

FORM CE-802 (1-1-98)

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

# HOUSEHOLD CHARACTERISTICS QUESTIONNAIRE

## CONSUMER EXPENDITURE SURVEYS

### DIARY SURVEY

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

<b>1. Regional Office code</b> REG_OFF 001	<b>2. Control number</b> PSU code AREA CODE Segment number SEGMENT Segment number suffix SEG SUFF Sample designation SAMP DES Serial number Serial number suffix ALPHA SUFF Check digit CHECK	<b>3a. HH No.</b> HH_NUM 008	<b>3b. CU No.</b> CU_NUM 009	<b>4. Segment type</b> SEGTYPE 010 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Permit 3 <input type="checkbox"/> Area 4 <input type="checkbox"/> Group Quarters	<b>5a. Status of unit</b> 011 1 <input type="checkbox"/> Serial no. assigned by Wash. 2 <input type="checkbox"/> Serial No. assigned by R.O.	<b>5b. Letter sent</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>7a. Extra unit</b> Original unit serial number 013 Original unit serial suffix 014	<b>6. Earliest placement date</b> 012 DA Y PL ACE Month Date	<b>7b. Sheet</b> _____ <b>Line No.</b> _____	<b>7c. Extra unit No.</b> 015 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>
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<b>9. ADDRESS</b> (Sheet _____ Line _____) <b>9a. What is your (the) exact address?</b> House No., Street, Apt. No., or other identification Place State ZIP Code <b>9b. Is this also your (the) mailing address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - Specify below Route No., PO Box, or other identification Place State ZIP Code <b>9c. Group Quarters name</b> <b>9d. Type code</b> 017 A DDRTYPE <b>9e. Sample number</b>	<b>10. YEAR BUILT</b> <input type="checkbox"/> Ask first visit <input type="checkbox"/> DO NOT ask <b>When was this structure originally built?</b> <input type="checkbox"/> Before 4-1-90 Continue interview <input type="checkbox"/> After 4-1-90 Complete item 11c when required; end interview	<b>11. COVERAGE QUESTIONS</b> <input type="checkbox"/> Ask items that are marked <input type="checkbox"/> DO NOT ask a. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own in this building? Y <input checked="" type="checkbox"/> N Fill Table X b. <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own on this floor? Y <input checked="" type="checkbox"/> N Fill Table X c. <input type="checkbox"/> Is there any other building on this property for people to live in - either occupied or vacant? Y <input checked="" type="checkbox"/> N Fill Table X	<b>12. LAND USE</b> - Follow instructions for box that is marked 018 1 <input type="checkbox"/> Urban - Go to item 13 2 <input type="checkbox"/> Rural - Regular units and Group Quarters units coded 92-N or 93-N item 9d - Go to item 12b - Group Quarters units not coded 92-N or 93-N in item 9d - Mark "No" in item 12b without asking, then go to item 13. <b>12b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No FM_SALES
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<b>13. CLASSIFICATION OF LIVING QUARTERS</b> - Mark by observation <b>13a. FIELD REPRESENTATIVE CHECK ITEM</b> Unit is - 020 1 <input type="checkbox"/> In a Group Quarters - Refer to the CE-350.1 and mark the appropriate box in either item 13c or item 13d. 2 <input type="checkbox"/> NOT in a Group Quarters	<b>13b. ACCESS</b> 021 1 <input type="checkbox"/> Direct - Go to item 13c 2 <input type="checkbox"/> Through another unit - Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if appropriate.) DIRACC	<b>13c. HOUSING unit</b> DESCRIP 023 1 <input type="checkbox"/> House, apartment, flat 2 <input type="checkbox"/> HU, in nontransient hotel, motel, etc. 3 <input type="checkbox"/> HU, permanent in transient hotel, motel, etc. 4 <input type="checkbox"/> HU, in rooming house 5 <input type="checkbox"/> Mobile home or trailer with NO permanent room added 6 <input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added 7 <input type="checkbox"/> HU not specified above - Describe in "NOTES."	<b>13d. Group Quarters unit</b> 8 <input type="checkbox"/> Quarters not HU in rooming or boarding house 9 <input type="checkbox"/> Student quarters in college dormitory 10 <input type="checkbox"/> Group Quarters unit not specified above - Describe in "NOTES."
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<b>14. UNITS IN STRUCTURE</b> Ask if not apparent. <b>How many housing units, both occupied and vacant, are there in this structure?</b> 024 1 <input type="checkbox"/> Only Group Quarters units 2 <input type="checkbox"/> Mobile home or trailer 3 <input type="checkbox"/> One, detached 4 <input type="checkbox"/> One, attached 5 <input type="checkbox"/> 2 6 <input type="checkbox"/> 3 - 4 7 <input type="checkbox"/> 5 - 9 8 <input type="checkbox"/> 10 - 19 9 <input type="checkbox"/> 20 - 49 10 <input type="checkbox"/> 50 or more Go to section 1, page 2	<b>PROCESSING USE ONLY</b> FORMYEAR 025 9 8
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<b>15. WEEK 1 PLACEMENT PERIOD</b> Earliest date _____ Latest date _____	<b>16. RECORD OF TELEPHONE CONTACT AND REASON FOR CONTACT</b> Enter code for reason of telephone contact from list. <b>1</b> Telephone call to collect data <b>2</b> Telephone call to schedule appointment <b>3</b> Other telephone call			
Call (a)	Reason (Enter code) (b)	Field Representative Name (c)	Field Representative code (d)	SUPERVISOR'S USE R - Reint. O - Obs. (e)
1	001 PH_CAL		002 FR_COD	
2	003		004	
3	005		006	
4	007		008	
5	009		010	
6	011		012	
7	013		014	
8	015		016	
9	017		018	
10	019		020	
11	021		022	
12	023		024	

<b>19. DIARY START DATES</b>	<b>20. FINAL INTERVIEW STATUS</b> - Enter the appropriate code (01-19) for both placement and pickup for each week.
<b>WEEK 1</b> From Month Date Year 005 STRTMTHT STRTDAY STRTYEAR Through Month Date Year 006 ENDDATE	Code 01 - Diary placed or completed NONINTERVIEW CODES <b>Type A</b> 02 - No one home (unable to contact) 03 - Temporarily absent during ENTIRE reference week 04 - Refused <b>Type B</b> 06 - Vacant (for rent) 07 - Vacant (for sale) 08 - Vacant (other) 09 - Occupied by persons with URE 10 - Under construction, not ready <b>Type C</b> 12 - Demolished 13 - House or mobile home moved 14 - Converted to permanent nonresidential use 15 - Merged 16 - Condemned 17 - Located on military base (post) 18 - CU moved 19 - Other - Specify _____
<b>WEEK 2</b> From Month Date Year 007 Through Month Date Year 008	

<b>WEEK 1</b> <b>DIARY PLACEMENT</b> 009 _____ Code INT_STAT If code is 01-05, enter month and date. If code is 02-05, mark race and enter number of household members and tenure code from item 21. 010 _____ PLCE DATE Month/date of placement 011 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Eskimo, or Aleut 4 <input type="checkbox"/> Asian or Pacific Islander RACE_REF 012 HH_MEMQ _____ HH members 013 _____ TENURE _____ Tenure <b>DIARY PICKUP</b> 014 _____ Code PICK_UP If code is 01-05, enter month and date. 015 _____ PICKDATE Month/date Mark (X) appropriate box 016 1 <input type="checkbox"/> Completed by respondent 2 <input type="checkbox"/> Partial recall 3 <input type="checkbox"/> Total recall RESPONS	<b>WEEK 2</b> <b>DIARY PLACEMENT</b> 017 _____ Code If code is 01-05, enter month and date. If code is 02-05, mark race and enter number of household members and tenure code from item 21. 018 _____ Month/date of placement 019 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Eskimo, or Aleut 4 <input type="checkbox"/> Asian or Pacific Islander 020 _____ HH members 021 _____ Tenure <b>DIARY PICKUP</b> 022 _____ Code If code is 01-05, enter month and date. 023 _____ Month/date Mark (X) appropriate box 024 1 <input type="checkbox"/> Completed by respondent 2 <input type="checkbox"/> Partial recall 3 <input type="checkbox"/> Total recall
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<b>21. TENURE CODES</b> 1 - Owned 2 - Rented	<b>22. Items on cover page to be filled for noninterviews</b> <b>TYPE A</b> Item 5a Item 10 (If applicable) Item 11 (If applicable) Item 12 Item 13 Item 14 Items 16b-d Items 17-18 Item 20 Code Race HH members Tenure <b>TYPE B</b> Item 5a Item 10 (If applicable) Item 11 (If applicable) Items 13-14 Items 16b-d Items 17-18 Item 20, code <b>TYPE C</b> Item 5a Item 10 (If applicable) Item 11 (If applicable) Items 16b-d Items 17-18 Item 20, code
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**Section 1 - HOUSEHOLD CHARACTERISTICS**

HOUSEHOLD RECORD - FILL ITEMS 2-7b FOR ALL PERSONS LIVING OR STAYING HERE. FILL ITEMS 8g - 14 ONLY FOR MEMBERS OF THIS CU

Table with columns for processing use only, member info, household roster, relationships, sex, away at college, household member, birth date/age, race, origin, marital status, education, and armed forces member. Includes rows for members 01-15.

5a. I have listed... Have I missed - any babies or small children? any who usually lives here but is away now - traveling, at school, or in a hospital? any lodgers, boarders, or persons you employ who live here? any else staying here?

8a. Unit is - In a Group Quarters - Go to item 8d NOT in a Group Quarters - Go to item 8b. 8b. Do all the persons in this household live OR eat together? 8c. Does any other household on the property live OR eat with this household?

8d. FIELD REPRESENTATIVE CHECK ITEM FOR ASSIGNING CU NUMBERS. 1 Household contains only the reference person or others related to the reference person by blood, marriage, adoption, or other legal arrangements - Enter "1" in item 8g above for all household members. Go to item 8f on page 3. 2 Household contains one or more persons not related to the reference person by blood, marriage, adoption, or other legal arrangements - Go to item 8e on page 3.

CODES FOR ITEM 10, 11, AND 13. RACE: 1 White, 2 Black, 3 American Indian, Eskimo, or Aleut, 4 Asian or Pacific Islander, 5 Other - Specify below. ORIGIN: 01 German, 02 Italian, 03 Irish, 04 French, 05 Polish, 06 Russian, 07 English, 08 Scottish, 10 Mexican American, 11 Chicano, 12 Mexican, 14 Puerto Rican, 15 Cuban. EDUCATION: 00 Never attended, preschool, kindergarten, 01-11 1st grade through 11th grade, 38 12th grade NO DIPLOMA, 39 HIGH SCHOOL GRADUATE - high school DIPLOMA, or the equivalent (for example: GED), 40 Some college but no degree, 41 Associate degree in college - Occupational/vocational program, 42 Associate degree in college - Academic program, 43 Bachelor's degree (For example: BA, AB, BS), 44 Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA), 45 Professional School Degree (For example: MD, DDS, DVM, LLB, JD), 46 Doctorate degree (For example: PhD, EdD).

**Section 1 – HOUSEHOLD CHARACTERISTICS – Continued**

8e. FINANCIAL RESPONSIBILITY	311 01	311 02	311 03	311 04	311 05
Ask first for reference person and all others related to reference person by blood, marriage, adoption or other legal arrangement. Then ask for each other person or group of related persons.	Line No.(s) 312 [ ] [ ] [ ] [ ] 314 [ ] [ ] [ ] [ ]	Line No.(s) 312 [ ] [ ] [ ] [ ] 314 [ ] [ ] [ ] [ ]	Line No.(s) 312 [ ] [ ] [ ] [ ] 314 [ ] [ ] [ ] [ ]	Line No.(s) 312 [ ] [ ] [ ] [ ] 314 [ ] [ ] [ ] [ ]	Line No.(s) 312 [ ] [ ] [ ] [ ] 314 [ ] [ ] [ ] [ ]
(1) Do(es) . . . pay for all . . . housing expenses with . . . own money?	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	317 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Do(es) . . . pay for all . . . food expenses with . . . own money?	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Do(es) . . . pay for all . . . other living expenses such as clothing, transportation, etc., with . . . own money?	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	319 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
FIELD REPRESENTATIVE CHECK ITEM Are two or more "YES" boxes marked in items 8e, 1–3?	320 1 <input type="checkbox"/> Yes – Assign CU No. 1 in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)	320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)	320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)	320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)	320 1 <input type="checkbox"/> Yes – Assign next available CU No. in item 8g 2 <input type="checkbox"/> No – Ask item 8e (4)
8e. (4) Does all or part of the money to pay for . . . (Specify expenses with NO marked in items 8e, 1–3) come from someone in this household?	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign CU No. 1 in item 8g	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g	321 1 <input type="checkbox"/> Yes – Ask item 8e (5) 2 <input type="checkbox"/> No – Assign next available CU No. in item 8g
(5) Who is (are) that (these) person(s)?	Line No.(s) 322 [ ] [ ] [ ] [ ] 323 [ ] [ ] [ ] [ ] Assign to same CU in item 8g.	Line No.(s) 322 [ ] [ ] [ ] [ ] 323 [ ] [ ] [ ] [ ] Assign to same CU in item 8g.	Line No.(s) 322 [ ] [ ] [ ] [ ] 323 [ ] [ ] [ ] [ ] Assign to same CU in item 8g.	Line No.(s) 322 [ ] [ ] [ ] [ ] 323 [ ] [ ] [ ] [ ] Assign to same CU in item 8g.	Line No.(s) 322 [ ] [ ] [ ] [ ] 323 [ ] [ ] [ ] [ ] Assign to same CU in item 8g.

NOTE – If more than 4 CU's, stop interview. List the CU's on an INTER-COMM and call your office.

8f. FIELD REPRESENTATIVE INSTRUCTION – Consumer Unit	NOTES
Read to respondent: <b>During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of related persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses. The person(s) I'm including in your CU (is/are) – Read names of all persons listed in item 3 with the same CU marked in item 8g. Go to item 9 on previous page.</b>	
FIELD REPRESENTATIVE CHECK ITEM Does this household contain more than one CU? 1 <input type="checkbox"/> Yes – Go to item 15a 2 <input type="checkbox"/> No – Go to item 16a	
15a. Does more than one person in this household regularly contribute to the expense of items such as food, cleaning supplies, or paper products? 330 1 <input type="checkbox"/> Yes – Go to item 15b 2 <input type="checkbox"/> No – Go to item 16a CONTRIB	<b>b. Does one person usually make the purchases?</b> 331 1 <input type="checkbox"/> Yes PURCH 2 <input type="checkbox"/> No – Go to item 16a If "YES" – Who? Enter line number 332 [ ] [ ] PURCHA SR NOTE – If "YES", ask the person who usually makes the purchases to record the expenses for the shared items.
16a. Are these living quarters used partly for business or rented to others? 333 1 <input type="checkbox"/> No – Go to section 2 2 <input type="checkbox"/> Part business 3 <input type="checkbox"/> Rented to others 4 <input type="checkbox"/> Both business and rented to others BUS_RENT	<b>b. What percent of the expenses is counted as a business expense?</b> 334 [ ] [ ] .00 Percent BUS_EXPN
ASK AT WEEK 1 AND WEEK 2 PICK-UP	
17a. Were any CU members away overnight for one day or more last week (during the diary reference period)?	<b>WEEK 1</b> 335 1 <input type="checkbox"/> Yes MEM_A WY 2 <input type="checkbox"/> No 336 x <input type="checkbox"/> All MEM_NU M 337 [ ] [ ] A WA Y 338 [ ] [ ] 339 [ ] [ ] <b>WEEK 2</b> 345 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 346 x <input type="checkbox"/> All 347 [ ] [ ] 348 [ ] [ ] 349 [ ] [ ]
If "YES" – Which persons? Enter line numbers	
b. Did anyone else, such as visitors, stay here overnight for one day or more last week (during the diary reference period)?	343 1 <input type="checkbox"/> Yes GUESTS 2 <input type="checkbox"/> No 344 [ ] [ ] Persons GUESTSQ
If "YES" – How many such persons? Enter the number of persons.	353 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 354 [ ] [ ] Persons

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

Ask if not apparent from observation.

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

401 1  Yes – Go to item 3a  
2  No  
ST\_HOUS

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

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

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

Probe:

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

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

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

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

Ask if "Yes" in item 1b.

**2. Do you have a mortgage on this property?**

405 1  Yes  
2  No  
MORT

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

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

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

407 \$ \_\_\_\_\_ .00  
0  None  
NONFOODX

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

408 1  Yes  
2  No – Go to item 4a  
OTHFOOD

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

409 \$ \_\_\_\_\_ .00  
OTHFOODX

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

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

410 1  Yes  
2  No – Go to item 5a  
OWN\_VEH

**b. How many?**

411 \_\_\_\_\_ Number  
VEHQ

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

412 1  Yes  
2  No – Go to item 5a  
VEH\_BUS

Ask if "Yes" in item 4c.

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

413 \_\_\_\_\_ .00 Percent  
BUSPCT

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

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

414 1  Yes  
2  No – Go to item 6

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

PROCESSING USE ONLY	a	b	c	d
	Name	Enter line number from section 1, item 1	What is the usual weekly expense for the meals . . . purchased at school? SCHLNCHX	How many weeks did . . . purchase meals? SCHLNCHQ  Enter number of weeks
426			\$ .00	
427			\$ .00	
428			\$ .00	
429			\$ .00	
430			\$ .00	

**6. What is your telephone number?**

Area code | Number

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

\_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.

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

NOTES

**Section 3 – DIARY CHECK**

(FIELD REPRESENTATIVE)

**WEEK 1 PICKUP**

**WEEK 2 PICKUP**

**Part 1 – FOOD AWAY FROM HOME**

**Part 1 – FOOD AWAY FROM HOME**

Now I am going to quickly go through a list of items to help you remember purchases you (or members of your CU) may have forgotten to enter in your Diary.

Now I am going to quickly go through a list of items to help you remember purchases you (or members of your CU) may have forgotten to enter in your Diary.

Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from fast food, delivery, concession stands, buffets, or cafeterias?

Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from fast food, delivery, concession stands, buffets, or cafeterias?

1  Yes      2  No      3  Don't know      ANYFAST

1  Yes      2  No      3  Don't know

a Line No. LINENUM	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?	
			Dollars	Cents	Yes	No	Dollars	Cents
			101					1
102					1	2		
103					1	2		
104					1	2		
105					1	2		
106					1	2		
107					1	2		
108					1	2		
109					1	2		
110					1	2		

a Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?	
			Dollars	Cents	Yes	No	Dollars	Cents
			101					1
102					1	2		
103					1	2		
104					1	2		
105					1	2		
106					1	2		
107					1	2		
108					1	2		
109					1	2		
110					1	2		

Purchased from full service restaurants where you (or members of your CU) paid for your meal after eating it?

Purchased from full service restaurants where you (or members of your CU) paid for your meal after eating it?

1  Yes      2  No      3  Don't know      ANYFULL

1  Yes      2  No      3  Don't know

a Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?	
			Dollars	Cents	Yes	No	Dollars	Cents
			111					1
112					1	2		
113					1	2		
114					1	2		
115					1	2		
116					1	2		
117					1	2		
118					1	2		
119					1	2		

a Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?	
			Dollars	Cents	Yes	No	Dollars	Cents
			111					1
112					1	2		
113					1	2		
114					1	2		
115					1	2		
116					1	2		
117					1	2		
118					1	2		
119					1	2		

**Section 3 – DIARY CHECK (Continued)**

<b>WEEK 1 PICKUP</b>	<b>WEEK 2 PICKUP</b>
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<b>Part 1 – FOOD AWAY FROM HOME</b>	<b>Part 1 – FOOD AWAY FROM HOME</b>
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<b>Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from vending machines or mobile vendors?</b>	<b>Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for meals, snacks, nonalcoholic or alcoholic drinks purchased from vending machines or mobile vendors?</b>
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1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Don't know      A NYVEND	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Don't know
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Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?		Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?			
			Dollars	Cents	Yes	No	Dollars	Cents				Dollars	Cents	Dollars	Cents	Yes	No	Dollars	Cents
			120					1				2			120				
121					1	2			121					1	2				
122					1	2			122					1	2				
123					1	2			123					1	2				

<b>Purchased from employer or school cafeterias?</b>	<b>Purchased from employer or school cafeterias?</b>
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1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Don't know      A NYCA FE	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Don't know
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Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip	
			Dollars	Cents				Dollars	Cents
			128						
129				129					
130				130					
131				131					

<b>For board or meal plan?</b>	<b>For board or meal plan?</b>
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1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Don't know      A NYBORD	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Don't know
--	--

Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip	
			Dollars	Cents				Dollars	Cents
			132						
133				133					

<b>Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for catered affairs?</b>	<b>Did you (or members of your CU) have any expenses, which you did not enter in your Diary, for catered affairs?</b>
---	---

1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No – Go to part 2      3 <input type="checkbox"/> Don't know – Go to part 2      A NYAFFR	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No – Go to part 2      3 <input type="checkbox"/> Don't know – Go to part 2
--	--

Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?		Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c Total cost Include tax and tip		d Were alcoholic beverages included in total cost? Mark (X) one		e If "Yes," How much?			
			Dollars	Cents	Yes	No	Dollars	Cents				Dollars	Cents	Dollars	Cents	Yes	No	Dollars	Cents
			134					1				2			134				
135					1	2			135					1	2				

**Section 3 – DIARY CHECK (Continued)**

**WEEK 1 PICKUP**

**WEEK 2 PICKUP**

**Part 2 – FOOD FOR HOME CONSUMPTION**

**Part 2 – FOOD FOR HOME CONSUMPTION**

Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home?

Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home?

1  Yes      2  No – Go to part 3      3  Don't know – Go to part 3      A NYFOOD

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

Line No. LINENUM	PROCESSING USE	Describe item purchased	c				d		Line No.	PROCESSING USE	Describe item purchased	c				d	
			Is this item – Mark (X) one PKG TYPE				Total cost Do not include sales tax					Is this item – Mark (X) one				Total cost Do not include sales tax	
			Fresh	Frozen	Bottled or canned	Other	Dollars	Cents				Fresh	Frozen	Bottled or canned	Other	Dollars	Cents
201			1	2	3	4			201			1	2	3	4		
202			1	2	3	4			202			1	2	3	4		
203			1	2	3	4			203			1	2	3	4		
204			1	2	3	4			204			1	2	3	4		
205			1	2	3	4			205			1	2	3	4		
206			1	2	3	4			206			1	2	3	4		
207			1	2	3	4			207			1	2	3	4		
208			1	2	3	4			208			1	2	3	4		
209			1	2	3	4			209			1	2	3	4		
210			1	2	3	4			210			1	2	3	4		
211			1	2	3	4			211			1	2	3	4		
212			1	2	3	4			212			1	2	3	4		
213			1	2	3	4			213			1	2	3	4		
214			1	2	3	4			214			1	2	3	4		
215			1	2	3	4			215			1	2	3	4		
216			1	2	3	4			216			1	2	3	4		
217			1	2	3	4			217			1	2	3	4		
218			1	2	3	4			218			1	2	3	4		
219			1	2	3	4			219			1	2	3	4		
220			1	2	3	4			220			1	2	3	4		
221			1	2	3	4			221			1	2	3	4		
222			1	2	3	4			222			1	2	3	4		
223			1	2	3	4			223			1	2	3	4		
224			1	2	3	4			224			1	2	3	4		
225			1	2	3	4			225			1	2	3	4		
226			1	2	3	4			226			1	2	3	4		
227			1	2	3	4			227			1	2	3	4		
228			1	2	3	4			228			1	2	3	4		
229			1	2	3	4			229			1	2	3	4		
230			1	2	3	4			230			1	2	3	4		

<b>Section 3 – DIARY CHECK (Continued)</b>																	
<b>WEEK 1 PICKUP</b>							<b>WEEK 2 PICKUP</b>										
<b>Part 3 – FOOD AND BEVERAGES PURCHASED AS GIFTS</b>							<b>Part 3 – FOOD AND BEVERAGES PURCHASED AS GIFTS</b>										
<b>Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages for someone outside your CU?</b>							<b>Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages for someone outside your CU?</b>										
1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to part 4    3 <input type="checkbox"/> Don't know – Go to part 4    A NYFDGFT							1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to part 4    3 <input type="checkbox"/> Don't know – Go to part 4										
a	b	c				d		a	b	c				d			
Line No. LINENUM	PROCESSING USE	Describe item purchased	Is this item – Mark (X) one PKG_TYPE				Total cost Do not include sales tax		Line No.	PROCESSING USE	Describe item purchased	Is this item – Mark (X) one				Total cost Do not include sales tax	
			Fresh	Frozen	Bottled or canned	Other	Dollars	Cents				Fresh	Frozen	Bottled or canned	Other	Dollars	Cents
			1	2	3	4						1	2	3	4		
301			1	2	3	4			301			1	2	3	4		
302			1	2	3	4			302			1	2	3	4		
303			1	2	3	4			303			1	2	3	4		
304			1	2	3	4			304			1	2	3	4		
305			1	2	3	4			305			1	2	3	4		
306			1	2	3	4			306			1	2	3	4		
<b>WEEK 1 PICKUP</b>							<b>WEEK 2 PICKUP</b>										
<b>Part 4 – CLOTHING, SHOES, AND JEWELRY</b>							<b>Part 4 – CLOTHING, SHOES, AND JEWELRY</b>										
<b>Did you (or members of your CU) have any expenses which you did not enter in your Diary for clothing, shoes, or jewelry?</b>							<b>Did you (or members of your CU) have any expenses which you did not enter in your Diary for clothing, shoes, or jewelry?</b>										
1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to part 5    3 <input type="checkbox"/> Don't know – Go to part 5    A NYCLOTH							1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to part 5    3 <input type="checkbox"/> Don't know – Go to part 5										
a	b	c	d		e	a	b	c	d		e						
Line No. LINENUM	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax		Was this bought for someone outside your consumer unit? Mark (X) one	For whom was this item purchased? 1 – Male 16 or over 2 – Female 16 or over 3 – Male 2 through 15 4 – Female 2 through 15 5 – Under 2 years Enter code	Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax		Was this bought for someone outside your consumer unit? Mark (X) one	For whom was this item purchased? 1 – Male 16 or over 2 – Female 16 or over 3 – Male 2 through 15 4 – Female 2 through 15 5 – Under 2 years Enter code				
			Dollars	Cents	Yes	No				Dollars	Cents	Yes	No	Enter code			
					1	2						1	2				
401					1	2					1	2					
402					1	2					1	2					
403					1	2					1	2					
404					1	2					1	2					
405					1	2					1	2					
406					1	2					1	2					
407					1	2					1	2					
408					1	2					1	2					
409					1	2					1	2					
410					1	2					1	2					



**Section 3 – DIARY CHECK (Continued)**

**WEEK 1 PICKUP**

**WEEK 2 PICKUP**

**Part 5 – ALL OTHER PURCHASES AND EXPENSES**

**Part 5 – ALL OTHER PURCHASES AND EXPENSES**

Did you (or members of your CU) have any expenses which you did not enter in your Diary for tobacco, gasoline, or postage stamps?

Did you (or members of your CU) have any expenses which you did not enter in your Diary for tobacco, gasoline, or postage stamps?

1  Yes    2  No    3  Don't know    A NYTGPS

1  Yes    2  No    3  Don't know

a LINE No.	PROCESSING USE	b Describe item purchased	c Total cost Do not include sales tax		d Was this bought for someone outside your consumer unit? Mark (X) one		a Line No.	PROCESSING USE	b Describe item purchased	c Total cost Do not include sales tax		d Was this bought for someone outside your consumer unit? Mark (X) one	
			Dollars	Cents	Yes	No				Dollars	Cents	Yes	No
			501								1	2	501
502					1	2	502				1	2	
503					1	2	503				1	2	
504					1	2	504				1	2	
505					1	2	505				1	2	
506					1	2	506				1	2	
507					1	2	507				1	2	
508					1	2	508				1	2	
509					1	2	509				1	2	

Did you (or members of your CU) have any expenses for any other items which you may have forgotten to enter in your Diary?

Did you (or members of your CU) have any expenses for any other items which you may have forgotten to enter in your Diary?

A NYOTHER 1  Yes    2  No – Go to Field Representative instructions at bottom of page    3  Don't know – Go to Field Representative instructions at bottom of page

1  Yes    2  No – Go to Field Representative instructions at bottom of page    3  Don't know – Go to Field Representative instructions at bottom of page

a Line No.	PROCESSING USE	b Describe item purchased	c Total cost Do not include sales tax		d Was this bought for someone outside your consumer unit? Mark (X) one		a Line No.	PROCESSING USE	b Describe item purchased	c Total cost Do not include sales tax		d Was this bought for someone outside your consumer unit? Mark (X) one	
			Dollars	Cents	Yes	No				Dollars	Cents	Yes	No
			510								1	2	510
511					1	2	511				1	2	
512					1	2	512				1	2	
513					1	2	513				1	2	
514					1	2	514				1	2	
515					1	2	515				1	2	
516					1	2	516				1	2	
517					1	2	517				1	2	
518					1	2	518				1	2	

**Section 4 — WORK EXPERIENCE AND INCOME**

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

<p><b>1.</b> FIELD REPRESENTATIVE ITEM</p> <p><i>Enter the first name and line number of each CU member 14 years old and over.</i></p>	<p>PROCESSING USE ONLY</p> <p>a. NAME</p> <p>b. LINE NUMBER</p>	<p>601 1 PA GENUM</p> <p>602 MEMBNO</p>	<p><b>5.</b> What was the main reason . . . did not work during the past 12 months? Was . . .</p> <p>CODE</p> <p>1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↴</p>	<p>609 WHYNOWRK Code</p>	<p><b>8.</b> During the past 12 months, did . . . receive –</p> <p>a. Any Supplemental Security Income checks from the U.S. Government?</p> <p>b. Any Supplemental Security Income checks from the State or local Government?</p> <p><i>Ask if items 8a and/or 8b are marked "Yes" –</i></p> <p>How much did . . . receive in Supplemental Security Income checks altogether?</p>	<p>624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No US_SUPP</p> <p>625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No STA_SUPP</p> <p>626 \$ SUPPX .00</p>																							
<p><b>2.</b> In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>603 WKS_WRKD Weeks</p> <p><input type="checkbox"/> Did not work – Go to item 5</p>	<p>604 HRSPERWK Hours per week</p>	<p><b>6.</b> During the past 12 months, did . . . receive any money in –</p> <p>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.</p> <p>What was the amount of income received before any deductions?</p> <p>b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p> <p>What was the amount of income or loss after expenses?</p> <p>c. Income or loss from . . . 's own farm?</p> <p>What was the amount of income or loss after expenses?</p>	<p>610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b</p> <p>611 \$ WAGEX .00</p> <p>612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c</p> <p>613 \$ BSNSX .00</p> <p>614 1 <input type="checkbox"/> Loss BSNSLOSS</p> <p>615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7</p> <p>616 \$ FARMX .00</p> <p>617 1 <input type="checkbox"/> Loss FARMLLOSS</p>	<p><b>9.</b> What was the gross amount of . . . 's last pay and what period of time did this cover?</p> <p><i>Ask items 9–12 only if item 6a is marked "YES".</i></p> <p><i>If 6a is marked "No," go to item 13a.</i></p>	<p>627 \$ GROSPAYX .00</p> <p>628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↴ 3 <input type="checkbox"/> Month PAYPERD 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>																							
<p><b>3.</b> In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>605 OCCULIST Code</p>	<p><b>7.</b> During the past 12 months, did . . . receive from the U.S. Government any money –</p> <p>a. From Social Security checks?</p> <p>b. From Railroad Retirement checks?</p>	<p>606 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ANYSSINC</p> <p>607 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ANYRAIL</p>	<p><b>10.</b> Was there any money deducted from . . . 's last pay for –</p> <p><i>If YES – How much was deducted?</i></p> <p>a. Federal income tax?</p> <p>b. State and local income tax?</p> <p>c. Social Security including Medicare?</p> <p>d. Railroad Retirement?</p> <p>e. Government Retirement?</p> <p>f. Private pension fund?</p> <p>g. <i>Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ FEDTXX .00</td> </tr> <tr> <td>631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ STATXX .00</td> </tr> <tr> <td>633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td colspan="2" style="background-color: #cccccc;"></td> </tr> <tr> <td>634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ RRX .00</td> </tr> <tr> <td>636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ GVX .00</td> </tr> <tr> <td>638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td>\$ PVTX .00</td> </tr> <tr> <td>640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td colspan="2" style="background-color: #cccccc;"></td> </tr> </tbody> </table>	Yes	No	Amount	629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ FEDTXX .00	631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ STATXX .00	633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ RRX .00	636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ GVX .00	638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ PVTX .00	640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
Yes	No	Amount																											
629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ FEDTXX .00																											
631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ STATXX .00																											
633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																													
634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ RRX .00																											
636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ GVX .00																											
638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	\$ PVTX .00																											
640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																													
<p><b>4a.</b> The job in which . . . received the most earnings during the past 12 months fits best in the following category:</p> <p><i>Enter one code.</i></p> <p>Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>607 EMPLTYPE Code</p> <p><i>Ask if code 5 and not a farm – Is the business incorporated?</i></p> <p>608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No INCORP</p>	<p><b>11.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security?</p> <p><i>Ask if item 10c or 10g is marked "Yes" –</i></p>	<p>641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No MEDICOV</p>	<p><b>12.</b> Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?</p>	<p>642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No EMPLCONT</p>																								
<p><b>b.</b> Was . . .</p> <p>CODE</p> <p>1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A FEDERAL government employee? 3 – A STATE government employee? 4 – A LOCAL government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>620 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p> <p>621 \$ SS_RRX .00</p> <p>622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No MEDICARE</p> <p>623 SS_RRQ Number</p>	<p><b>13a.</b> During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers.</p> <p>b. <i>Ask if item 13a is marked "Yes" – How much?</i></p>	<p>643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No IRA</p> <p>644 \$ IRA X .00</p>	<p><b>14.</b> FIELD REPRESENTATIVE CHECK ITEM</p> <p>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</p>	<p>645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used RECSUSED</p>																								

**Section 4 — WORK EXPERIENCE AND INCOME - Continued**



<b>Part A</b>		<i>FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i>																																							
<b>1.</b> FIELD REPRESENTATIVE ITEM  <i>Enter the first name and line number of each CU member 14 years old and over.</i>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	601 <b>2</b>  602	<b>5.</b> What was the main reason . . . did not work during the past 12 months? Was . . .  CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘	609 _____ Code	<b>8.</b> During the past 12 months, did . . . receive – <b>a.</b> Any Supplemental Security Income checks from the U.S. Government? 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>b.</b> Any Supplemental Security Income checks from the State or local Government? <i>Ask if items 8a and/or 8b are marked "Yes" –</i> How much did . . . receive in Supplemental Security Income checks altogether? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  626 \$ _____ .00  <i>Ask items 9–12 only if item 6a is marked "YES".</i> If 6a is marked "No," go to item 13a.																																				
<b>2.</b> In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.		603 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5			<b>9.</b> What was the gross amount of . . . 's last pay and what period of time did this cover?  627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month																																				
<b>3.</b> In the weeks that . . . worked, how many hours did . . . usually work per week?		604 _____ Hours per week			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">Amount</th> </tr> </thead> <tbody> <tr> <td><b>10.</b> Was there any money deducted from . . . 's last pay for – <i>If YES – How much was deducted?</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>a.</b> Federal income tax?</td> <td>629 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>630 \$ _____ .00</td> </tr> <tr> <td><b>b.</b> State and local income tax?</td> <td>631 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>632 \$ _____ .00</td> </tr> <tr> <td><b>c.</b> Social Security including Medicare?</td> <td>633 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td><b>d.</b> Railroad Retirement?</td> <td>634 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>635 \$ _____ .00</td> </tr> <tr> <td><b>e.</b> Government Retirement?</td> <td>636 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>637 \$ _____ .00</td> </tr> <tr> <td><b>f.</b> Private pension fund?</td> <td>638 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>639 \$ _____ .00</td> </tr> <tr> <td><b>g.</b> <i>Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</i></td> <td>640 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	<b>10.</b> Was there any money deducted from . . . 's last pay for – <i>If YES – How much was deducted?</i>				<b>a.</b> Federal income tax?	629 1 <input type="checkbox"/>	2 <input type="checkbox"/>	630 \$ _____ .00	<b>b.</b> State and local income tax?	631 1 <input type="checkbox"/>	2 <input type="checkbox"/>	632 \$ _____ .00	<b>c.</b> Social Security including Medicare?	633 1 <input type="checkbox"/>	2 <input type="checkbox"/>		<b>d.</b> Railroad Retirement?	634 1 <input type="checkbox"/>	2 <input type="checkbox"/>	635 \$ _____ .00	<b>e.</b> Government Retirement?	636 1 <input type="checkbox"/>	2 <input type="checkbox"/>	637 \$ _____ .00	<b>f.</b> Private pension fund?	638 1 <input type="checkbox"/>	2 <input type="checkbox"/>	639 \$ _____ .00	<b>g.</b> <i>Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?</i>	640 1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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<b>4a.</b> The job in which . . . received the most earnings during the past 12 months fits best in the following category:  <i>Enter one code.</i>  Manager, professional <b>01 – Administrator, manager</b> <b>02 – Teacher</b> <b>03 – Professional</b> Administrative support, technical, sales <b>04 – Administrative support, including clerical</b> <b>05 – Sales, retail</b> <b>06 – Sales, business goods and services</b> <b>07 – Technician</b> Service <b>08 – Protective service</b> <b>09 – Private household service</b> <b>10 – Other service</b> Operator, assembler, laborer <b>11 – Machine operator, assembler, inspector</b> <b>12 – Transportation operator</b> <b>13 – Handler, helper, laborer</b> Precision production, craft, repair <b>14 – Mechanic, repairer, precision production</b> <b>15 – Construction, mining</b> Farming, forestry, fishing <b>16 – Farming</b> <b>17 – Forestry, fishing, groundskeeping</b> Armed forces <b>18 – Armed forces</b>	605 _____ Code		<b>6.</b> During the past 12 months, did . . . receive any money in – <b>a.</b> Wages or salary? <i>Include commissions, tips, Armed Forces pay and allowances.</i> 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b  What was the amount of income received before any deductions? 611 \$ _____ .00  <b>b.</b> Income or loss from . . . 's own nonfarm business, partnership, or professional practice?  612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c  What was the amount of income or loss after expenses? 613 \$ _____ .00 614 1 <input type="checkbox"/> Loss  <b>c.</b> Income or loss from . . . 's own farm?  615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7  What was the amount of income or loss after expenses? 616 \$ _____ .00 617 1 <input type="checkbox"/> Loss		<b>11.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security? 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																				
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**Section 4 — WORK EXPERIENCE AND INCOME - Continued**

Part A		FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.				
<b>1. FIELD REPRESENTATIVE ITEM</b> <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY	601	3	<b>5. What was the main reason . . . did not work during the past 12 months? Was . . .</b>  CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify <input type="checkbox"/>	609 _____ Code	<b>8. During the past 12 months, did . . . receive -</b> <b>a. Any Supplemental Security Income checks from the U.S. Government?</b> 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>b. Any Supplemental Security Income checks from the State or local Government?</b> 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <small>Ask if items 8a and/or 8b are marked "Yes" -</small> <b>How much did . . . receive in Supplemental Security Income checks altogether?</b> 626 \$ _____ .00
	a. NAME					
	b. LINE NUMBER	602				
<b>2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.</b>		603	_____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5			
<b>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</b>		604	_____ Hours per week			
<b>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</b>  <small>Show Information Booklet, page 44</small> <small>Enter one code.</small>  Manager, professional <b>01 - Administrator, manager</b> <b>02 - Teacher</b> <b>03 - Professional</b> Administrative support, technical, sales <b>04 - Administrative support, including clerical</b> <b>05 - Sales, retail</b> <b>06 - Sales, business goods and services</b> <b>07 - Technician</b>  Service <b>08 - Protective service</b> <b>09 - Private household service</b> <b>10 - Other service</b>  Operator, assembler, laborer <b>11 - Machine operator, assembler, inspector</b> <b>12 - Transportation operator</b> <b>13 - Handler, helper, laborer</b>  Precision production, craft, repair <b>14 - Mechanic, repairer, precision production</b> <b>15 - Construction, mining</b>  Farming, forestry, fishing <b>16 - Farming</b> <b>17 - Forestry, fishing, groundskeeping</b>  Armed forces <b>18 - Armed forces</b>			605 _____ Code	<b>6. During the past 12 months, did . . . receive any money in -</b> <b>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.</b> 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b  <b>What was the amount of income received before any deductions?</b> 611 \$ _____ .00  <b>b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice?</b> 612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c  <b>What was the amount of income or loss after expenses?</b> 613 \$ _____ .00 614 1 <input type="checkbox"/> Loss  <b>c. Income or loss from . . . 's own farm?</b> 615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7  <b>What was the amount of income or loss after expenses?</b> 616 \$ _____ .00 617 1 <input type="checkbox"/> Loss	<b>9. What was the gross amount of . . . 's last pay and what period of time did this cover?</b>  <small>Ask items 9-12 only if item 6a is marked "YES".</small> <small>If 6a is marked "No," go to item 13a.</small> 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify <input type="checkbox"/> 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	
<b>b. Was . . .</b> CODE <b>1 - An employee of a PRIVATE company, business, or individual working for wages or salary?</b> <b>2 - A FEDERAL government employee?</b> <b>3 - A STATE government employee?</b> <b>4 - A LOCAL government employee?</b> <b>5 - Self-employed in OWN business, professional practice, or farm?</b> <b>6 - Working WITHOUT PAY in family business or farm?</b>			607 _____ Code  <small>Ask if code 5 and not a farm - Is the business incorporated?</small> 608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>7. During the past 12 months, did . . . receive from the U.S. Government any money -</b> <b>a. From Social Security checks?</b> 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>b. From Railroad Retirement checks?</b> 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>c. FIELD REPRESENTATIVE CHECK ITEM</b> <small>Is "YES" marked in items 7a and/or 7b?</small> 620 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a  <b>d. What was the amount of the last Social Security or Railroad Retirement payment received?</b> 621 \$ _____ .00  <b>e. Is this amount AFTER the deduction for a Medicare premium?</b> 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</b> 623 _____ Number	<b>10. Was there any money deducted from . . . 's last pay for -</b> <small>If YES - How much was deducted?</small> <b>a. Federal income tax?</b> 629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 630 \$ _____ .00  <b>b. State and local income tax?</b> 631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 632 \$ _____ .00  <b>c. Social Security including Medicare?</b> 633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>d. Railroad Retirement?</b> 634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 635 \$ _____ .00  <b>e. Government Retirement?</b> 636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 637 \$ _____ .00  <b>f. Private pension fund?</b> 638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 639 \$ _____ .00  <b>g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck?</b> 640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
						<b>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</b> 641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?</b> 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA &amp; Keogh)? Exclude rollovers.</b> 643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>b. Ask if item 13a is marked "Yes" - How much?</b> 644 \$ _____ .00  <b>14. FIELD REPRESENTATIVE CHECK ITEM</b> <small>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13.</small> 645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used

**Section 4 — WORK EXPERIENCE AND INCOME - Continued**

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

<b>1. FIELD REPRESENTATIVE ITEM</b> PROCESSING USE ONLY Enter the first name and line number of each CU member 14 years old and over.		601 <b>4</b>	<b>5. What was the main reason . . . did not work during the past 12 months? Was . . .</b> CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify <input checked="" type="checkbox"/>		<b>8. During the past 12 months, did . . . receive -</b> <b>a. Any Supplemental Security Income checks from the U.S. Government?</b> 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>b. Any Supplemental Security Income checks from the State or local Government?</b> 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Ask if items 8a and/or 8b are marked "Yes" - <b>How much did . . . receive in Supplemental Security Income checks altogether?</b> 626 \$ _____ .00	
<b>2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.</b>		603 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	CODE 609 _____ Code		Ask items 9-12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a.	
<b>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</b>		604 _____ Hours per week	<b>6. During the past 12 months, did . . . receive any money in -</b> <b>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.</b> 610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b <b>What was the amount of income received before any deductions?</b> 611 \$ _____ .00		<b>9. What was the gross amount of . . . 's last pay and what period of time did this cover?</b> 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	
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<b>FIELD REPRESENTATIVE CHECK ITEM</b> Is "YES" marked in items 7a and/or 7b?		620 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a	<b>c. FIELD REPRESENTATIVE CHECK ITEM</b> Is "YES" marked in items 7a and/or 7b?		<b>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?</b> 642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
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645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used		645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used		645 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used		

**Section 4 — WORK EXPERIENCE AND INCOME - Continued**

<b>Part A</b>		<i>FIELD REPRESENTATIVE - Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.</i>																																		
<b>1. FIELD REPRESENTATIVE ITEM</b> <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	601      5  602	<b>5. What was the main reason . . . did not work during the past 12 months? Was . . .</b>  CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘	609 _____ Code	<b>8. During the past 12 months, did . . . receive -</b> <b>a. Any Supplemental Security Income checks from the U.S. Government?</b> 624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>b. Any Supplemental Security Income checks from the State or local Government?</b> <small>Ask if items 8a and/or 8b are marked "Yes" -</small> How much did . . . receive in Supplemental Security Income checks altogether? 625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  626 \$ _____ .00																															
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<b>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</b>		604 _____ Hours per week	<b>7. During the past 12 months, did . . . receive from the U.S. Government any money -</b> <b>a. From Social Security checks?</b> 618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>b. From Railroad Retirement checks?</b> 619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>c. FIELD REPRESENTATIVE CHECK ITEM</b> Is "YES" marked in items 7a and/or 7b? 620 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a  <b>d. What was the amount of the last Social Security or Railroad Retirement payment received?</b> 621 \$ _____ .00  <b>e. Is this amount AFTER the deduction for a Medicare premium?</b> 622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</b> 623 _____ Number	<b>9. What was the gross amount of . . . 's last pay and what period of time did this cover?</b>  <small>Ask items 9-12 only if item 6a is marked "YES".</small> <small>If 6a is marked "No," go to item 13a.</small>  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">Amount</th> </tr> </thead> <tbody> <tr> <td><b>10. Was there any money deducted from . . . 's last pay for -</b> <small>If YES - How much was deducted?</small> <b>a. Federal income tax?</b></td> <td>629 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>630 \$ _____ .00</td> </tr> <tr> <td><b>b. State and local income tax?</b></td> <td>631 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>632 \$ _____ .00</td> </tr> <tr> <td><b>c. Social Security including Medicare?</b></td> <td>633 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td><b>d. Railroad Retirement?</b></td> <td>634 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>635 \$ _____ .00</td> </tr> <tr> <td><b>e. Government Retirement?</b></td> <td>636 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>637 \$ _____ .00</td> </tr> <tr> <td><b>f. Private pension fund?</b></td> <td>638 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>639 \$ _____ .00</td> </tr> <tr> <td><b>g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck?</b></td> <td>640 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	<b>10. Was there any money deducted from . . . 's last pay for -</b> <small>If YES - How much was deducted?</small> <b>a. Federal income tax?</b>	629 1 <input type="checkbox"/>	2 <input type="checkbox"/>	630 \$ _____ .00	<b>b. State and local income tax?</b>	631 1 <input type="checkbox"/>	2 <input type="checkbox"/>	632 \$ _____ .00	<b>c. Social Security including Medicare?</b>	633 1 <input type="checkbox"/>	2 <input type="checkbox"/>		<b>d. Railroad Retirement?</b>	634 1 <input type="checkbox"/>	2 <input type="checkbox"/>	635 \$ _____ .00	<b>e. Government Retirement?</b>	636 1 <input type="checkbox"/>	2 <input type="checkbox"/>	637 \$ _____ .00	<b>f. Private pension fund?</b>	638 1 <input type="checkbox"/>	2 <input type="checkbox"/>	639 \$ _____ .00	<b>g. Ask if item 10c is marked "No" - Are Social Security payments normally deducted from your paycheck?</b>	640 1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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**Section 4 — WORK EXPERIENCE AND INCOME - Continued**

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

<b>1. FIELD REPRESENTATIVE ITEM</b> <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY 601 <b>6</b>	<b>5. What was the main reason . . . did not work during the past 12 months? Was . . .</b>  CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘	609 _____ Code	<b>8. During the past 12 months, did . . . receive -</b> <b>a. Any Supplemental Security Income checks from the U.S. Government?</b>  <b>b. Any Supplemental Security Income checks from the State or local Government?</b> <small>Ask if items 8a and/or 8b are marked "Yes" -</small> <b>How much did . . . receive in Supplemental Security Income checks altogether?</b>	624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  626 \$ _____ .00
	a. NAME  b. LINE NUMBER 602				
<b>2. In the last 12 months, how many weeks did . . . work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.</b>	604 _____ Hours per week	<b>6. During the past 12 months, did . . . receive any money in -</b> <b>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.</b>  <b>What was the amount of income received before any deductions?</b>  <b>b. Income or loss from . . .'s own nonfarm business, partnership, or professional practice?</b>  <b>What was the amount of income or loss after expenses?</b>  <b>c. Income or loss from . . .'s own farm?</b>  <b>What was the amount of income or loss after expenses?</b>	610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b  611 \$ _____ .00  612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c  613 \$ _____ .00 614 1 <input type="checkbox"/> Loss  615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7  616 \$ _____ .00 617 1 <input type="checkbox"/> Loss	<b>9. What was the gross amount of . . .'s last pay and what period of time did this cover?</b>  <small>Ask items 9-12 only if item 6a is marked "YES".</small> <small>If 6a is marked "No," go to item 13a.</small> 627 \$ _____ .00 628 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	
<b>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</b>	605 _____ Code				<b>7. During the past 12 months, did . . . receive from the U.S. Government any money -</b> <b>a. From Social Security checks?</b> <b>b. From Railroad Retirement checks?</b> <b>c. FIELD REPRESENTATIVE CHECK ITEM</b> <small>Is "YES" marked in items 7a and/or 7b?</small> <b>d. What was the amount of the last Social Security or Railroad Retirement payment received?</b> <b>e. Is this amount AFTER the deduction for a Medicare premium?</b> <b>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</b>
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**Section 4 — WORK EXPERIENCE AND INCOME - Continued**

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**Section 4 — WORK EXPERIENCE AND INCOME - Continued**

Part B – Ask for entire CU as a group	FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask these items for the entire CU as a group.																																
<p><b>1. During the past 12 months, did you (or any members of your CU) receive income from any of the following –</b></p> <p><b>a. Income from unemployment compensation?</b> If YES – What was the total amount received by ALL CU members?</p> <p><b>b. Income from worker’s compensation or veteran’s benefits including education benefits, but excluding military retirement?</b> If YES – What was the total amount received by ALL CU members?</p> <p><b>c. Income from public assistance or welfare including money received from job training grants such as Jobs Corps?</b> If YES – What was the total amount received by ALL CU members?</p> <p><b>d. Income from interest on savings accounts or bonds?</b> If YES – What was the total amount received by ALL CU members?</p> <p><b>e. Regular income from dividends, royalties, estates, or trusts?</b> If YES – What was the total amount received by ALL CU members?</p> <p><b>f. Income from pensions or annuities from private companies, military, or Government, IRA, or Keogh?</b> If YES – What was the total amount received by ALL CU members?</p> <p><b>g. Net income or loss from any type of rental of rooms or living units?</b> If YES – <b>(1) How much net income or loss was received from roomers or boarders?</b> <b>(2) How much net income or loss was received from payments from other rental units?</b></p> <p><b>h. Income from child support?</b> If YES – <b>(1) Did you receive a one time lump sum payment for child support?</b> If YES – What was the total amount received by ALL CU members in last 12 months? <b>(2) Did you receive any child support payments in other than a lump sum amount?</b> If YES – What was the total amount received by ALL CU members in last 12 months?</p>	<p>701 1 <input type="checkbox"/> Yes COMP 2 <input type="checkbox"/> No – Go to item 1b</p> <p>702 \$ UNEMPX .00</p> <p>703 1 <input type="checkbox"/> Yes WORK COMP 2 <input type="checkbox"/> No – Go to item 1c</p> <p>704 \$ WRKRSX .00</p> <p>705 1 <input type="checkbox"/> Yes PA WELFA R 2 <input type="checkbox"/> No – Go to item 1d</p> <p>706 \$ WELFRX .00</p> <p>707 1 <input type="checkbox"/> Yes INT 2 <input type="checkbox"/> No – Go to item 1e</p> <p>708 \$ INTX .00</p> <p>709 1 <input type="checkbox"/> Yes DIV 2 <input type="checkbox"/> No – Go to item 1f</p> <p>710 \$ DIVX .00</p> <p>711 1 <input type="checkbox"/> Yes PENSION 2 <input type="checkbox"/> No – Go to item 1g</p> <p>712 \$ PENSIONX .00</p> <p>713 1 <input type="checkbox"/> Yes RENTAL 2 <input type="checkbox"/> No – Go to item 1h</p> <p>714 \$ ROOMX .00</p> <p>715 0 <input type="checkbox"/> None ROOMLOSS 1 <input type="checkbox"/> Loss</p> <p>716 \$ OTHRNTX .00</p> <p>717 0 <input type="checkbox"/> None 1 <input type="checkbox"/> Loss OTHLOSS</p> <p>718 1 <input type="checkbox"/> Yes CHDSUP 2 <input type="checkbox"/> No – Go to item 1i</p> <p>719 1 <input type="checkbox"/> Yes CHDLMP 2 <input type="checkbox"/> No – Go to item 1h(2)</p> <p>720 \$ CHDLMPX .00</p> <p>721 1 <input type="checkbox"/> Yes CHDSPOTH 2 <input type="checkbox"/> No – Go to item 1i</p> <p>722 \$ CHDOTHX .00</p>	<p><b>i. Income from regular contributions from –</b></p> <p><b>(1) Alimony?</b></p> <p>723 1 <input type="checkbox"/> Yes A LIMSUP 2 <input type="checkbox"/> No</p> <p><b>(2) Other sources such as from persons outside the CU?</b></p> <p>724 1 <input type="checkbox"/> Yes OTHCONT 2 <input type="checkbox"/> No</p> <p>If YES – for item i(1) or i(2) – <b>Altogether what was the total amount received by ALL CU members?</b></p> <p>725 \$ ALIOTHX .00</p> <p><b>2. During the past 12 months, did you (or any members of your CU) receive any –</b></p> <p><b>a. Lump sum payments from estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU?</b> If YES – What was the total amount received by ALL CU members?</p> <p>726 1 <input type="checkbox"/> Yes LUMP 2 <input type="checkbox"/> No – Go to item 2b</p> <p>727 \$ LUMPX .00</p> <p><b>b. Money from the sale of household furnishings, equipment, clothing, jewelry, pets or other belongings, excluding the sale of vehicles or property?</b> If YES – What was the total amount received by ALL CU members?</p> <p>728 1 <input type="checkbox"/> Yes SALE 2 <input type="checkbox"/> No – Go to item 2c</p> <p>729 \$ SALEX .00</p> <p><b>c. Other money income, including money received from cash scholarships and fellowships, stipends not based on working, or from the care of foster children?</b> If YES – What was the total amount received by ALL CU members?</p> <p>730 1 <input type="checkbox"/> Yes OTHIN 2 <input type="checkbox"/> No – Go to item 3</p> <p>731 \$ OTHINX .00</p> <p><b>3. During the past 12 months, did you (or any members of your CU) receive any refunds from the following –</b> If YES – What was the total amount received by ALL CU members?</p> <p><b>a. Federal income tax?</b></p> <p>732 1 <input type="checkbox"/> Yes FEDREF 2 <input type="checkbox"/> No</p> <p>733 \$ FEDREFX .00</p> <p><b>b. State and local income tax?</b></p> <p>734 1 <input type="checkbox"/> Yes STA TREF 2 <input type="checkbox"/> No</p> <p>735 \$ STA TREFX .00</p> <p><b>c. Overpayment on Social Security?</b></p> <p>736 1 <input type="checkbox"/> Yes SSREF 2 <input type="checkbox"/> No</p> <p>737 \$ SSREFX .00</p> <p><b>d. Insurance policies?</b></p> <p>738 1 <input type="checkbox"/> Yes INSREF 2 <input type="checkbox"/> No</p> <p>739 \$ INSREFX .00</p> <p><b>e. Property taxes?</b></p> <p>740 1 <input type="checkbox"/> Yes PTAXREF 2 <input type="checkbox"/> No</p> <p>741 \$ PTAXREFX .00</p> <p><b>f. Other sources, including any other taxes?</b></p> <p>742 1 <input type="checkbox"/> Yes – Specify <input type="checkbox"/> OTHREF 2 <input type="checkbox"/> No</p> <p>743 \$ OTHREFX .00</p>	<p><b>4. During the past 12 months, did you (or any members of your CU) pay any –</b> If YES – What was the total amount paid by ALL CU members?</p> <p><b>a. Federal income tax in addition to that withheld from earnings?</b></p> <p>744 1 <input type="checkbox"/> Yes A DDFED 2 <input type="checkbox"/> No</p> <p>745 \$ A DDFEDX .00</p> <p><b>b. State and local income tax in addition to that withheld from earnings?</b></p> <p>746 1 <input type="checkbox"/> Yes A DDSTA 2 <input type="checkbox"/> No</p> <p>747 \$ A DDSTA X .00</p> <p><b>c. Personal property taxes not reported elsewhere?</b></p> <p>748 1 <input type="checkbox"/> Yes TAX PROP 2 <input type="checkbox"/> No</p> <p>749 \$ TAX PROPX .00</p> <p><b>d. Other taxes not reported elsewhere? Do not include Social Security tax for the self-employed.</b></p> <p>750 1 <input type="checkbox"/> Yes – Specify in Notes on page 18 2 <input type="checkbox"/> No</p> <p>751 \$ A DDO THX .00</p> <p><b>5. During the past 12 months, did you or any member of your CU have any occupational expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits?</b> If YES – What was the total amount of these occupational expenses?</p> <p>752 1 <input type="checkbox"/> Yes OCCEX PN 2 <input type="checkbox"/> No</p> <p>753 \$ OCCEX PN X .00</p> <p><b>6a. During the past 12 months, have any members of your CU received any free meals at work as part of their pay?</b></p> <p>754 1 <input type="checkbox"/> Yes FREEMEA L 2 <input type="checkbox"/> No – Go to item 7a</p> <p><b>b. About what was the weekly dollar value of such meals?</b></p> <p>755 \$ FREEMLX .00</p> <p><b>c. How many weeks did members of your CU receive such meals during the past 12 months?</b> If CU owns this unit – Go to item 8a.</p> <p>756 MEALWKI Number of weeks</p> <p><b>7a. Did you or any members of your CU receive any free or reduced rent for this unit as a form of pay during the past 12 months?</b></p> <p>757 1 <input type="checkbox"/> Yes RTA SPA Y 2 <input type="checkbox"/> No – Go to item 8a</p> <p><b>b. What is the rental charge to another tenant for a similar unit?</b></p> <p>758 \$ RTCOMPX .00</p> <p><b>c. What period of time does this cover?</b></p> <p>759 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> 2 Weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Other – Specify <input type="checkbox"/> RTCMPD</p> <p><b>8a. During the past 12 months, have any members of your CU received any Food Stamps?</b></p> <p>760 1 <input type="checkbox"/> Yes REC_FS 2 <input type="checkbox"/> No – End interview</p> <p><b>b. In how many of the past 12 months were Food Stamps received?</b></p> <p>761 FS_MTHI Number of months</p> <p><b>9a. In the past month, have any members of your CU received any Food Stamps?</b></p> <p>762 1 <input type="checkbox"/> Yes FD_STMPS 2 <input type="checkbox"/> No – End interview</p> <p><b>b. When were Food Stamps received? List all dates on which stamps were received during the past month.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">b</th> <th colspan="3" style="text-align: center;">c</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>763</td> <td>FS_DATE</td> <td></td> <td>766</td> <td>FS_A MT</td> <td>.00</td> </tr> <tr> <td>764</td> <td></td> <td></td> <td>767</td> <td></td> <td>.00</td> </tr> <tr> <td>765</td> <td></td> <td></td> <td>768</td> <td></td> <td>.00</td> </tr> </tbody> </table> <p><b>c. What is the dollar value of the Food Stamps received on (Date in 9b)?</b></p>	b			c			Month	Day	Year	Month	Day	Year	763	FS_DATE		766	FS_A MT	.00	764			767		.00	765			768		.00
b			c																														
Month	Day	Year	Month	Day	Year																												
763	FS_DATE		766	FS_A MT	.00																												
764			767		.00																												
765			768		.00																												



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

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

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

NOTES

17. RECORD OF TRAVEL TIME												PERSONAL CONTACT CODES							
Record travel time and enter reason code for personal contact from list of personal contact codes to the right.																			
Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY								
1	Began a.m. TM_TRV p.m.	832	833	5	Began a.m. p.m.	840	841	9	Began a.m. p.m.	848	849	4 - Personal visit to collect data 5 - Personal visit to schedule appointment 6 - Other personal visit							
	Ended a.m. p.m.	VISIT			Ended a.m. p.m.				Ended a.m. p.m.										
2	Began a.m. p.m.	834	835	6	Began a.m. p.m.	842	843	10	Began a.m. p.m.	850	851	DIARY PICKUP APPOINTMENTS  Month/Date _____ Time _____ a.m. p.m. Week 1 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> _____ a.m. p.m. Week 2 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> _____ a.m. p.m.							
Ended a.m. p.m.			Ended a.m. p.m.				Ended a.m. p.m.					Field Representative name _____	Field Representative code _____						
3	Began a.m. p.m.	836	837	7	Began a.m. p.m.	844	845	11	Began a.m. p.m.	852	853	NOTES							
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.										
4	Began a.m. p.m.	838	839	8	Began a.m. p.m.	846	847	12	Began a.m. p.m.	854	855								
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.										

18. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME							
Activity	Time						OFFICE USE ONLY
	1st		2nd		3rd		Total minutes
	Began	Ended	Began	Ended	Began	Ended	
Interviewing	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	856 TM_INTER
Field Representative review	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	857 TM_REV
Office edit	a.m. p.m.	a.m. p.m.					858 TM_EDIT