> LINE NUMBER	0010	0010	0010	0010	0010	0010	
2.	Since the 1st of (month, 3 month income from wages, or salary f partnership, professional pract	rom a business,	0020 1 🗌 Yes 2 🗌 No	0020 1 🗆 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	0020 1 □ Yes 2 □ No	0020 1 🗌 Yes 2 🗌 No	0020 1 🗌 Yes 2 🗌 No	
3.	FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded	a. NAME							
	on the control card for the first time in this interview who are 14 years old or older.	<b>b.</b> LINE NUMBER	0030	0030	0030	0030	0030	0030	
	• Complete a page in part E for eac	ch "Yes" response in item 2	and for each new CU member li	sted in item 3.					
				NO	TES				

uge	, 117							
	Section 22 – WO	RK EXPERIENC	E AND INCOME - Con	tinu	ed FIELD I	REPRESENTATIVE – Complete member reported	who tu	parate page of part E for each urned 14 years old since the e in previous interviews.
	Part E – Third and	d Fourth Quarte	er					
1.	FIELD REPRESENTATIVE ITEM Enter the first name	PROCESSING USE ONLY	1 23 25 7 ↓	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8. a	receive – . Any Supplemental Security
	and line number of each CU member 14 years old and over.	<b>a.</b> NAME	0010 M EM BN O		CODE 1 – Retired? 2 – Taking care of home/family?		b	checks from the U.S. Gove Any Supplemental Security checks from the State or lo
2.	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	0020 INCW EEKQ Weeks 0 Did not work – <i>Go to item 5</i>		<ul> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify Visit Content in the second state of the second</li></ul>	0100 INCNONW K Code		Government? 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 week?	usually work per	0030 INC HRSQ 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.	0200 1 □ Yes SA LA RYST 2 □ No - Go to item 6b	9.	Ask items 9–11 only if item 6a (code 1). What was the gross amoun last pay and what period of this cover?
<b>4</b> a.	The job in which earnings during the fits best in the follow	received the most past 12 months			What was the amount of income received before any deductions?	0210 \$ SALARYX .00	10.	Wee there only money dedu
	Manager, professional 01 – Administrator, 1 02 – Teacher 03 – Professional			b	Income or loss from's own nonfarm business, partnership, or professional practice?	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	-	Was there any money deduces the set of the s
	Administrative suppor 04 – Administrative clerical 05 – Sales, retail	support, including			What was the amount of income or loss after expenses?	0230 \$ NONFARM X.00 0240 3 Loss NFRM LOSS		<ul> <li>State and local income tax</li> <li>Social Security including</li> </ul>
	06 – Sales, business 07 – Technician Service 08 – Protective servi 09 – Private househo	ice	O C C U C O D E 0070 Code	C	<ul> <li>Income or loss from's own farm?</li> <li>What was the amount of income or loss after expenses?</li> </ul>	0250 1 Yes FARMINC 2 No – Go to item 7	d	Medicare?
	10 – Other service Operator, assembler, l 11 – Machine operat inspector	aborer				0260 S FARMINCX .00 0270 3 □ Loss FARMLOSS		Government Retirement?     Private pension fund?
	12 – Transportation 13 – Handler, helper, Precision production, o 14 – Mechanic, repai	<b>, laborer</b> craft, repair		7.   a	During the past 12 months, did receive from the U.S. Government any money – . From Social Security checks?	0280 1 Ves 2 No SOCSECIN		<ul> <li>If NO in item 10c – Are Socia payments normally deducto your paycheck?</li> </ul>
	For Forestry, fishing 17 – Forestry, fishing 17 – Forestry, fishing	nining ing			From Railroad Retirement checks?	0290 1 Ves 2 No RRRETINC	11.	Ask if "Yes" in item 10c or 10g Does the money deducted fo Security cover only the Medi portion of Social Security?
b	Armed forces <b>18 – Armed forces</b> Was	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.	Other than Social Security, employer or union that for during the last 12 mont contribute to a pension or r
	CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary?	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 <sub>\$</sub> RRRETIRX .00	13a	<ul> <li>plan that was enrolled in</li> <li>During the past 12 months, displace any money in a retirem such as Individual Retirement</li> <li>UPA &amp; Kaerbh? Evolution rolling</li> </ul>
	2 – A Federal govern 3 – A State governm 4 – A local governm 5 – Self-employed in	ent employee? ent employee? OWN business,	0090 1 Yes 2 No INCORP	e	Is this amount AFTER the deduction for a Medicare premium?	$ \begin{array}{c c} \hline 0320 & 1 & \forall Yes \\ & 2 & No \\ \end{array} INCMEDCR $	b	(IRA & Keogh)? Exclude rollov If YES – How much?
	professional prac 6 – Working WITHOU 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 SS RRQ Number	14.	FIELD REPRESENTATIVE CHECK Mark (X) the appropriate box ba the respondent's use of records responses to items 6–13.

# Page 117

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y Income ocal	0350 1 🗌 Yes 2 🗌 No	SLSSI
in ome	0360 <sub>\$</sub> SSIX	.00
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g or Social licare	0501 1 ☐ Yes 2 ☐ No	MEDICOV
, did any worked ths retirement in?	0510 1 🗌 Yes 2 🗌 No	EMPLCONT
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	0530 \$ INDRE	T X .00
K ITEM ased upon s in providing	0540 1 🗌 Records 2 🗌 No recor	rds used RECSUSED

	Section 22 MOE				FIELD I	REPRESENTATIVE – Complet	e a sep	parate page of part E for each
	Part E – Third and		E AND INCOME – Cont er – Continued	inu	eu	reportea	incom	urned 14 years old since the ne in previous interviews.
	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY <b>a.</b> NAME <b>b.</b> LINE NUMBER	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?			During the past 12 months receive – Any Supplemental Security checks from the U.S. Gove Any Supplemental Security checks from the State or lo
2.	In the last 12 months weeks did work e part time, not counti the house? Include p paid sick leave.	either full time or ng work around	0020 Weeks <sup>0</sup> □ Did not work – <i>Go to item 5</i>		<ul> <li>2 - Taking care of home/family?</li> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify K</li> </ul>	0100 Code		Government? If YES in items 8a and/or 8b – How much did receive i Supplemental Security Inco checks altogether? Ask items 9–12 only if item 6a
3.	In the weeks that many hours did u week?	sually work per	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.	0200 1 🗌 Yes 2 🗌 No – Go to item 6b	9.	(code 1).
4a.	The job in which earnings during the p fits best in the follow Manager, professional 01 – Administrator, m	received the most bast 12 months ving category:		b	What was the amount of income received before any deductions?	0210 \$00	10.	Was there any money dedu 's last pay for – If YES – How much was ded
	02 - Teacher 03 - Professional Administrative support 04 - Administrative s clerical 05 - Sales, retail	support, including			professional practice? What was the amount of income or loss after expenses?	2 🗌 No – <i>Go to item 6c</i> 0230 \$00 0240 3 🗌 Loss	b	<ul> <li>Federal income tax?</li> <li>State and local income tax</li> <li>Social Security including</li> </ul>
	06 - Sales, business 07 - Technician Service 08 - Protective servic 09 - Private househo 10 - Other service	ce	0070 Code	C	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	Medicare?
	Operator, assembler, la 11 – Machine operator inspector 12 – Transportation of 13 – Handler, helper, Precision production, c	or, assembler, operator laborer		7.	During the past 12 months, did receive from the U.S. Government any money –	0270 3 🗌 Loss 0280 1 🗌 Yes 2 🗌 No	f	<ul> <li>Private pension fund?</li> <li>If NO in item 10c – Are Socia payments normally deduct</li> </ul>
	<ul> <li>14 – Mechanic, repair production</li> <li>15 – Construction, m</li> <li>Farming, forestry, fishin</li> <li>16 – Farming</li> <li>17 – Forestry, fishing</li> </ul>	<b>rer, precision</b> <b>ining</b> ng			From Social Security checks?	0290 1 🗌 Yes 2 🗌 No	11.	your paycheck?         Ask if "Yes" in item 10c or 10g         Does the money deducted for         Security cover only the Medi         portion of Social Security?
b.	Armed forces 18 – Armed forces Was	, groundskeeping			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	12.	Other than Social Security, employer or union that for during the last 12 mont contribute to a pension or plan that was enrolled
	CODE 1 – An employee of a company, busines working for wage 2 – A Federal governi	ss, or individual s or salary? ment employee?	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	During the past 12 months, of place any money in a retirem such as Individual Retiremen (IRA & Keogh)? Exclude rollow
	3 – A State governme 4 – A local governme 5 – Self-employed in professional prac	nt employee? OWN business, tice, or farm?	0090 1 🗌 Yes 2 🗌 No	f	for a Medicare premium?	2 🗌 No	b 14.	FIELD REPRESENTATIVE CHECH
	6 – Working WITHOU business or farm?	I PAY in family			many Social Security or Railroad Retirement payments did receive?	0330 Number		Mark (X) the appropriate box ba the respondent's use of records responses to items 6–13.

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	Section 22 – WOF	RK EXPERIENC	E AND INCOME - Cont	tinu	ed FIELD F	member	who t	parate page of part E for each turned 14 years old since the l
	Part E – Third and	d Fourth Quarte	er – Continued			reported	incon	ne in previous interviews.
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY <b>a.</b> NAME <b>b.</b> LINE NUMBER	1 23 35 6 ↓ 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?			receive – A. Any Supplemental Security checks from the U.S. Gove D. Any Supplemental Security checks from the State or lo
2.	In the last 12 months weeks did work e part time, not counti the house? Include p paid sick leave.	either full time or ing work around aid vacation and	0020 Weeks 0 □ Did not work – <i>Go to item 5</i>		<ul> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify</li></ul>	0100 Code		Government? If YES in items 8a and/or 8b – How much did receive i Supplemental Security Ince checks altogether? Ask items 9–12 only if item 6a
3.	In the weeks that week? week? Information Booklet, page	age 44	0030 Hours per week	6. а	receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	0200 1 □ Yes 2 □ No - Go to item 6b	9.	(code 1).
4a	<ul> <li>The job in which earnings during the p fits best in the follow</li> <li>Manager, professional 01 – Administrator, r</li> </ul>	past 12 months ving category:		b	What was the amount of income received before any deductions?	0210 \$ .00 0220 1 \(\) Yes	10.	Was there any money dedu 's last pay for – If YES – How much was ded
	02 – Teacher 03 – Professional Administrative support 04 – Administrative s clerical 05 – Sales, retail 06 – Sales, business	, technical, sales support, including			Professional practice? What was the amount of income or loss after expenses?	2 🗌 No – Go to item 6c 0230 \$ .00 0240 3 🗌 Loss	k	<ol> <li>Federal income tax?</li> <li>State and local income tax</li> <li>Social Security including</li> </ol>
	07 – Technician Service 08 – Protective servic 09 – Private househo 10 – Other service Operator, assembler, la	ce Id service	0070 Code	C	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 \$ .00 0270 3 ☐ Loss		Medicare?
	<ul> <li>11 – Machine operator</li> <li>inspector</li> <li>12 – Transportation of</li> <li>13 – Handler, helper,</li> <li>Precision production, c</li> <li>14 – Mechanic, repai</li> </ul>	or, assembler, operator laborer raft, repair			During the past 12 months, did receive from the U.S. Government any money – . From Social Security checks?	0280 1 🗌 Yes 2 🗌 No		<ul> <li><b>f.</b> Private pension fund?</li> <li><b>J.</b> If NO in item 10c – Are Socia payments normally deduct your paycheck?</li> </ul>
	production 15 – Construction, m Farming, forestry, fishin 16 – Farming 17 – Forestry, fishing	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?
b	Armed forces <b>18 – Armed forces</b> <b>Was</b>		0080		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, employer or union that for during the last 12 mon contribute to a pension or plan that was enrolled
	1 - An employee of a PRIVATE company, business, or individual working for wages or salary?	Ask if code 5 and not a farm – Is the business incorporated?	Socia Retire	What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$ .00	13a	<ul> <li>During the past 12 months, of place any money in a retirem such as Individual Retirement (IRA &amp; Keogh)? Exclude rollow</li> </ul>	
	3 – A State governme 4 – A local governme 5 – Self-employed in	ent employee? OWN business,	0090 1 🗌 Yes 2 🗌 No		for a Medicare premium?	2 🗌 No	k	<b>).</b> If YES – How much?
	professional prac 6 – Working WITHOU business or farma	T PAY in family		f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	<b>14.</b> FIELD REPRESENTATIVE CHECK Mark (X) the appropriate box ba the respondent's use of records responses to items 6–13.
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Section 22 – WORK EXPERI Part E – Third and Fourth Q		FIELD	member	e a separate page of part E for each who turned 14 years old since the income in previous interviews.
<ol> <li>FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</li> <li>In the last 12 months, how many weeks did work either full time part time, not counting work arou the house? Include paid vacation a paid sick leave.</li> </ol>	BER 0010 $0020 \qquad Weeks$ $0 \qquad Did not work - Go to item 5$	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify	0100 Code	<ul> <li>B. During the past 12 months  receive –</li> <li>a. Any Supplemental Security checks from the U.S. Governet b. Any Supplemental Security checks from the State or le Government?</li> <li>If YES in items 8a and/or 8b – How much did receive Supplemental Security Inc checks altogether?</li> <li>Ask items 9–12 only if item 6a</li> </ul>
<ul> <li>In the weeks that worked, how many hours did usually work p week?</li> <li>Information Booklet, page 44</li> <li>The job in which received the rearnings during the past 12 month</li> </ul>	er 0030 Hours per week	<ul> <li>6. During the past 12 months, did receive any money in –</li> <li>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.</li> <li>What was the amount of income received before any deductions?</li> </ul>	0200 1 □ Yes 2 □ No - Go to item 6b 0210 \$00	<ul> <li>(code 1).</li> <li>9. What was the gross amoun last pay and what period o this cover?</li> </ul>
fits best in the following category Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sale 04 - Administrative support, inclu clerical 05 - Sales, retail 06 - Sales, business goods and ser 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service	s <b>Jing</b>	<ul> <li>b. Income or loss from's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?</li> <li>c. Income or loss from's own farm? What was the amount of income or loss after expenses?</li> </ul>	0220       1 □ Yes         2 □ No - Go to item 6c         0230       \$	<ul> <li>10. Was there any money dedu</li> <li>'s last pay for –</li> <li>If YES – How much was ded</li> <li>a. Federal income tax?</li> <li>b. State and local income tax</li> <li>c. Social Security including</li> <li>Medicare?</li> <li>d. Railroad Retirement?</li> <li>e. Government Retirement?</li> </ul>
Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production		<ul> <li>During the past 12 months, did receive from the U.S. Government any money –</li> <li>a. From Social Security checks?</li> </ul>	0270 3 🗆 Loss 0280 1 🗋 Yes 2 🗋 No	<ul> <li><b>f.</b> Private pension fund?</li> <li><b>g.</b> If NO in item 10c – Are Social payments normally deduct your paycheck?</li> <li>Ask if "Yes" in item 10c or 10.</li> </ul>
15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskee Armed forces 18 – Armed forces b. Was	bing	<ul> <li>b. From Railroad Retirement checks?</li> <li>c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</li> </ul>	0290 1 □ Yes 2 □ No 0300 1 □ Yes – <i>Go to item 7d</i> 2 □ No – <i>Go to item 8a</i>	<ol> <li>Does the money deducted for Security cover only the Med portion of Social Security?</li> <li>Other than Social Security employer or union that for during the last 12 mont contribute to a pension or</li> </ol>
<ul> <li>CODE</li> <li>1 - An employee of a PRIVATE company, business, or individu working for wages or salary?</li> <li>2 - A Federal government employee</li> <li>3 - A State government employee?</li> <li>4 - A local government employee?</li> <li>5 - Self-employed in OWN busines</li> </ul>	e? 10090 1 Yes	<ul> <li>d. What was the amount of the last Social Security or Railroad Retirement payment received?</li> <li>e. Is this amount AFTER the deduction for a Medicare premium?</li> </ul>	0310 \$	plan that was enrolled         13a. During the past 12 months, place any money in a retirem such as Individual Retiremen (IRA & Keogh)? Exclude rollow         b. If YES – How much?
professional practice, or farm? 6 – Working WITHOUT PAY in fam business or farm?		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	<b>14.</b> FIELD REPRESENTATIVE CHEC Mark (X) the appropriate box b the respondent's use of record responses to items 6–13.

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Section 22 – WORK EXPERIENCE AND IN	COME – Continued	FIELD REPRESENTATIVE – Ask these items for the en
Part F – Occupational Expenses and Cont	ributions – Fifth Quarter	Only
1. During the past 12 months, did you (or any members of your CU) have any occupational expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits? // YES – What was the total amount of these occupational expenses?	1 22 98 6 ↓ 0010 1 □ Yes OCCEX PN 2 □ No - Go to item 2a 0020 \$ 0CCEX PNX .00	NOTES
<ul> <li>2. During the past 12 months, did you (or any members of your CU) make any –</li> <li>a. Cash contributions for support of persons not in the CU, including alimony, child support, or students living away at college?</li> <li>If YES – How much?</li> </ul>	0030 1 ☐ Yes CSH CN T R B 2 ☐ No - Go to item 2b 0040 \$ CSH CN T BX .00	
(1) How much of this amount was for alimony?	0041 \$ ALIMOX .00 x  Don't know	
(2) How much of this amount was for child support?	0042 \$ CHLDSUPX .00 x	
(3) How much of this amount was for the expenses of college or university students while attending school away from home?	0060 \$ COLLEX PX .00 x  Don't know	
<b>b.</b> Gifts of cash, bonds, or stocks to persons not in the CU?	0070 1 Yes CBSGIFT 2 No – Go to item 2c	
If YES – <b>How much?</b>	0080 \$ CBSGFTX .00	
C. Contributions to charities, such as United Way, Red Cross, etc.?	0090 1	
If YES – How much?	0100 \$CNTRCHRX .00	
d. Contributions to church and other religious organizations, excluding parochial school expenses?	0110 1 Yes CNTRELG 2 No – Go to item 2e	
If YES – How much?	0120 \$ CNTRELGX .00	
<b>e.</b> Contributions to educational organizations?	0130 <sub>1</sub> _ Y <sub>es</sub> CNTREDOR 2 _ No – <i>Go to item 2f</i>	
If YES – How much?	0140 \$ CNTEDORX .00	
<b>f.</b> Political contributions?	0150 1 Yes CNTRPOL 2 No – Go to item 2g	
<i>If YES</i> – <b>How much?</b>	0160 SCNTRPOLX .00	
<b>g.</b> Other contributions? – Specify in "Notes"	0170 1 Yes M ISCCN TR 2 No – Go to next part	
If YES – <b>How much?</b>	0180 \$ <u>MISCCNTRX</u> .00	

tire CU as a group in the Fifth Quarter.

	Section 22 – WORK EXPERIENCE AND INCOME – Continued FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.							
Part G – Changes In Assets – Fifth Quarter Only								
1.	On the last day of (last month), what was the total amount your CU had in –	1 22 99 4 🖌	5.	During the past 12 months, did you (or any members of your CU) sell any stocks, mutual funds or bonds?	0160 1 🗌 Yes SELLSEC 2 🗌 No – Go to item 6	NOTES		
а	Savings accounts in banks, savings and loans, credit unions and similar accounts?	0010 \$ SAVACCTX .00 0 \[] None		<i>If YES</i> – What was the net amount received from sales after subtracting broker fees?	0170 <sup>\$</sup> SELLSECX .00			
b	Checking accounts, brokerage accounts and other similar accounts?	0020 \$ CKBKACTX .00 0 \[] None	6.	During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm?	0180 1 ☐ Yes BSINVST 2 ☐ No – Go to item 7			
С	U.S. Savings bonds?	00300 \$ USBNDX .00 0 □ None		If YES – How much did you invest?	0190 <sup>\$</sup> BSINVSTX .00			
2.	How does the amount your CU had at the end of the last day of (last month) compare with the amount your CU had on the last day of (last month, one year ago) in –	0040 1 🗌 Same – <i>Go to item 2b</i> 2 🗌 More 🛛 CO M P SA V	7.	During the past 12 months, did you (or any members of your CU) withdraw any assets from your own business or farm? If YES – What was the value of such assets?	$\begin{array}{c cccc} 0200 & 1 & \forall Yes & W DBSAST \\ 2 & \forall No - Go \ to \ item \ 8a \\ \hline 0210 & & W DBSASTX \ .00 \\ \end{array}$			
	If more or less – How much more (less)?	3 🗌 Less						
	Savings accounts?	0050 <sup>\$</sup> COMPSAVX .00	88	<ul> <li>During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use?</li> </ul>	0220 1 Yes W DBSGDS 2 No – Go to item 9a			
b	. Checking accounts?	0060 1 □ Same - <i>Go to item 2c</i> 2 □ More COM PCKG 3 □ Less	b	. What was the value of these goods or services?				
		0070 \$ COMPCKGX .00		Ŭ	0230 <sub>\$</sub> <u>WDBSGDSX</u> <b>200</b>			
С	. U.S. Savings bonds?	$\begin{array}{c c} \hline 0080 & 1 \ \Box \ Same - Go \ to \ item \ 3a \\ 2 \ \Box \ More \\ 3 \ \Box \ Less \end{array} \begin{array}{c} Go \ to \ item \ 3a \\ \hline c \\ t \\ \hline c \\ t \end{array}$	9a	On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU?	0240 1 ☐ Yes 2 ☐ No - <i>Go to item 10</i> M O N Y O W E			
		0090 \$ COMPBNDX .00	b	<ul> <li>How does the amount owed to your CU on the last day of (last month) compare with the amount</li> </ul>	0250 1 🗌 Same – <i>Go to item 10</i>			
<b>3</b> a	<ul> <li>Did you (or any members of your CU) own any securities, such as stocks, mutual funds, private bonds, government bonds or Treasury notes on</li> </ul>	0100 1 ☐ Yes 0 2 ☐ No - <i>Go to item 4</i>		owed to your CU by persons outside your CU on the last day of (last month, one year ago)?	<sup>2</sup> More COM POW D 3 Less			
	the last day of (last month)?	SECOW ND		If more or less – How much more (less)?	0260 SCOM POW DX .00			
b	If YES – What was the estimated value of all such securities on the last day of (last month)?	0110 \$ SECESTX <sup>0</sup> .00	10.	Did anyone outside of your CU owe money to you	0270 1 Yes MONYOWD			
C	How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?	0120 1 $\Box$ Same – G 2 $\Box$ More COM PSEC		or any member of your CU on the last day of (last month, one year ago)? If YES – How much was owed?	$2 \square \text{No} - Go \text{ to item 11}$ $M \text{ONYOW DX}.00$			
	If more or less – How much more (less)?	3 □ Less 0130 \$COMPSECX .00			φ			
4.	During the past 12 months, did you (or any members of your CU) purchase any stocks, mutual funds or bonds?	0140 1 ☐ Yes PURSSEC 2 ☐ No - Go to item 5	11a	<ul> <li>During the past 12 months, did you (or any members of your CU) receive settlement on surrender of any insurance policies (life or annuity)?</li> </ul>	0290 1			
	If YES – What was the total purchase price including broker fees?	0150 <sup>\$</sup> PURSSECX .00		If YES – How much did you receive?				

Section 24 – TOTAL CU INCOME – For New Consumer Units Only FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask the question and read each income range category beginning with code 1.					
TOTAL CU INCOME Information Booklet, page 43 1. Which category represents the total combined income of this CUI during the past 12	1 24 01 6 ↓ 0010 1 □ Loss CUINCOME	NOTES			
1. Which category represents the total combined income of this CU during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received by all CU members 14 years of age or older.	2 Under \$3,000 3 \$3,000-5,999 4 \$6,000-7,499 5 \$7,500-9,999 6 \$10,000-12,999 7 \$13,000-14,999 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				

GENERAL SURVEY INFORMATION

RENTED LIVING QUARTERS

ection

Section 3

Section 4

Section 5

Section 6

Section 7

Section 8

Section 9

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10

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ction 14

ection 15

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ection 18

OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES

CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY

APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS

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

HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

CLOTHING AND SEWING MATERIALS

RENTED AND LEASED VEHICLES

OWNED VEHICLES

VEHICLE OPERATING EXPENSES

INSURANCE OTHER THAN HEALTH

HOSPITALIZATION AND HEALTH INSURANCE

MEDICAL AND HEALTH EXPENDITURES

EDUCATIONAL EXPENSES

SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES

#### TRIPS AND VACATIONS

MISCELLANEOUS EXPENSES

Section 19

Section 20

Section 21

CREDIT LIABILITY

Section 22

Section 24

WORK EXPERIENCE AND INCOME

TOTAL CU INCOME

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

