1. Regional Office         2. Control number         3a.	No. No.	<b>7a.</b> Extra Uriginal unit Original unit serial number serial suffix	FORM <b>CE-802</b> (1-1-98)
code     PSU     >     Segment     Segm	$\begin{array}{c c} \hline \\ \hline $	o → 013 014	U.S. DEPARTMENT OF COMMERCE
	$\square$	7b. Sheet Line No	BUREAU OF THE CENSUS
001 002 C 1003 G 1004 M 1005 A 1006 1007 A 10075 008 OFF B F F F F F F F F F F F F F F F F F	009     Z     3     Area     P     2     Serial No. assigned by R.O.     012     P     Month     Date	7c. Extra unit No.         015           1□         2□         3+ □	ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS
9 ADDRESS (Sheet Line H)		ID USE – Follow instructions for box that is marked	
Sa. What is your (the) exact address?	10. YEAR BUILT     11. COVERAGE QUESTIONS     12a.		HOUSEHOLD
House No., Street, Apt. No., or other identification	Ask first visit	Urban – <i>Go to item 13</i>	CHARACTERISTICS
	DO NOT ask		QUESTIONNAIRE
Place State ZIP Code	a. □ Are there any occupied or vacant living quarters structure	<ul> <li>Regular units and Group Quarters units coded 92–N or 93–N item 9d – Go to item 12b</li> </ul>	QOLOHOMMAML
	structure originally built?         besides your own in this building?         Fill Table X	<ul> <li>Group Quarters units not coded 92–N or 93–N in item 9d – Mark "No" in item 12b without asking,</li> </ul>	CONSUMER EXPENDITURE
9b. Is this also your (the) mailing address?  Yes No – Specify below 📈	Before 4-1-90 b. Are there any occupied Y V N 12b. Du	then go to item 13. uring the past 12 months did sales of crops,	SURVEYS
Route No., PO Box, or other identification	interview besides your own on this Fill	restock, and other farm products from this ace amount to \$1,000 or more?	CONVERC
Place State ZIP Code	After 4-1-90		DIARY SURVEY
	11c when building on this property Y V N 019 2	□ Yes □ No FM_SALES	<b>NOTICE –</b> Your report to the Census Bureau is <b>confidential</b> by law
9c. Group Quarters name     9d. Type code     9e. Sample numbe       017     A DDRTYPE	interview for people to live in – interview either occupied or vacant?		(title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.
13. CLASSIFICATION OF LIVING QUARTERS – Mark by observation		14. UNITS II	N STRUCTURE UNITO PROCESSING
13a. FIELD REPRESENTATIVE CHECK ITEM     13b. ACCESS     13c. HOUSING unit	DESCRIP 13d. Grou		not apparent.
Unit is – 021 1 Direct – <i>Go to item 13c</i> 023 1 House, apar			nany housing units, both occupied and vacant, FORMYEA R FORMYEA R
$\boxed{2}$ 1 In a Group Quarters – <i>Refer to the</i> $\boxed{2}$ 2 Through another unit – 2 HU, in nontr	ansient hotel, motel, etc. permanent room added	Student guarters in college	Inly Group Quarters units $6 \Box 3 - 4$ 025Nobile home or trailer $7 \Box 5 - 9$
$\sim$ CE-350.1 and mark the appropriate box in either item 13c or item 13d. $\sim$ combine with unit motel, etc.	more permanent rooms added	Group Quarters unit not specified 3 0	One, detached     8 [ 10 - 19 ]
2 NOT in a Group Quarters NOT in a Group Quarters NOT in a Group Quarters A HU, in room unit procedures if 4 HU, in room		above – Describe in "NOTES." 4 🗌 O	ne, attached 9 🗌 20 – 49
appropriate.)		5 🗌 2	10 🗌 50 or more Go to section 1, page 2
15. WEEK 1 PLACEMENT   Earliest date   Latest date   PERIOD		iate code (01–19) for both placement and pickup for each v	1 - Owned 2 - Bented
16. RECORD OF TELEPHONE CONTACT AND REASON FOR CONTACT	WEEK 1 Code Erom 01 – Diary placed or completed	WEEK 1	WEEK 2 22. Items on cover page to be
Enter code for reason of telephone contact from list.		DIARY PLACEMENT	DIARY PLACEMENT filled for noninterviews TYPE A
3 Other telephone call	0 Ι 0 Ι 0 <b>Τγρε Α</b>		Code Item 5a Item 5a Item 10 ( <i>If applicable</i> )
Call Reason Eigld Representative Name Field Representative SUPERVISOR'S USE	지 · · · · · · · · · · · · · · · · · · ·	If code is 02–05, mark race and enter If	f code is 02–05, mark race and enter number of household members and ltem 11 ( <i>If applicable</i> ) Item 12
Call     neason     Field Representative Name     Field Representative     SUPERVISOR SUSE       (a)     (b)     (c)     (d)     (e)	C C C C C C C C C C C C C C C C C C C		enure code from item 21. Item 13
1 001 <sub>—</sub> 002 <sub>—</sub>	Month Date Year 05 - Other - Specify	010 Month/date of placement 018	Month/date of ltem 14 l placement ltems 16b-d
2 003 T 004 7	Type B	011 1 White DAOE DEE 019 1	White Items 17–18
3         005         Ω         006         Ω           4         007         □         008         □	ENDDA TIE 06 - Vacant (for rent)		P Black Code Race
4         007         1         008         0           5         009         010	08 – Vacant (other)		American Indian, Eskimo, or Aleut
6 011 012 012	WEEK 2         09 – Occupied by persons with URE           Erom         10 – Under construction, not ready	012 HH_MEMQ HH members 020	HH members
7 013 014	From     IO - Onder construction, not ready       Month     Date     Year       11 - Other - Specify	013   TENURE   021	Item 10 (If applicable)
8         015         016           9         017         018		DIARY PICKUP	DIARY PICKUP Items 13–14
9         017         018           10         019         020	Image: Image is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the	014 Code PICK_UP 022 _	Code ltems 16b–d ltems 17–18
11         021         022	12 - Demonstred 13 - House or mobile home moved 14 - Converted to permanent nonresidential use	If code is 01–05, enter month and date.	f code is 01–05, enter month and date. Item 20, code
12 023 024	Marth Data Var	015 I PICK DA TE 023 0	Month/date Item 5a
17. RECORD OF TRAVEL TIME (See page 20)	Month     Date     Year       I     I       I     I       I     I       I     I       I     I		Mark (X) appropriate box       Item 10 (If applicable)         Image: Completed by respondent       Item 11 (If applicable)
	18 – CU moved		
<b>18.</b> RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME (See page 20)	008 <b>19 –</b> Other – <i>Specify</i>		Image: Partial recall     Items 17–18       Image: Partial recall     Item 20, code

			<b>IOUSEHOLD CHARACTE</b>																					
н			DRD - FILL ITEMS 2-7b FOR ALL PE							0.05			/A)/ AT			<b>—</b>	1						RS OF THIS	
۲.	EMB	WEEK 2 PLACEMEN ONLY	What are the names of	<b>4.</b> RELATIONS PERSON <i>Ask if not a</i>			-EREN	ICE		<b>6.</b> SE Ask if appar	f not	<b>7a.</b> AW CO Ask if r appare	LLEGE not		)LD EMBER		8g. Number		t is	ATE/AG		<b>10.</b> RACE Show information booklet,	<b>11.</b> ORIGIN Show information booklet,	Ask not
ING USE ONLY	LINE NUMBER	<ol> <li>STATUS</li> <li>Enter code</li> <li>Deletio</li> <li>Additio</li> </ol>	staying here? Start with the name of the person or one of the persons who owns or rents this home.	What is to (referent Example: R husband, w daughter-ir	<i>ce per</i> eferer vife, sc	<i>son)</i> ? nce pe on,	erson,		M 5a	ls male fema	or	Are an these living college	y of persons away at e? s marked	usuall live he If NO, probe	<b>y</b> ere? for	M 8a	<b>USUMER UNIT</b>	infor	nple: 0	using n bookle 1-20-198 2-01-192	83	what is the race of each person in this CU?	page 3. What is 's ethnic origin or	appa ls 1 – N 2 – V 3 – C 4 – S
PROCESSING	PERSON LI	and date change occurred Code Mo. Da	List all persons who usually live here and all persons who are temporarily absent. Be sure to include infants under 1 year of age.	lodger's wi	fe, etc We	ek 1	We	-	GO TO ITE		Female	below for person, NO, in i without YES	mark tem 7b	YES		GO TO ITEM	Read item 8f on next page	Mo.	Date	Year	Age	Enter code from below	descent? Enter code from below	5 – M n <i>Ente</i> Weel
201	01	ST							I	1	2	1	▶ 2□	1	2	1	1-5-	B			> P	R		
202	02	A			HH_C					1	2	1	WA 2	1	2						GE		ORIGIN	MA RI
203	03	DA T				₩				1	2	1	2□	1	2			Iz					z	A
204	04	m –			<u> </u>	<u> </u>				1	2	1		1	2			0		ק 				
205	05									1	2	1	2	1	2	1								
206	06 07									1	2 2	1	2		2 2									
208	08									1	2	1	2	1	2	1								
209	09									1	2	1	2	1	2									
210	10									1	2	1	2	1	2				1					
211	11									1	2	1	2	1	2									
212	12									1	2	1	2	1	2	1								
213	13									1	2	1	2	1	2									
214	14									1	2	1	2	1	2									
215	15								*	1	2	1	2		2	*								
-	have Have any l any o	e listed I missed – babies or s one who us	1 PLACEMENT. (Read names from item 3.) mall children?	v –	NO_	n	name a		8	FIEL Ba. Uni          N    -	LD RE <b>it is –</b> n a Gr NOT ir - <i>Go to</i>	PRESEN oup Qua a Group <i>item 8b</i>		HECK ITE to item	8d		CHEC CU N Inclui hous time	X ITEI UMBE de any ehold of inte	M FOF RS rone w memb rview			<ol> <li>White</li> <li>Black</li> <li>Ameri Indiar</li> </ol>	can , Eskimo,	01 02 03
- - 5b.	any   who anyo ASK / have Are a	odgers, bo live here ? one else sta AT WEEK 2 F e listed	aying here? PLACEMENT. (Read names from item 3.) persons still living or staying he		□ □ NO □		ecord oster a item 3 Go to a abov	above }). item	8	Bb. Do live □ Y □ N F cc e	all the e OR e (es No – N Fill Tal or grou eating	either liv ble X (pa up of per	ns in this ther? re nor eat ge 15) for sons not reference	together the pers living or	r – son	231	t c r k a i i (	he refe others eferen olood, idoptio irrange n item nousel Go to i	erence relate nce pe marria on, or ement 8g ab nold m tem 8	other le s – Ente ove for nembers f on pag	gal er "1" all s. ge 3.	Island 5 Other Specif	or Pacific er	04 05 06 07 08 10
5c.   5d.	Nho i For ea code ' s any inclue If "YES Enter	no longer li ach person w "1" in item 2 yone else lind ding newbo S", ask name	who has left the household, enter a ving or staying here, orn babies?	□ 3).		<b>&gt;</b> s	Go to sectior tem 1		8	Sc. Doe the this Y S	es any prop s hou (es – l space ive or unit pr	y other live erty live sehold? Redefine occupied eat toge occdures	nousehol OR eat	with o include rsons wi ly merge	ho		r F T C Z	or mor elated oerson narria other le	e pers to the by bl ge, ad egal ement	option, s – <i>Go t</i>	nce or			10 11 12 14 15

MA	RITAL	EDUCA	TION – Fill for a	all CU m	embers 14 and over.	14. ARMED
ST	ATUS		ATTAINMENT		13b. ATTENDING	FORCES
if		Show	, information		COLLEGE	MEMBER <i>Ask if</i>
arei	nt Iow –		et page 3a.		Ask if code 39–46, in item 13a.	16–65 years old.
Mai	rried,		is the highes		ls currently enrolled in a	Ís
Div	lowed, orced,	comp	oleted or the est degree		college or	now in the
-	arated,	recei			university either –	Armed Forces?
OR Nev		Enter			1 – Full-time	<b>1 –</b> Yes
	ried	from	below		2 – Part-time OR	<b>2 –</b> No
er co					3 – Not at all	Enter code
κΊ	Week 2			Update	Enter code	
5					z	AR
						M
+ > -			44			FOR
7						RC
_						
_						
_						
		FOR I	TEM 10, 11, A	AND 13	EDUCATION	
-		_		00		eschool,
	erman 	16	Central or South		kindergarten	
	alian 		American	01-11 38	1st grade through 1 12th grade NO DI	
	ish ,	17	Other Spanish	39	HIGH SCHOOL GR	ADUATE –
	rench	20	Afro-		high school DIPLO equivalent (for exa	mple: GED)
-	olish	_•	American	40 41	Some college but r Associate degree in	•
	ussian		(Black or Negro)	41	Occupational/voca	tional program
	nglish	26	Dutch	42	Associate degree in Academic program	n college –
	cottish	27	Swedish	43	Bachelor's degree	
	lexican .merican	28	Hungarian	44	BA, AB, BS) Master's degree (F	or example:
	hicano	30	Another		MA, MS, MEng, M MBA)	
N	lexican		group not listed	45	Professional Schoo	
Р	uerto ican	39	Don't know	10	example: MD, DDS JD)	S, DVM, LLB,
	uban			46	Doctorate degree example: PhD, Ec	
C						

See 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       Line No.(s)       Line No.(s) <th></th>	
arrangement. Then ask for each other person or group of related persons.	
(1) Do(es) pay for all housing expenses with own money?       317 1 Yes         2 No       317 1 Yes       317 1 Yes	
(2) Do(es) pay for all food expenses with       318 1 Yes         0 (so	
(3) Do(es) pay for all other living expenses such as clothing, transportation, etc., with own money?       319 1 Ves         2 No       319 1 Ves         2 No       319 1 Ves         2 No       2 No	
FIELD REPRESENTATIVE CHECK ITEM $             320 1 \Box Yes - Assign next available              In item 8g             2 \Box No - Ask item 8e (4)         $ $             320 1 \Box Yes - Assign next available              CU No. in item 8g             2 \Box No - Ask item 8e (4)         $ $             320 1 \Box Yes - Assign next available              CU No. in item 8g             2 \Box No - Ask item 8e (4)         $ $             320 1 \Box Yes - Assign next available              CU No. in item 8g             2 \Box No - Ask item 8e (4)         $ $             320 1 \Box Yes - Assign next available              CU No. in item 8g             2 \Box No - Ask item 8e (4)         $ $             320 1 \Box Yes - Assign next available              CU No. in item 8g             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $ $             2 \Box No - Ask item 8e (4)         $	item 8g
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       Yes – Ask item 8e (5)       Yes – Ask item 8e (5)       Yes – Ask item 8e (5)	kt available
(5) Who is (are) that (these) person(s)? Line No.(s) Line No.(s) Line No.(s) Line No.(s) Line No.(s)	
323       1	in item 8a
NOTE – If more than 4 CU's, stop interview. List the CU's on an INTER-COMM and call your office.	in item eg.
8f. FIELD REPRESENTATIVE INSTRUCTION – Consumer Unit Read to respondent: During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of related persons) in this	
household who (is/are) independent of all other persons in this household for payment of their major expenses. The person(s) I'm including in your CU (is/are) – Read names of all persons listed in item 3 with the same CU marked in item 8g. Go to item 9 on previous page.	
FIELD REPRESENTATIVE CHECK ITEM     b. Does one person usually make the purchases?	
Does this household contain more than one CU?     331     1     Yes     PURCH       1     Yes     Go to item 15a     PURCH	
2 🗌 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?       332         332       PURCHA SR	
330 1 Ves – Go to item 15b	
16a. Are these living quarters used partly for business or rented to others?       b. What percent of the expenses is counted as a business	
333 1 🗌 No – Go to section 2	
<sup>2</sup> Part business BUS RENT BUS EX PN	
3 Rented to others 3 Both business and rented to others 3 Both business and rented to others	
ASK AT WEEK 1 AND WEEK 2 PICK-UP WEEK 1 WEEK 1 WEEK 2	
17a. Were any CU members away overnight for one day or more last week (during the diary reference period)?       335       1       Yes       345       1       Yes       2       No         13b       1       Yes       2       No       345       1       Yes       2       No	
If "YES" - Which persons?         336         X All         MEM_NU M         346         X All	
b. Did anyone else, such as visitors, stay here overnight for one day or more last week (during the diary reference period)?	
If "YES" - How many such persons?     If "YES" - How many such persons?       Enter the number of persons.     Image: State of the second sec	

	Section 2 – CONSUMER UNIT CHARACTERISTICS (FIELD RE	PRESENTATIVE – Ask items 1–7	7 at Week 1 placem	ent.)					
	Ask if not apparent from observation.			,	Ask onl	y if preschool or school age children; otherwise mark "No".		414 1 🗆 Yes	
1a.	Are these living quarters presently used as student housing by a college or university?	401 1 🗆 Yes – <i>Go to item 3a</i> 2 🗆 No	T_HOUS	1	meals	the previous 30 days, have you (or members of your CU) purch at school or in a preschool program for preschool or school age	children?		Go to item 6
		3	I_H003	b. /	lf "Yes" purchas	- What are the names of all CU members who purchased meals sing meals at school in column a, line number in column b, then ask co	at school? olumns c thro	Enter the name of e ough d for each nan	each CU member ne entered.
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		>.	a	b Enter	c What is the	d How many
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.)	2 Condominium J 3 Cooperative – Read p	Go to item 2 probe and kip to item 2 TYPOWND		PROCESSING USE ONLY	Name	line number from section 1, item 1	usual weekly expense for the meals purchased at school? SC H L N C H X	weeks did OC purchase meals? Z CH Q Enter number of weeks
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	t Go to item 3a	-	426			\$.00 \$.00	
	Ask if "Yes" in item 1b.	405 1 🗌 Yes			428				
2.	Do you have a mortgage on this property?	2 🗌 No	MORT		429			\$ .00	
3a.	Since the 1st of (Month, 3 months ago), what was your usual weekly expense at the grocery store or supermarket?	406 \$00	GROCERYX		430			\$.00 \$.00	
		0 🗌 None – Go to item 30	c				Area code		
b	About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods and alcoholic			6. 1	What is	s your telephone number?			-
	beverages?	407 <b>\$00</b> 0 □ None	NONFOODX	7. 1	What is	s the best time of day to call or visit?			a.m. p.m.
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? <i>Include any large</i> <i>purchases made for freezing or canning.</i>	408 1 □ Yes 2 □ No – <i>Go to item 4a</i>	OTHFOOD		FIELD R	REPRESENTATIVE – Explain to the respondent how to complete the dia NOTES	nry, then leav	re diary for week 1.	
d	What was your usual weekly expense at these places?	409 \$00	OTHFOODX						
<b>4</b> a.	Do you own an automobile, truck, or other vehicle?	410 1 🗌 Yes							
	Do not include any vehicle which is used entirely for business purposes.	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 P	BUSPCT						

/	"	N	0	
<u>ا</u>		v	υ	

Section 3 – DIARY CHECK

### (FIELD REPRESENTATIVE

		WEEK 1 PICKU	Ρ						WEEK 2
		Part 1 – FOOD AWAY FRO	ОМ НОМЕ						Part 1 – FOOD A
your C	U) may have for	ckly go through a list of items to help you re gotten to enter in your Diary. f your CU) have any expenses, which you did lic drinks purchased from fast food, delivery	-	-			your C	CU) may have for	ckly go through a list of items to hel gotten to enter in your Diary. f your CU) have any expenses, whic blic drinks purchased from fast food
	1 🗌 Yes	2 □ No 3 □ Don't kn	ow	A NY FA S	т			1 🗌 Yes	2 🗌 No 3 🗌
а		b	С		d	е	а		b
LINENUM No.UM	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include ta: and tip	t <b>bevera</b> x <b>in tota</b> <i>Ma</i>	Icoholic ges included cost? rk (X) one	If "Yes," How much?	Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased
101			Donais Cei	1	2		101		
101					2		101		
103					2		103		
104					2	COS	104		
105			1	1	2		105		
106				1	2		106		
107				1	2		107		
108				1	2		108		
109				1	2		109		
110				1	2		110		
Purcha	ased from full ser	vice restaurants where you (or members of yo	ur CU) paid fo	or your meal	after eating i	it?	Purcha	ased from full ser	vice restaurants where you (or memb
	1 🗌 Yes	2 □ No 3 □ Don't kn	ow	A NY FU	LL			1 🗌 Yes	2 🗌 No 3 🗌
а		b	С		d	е	а		b
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	t <b>bevera</b> x <b>in tota</b> <i>Ma</i>	rk (X) one	<i>If "Yes,"</i> How much?	Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased
			Dollars Cer	nts Yes	2 No	Dollars Cents			
111 112				1	2		111 112		
112				1	2		112		
113				1	2		113		
115				1	2		115		
116				1	2		116		
117				1	2		117		
118				1	2		118		
119				1	2		119		
			• •		1	• •			8

FORM CE-802 (1-1-98)

# 2 PICKUP

#### WAY FROM HOME

### Ip you remember purchases you (or members of

### ch you did not enter in your Diary, for meals, snacks, d, delivery, concession stands, buffets, or cafeterias?

### Don't know

			d	e	•
Inclue	cost de tax l tip	in total co	s included	lf "Yes, How m	" nuch?
Dollars	Cents	Yes	No	Dollars	Cents
		1	2		
		1	2		
		1	2		
		1	2		
		1	2		
		1	2		
		1	2		
		1	2		
	   	1	2		
		1	2		
 		1		· · · · · ·	

# pers of your CU) paid for your meal after eating it?

# Don't know

Ċ	;		d	e	
	cost de tax l tip	Were alco beverages in total co Mark (	s included	lf "Yes, How m	" nuch?
Dollars	Cents	Yes	No	Dollars	Cents
		1	2		
		1	2		
		1	2		
		1	2		
		1	2		
		1	2		
		1	2		
		1	2		
		1	2		

Sec	ction 3 – DIA	RY CHECK (Continued)								
		WEEK 1 PICKU	JP							WEEK 2
		Part 1 – FOOD AWAY FF	ROM HOME							Part 1 – FOOD A
Did yo snack	ou (or members o s, nonalcoholic o	f your CU) have any expenses, which you d r alcoholic drinks purchased from vending	id not enter in you machines or mob	ır Diary, fo ile vendors	er meals, s?			Did yo snack	ou (or members o s, nonalcoholic o	f your CU) have any expenses, whic or alcoholic drinks purchased from v
	1 🗌 Yes	2 🗌 No 3 🗋 Don't k	now A	NYVEND					1 🗌 Yes	2 🗌 No 3 🗌
a		b	C		d	e	)	а		b
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	in total co Mark	s included ost? (X) one	If "Yes, How m	nuch?	Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased
120			Dollars Cents	Yes 1	No 2	Dollars	Cents	120		
121				1	2			121		
122				1	2		 	122		
123				1	2		 	123		
Purcha	ased from emplo	yer or school cafeterias?	· · · ·			•		Purch	ased from emplo	yer or school cafeterias?
	1 🗌 Yes	2 🗌 No 3 🗌 Don't k	now	A NY CA	FE				1 🗌 Yes	2 🗌 No 3 🗌
<b>a</b> Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c       Total cost       Include tax       and tip       Dollars     Cents	-				<b>a</b> Line No.	PROCESSING USE	<b>b</b> List all meals, snacks, and beverages purchased
128								128		
129				_				129		
130				-				130		
131								131		
For bo	oard or meal plan	?						For bo	oard or meal plan	?
	1 🗌 Yes	2 🗌 No 3 🗌 Don't k		NYBORD					1 🗌 Yes	2 🗌 No 3 🗌
<b>a</b> Line No.	PROCESSING USE	b List all meals, snacks, and beverages purchased	c       Total cost       Include tax       and tip       Dollars     Cents	-				<b>a</b> Line No.	PROCESSING USE	<b>b</b> List all meals, snacks, and beverages purchased
132								132		
133								133		
Did yo	u (or members of	your CU) have any expenses, which you did	not enter in your [	Diary, for ca	atered affai	rs?		Did yo	u (or members of	your CU) have any expenses, which y
	1 🗌 Yes	$_2$ $\Box$ No – Go to part 2	3 🗌 Don't know – G	o to part 2	A NYA F	FR			1 🗌 Yes	2 🗌 No – Go to part 2
a		b	С		d	e	)	a		b
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip Dollars Cents	in total co	s included	<i>If "Yes,</i> <b>How m</b> Dollars	nuch?	Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased
134					2			134		
135				1	2		 	135		

# 2 PICKUP

## WAY FROM HOME

### h you did not enter in your Diary, for meals, vending machines or mobile vendors?

# Don't know

C			d	е	)
Total Includ and	e tax	Were alco beverages in total co Mark (	s included	lf "Yes, <b>How m</b>	
Dollars	Cents	Yes	No	Dollars	Cents
		1	2		
		1	2		
		1	2		
		1	2		

## ] Don't know

	С	
	-	,
	Total Incluc and	le tax
-	Dollars	Cents

## Don't know

C			
Total cost Include tax and tip			
Dollars	Cents		

# you did not enter in your Diary, for catered affairs?

# 3 🗌 Don't know – *Go to part 2*

	)		d	е				
	cost de tax l tip	Were alco beverages in total co Mark (	s included	<i>If "Yes,"</i> <b>How much?</b>				
Dollars	Cents	Yes	No	Dollars	Cents			
I		1	2					
		1	2					

Se	ction 3 – DIA	RY CHECK (Continued)										
		WEEK 1 PICKUP								WEEK 2 PICI		
		Part 2 – FOOD FOR HOME CONSUMPT	ION							Part 2 – FOOD FOR HOME		
Did yo nonalo	ou (or members o coholic or alcoho	f your CU) have any expenses which you did not enter i lic beverages, such as grocery items, purchased to be e	in your eaten a	r Diary at hom	for fo e?	od,		Did you (or members of your CU) have any expenses which you nonalcoholic or alcoholic beverages, such as grocery items, pu				
	1 🗌 Yes 2 🗌 No – <i>Go to part 3</i>			on't knov	w – Go	to part	3 A NY FOOD		1 🗌 Yes	2 🗌 No – Go to part 3		
а		b			C		d	а		b		
Linez No.C	PROCESSING USE	Describe item purchased		<i>Mark</i> PKG_	TYPE	9 	Total cost Do not include sales tax	Line No.	PROCESSING USE	Describe item purchased		
			Fresh	Frozen	Bottleo	Other						
			1	2	canneo 3	4	Dollars Cents					
201			1	2	3	4		201				
202			1	2	3	4		202				
203			1	2	3	4		203				
204			1	2	3	4	 	204				
205 206			1	2	3	4	1	205 206				
200			1	2	3	4		208				
207			1	2	3	4		207				
208			1	2	3	4		208				
209			1	2	3	4	 	209				
210			1	2	3	4		210				
211			1	2	3	4		211				
212			1	2	3	4		212				
213			1	2	3	4		213				
215			1	2	3	4		215				
216			1	2	3	4		216				
217			1	2	3	4		217				
218			1	2	3	4		218				
219			1	2	3	4		219				
220			1	2	3	4	1	220				
221			1	2	3	4		221				
222			1	2	3	4		222				
223			1	2	3	4		223				
224			1	2	3	4		224				
225			1	2	3	4		225				
226			1	2	3	4		226				
227			1	2	3	4		227				
228			1	2	3	4		228				
229			1	2	3	4		229				
230			1	2	3	4		230				
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# 2 PICKUP

## HOME CONSUMPTION

ch you did not enter in your Diary for food, ms, purchased to be eaten at home?

3 🗌 Don't know – *Go to part 3* 

			;		C	1		
ased			item – X) one Bottled		Total cost Do not include sales tax			
	Fresh	Frozen	or canned	Other	Dollars	Cents		
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
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	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				

Sec	ction 3 – DIA	RY CHECK (Continued)											
		WEEK 1 P	ICKUP								WEEK 2		
		Part 3 – FOOD AND BEVERAG	ES PURCHASED	AS GI	FTS						Part 3 – FOOD AND BEVER		
Did yo nonalo	u (or members o coholic or alcoho	f your CU) have any expenses which yo lic beverages for someone outside you	ou did not enter i ır CU?	n youi	r Diary	for fo	od,		Did yo nonal	ou (or members o coholic or alcoho	of your CU) have any expenses whicl blic beverages for someone outside		
	1 🗌 Yes	2 🗌 No – Go to part 4 3 🗌	Don't know – <i>Go to</i>	o part 4	4	A NY	'FDGF	Т		1 🗌 Yes	2 🗌 No – <i>Go to part 4</i> 3		
а		b		c d				d	а		b		
LINEN Linen No.M	PROCESSING USE	Describe item purchase	d	Fresh	Mark	item – (X) one TYP	e E	Total cost Do not include sales tax	Line No.	PROCESSING USE	Describe item purch		
				canned			Dollars Cents						
301				1	2	3	4		301				
302				1	2	3	4		302				
303				1	2	3	4		303				
304				1	2	3	4		304				
305				1	2	3	4		305				
306 306													
		WEEK 1 P									WEEK 2		
Part 4 – CLOTHING, SHOES, AND JEWELRY											Part 4 – CLOTHING, S		
Did yo shoes,	u (or members o or jewelry?	f your CU) have any expenses which yo	ou did not enter i	n youi	r Diary	for cl	othing,		Did yo shoes	ou (or members o , or jewelry?	of your CU) have any expenses whicl		
	1 🗌 Yes	2 🗌 No – Go to part 5 3 🗌	Don't know – <i>Go to</i>	o part !	5	A NY	CLOTH	4		1 🗌 Yes	2 🗌 No – <i>Go to part 5</i> 3		
a		b	С		C			е	a		b		
LINENU No.UM	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	fo ou co	r some itside nsume Mark (2	your er unit X) one	? 1 - 2 - 3 - 4 - 5 -	r whom was this m purchased? Male 16 or over Female 16 or over Male 2 through 15 Female 2 through 15 Under 2 years	Line No.	PROCESSING USE	Describe item purchased		
401			Dollars Cents	1 1	'es	2 No		Enter code >	401				
401				1		2		GE	401				
402				1		2		S E	402				
404				1		2		×	404				
405				1		2			405				
406				1		2			406				
407			 	1		2			407				
408				1		2			408				
409				1		2			409				
410				1		2			410				
L			I										

# 2 PICKUP

# AGES PURCHASED AS GIFTS

### h you did not enter in your Diary for food, your CU?

3 🗌 Don't know – *Go to part 4* 

			C	1		
nased		ls this <i>Mark (</i>	Total cost Do not include sales tax			
	Fresh	Frozen	Bottled or canned	Other	Dollars	Cents
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3			

# 2 PICKUP

## SHOES, AND JEWELRY

h you did not enter in your Diary for clothing,

 $_3 \square$  Don't know – *Go to part 5* 

C	;	(	k	е
Total cost Do not include sales tax		for some outside consum	your	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
Dollars	Cents	Yes	No	Enter code
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	

Sec	tion 3 – DIA	RY CHECK (Continued)													
		WEEK 1 PICKUP				WEEK 2 PICKUP									
		Part 5 – ALL OTHER PURCHASES AND EXPENSE	S					Part 5 – ALL OTHER PURCHASES AND EXPENSE	S						
Did yo or pos	u (or members o tage stamps?	f your CU) have any expenses which you did not enter in you	ur Diary for tobacc	o, gasolin	ie,	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		b	C		d	а		b	C		d				
LINENUM LineNUM	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	for som outside consum		Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	for som outside consum Mark	your				
			Dollars Cents	Yes	No				Dollars Cents	Yes	No				
501				1	2	501				1	2				
502				1	2	502				1	2				
503				1	2	503				1	2				
504 505				1	2	504 505				1	2				
505 506				1	2	505				1	2				
507				1	2	505				1	2				
507				1	2	508				1	2				
509				1	2	509				1	2				
Did yo	u (or members o <sup>.</sup> Diary?	f your CU) have any expenses for any other items which you	n may have forgott	en to ente	ər	Did yo	ou (or members o r Diary?	f your CU) have any expenses for any other items which you	ı may have forgotto	en to ente	r				
ANYO	HER <sup>1   </sup> Yes	2 🗌 No – Go to Field Representative 3 🗌 Don't ki instructions at bottom of page	now – Go to Field Re instructions at	presentativ bottom of	ve page		1 🗌 Yes	2 🗌 No – Go to Field Representative 3 🗌 Don't ki instructions at bottom of page	now – Go to Field Re instructions at	presentativ bottom of	ve Fpage				
a		b	C		d	а		b	С		d				
Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	for som outside consum	s bought eone your ner unit? (X) one	Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	for som outside consum	your				
			Dollars Cents	Yes	No 2				Dollars Cents	Yes	No 2				
510				1	2	510				1	2				
511				1	2	511				1	2				
512				'	2	512				1	2				
513 514				1	2	513				1	2				
514 515				1	2	514 515				1	2				
515 516			<u> </u>	1	2	515				1	2				
517				1	2	517				1	2				
518				1	2	518			1	1	2				
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		e	Ċ	1			
chased	Do not	l cost include s tax	Was this bough for someone outside your consumer unit? Mark (X) one				
	Dollars	Cents	Yes	No			
			1	2			
			1	2			
			1	2			
			1	2			
			1	2			
			1	2			
			1	2			
			1	2			
			1	2			
			L	l			

	Section 4 — WORK EXPERIENCE AND INCOME									
	Part A		FIELD REPRESEN	TATIVE – Complete at Week 2 pickup. Ask a s	separate page in Part A for	each C	CU member 14 years old or over.			
1.	14 years old and over.	PROCESSING USE ONLY <b>a.</b> NAME	601 <b>1</b> PA GENUM	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE			During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income	624 1 Yes US_SUPP 2 No		
2.	In the last 12 months, how ma did work either full-time o not counting work around the Include paid vacation and paid	r part-time, house? I sick leave.	602 MEMBNO 603 WKS_WRKD 0 Did not work – <i>Go to item 5</i>	1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify <sub>ズ</sub>	609 WHYNOWRK Code		checks from the State or local Government? Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income checks altogether?	625 1 ☐ Yes 2 ☐ No STA _SUPP 626 \$ SUPPX .00		
3. 4a	In the weeks that worked hours did usually work per Show Information Booklet, page The job in which received earnings during the past 12 r fits best in the following cate Enter one code.	er week? 2 44 I the most nonths	604 HRSPERWK 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> </ul>	HA VEWA GE 610 1 🗌 Yes 2 🗌 No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technica 04 – Administrative support,	ıl, sales	605 OCCULIST Code	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? What was the amount of income or	611 \$ WA GEX .00 612 1 Yes HA VEBSNS 2 No - Go to item 6c		this cover? Was there any money deducted from 's last pay for – If YES – How much was deducted? Federal income tax?	4 Ouarter     7 Twice a month       Yes     No     Amount       FEDTX     630 \$     FEDTXX     .00       STATX		
	clerical 05 – Sales, retail 06 – Sales, business goods an 07 – Technician Service 08 – Protective service	nd services		C. Income or loss from's own farm?	613 <u>\$</u> BSNSX .00 614 1 Loss BSNSLOSS 615 1 Yes HAVEFARM	- C	<ul> <li>State and local income tax?</li> <li>Social Security including Medicare?</li> </ul>	STATX       631       1       2       632       \$ STATXX       .00         SSDED		
	<ul> <li>09 – Private household service</li> <li>10 – Other service</li> <li>Operator, assembler, laborer</li> <li>11 – Machine operator, asseminspector</li> <li>12 – Transportation operator</li> <li>13 – Handler, helper, laborer</li> </ul>			What was the amount of income or loss after expenses?	2 □ No - Go to item 7         616 \$ FA RMX       .00         617 1 □ Loss FA RMLOSS	d. e.	<ul> <li>Railroad Retirement?</li> <li>Government Retirement?</li> <li>Private pension fund?</li> </ul>	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	Precision production, craft, repa 14 – Mechanic, repairer, prec production 15 – Construction, mining Farming, forestry, fishing 16 – Farming	ir <b>ision</b>		<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>	618 1 Ves 2 No A NYSSINC	g.	Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck? Ask if item 10c or 10g is marked "Yes" –	SSNORM 640 1 2 2		
	<b>17 – Forestry, fishing, ground</b> Armed forces <b>18 – Armed forces</b>	lskeeping		<b>b.</b> From Railroad Retirement checks?	619 1 Ves 2 No A NYRA IL	11.	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641 1 Yes 2 No MEDICOV		
b	<ul> <li>Was</li> <li>CODE</li> <li>1 – An employee of a PRIVAT</li> </ul>		607 EMPLTYPE	<ul> <li>c. FIELD REPRESENTATIVE CHECK ITEM</li> <li>Is "YES" marked in items 7a and/or 7b?</li> <li>d. What was the amount of the last</li> </ul>	620 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642 1 ☐ Yes 2 ☐ No EMPLCONT		
	company, business, or ind working for wages or sala 2 – A FEDERAL government e 3 – A STATE government em 4 – A LOCAL government em 5 – Self-employed in OWN bu	ary? employee? ployee? ployee?	607 Code d.	Social Security or Railroad Retirement payment received? C. Is this amount AFTER the deduction for a Medicare premium?	621 \$00		During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	643 1 Yes IRA 2 No		
	professional practice, or f 6 – Working WITHOUT PAY in business or farm?	farm?	608 1 Yes 2 No INCORP	f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 SS_RRQ Number	b.	<ul> <li>Ask if item 13a is marked "Yes" – How much?</li> <li>FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.</li> </ul>	644       \$ IRA X       .00         645       1 □ Records         2 □ No records used       RECSUSED		

	Section 4 — WORK EXP	ERIENCE A	ND INCOME – Contin	nued								
F	Part A		FIELD REPRESEN	ΤΑΤΙ	/E – Complete at Week 2 pickup. Ask a s	separate page in Part A for	each	CU member 14 years old or over.				
1.	Enter the first name and line	PROCESSING USE ONLY	<u>601</u> 2	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8. á	During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?	624	1 🗌 Yes 2 🗌 No		
	b	. LINE NUMBER			CODE 1 – Retired? 2 – Taking care of home/family?	609Code		b. Any Supplemental Security Income checks from the State or local Government?	625	1 🗌 Yes 2 🗌 No		
2.	In the last 12 months, how man did work either full-time or not counting work around the Include paid vacation and paid	part-time, house? sick leave.	603 Weeks 0 □ Did not work – <i>Go to item 5</i>	_	<ul> <li>a - Going to school?</li> <li>a - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify k</li> </ul>			Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income	626			00
3.	In the weeks that worked, hours did usually work per	how many r week?	604 Hours per week					checks altogether?	020	\$		
4a.	Show Information Booklet, page The job in which received earnings during the past 12 m fits best in the following cates Enter one code.	the most onths		6. а.	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	610 1 □ Yes 2 □ No − <i>Go to item 6b</i>	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627 628	\$	5 []` ks 6 [] (	Other – <i>Specify</i> <sub>⋠</sub>
	Manager, professional <b>01 – Administrator, manager</b>		605 Code		received before any deductions?	611 \$00	10.		Y	es No		Twice a month Amount
	02 – Teacher 03 – Professional Administrative support, technical 04 – Administrative support, i	, sales		b.	Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 🗆 Yes 2 🗌 No – Go to item 6c		<ul> <li>a 's last pay for –</li> <li>If YES – How much was deducted?</li> <li>a. Federal income tax?</li> </ul>	629			\$00
	clerical 05 – Sales, retail 06 – Sales, business goods and 07 – Technician				What was the amount of income or loss after expenses?	613 \$00	1	b. State and local income tax?	631		632	\$00
	Service 08 – Protective service 09 – Private household service	e		c.	Income or loss from's own farm?	615 1 🗌 Yes 2 🗌 No – Go to item 7		C. <u>Social Security including Medicare?</u> d. Railroad Retirement?	633 634			s .00
	10 – Other service Operator, assembler, laborer 11 – Machine operator, assem inspector	bler,			What was the amount of income or loss after expenses?	616 \$00		e. Government Retirement?	636			\$00
	12 – Transportation operator 13 – Handler, helper, laborer							f. Private pension fund?	638		639	\$00
	Precision production, craft, repair 14 – Mechanic, repairer, precis production 15 – Construction, mining	r sion		7.	During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	618 1 🗌 Yes		G. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640			
	Farming, forestry, fishing <b>16 – Farming</b> <b>17 – Forestry, fishing, grounds</b> Armed forces	skeeping			From Railroad Retirement checks?	2 🗌 No 619 1 🗋 Yes 2 🗌 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 🗌 Yes 2 🗌 No		
b.	18 - Armed forces Was CODE				FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	620] 1 □ Yes – Go to item 70 2 □ No – Go to item 8a		employer or union that worked for during the last 12 months contribute to a pension or retirement	642	1 🗌 Yes 2 🗌 No		
	<ol> <li>An employee of a PRIVATE company, business, or indi working for wages or salar</li> <li>A FEDERAL government er 3 - A STATE government emp</li> </ol>	ividual ry? mployee?	607 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? Is this amount AFTER the deduction	621 \$00	13a	plan that was enrolled in? a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	643	1 □ Yes 2 □ No		
	<ul> <li>4 – A LOCAL government emp</li> <li>5 – Self-employed in OWN bus professional practice, or fa</li> </ul>	CAL government employee? employed in OWN business, essional practice, or farm?			for a Medicare premium?		ŀ	(IRA & Keogh)? Exclude rollovers. b. Ask if item 13a is marked "Yes" – How much?	644	2 [_] INO		00
	6 – Working WITHOUT PAY in business or farm?	family	2 🗌 No	f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Number	14.		645	<ul> <li>▶</li> <li>1 □ Record</li> <li>2 □ No record</li> </ul>	ds	

	Section 4 — WORK EXPERIEN	CE AND INCOME – Conti	Jed	
	Part A	FIELD REPRESEN	ATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years	old or over.
1.	FIELD REPRESENTATIVE ITEM       PROCESS         Enter the first name and line       USE ON         number of each CU member       a. NAME         14 years old and over.       .		Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE Ask if item 2 marked "Did not work" – 8. During the past 12 receive – a. Any Supplemental checks from the U. b. Any Supplemental	Security Income 624 1 Ves 2 No
2.	b. LINE NU In the last 12 months, how many week did work either full-time or part-tim not counting work around the house? Include paid vacation and paid sick lea	603 Weeks 0  _ Did not work -	1 - Retired?       609       Code       checks from the St Government?         2 - Taking care of home/family?       - Going to school?       Ask if items 8a and/o         3 - Going to school?       - III, disabled, unable to work?       - How much did         5 - Unable to find work?       - Specify -       How much did         6 - Doing something else? - Specify -       Supplemental Security       Supplemental Security	ate or local <i>i</i> 8b are marked receive in rity Income
3. 4a	In the weeks that worked, how ma hours did usually work per week? Show Information Booklet, page 44 The job in which received the mose earnings during the past 12 months fits best in the following category: Enter one code. Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, includin clerical 05 - Sales, retail	605 Code	<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> <li>b. 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>610 1 Yes 2 No - Go to item 6b 611 \$</li> <li>611 Yes 2 No - Go to item 6c 11 Yes 2 No - Go to item 6</li></ul>	626.00if item 6a is marked $627$ .00go to item 13a. $628$ 1 $B28$ 1Week5 $2$ 2Weeks6 $2$ 2Weeks6 $3$ Month $4$ Quarter7 $7$ Twice a monthwas deducted fromYesNo $4$ $2$ $630$ \$ $2$ $2$ $630$ \$ $2$ $1$ $2$ $630$ \$
	<ul> <li>06 - Sales, business goods and servic</li> <li>07 - Technician</li> <li>Service</li> <li>08 - Protective service</li> <li>09 - Private household service</li> <li>10 - Other service</li> <li>Operator, assembler, laborer</li> <li>11 - Machine operator, assembler, inspector</li> <li>12 - Transportation operator</li> </ul>	95	614       1       Loss       D. State and rocar methods         C. Income or loss from's own farm?       615       1       Yes       C. Social Security inc         What was the amount of income or loss after expenses?       616       0.00       C. Social Security inc         616       0.00       0.00       F. Private pension fur	Iuding Medicare?       633       1       2       .00         t?       634       1       2       635       \$
	<ul> <li>13 - Handler, helper, laborer</li> <li>Precision production, craft, repair</li> <li>14 - Mechanic, repairer, precision production</li> <li>15 - Construction, mining</li> <li>Farming, forestry, fishing</li> <li>16 - Farming</li> <li>17 - Forestry, fishing, groundskeepin</li> <li>Armed forces</li> <li>18 - Armed forces</li> </ul>		<ul> <li>7. During the past 12 months, did receive from the U.S. Government any money –</li> <li>a. From Social Security checks?</li> <li>b. From Railroad Retirement checks?</li> <li>619 1 Yes 2 No</li> <li>11. Does the money ded Security cover only portion of Social Securi</li></ul>	ked "No" -     payments normally       payments normally     640       paycheck?     640       g is marked "Yes" -       lucted for Social the Medicare curity?
b	<ul> <li>Was</li> <li>CODE</li> <li>1 - An employee of a PRIVATE company, business, or individual 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 business,</li> </ul>	incorporated?	<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> <li>i</li></ul>	that worked       642       1 □ Yes         12 months       2 □ No         sion or retirement       2 □ No         nonths, did       643       1 □ Yes         a retirement plan       643       2 □ No         etirement Account       643       2 □ No
	<ul> <li>6 - Generation of the business, professional practice, or farm?</li> <li>6 - Working WITHOUT PAY in family business or farm?</li> </ul>	608 1 ☐ Yes 2 ☐ No	f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?       623       Number       14.       FIELD REPRESENTATION Mark (X) the appropriative respondent's use of responses to items 6-	VE CHECK ITEM ate box based upon of records in providing 644 1  Records 2  No records used

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

	Section 4 — WORK EXPERIENCE AND	INCOME – Continued							
	Part A	FIELD REPRESEN	TATIVE – Complete at Week 2 pickup. Ask a s	separate page in Part A for	each CU mem	nber 14 years old or over.			
1.	FIELD REPRESENTATIVE ITEMPROCESSING USE ONLYEnter the first name and line number of each CU member 14 years old and over.a. NAMEb. LINE NUMBER	601 <b>5</b>	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE		a. Any Su checks b. Any Su	upplemental Security Income s from the U.S. Government? upplemental Security Income		1 🗌 Yes 2 🗌 No	
2.		603 Weeks 0 □ Did not work – <i>Go to item 5</i>	<ol> <li>1 - Retired?</li> <li>2 - Taking care of home/family?</li> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify </li> </ol>	609Code	Goverr Ask if it "Yes" – How m Supple	nment? items 8a and/or 8b are marked - nuch did receive in emental Security Income	625	1 🗌 Yes 2 🗌 No	.00
3.	In the weeks that worked, how many hours did usually work per week?	604 Hours per week			checks	s altogether?	020	\$	.00
4	Show Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: Enter one code. Manager, professional	605 Code	<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>	610 1 ☐ Yes 2 ☐ No – <i>Go to item 6b</i>	"YES". If 6a is <b>9. What v</b>	ms 9–12 only if item 6a is marked marked "No," go to item 13a. was the gross amount of's ay and what period of time did over?	627 628	\$	.00 5    Year 6    Other – <i>Specify</i>  7    Twice a month
	Nanager, professional O1 – Administrator, manager O2 – Teacher O3 – Professional Administrative support, technical, sales O4 – Administrative support, including		b. Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 🗌 Yes 2 🗌 No – Go to item 6c	<b>'s la</b> If YES -	here any money deducted from ast pay for – – How much was deducted? al income tax?	¥е 629	   	Amount 630 \$00
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician		What was the amount of income or loss after expenses?	613 \$       .00         614 1 □ Loss		and local income tax? Security including Medicare?	631 633		632 <b>\$</b> 00
	Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler,		C. Income or loss from's own farm? What was the amount of income or loss after expenses?	615 1	d. Railroa	ad Retirement?	634 636		635       \$       .00         637       \$       .00
	inspector 12 – Transportation operator 13 – Handler, helper, laborer			617 1 🗌 Loss	f. Private	e pension fund?	638		639 \$00
	Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining			618 1 🗌 Yes	g. Ask if it Are So	tem 10c is marked "No" – ocial Security payments normally ted from your paycheck?	640		
	Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces		<ul> <li>a. From Social Security checks?</li> <li>b. From Railroad Retirement checks?</li> </ul>	2 🗌 No 619 1 🗌 Yes 2 🗌 No	11. Does the Securit	item 10c or 10g is marked "Yes" – he money deducted for Social ty cover only the Medicare n of Social Security?	641	1 🗌 Yes 2 🗌 No	
k	D. Was CODE 1 – An employee of a PRIVATE	607 Code	<b>c.</b> FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	620 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a	employ for dur contrib	than Social Security, did any yer or union that worked ring the last 12 months bute to a pension or retirement hat was enrolled in?	642	1 □ Yes 2 □ No	
	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,	Ask if code 5 and not a farm – Is the business incorporated?	e. Is this amount AFTER the deduction for a Medicare promium?	621 \$ .00 622 1 \ Yes 2 \ No	13a. During place a such as (IRA &	the past 12 months, did any money in a retirement plan s Individual Retirement Account Keogh)? Exclude rollovers.	643	1 🗌 Yes 2 🗌 No	
	professional practice, or farm? 6 – Working WITHOUT PAY in family	608 1 □ Yes 2 □ No			b. Ask if it How m	item 13a is marked "Yes" – nuch?	644	\$	.00
	business or farm?		many Social Security or Railroad Retirement payments did receive?	623 Number	Mark (X the resp	REPRESENTATIVE CHECK ITEM X) the appropriate box based upon pondent's use of records in providing ses to items 6–13.	645	1 🗌 Records 2 🗌 No recor	

	Section 4 — WORK EXPERIENCE AND INCOME - Continued													
F	Part A		FIELD REPRESEN	ΤΑΤΙν	/E – Complete at Week 2 pickup. Ask a s	separate page in Part A for	each	n CU member 14 years old or over.						
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.			5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was			During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?	624	1 🗌 Ye 2 🗌 Ne				
2.	In the last 12 months, how ma did work either full-time o not counting work around the Include paid vacation and pai	or part-time, e house?	602 603 Weeks 0 □ Did not work – <i>Go to item 5</i>		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 <sub>77</sub>	609Code		<ul> <li>b. Any Supplemental Security Income checks from the State or local Government?</li> <li>Ask if items 8a and/or 8b are marked "Yes" –</li> <li>How much did receive in Supplemental Security Income</li> </ul>	625	1 🗌 Ye 2 🗌 Ne				
3.	In the weeks that worked hours did usually work p	d, how many er week?	604 Hours per week					checks altogether?	626 \$00					
4a.	Show Information Booklet, page The job in which received earnings during the past 12 r fits best in the following cat Enter one code.	Information Booklet, page 44 ob in which received the most ngs during the past 12 months est in the following category: one code.		Information Booklet, page 44 ob in which received the most ngs during the past 12 months est in the following category: one code.			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	610 1 □ Yes 2 □ No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627 628	\$1 W 2 2 ^ 3 M 4 Q1	Weeks Ionth	.00 5 □ Year 6 □ Other – <i>Specify</i> <del>↓</del> 7 □ Twice a month
Manager, professional 01 – Administrator, manage 02 – Teacher 03 – Professional Administrative support, techni		al, sales	605 Code			612 1 🗌 Yes 2 🗌 No – Go to item 6c		<ul> <li>Was there any money deducted from         <ul> <li>'s last pay for –</li> <li>If YES – How much was deducted?</li> </ul> </li> <li>Federal income tax?</li> </ul>	629		No 2 🗌	Amount 630 \$00		
	04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician				What was the amount of income or loss after expenses?	613 \$00 614 1 🗌 Loss		b. State and local income tax?	631			632 <b>\$</b> 00		
	Service 08 – Protective service 09 – Private household servic 10 – Other service	ce		c.	Income or loss from's own farm?	615 1 🗌 Yes 2 🗌 No – Go to item 7		<ul> <li>C. Social Security including Medicare?</li> <li>d. Railroad Retirement?</li> </ul>	633 634		2	635   \$00		
	Operator, assembler, laborer 11 – Machine operator, asser inspector 12 – Transportation operator	r			What was the amount of income or loss after expenses?	616     \$00       617     1 □ Loss		e. Government Retirement? f. Private pension fund?	636 638			637     \$     .00       639     \$     .00		
	<ul> <li>13 - Handler, helper, laborer</li> <li>Precision production, craft, repair</li> <li>14 - Mechanic, repairer, precision production</li> <li>15 - Construction, mining</li> </ul>			7. a.	During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	618 1 🗌 Yes 2 🗌 No		<b>g.</b> Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640	   	2 🗌			
	Farming, forestry, fishing <b>16 – Farming</b> <b>17 – Forestry, fishing, groun</b> Armed forces <b>18 – Armed forces</b>	oundskeeping		b.	From Railroad Retirement checks?	619 1 🗌 Yes 2 🗌 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 🗌 Ye 2 🗌 Ne				
b.	Was CODE 1 – An employee of a PRIVAT	re		_	FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	620 1 □ Yes – Go to item 70 2 □ No – Go to item 8a		• Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642	1 🗌 Ye 2 🗌 Ne				
	company, business, or in working for wages or sal 2 – A FEDERAL government of 3 – A STATE government em 4 – A LOCAL government em	ss, or individual es or salary? rnment employee? nent employee? nent employee?			What was the amount of the last Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	621 \$ .00	13	a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	643	1 🗌 Ye 2 🗌 Ne				
	<ul> <li>5 - Self-employed in OWN bu professional practice, or</li> <li>6 - Working WITHOUT PAY in business or farm?</li> </ul>	farm?	608 1 □ Yes 2 □ No	f.	During the past 12 months, how			<b>b.</b> Ask if item 13a is marked "Yes" – How much?	644	\$		.00		
	Dusiness of Tarm?				many Social Security or Railroad Retirement payments did receive?	[623] Number	14.	• FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	645		ecords o record	ls used		

	Section 4 — WORK EXPERIENCE A	ND INCOME – Contin	nued						
l	Part A	FIELD REPRESEN	TATIVE – Complete at Week 2 pickup. Ask a s	separate page in Part A for	r each C	CU member 14 years old or over.			
1.	FIELD REPRESENTATIVE ITEM       PROCESSING USE ONLY         Enter the first name and line number of each CU member 14 years old and over.       a. NAME	601 <b>7</b>	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE			During the past 12 months, did receive – Any Supplemental Security Income checks from the U.S. Government? Any Supplemental Security Income	624	1 🗌 Yes 2 🗌 No	
2.	<b>b.</b> LINE NUMBER 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.	602 603 Weeks 0 □ Did not work – <i>Go to item 5</i>	1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify <sub>↓</sub>	609Code		checks from the State or local Government? Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income	625	1 🗌 Yes 2 🗌 No	
3.	In the weeks that worked, how many hours did usually work per week?	604 Hours per week				checks altogether?	626	\$	.00
4a.	Show Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: Enter one code.	605 Code	<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 maximal before any deductions?</li> </ul>	610 1 ☐ Yes 2 ☐ No – <i>Go to item 6b</i> 611 ≰ .00	<sup>,</sup> 9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627 628	\$	$ \begin{array}{c}         .00 \\         5 \Box \text{ Year} \\         6 \Box \text{ Other} - Specify \\         \overrightarrow{V} \\         7 \Box \text{ Twice a month} \end{array} $
	Manager, professional O1 – Administrator, manager O2 – Teacher O3 – Professional Administrative support, technical, sales O4 – Administrative support, including	605] Code	b. Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 🗌 Yes 2 🗌 No – Go to item 6c		Was there any money deducted from 's last pay for – <i>If YES</i> – How much was deducted? Federal income tax?	629	es No	Amount 630 \$00
	<ul> <li>Administrative support, including clerical</li> <li>05 – Sales, retail</li> <li>06 – Sales, business goods and services</li> <li>07 – Technician</li> </ul>		What was the amount of income or loss after expenses?	613 \$00 614 1 🗌 Loss	b.	State and local income tax?	631		632 <b>\$</b> 00
	Service 08 – Protective service 09 – Private household service 10 – Other service		What was the amount of income or	615 1 🗌 Yes 2 🗌 No – <i>Go to item</i> 7		Social Security including Medicare? Railroad Retirement?	633 634		635 \$00
	Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer		loss after expenses?	616 \$00 617 1 🗆 Loss		Government Retirement? Private pension fund?	636 638		637       \$       .00         639       \$       .00
	Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining		<ul> <li>During the past 12 months, did receive from the U.S. Government any money –</li> <li>Cram Social Society shocks?</li> </ul>	618 1 🗌 Yes 2 🗌 No	g.	Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640		
	Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces		<ul> <li>a. From Social Security checks?</li> <li>b. From Railroad Retirement checks?</li> </ul>	619 1 🗌 Yes 2 🗌 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 🗌 Yes 2 🗌 No	
b	Was CODE 1 – An employee of a PRIVATE	607 Code	<b>c.</b> FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	620 1 🗌 Yes – Go to item 7d 2 🗌 No – Go to item 8a		Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642	1 🗌 Yes 2 🗌 No	
	<ul> <li>company, business, or individual 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 business,</li> </ul>	Ask if code 5 and not a farm – Is the business incorporated?	Retirement payment received?	621 \$ .00 622 1 \(\) Yes 2 \(\) No		During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	643	1 🗌 Yes 2 🗌 No	
	<ul> <li>5 - Self-employed in OWN business, professional practice, or farm?</li> <li>6 - Working WITHOUT PAY in family business or farm?</li> </ul>	608 1 🗌 Yes 2 🗌 No	f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Number		Ask if item 13a is marked "Yes" – How much? FIELD REPRESENTATIVE CHECK ITEM	644	\$ 1	
						Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.		2 🗌 No reco	rds used

	Section 4 — WORK EXPERIENCE AND INCOME - Continued											
	Part B – Ask for entire CU as a group	FIELD REPRESEN	-	VE – Complete at Week 2 pickup. Ask these ite		roup	<i>D.</i>					
1.	During the past 12 months, did you (or any members of your CU) receive income from any of the following –	701 1 Yes COMP	i.	Income from regular contributions from – (1) Alimony?	723 1 Yes 2 No A LIMSUP	4.	During the past 12 months, did you (o of your CU) pay any – If YES – What was the total amount paid	-	744 1 🗆 Yes A DDFED			
é	a. Income from unemployment compensation?	2 🗌 No – Go to item 1b		(2) Other sources such as from persons			members?	-	2 No			
	<i>If YES</i> – What was the total amount received by ALL CU members?	702 \$ UNEMPX .00		outside the CU?		a	<ol> <li>Federal income tax in addition to that v earnings?</li> </ol>	withneid from	745 <b>\$</b> A DDFEDX00			
k	<ul> <li>Income from worker's compensation or veteran's benefits including education benefits, but excluding military retirement?</li> </ul>	703 1 🗌 Yes WORK COMP 2 🗌 No – Go to item 1c		If YES – for item i(1) or i(2) – Altogether what was the total amount received by ALL CU members?	725 <b>\$</b> A LIOTHX .00	b	D. State and local income tax in addition withheld from earnings?		746         1         Yes         A DDSTA           2         No         No         No           747         \$A DDSTA X00         .00			
	If YES – What was the total amount received by ALL CU members?	704 <b>\$</b> WRKRSX .00	2.	During the past 12 months, did you (or any members of your CU) receive any –					748 1 Yes TA X PROP			
•	Income from public assistance or welfare including money received from job training grants such as Jobs Corps?	705 1 □ Yes PA WELFA R 2 □ No - Go to item 1d		Lump sum payments from estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU?	726 1 ☐ Yes LUMP 2 ☐ No – <i>Go to item 2b</i>	c	. Perșonal property taxes not reported		749 \$ TA X PROPX .00			
	If YES – What was the total amount received by ALL CU members?	706 \$00		If YES – What was the total amount received by ALL CU members?	727 <b>\$LUMPX</b> 00	d	I. Other taxes not reported elsewhere? /	Do not include	750 1 Yes - Specify in Notes on page 18 2 No			
C	<ol> <li>Income from interest on savings accounts or bonds?</li> </ol>	707 1 □ Yes INT 2 □ No - Go to item 1e	b.	Money from the sale of household furnishings, equipment, clothing, jewelry, pets or other belongings, excluding the	728 1 ☐ Yes SA LE 2 ☐ No – <i>Go to item 2c</i>	5.	Social Security tax for the self-employed. During the past 12 months, did you or	or any member of	751 \$ A DDOTHX .00			
	<i>If YES</i> – What was the total amount received by ALL CU members?	708 \$00		sale of vehicles or property? If YES – What was the total amount			your ČU have any occupational expen union dues, tools, uniforms, business association dues, licenses, or permits	s or professional	752 1 🗌 Yes OCCEX PN			
e	e. Regular income from dividends, royalties, estates, or trusts?	709 1 🗌 Yes DIV 2 🗌 No – Go to item 1f	c.	received by ALL CU members? Other money income, including money	729 \$ \$00	-	If YES – What was the total amount of occupational expenses?	f these	2 NO 753 \$ OCCEX PNX00			
	If YES – What was the total amount received by ALL CU members?	710 \$00	-	received from cash scholarships and fellowships, stipends not based on working, or from the care of foster	 730 1 □ γes OTHIN	6a	<ol> <li>During the past 12 months, have any menory received any free meals at work as part of the second seco</li></ol>	embers of your CU of their pay?	754 1 □ Yes FREEMEA L 2 □ No − <i>Go to item 7a</i>			
f	<ul> <li>Income from pensions or annuities from private companies, military, or Government, IRA, or Keogh?</li> </ul>	711 1 ☐ Yes PENSION 2 ☐ No - Go to item 1g		children? If YES – What was the total amount	2 🗆 No – Go to item 3 731 💲 OTHINX .00	b	D. About what was the weekly dollar val meals?	alue of such	755 <b>\$</b> FREEMLX .00			
	If VES - What was the total amount		3.	received by ALL CU members? During the past 12 months, did you (or any members of your CU) receive any refunds	731 \$OTHINX00	C	How many weeks did members of you such meals during the past 12 months If CU owns this unit – Go to item 8a.	<u>.</u>	756 MEALWKI of weeks			
ç	J. Net income or loss from any type of rental of rooms or living units?	713 1 🗌 Yes RENTA L 2 🗌 No – <i>Go to item 1h</i>		from the following – If YES – What was the total amount received by ALL CU members?	732 1 2 Yes FEDREF 2 2 No	7a	<ol> <li>Did you or any members of your CU re reduced rent for this unit as a form of past 12 months?</li> </ol>	eceive any free or f pay during the	757 1 ☐ Yes RTA SPA Y 2 ☐ No – <i>Go to item 8a</i>			
	<ul> <li>If YES –</li> <li>(1) How much net income or loss was received from roomers or boarders?</li> </ul>	714 \$ ROOMX .00	-	Federal income tax?	733 \$ FEDREFX       .00         734 1 Yes       Yes         2 No         735 \$ STATREFX       .00		<ul> <li>What is the rental charge to another to similar unit?</li> </ul>	tenant for a	758 \$ RTCOMPX .00			
		715 0 None 1 Loss					. What period of time does this cover?		759 1 🗌 Week			
	(2) How much net income or loss was received from payments from other rental units?	716 \$ OTHRNTX .00	b.	State and local income tax?	736 1 Yes SSREF	-			2 2 2 Weeks 3 3 Month			
_		717 0 None 1 Loss OTHLOSS	c.	Overpayment on Social Security?	2 🗆 No [737] <b>\$</b> SSREFX .00				4 □ Other – <i>Specify</i> RTCMPPD			
	1. Income from child support?	718 1 Yes CHDSUP 2 No – Go to item 1i			738 1 Yes INSREF	8a	a. During the past 12 months, have any CU received any Food Stamps?	members of your	760 1   Yes REC_FS 2   No - End interview			
	If YES – (1) Did you receive a one time lump sum payment for child support?	719 1 ☐ Yes CHDLMP 2 ☐ No - Go to <i>item 1h(2)</i>		Insurance policies?	739 <b>\$INSREFX00</b>	b	In how many of the past 12 months w received?	were Food Stamps	FS_MTHI         Number of months			
	If YES – What was the total amount received by ALL CU members in last 12 months?	720 \$ CHDLMPX .00	e.	Property taxes?	740       1 □ Yes       PTA X REF         2 □ No       No         741       \$ PTA X REFX       .00		a. In the past month, have any members received any Food Stamps?		762 1 Yes FD_STMPS 2 No - End interview			
	(2) Did you receive any child support payments in other than a lump sum amount?	721 1 Yes CHDSPOTH 2 No – Go to item 1i		Other sources, including any other taxes?	742 1 □ Yes - <i>Specify</i> <sub>✓</sub> OTHREF		stamps were received during the 763	Month Day Year	<b>c</b> 766 \$ FS_A MT .00			
	If YES – What was the total amount received by ALL CU members in last 12 months?	722 \$00			2 🗆 No 743 \$	С	<b>c.</b> What is the dollar value of the Food Stamps received on (Date in 9b)?	Month Day Year	767 \$     .00       768 \$     .00			
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NOTES	

	AREA SEGMENTS		PERMIT SEGMENTS	UNIT SE	GMENTS	SEPARA	NUMBER OF EXTRA UNITS	
Start Here				Single Unit	Multi-Unit			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
check the listing heet. Is the address f the additional living uarter already listed?	Are the additional living quarters within the area segment boundaries?	Are the additional living quarters in a group quarters?	Are the additional living quarters within the same structure and within the same space (See Footnote 1) occupied by the original sample unit?	Are the additional living quarters within the basic address (house number and street name) of the original sample unit?	Are the additional living quarters within the same space (See Footnote 1) occupied by the original sample unit? and Are the additinal living quarters the result of a split apartment?	Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?	Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?	Have you found more than 3 EXTRA units?
	<ul> <li>Yes - Go to column (3).</li> <li>No - Stop Table X; do not interview.</li> </ul>			☐ Yes – Go to column (7). ☐ No – Stop Table X; do not interview.	<ul> <li>Yes to both questions - Go to column (7).</li> <li>No to either question - Stop Table X; do not interview.</li> </ul>	<ul> <li>Yes - Go to column (8).</li> <li>No - Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview.</li> </ul>	<ul> <li>Yes - An EXTRA unit. Go to column (9).</li> <li>No - Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview.</li> </ul>	<ul> <li>Yes – Call your RO for instructions on which units to interview. The enter the basic addres and unit designation any) of the EXTRA un onto the listing sheet and fill out new Conto Cards and questionnaires for th units. (See Footnote</li> <li>No – Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and out new Control Cards and questionnaires for the se units. (See Footnote the stress and unit designation (if any) of the EXTRA units onto the listing sheet and out new Control Cards and questionnaires for these units. (See Footnote 2)</li> </ul>
e – If you determine that yo	u have found an EXTRA unit a	t a single unit address in a UN	IIT segment (yes in column (5))	), you must prepare an INTER- NOTES	COMM and fill out a BLANK lis	sting sheet listing each unit at	the address.	
				NOTES				

17.	7. RECORD OF TRAVEL TIME       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	(a)	(b)	Reason ( (c)	OFFICE USE ONLY	(a)	(b)		Reason (c)	OFFICE USE ONLY	PERSC	ONAL CONTACT CODES
		a.m. p.m.	832	833		Began a.m. p.m.	840	841		Began	a.m. p.m.	848	849	<b>4</b> – Personal <b>5</b> – Personal <b>6</b> – Other pe	visit to collect data visit to schedule appointment rsonal visit
1		a.m. p.m.	VISIT		5	Ended a.m. p.m.			9	Ended	a.m. p.m.			DIARY Month/Date	PICKUP APPOINTMENTS Time
		a.m. p.m.	834	835		Began a.m. p.m.	842	843		Began	a.m. p.m.	850	851	Week 1	a.m. p.m. a.m.
2		a.m. p.m.			6	Ended a.m. p.m.			10	Ended	a.m. p.m.			Field Representative name	Field Representative
3		a.m. p.m.	836	837	7	Began a.m. p.m.	844	845	11	Began	a.m. p.m.	852	853	NOTES	I
3		a.m. p.m.			-	Ended a.m. p.m.			11	Ended	a.m. p.m.				
		a.m. p.m.	838	839		Began a.m. p.m.	846	847		Began	a.m. p.m.	854	855		
4		nded a.m. p.m.			8	Ended a.m. p.m.			12	Ended a.m. p.m.					
18.	RECORD OF IN	NTER	VIEW AND OP		Y TI	ME	· •		<u> </u>				<u>.</u>		
						Tir	ne					OFFICE U	SE ONLY		
	Activity		Bagan	1st Ended		2r	ended	Baa		3rd Ende		Total m	ninutes		
			Began	Ended		Began	Ended	Beg	Jan	Ende	<u>u</u>	856			
	Interviewing		a.r p.r		a.m p.m		a.m. p.m.			.m. .m.	a.m. p.m.		NTER		
												857			
	Field Representative review		a.r p.r		a.m p.m			.m. .m.		.m. .m.	a.m. p.m.	TM_I	REV		
			a.r		a.m							858 TM_	EDIT		
	Office edit		p.r	n.	p.m										

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