<b>NOTE:</b> Office s	taff should complete transc	ription items 1–4 belo	ow for intervie	wed CU's oi	nly.					
<b>1.</b> Regional Office code	2. CONTROL NUMBER PSU code   Segment   number	<sup> </sup> Segment number <sup> </sup> suffix 	Sample designation <b>Q</b>	Serial       number     	Serial suffix	Check   digit 	<b>3a.</b> HH No.	<b>3b.</b> CU No.	<b>4.</b> Intervi □ 2 □ 3	iew No. □ 4 □ 5

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS



QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS FORM **CE-302** (4-1-2001)

S	ection	1 – GEN	ERAL	_ SU	JRVEY IN	IFORM	ΛΑΤΙΟ	DN										FORM <b>CE-302</b>	
P	art A -	- Field Re	pres	enta	ative Rec	ords		1 0	)1 25	3 🗸								(4+1-2001)	
<b>1.</b> Re	gional	<b>2.</b> Control PSU code			<b>0</b>									<b>3a.</b> HH No.	<b>3b.</b> C	U No. <b>4</b>	<ul> <li>Interview No.</li> </ul>		Q
	nce coue	PSU code	Segmen	nt No.'	Segment num	ber suffix	Sample (	designatioi	n   Seria	al No.   Se	rial suffix	Check digi	It				$\square 2 \qquad \square 4$	Q	UARTE
							<b>0</b>		1										CONSUM
							<u> </u>		1	I								-	
<b>5</b> . R	ECORD C			ТАСТ	S AND REAS	SON FOR		ACT – Eni	ter coo	de for rea	son of tele	ephone co	onta	act from list	of codes	below.		NOTICE - Your report to the	Census Bu
Call		Reason		Call		eason		Call		Reasor		RE	ASO	ON FOR		ICE USI		only by sworn Census emplo	-
(a) 1	0020	(b)		(a) 5	0100	(b)		(a) 9 01	80	(b)		-		E CONTACT	0050			<b>7.</b> RECORD OF INTERVIEW AND	
	0040				0120				00					one call ct data	0250			Activity	
				6								2 Tele		one call to					1
3	0060			7	0140			11 02	20			app	oint	tment				Interviewing	
4	0800			8	0160			12 02	40			3 Othe call	er te	elephone				Field Representative review	
<b>6.</b> R	ECORD C	F TRAVEL T	IME AN	D RE	ASON FOR V	ISIT - R	ecord tr	avel time	and e	enter cod	e for				ON FOR			Office edit	
						re	eason oi	VISIT Troi	m list (	of codes	at right.			ersonal visit t ersonal visit t			ntment	Office transcription	
							1					6	Ot	her persona	l visit			8. QUESTIONNAIRE DEBRIEFIN	G – Comp
Trip (a)		Time (b)		ason (c)	OFFICE USE ONLY	Trip (a)		Time (b)		Reason (c)	OFFICE U ONLY	SE Trip (a)		Time (b)	e	Reason (c)	OFFICE USE ONLY	<b>a.</b> Enter the line number of a code 99 for non CU mem	the respond ber.
	Begar	ו a.r	n 02	270	0280		Began		a.m.	0390	0400			Began	a.m.	0510	0520	0660 Line number of	main respo
1		p.ı				5			p.m.			9			p.m.			<b>b.</b> Enter the line number(s) of	
<b>'</b>	Endec	l a.r	n.				Ended		a.m.					Ended	a.m.				
		p.ı							p.m.						p.m.			0670	0700
	Begar	n a.r	n. 03	300	0310		Began		a.m.	0420	0430			Began	a.m.	0540	0550		0710
2		p.ı	n.			6			p.m.			10	)		p.m.	-		0680	0710
	Endec	a.r	n.				Ended		a.m.					Ended	a.m.			0690	0720
	Begar	p.ı					Began		p.m.					Began	p.m.				
	Degai	a.r	···	330	0340		Degan		a.m.	0450	0460			began	a.m.	0570	0580	C. In answering questions al expense books, tax return	oout expen is, or other
3	Endeo	p.ı	n.			7	Ended		p.m.			11		Ended	p.m.	-		Mark (X) one.	
		а.г р.г							a.m. p.m.						a.m. p.m.			0760 1 Always	з 🗆 Мо
	Begar			360	0370		Began		p	0480	0490			Began	p.m.	0600	0610	2 Almost always	4 🗌 Oc
		a.r p.i	···	500	0370				a.m. p.m.	0400	0490				a.m. p.m.	0000	0010	<b>d.</b> If any bills, receipts, or recost information?	cords were
4	Endec	ł				8	Ended					12	2	Ended	-			Mark (X) all that apply.	
		a.r p.i							a.m. p.m.						a.m. p.m.			0770 1 Bills 0780 2 Checkbook ledger	0800 4 0810 5
								N	OTES		-					•		or stubs	
																		0790 3 Canceled checks	0820 6
																		<b>9.</b> LAST SECTION COMPLETED	
																		If the respondent did not con the last section completed.	πριειε της Ι
																		0850 Section nu	mber

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS UESTIONNAIRE **RLY INTERVIEW SURVEY** IER EXPENDITURE SURVEYS reau is **confidential** by law (title 13, U.S. Code). It may be seen hay be used only for statistical purposes. CTIVITY TIME TIME **OFFICE USE ONLY** Ended Total minutes Began a.m. p.m. a.m. 0620 p.m. a.m. p.m. a.m. 0630 p.m. a.m. p.m. a.m. 0640 p.m. a.m. p.m. a.m. 0650 p.m. lete at the conclusion of interview. dent who answered the most questionnaire sections – Enter ondent respondents – Enter code 99 for non CU member. 0730 0740 0750 nses, did the respondent consult bills, receipts, check stubs, records? 5 Almost never ostly 6 🗌 Never casionally used, which ones did the respondent(s) use to give 0830 7 Bank statements Receipts of purchase (sales slips) Home file (provided by Census Bureau) 0840 8 Other Contracts or agreements PROCESSING USE ONLY interview to its conclusion, enter 2 0 0 1 0860

	Sectio	n 1 – GE	NER	AL SU	JRVEY IN	FORM	ΛΑΤΙΟ	N									FORM (4-1-200	CE-302			
	Part A	– Field F	Repr	resenta	ative Rec	ords		1	I 01 25	3 🗸							(4-1-200	1)			
<b>1.</b> F	Regional Office code	<b>2.</b> Contro PSU code			Segment num		Sample o	designa	tion   Seri       	ial No. <sup> </sup> Se       	rial suffix         	Check digit	<b>За.</b> нн No	. <b>3b.</b> c	U No. <b>4</b>	Interview No. □ 2 □ 4 □ 3 □ 5	-			(	Q QUARTE CONSUM
5.	RECORD	OF TELEPH	ONE C	CONTACT	TS AND REA	SON FO	R CONTA	ACT – I	Enter co	de for rea	son of tele	phone coi	ntact from list	of codes	below.		N	DTICE -	Your re	port to th	e Census Bu
Call	1	Reason		Call		eason		Call		Reasor		REA	SON FOR	r	FICE USE	ONLY				•	oyees and m
(a) 1	0020	(b)		(a) 5	0100	(b)		(a) 9	0180	(b)		-	NE CONTACT	0050			<b>7.</b> RI	ECORD	OF INTER	IVIEW AN	ND OFFICE A
<u> </u>	0040				0120				0200				hone call llect data	0250				Act	ivity		E
2				6								2 Telep	hone call to Jule				_				C
3	0060			7	0140				0220			арро	intment					viewing			
4	0080			8	0160			12	0240			3 Other call	telephone				Field	Represe	entative i	eview	
6.	RECORD	OF TRAVEL	TIME	AND RE	ASON FOR V	/ISIT – F	Record tr	avel tii <sup>E</sup> visit f	me and	enter cod of codes	e for at right			SON FOR			Office	e edit			
							0101	VISIC		01 00003	at right.	5	Personal visit Personal visit	to schedu		ntment	Office	e transci	iption		
-					<b></b>	1					<b></b>		Other persona		_	<b></b>					NG – <i>Compl</i>
Tri (a)		Time (b)		Reason (c)	OFFICE USE ONLY	Trip (a)		Time (b)		Reason (c)	OFFICE US	SE Trip (a)	Tim (b)		Reason (c)	OFFICE USE ONLY	a	Enter : code 9	the line r 19 for no	number o n CU mer	f the respond mber.
	Bega	n		0270	0280		Began			0390	0400		Began		0510	0520	0660	1		number e	f main rooma
			a.m. p.m.	[]					a.m. p.m.	[]				a.m. p.m.		[]	-				f main respo ) of all other
	Ende		a.m.			5	Ended		a.m.			9	Ended	a.m.				Enter i	ine nne i		
			p.m.						p.m.					p.m.			0670			1	0700
	Bega		a.m.	0300	0310		Began		a.m.	0420	0430		Began	a.m.	0540	0550				   	
2			p.m.			6			p.m.	-		10		p.m.	-		0680				0710
	Ende		a.m.				Ended		a.m.				Ended	a.m.			0690	7		 	0720
	Bega		p.m.				Began		p.m.				Began	p.m.						<u>i</u>	
	Dega	ä	a.m.	0330	0340		Began		a.m. p.m.	0450	0460		Degan	a.m.	0570	0580	С.	In ans expen	wering q se books	uestions , tax retu	about expen rns, or other
3	Ende		p.m.			7	Ended		p.m.	-		11	Ended	p.m.	-			Mark ()	X) one.		
			a.m. p.m.						a.m. p.m.					a.m. p.m.			0760	1 🗌 AI			з□ Мо
	Bega	n		0360	0370		Began		-	0480	0490		Began		0600	0610			most alv		
			a.m. p.m.	0000					a.m. p.m.		0.00			a.m. p.m.	0000	0010	u.	cost in	formatic	on?	records were
4	Ende		a.m.			8	Ended		a.m.			12	Ended	a.m.			0770	Mark ()	X) all tha 	t apply.	
			p.m.						p.m.					p.m.					iis ieckbook	ledger	0800 4 0810 5
									NOTES								0700	_	stubs inceled c	haaka	
																		_			0820 6
																	lf	the resp	ondent	OMPLETE did not co mpleted.	D omplete the i
																		0850		Section r	number

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS **UESTIONNAIRE RLY INTERVIEW SURVEY ER EXPENDITURE SURVEYS** reau is **confidential** by law (title 13, U.S. Code). It may be seen hay be used only for statistical purposes. CTIVITY TIME TIME **OFFICE USE ONLY** Ended Total minutes Began a.m. p.m. a.m. 0620 p.m. a.m. p.m. a.m. 0630 p.m. a.m. p.m. a.m. 0640 p.m. a.m. p.m. a.m. 0650 p.m. lete at the conclusion of interview. dent who answered the most questionnaire sections – Enter ondent respondents – Enter code 99 for non CU member. 0730 0740 0750 ses, did the respondent consult bills, receipts, check stubs, records? 5 Almost never ostly 6 🗌 Never casionally used, which ones did the respondent(s) use to give 0830 7 Bank statements Receipts of purchase (sales slips) Home file (provided by Census Bureau) 0840 8 Other Contracts or agreements PROCESSING USE ONLY interview to its conclusion, enter 2 0 0 1 0860

	Sectio	n 1 – GE	NER	AL SU	JRVEY IN	FORM	ΛΑΤΙΟ	N									FORM (4-1-200	CE-302			
	Part A	– Field F	Repr	resenta	ative Rec	ords		1	I 01 25	3 🗸							(4-1-200	1)			
<b>1.</b> F	Regional Office code	<b>2.</b> Contro PSU code			Segment num		Sample o	designa	tion   Seri       	ial No. <sup> </sup> Se       	rial suffix         	Check digit	<b>За.</b> нн No	. <b>3b.</b> c	U No. <b>4</b>	Interview No. □ 2 □ 4 □ 3 □ 5	-			(	Q QUARTE CONSUM
5.	RECORD	OF TELEPH	ONE C	CONTACT	TS AND REA	SON FO	R CONTA	ACT – I	Enter co	de for rea	son of tele	phone coi	ntact from list	of codes	below.		N	DTICE -	Your re	port to th	e Census Bu
Call	1	Reason		Call		eason		Call		Reasor		REA	SON FOR	r	FICE USE	ONLY				•	oyees and m
(a) 1	0020	(b)		(a) 5	0100	(b)		(a) 9	0180	(b)		-	NE CONTACT	0050			<b>7.</b> RI	ECORD	OF INTER	IVIEW AN	ND OFFICE A
<u> </u>	0040				0120				0200				hone call llect data	0250				Act	ivity		E
2				6								2 Telep	hone call to Jule				_				C
3	0060			7	0140				0220			арро	intment					viewing			
4	0080			8	0160			12	0240			3 Other call	telephone				Field	Represe	entative i	eview	
6.	RECORD	OF TRAVEL	TIME	AND RE	ASON FOR V	/ISIT – F	Record tr	avel tii <sup>E</sup> visit f	me and	enter cod of codes	e for at right			SON FOR			Office	e edit			
						1	0101	VISICI		01 00003	at right.	5	Personal visit Personal visit	to schedu		ntment	Office	e transci	iption		
-					<b></b>	1					<b></b>		Other persona		_	<b></b>					NG – <i>Compl</i>
Tri (a)		Time (b)		Reason (c)	OFFICE USE ONLY	Trip (a)		Time (b)		Reason (c)	OFFICE US	SE Trip (a)	Tim (b)		Reason (c)	OFFICE USE ONLY	a	Enter : code 9	the line r 19 for no	number o n CU mer	f the respond mber.
	Bega	n		0270	0280		Began			0390	0400		Began		0510	0520	0660	1		number o	f main rooma
			a.m. p.m.	[]					a.m. p.m.	[]				a.m. p.m.		[]	-				f main respo ) of all other
	Ende		a.m.			5	Ended		a.m.			9	Ended	a.m.				Enter i	ine nne i		
			p.m.						p.m.					p.m.			0670			1	0700
	Bega		a.m.	0300	0310		Began		a.m.	0420	0430		Began	a.m.	0540	0550				   	
2			p.m.			6			p.m.	-		10		p.m.	-		0680				0710
	Ende		a.m.				Ended		a.m.				Ended	a.m.			0690	7		 	0720
	Bega		p.m.				Began		p.m.				Began	p.m.						<u>i</u>	
	Dega	ä	a.m.	0330	0340		Began		a.m. p.m.	0450	0460		Degan	a.m.	0570	0580	С.	In ans expen	wering q se books	uestions , tax retu	about expen rns, or other
3	Ende		p.m.			7	Ended		p.m.	-		11	Ended	p.m.	-			Mark ()	X) one.		
			a.m. p.m.						a.m. p.m.					a.m. p.m.			0760	1 🗌 AI			з□ Мо
	Bega	n		0360	0370		Began		-	0480	0490		Began		0600	0610			most alv		
			a.m. p.m.	0000					a.m. p.m.		0.00			a.m. p.m.	0000	0010	u.	cost in	formatic	on?	records were
4	Ende		a.m.			8	Ended		a.m.			12	Ended	a.m.			0770	Mark ()	X) all tha 	t apply.	
			p.m.						p.m.					p.m.					iis ieckbook	ledger	0800 4 0810 5
									NOTES								0700	_	stubs inceled c	haaka	
																		_			0820 6
																	lf	the resp	ondent	OMPLETE did not co mpleted.	D omplete the i
																		0850		Section r	number

2 0 0 1

0860

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS **UESTIONNAIRE RLY INTERVIEW SURVEY ER EXPENDITURE SURVEYS** reau is **confidential** by law (title 13, U.S. Code). It may be seen hay be used only for statistical purposes. CTIVITY TIME TIME **OFFICE USE ONLY** Ended Total minutes Began a.m. p.m. a.m. 0620 p.m. a.m. p.m. a.m. 0630 p.m. a.m. p.m. a.m. 0640 p.m. a.m. p.m. a.m. 0650 p.m. lete at the conclusion of interview. dent who answered the most questionnaire sections – Enter ondent respondents – Enter code 99 for non CU member. 0730 0740 0750 ses, did the respondent consult bills, receipts, check stubs, records? 5 Almost never ostly 6 🗌 Never casionally used, which ones did the respondent(s) use to give 0830 7 Bank statements Receipts of purchase (sales slips) Home file (provided by Census Bureau) 0840 8 Other Contracts or agreements PROCESSING USE ONLY interview to its conclusion, enter

	Sectio	n 1 – GE	NER	AL SU	JRVEY IN	FORM	ΛΑΤΙΟ	N									FORM (4-1-200	CE-302			
	Part A	– Field F	Repr	resenta	ative Rec	ords		1	I 01 25	3 🗸							(4-1-200	1)			
<b>1.</b> F	Regional Office code	<b>2.</b> Contro PSU code			Segment num		Sample o	designa	tion   Seri       	ial No. <sup> </sup> Se       	rial suffix         	Check digit	<b>За.</b> нн No	. <b>3b.</b> c	U No. <b>4</b>	Interview No. □ 2 □ 4 □ 3 □ 5	-			(	Q QUARTE CONSUM
5.	RECORD	OF TELEPH	ONE C	CONTACT	TS AND REA	SON FO	R CONTA	ACT – I	Enter co	de for rea	son of tele	phone coi	ntact from list	of codes	below.		N	DTICE -	Your re	port to th	e Census Bu
Call	1	Reason		Call		eason		Call		Reasor		REA	SON FOR	r	FICE USE	ONLY				•	oyees and m
(a) 1	0020	(b)		(a) 5	0100	(b)		(a) 9	0180	(b)		-	NE CONTACT	0050			<b>7.</b> RI	ECORD	OF INTER	IVIEW AN	ND OFFICE A
<u> </u>	0040				0120				0200				hone call llect data	0250				Act	ivity		E
2				6								2 Telep	hone call to Jule				_				C
3	0060			7	0140				0220			appo	intment					viewing			
4	0080			8	0160			12	0240			3 Other call	telephone				Field	Represe	entative i	eview	
6.	RECORD	OF TRAVEL	TIME	AND RE	ASON FOR V	/ISIT – F	Record tr	avel tii <sup>E</sup> visit f	me and	enter cod of codes	e for at right			SON FOR			Office	e edit			
						1	0101	VISIC		01 00003	at right.	5	Personal visit Personal visit	to schedu		ntment	Office	e transci	iption		
-					<b></b>	1					<b></b>		Other persona		_	<b></b>					NG – <i>Compl</i>
Tri (a)		Time (b)		Reason (c)	OFFICE USE ONLY	Trip (a)		Time (b)		Reason (c)	OFFICE US	SE Trip (a)	Tim (b)		Reason (c)	OFFICE USE ONLY	a	Enter : code 9	the line r 19 for no	number o n CU mer	f the respond mber.
	Bega	n		0270	0280		Began			0390	0400		Began		0510	0520	0660	1		number e	f main rooma
			a.m. p.m.	[]					a.m. p.m.	[]				a.m. p.m.		[]	-				f main respo ) of all other
	Ende		a.m.			5	Ended		a.m.			9	Ended	a.m.				Enter i	ine nne i		
			p.m.						p.m.					p.m.			0670			1	0700
	Bega		a.m.	0300	0310		Began		a.m.	0420	0430		Began	a.m.	0540	0550				   	
2			p.m.			6			p.m.	-		10		p.m.	-		0680				0710
	Ende		a.m.				Ended		a.m.				Ended	a.m.			0690	7		 	0720
	Bega		p.m.				Began		p.m.				Began	p.m.						<u>i</u>	
	Dega	ä	a.m.	0330	0340		Began		a.m. p.m.	0450	0460		Degan	a.m.	0570	0580	С.	In ans expen	wering q se books	uestions , tax retu	about expen rns, or other
3	Ende		p.m.			7	Ended		p.m.	-		11	Ended	p.m.	-			Mark ()	X) one.		
			a.m. p.m.						a.m. p.m.					a.m. p.m.			0760	1 🗌 AI			з□ Мо
	Bega	n		0360	0370		Began		-	0480	0490		Began		0600	0610			most alv		
			a.m. p.m.	0000					a.m. p.m.		0.00			a.m. p.m.	0000	0010	u.	cost in	formatic	on?	records were
4	Ende		a.m.			8	Ended		a.m.			12	Ended	a.m.			0770	Mark ()	X) all tha 	t apply.	
			p.m.						p.m.					p.m.					iis ieckbook	ledger	0800 4 0810 5
									NOTES								0700	_	stubs inceled c	haaka	
																		_			0820 6
																	lf	the resp	ondent	OMPLETE did not co mpleted.	D omplete the i
																		0850		Section r	number

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS **UESTIONNAIRE RLY INTERVIEW SURVEY ER EXPENDITURE SURVEYS** reau is **confidential** by law (title 13, U.S. Code). It may be seen hay be used only for statistical purposes. CTIVITY TIME TIME **OFFICE USE ONLY** Ended Total minutes Began a.m. p.m. a.m. 0620 p.m. a.m. p.m. a.m. 0630 p.m. a.m. p.m. a.m. 0640 p.m. a.m. p.m. a.m. 0650 p.m. lete at the conclusion of interview. dent who answered the most questionnaire sections – Enter ondent respondents – Enter code 99 for non CU member. 0730 0740 0750 ses, did the respondent consult bills, receipts, check stubs, records? 5 Almost never ostly 6 🗌 Never casionally used, which ones did the respondent(s) use to give 0830 7 Bank statements Receipts of purchase (sales slips) Home file (provided by Census Bureau) 0840 8 Other Contracts or agreements PROCESSING USE ONLY interview to its conclusion, enter 2 0 0 1 0860

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



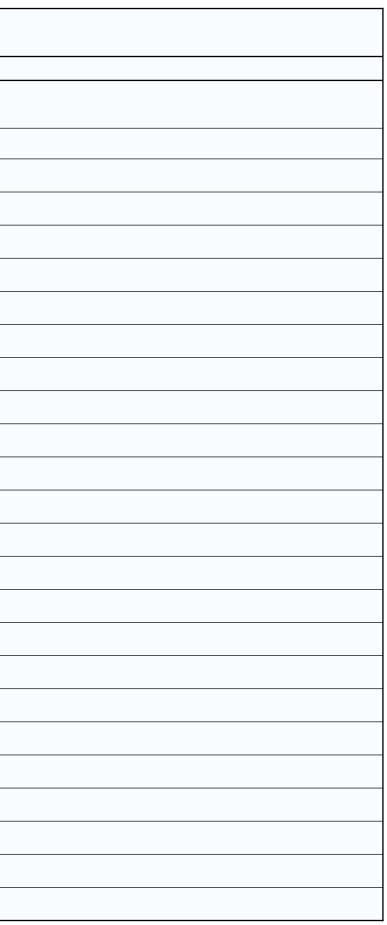
### Section 1 – GENERAL SURVEY INFORMATION – Continued

FIELD REPRESENTATIVE – Complete part B for new consumer units at their first interview. Hand the respondent the Information Booklet with instructions to read the list of items with you as you proceed.

						· ·
		ing Characteristics – <i>For New Consun</i>	ner Units Only (For Returning	g Consumer Units, Go to Sectio		
1a	Ask if not apparent. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?	0010 1 □ Yes – <i>Go to item 2</i> 2 □ No	5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?	0060 Number	Information Booklet, page 5 <b>9. Does this unit have any of the following?</b> Mark (X) all that apply.	0130       01 □ Swimming pool         0140       02 □ Off street parking         0150       03 □ Porch, terrace, patio, or balcony
b	If NO – Are your housing costs lower because the Federal, State, or local government is paying part of the cost?	0020 1 🗌 Yes 2 🗌 No	6. How many bedrooms are there in this unit? Count all rooms used MAINLY for sleeping, even if also used for other purposes.	0070 Number 0 🗌 None		<ul> <li>0160 04  Apartment or guest house</li> <li>0170 05  Central air conditioning</li> <li>0180 06  Window air conditioning</li> </ul>
2.	Ask if not apparent. Are these living quarters presently used as student housing by a college or university?	0030 1 ☐ Yes 2 ☐ No	<b>7a.</b> How many complete bathrooms are there in this unit? A COMPLETE BATHROOM has a toilet, a bathtub or shower,	0080 Number 0 🗌 None	<b>10. About when was this building originally built?</b> Probe for best estimate. Do not consider later remodelings.	Enter 4-digit year
	Ask if not apparent by observation. Information Booklet,	0040 01 Single family detached (detached structure with only one primary residence; however, the structure could	and a sink, all with running water. 			x 🗌 Don't know
3.	<i>page 5</i> Which best describes this building?	include a rental unit(s) in the basement, attic, etc.) 02  Bow or townhouse – inner unit (2, 3, or 4 story structure with 2 walls in common with other units and a private ground level entrance; it may have a rental unit	<b>b.</b> How many half bathrooms are there in this unit? A HALF BATHROOM has at least a toilet OR bathtub or shower, but does not have all	0090 Number 0 🗌 None		NOTES
		as part of the structure) 03  — End row or end townhouse (one common wall)	the facilities of a complete bathroom.			
		04 Duplex (detached two unit structure with one common wall between the units)	<ul><li>8. What fuel is used most for –</li><li>a. Heating this unit?</li></ul>	0100 01 Gas (underground piping) 02 Electricity		
		05 ☐ 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – <i>Go to item 5</i>		03		
		06 Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the units not only have common walls but are also stacked on top of one another) – Go to item 5		₀₅ □ No fuel used x □ Don't know		
		07  High-rise (a multi-unit structure which has 4 or more floors) – <i>Go to item 5</i>	<b>b.</b> Heating water in this unit?	0110 01 Gas (underground piping) 02 Electricity		
		08 ☐ Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of one of the units described above) – Go to item 5		03		
		$\begin{array}{c} \text{Go to herm 5} \\ \text{O9} \end{tabular} \text{Mobile home or trailer} - Go to item 5 \\ \text{10} \end{tabular} \text{College dormitory} - Go to section 1, part C \\ \text{11} \end{tabular} \text{Other} - Specify and go to item 4 \\ \hline \hline \end{array}$		₀₅ □ No fuel used x □ Don't know		
			C. Cooking?	0120 01 Gas (underground piping) 02 Electricity		
4.	What is the approximate size of the lot on which this unit is located?	Lot size (approximate acreage) 0050 01 1 acre or less – 43,560 sq. ft. 02 2 acres – 87,120 sq. ft. 03 3 to 5 acres		$02 \square Electricity  03 \square Fuel oil  04 \square Other – Specify \downarrow$		
		04 □ 6 to 10 acres 05 □ Greater than 10 acres 06 □ No lot x □ Don't know		05 ☐ No fuel used x ☐ Don't know		
FORM	1 CE-302			1		

### Section 1 – GENERAL SURVEY INFORMATION – Continued

Part	t C – Major Household A	Appl	ianc	es – For N	lew C	onsu	mer L	Inits	Only	3 01 28 3 →	
	а			b			С				NOTES
L	Information Booklet, page 6			If YES –			ere an	y of			
PROCESSING USE ONLY	Does your CU have any of the following appliances?			How many?		rchase		own us			
SU S						cluded me?	with o	owned			
SING							lasag	jift? ental u	uni+7		
CES							eparat		uniti		
PRO		Yes	No				SENTA	ATIVE – oly.			
	<b>.</b>					 	   	 	1	•	
0010	Electric cooking stove, range, or oven	1 🗌	2 🗌		1 🗌	2	3	4	5		
	Gas cooking stove, range,					 	 	 	 		
0020	or oven	1 🗌	2		1	2 🗌	3	4	5		
0030								     4 🗌			
0000	Microwave oven	1 🗌	2 🗌			2 🗆 	∣3∟ ∣	∣ 4 🗀 I	∣ 5 🗀 I		
0040	Other cooking stove, range, or oven	1 🗌	2 🗌		1 🗆	   2 🗌	   3 🗌	   4 🗌	   5 🗌		
						l					
0050	Refrigerator	1 🗌	2 🗌		1 🗌	2	3	4	5		
0060	Home-freezer	1 🗌	2		1	2	3	4	5		
0070	Built-in dishwasher	1 🗌	2 🗌			     2 🗌	     3 🗌	     4 🗌	     5 🗌		
							   	<u> </u>   	<u> </u>   	4	
0080	Portable dishwasher	1 🗌	2 🗌		1 🗌	2	3	4	5		
						,   	 	,   	,   		
0090	Garbage disposal	1 🗌	2		1	2 🗌	   3 🗌 	1	5 🗌		
0100	Clothes washer	1 🗌	2 🗌				∣  3∏	4	∣ <sup> </sup> 5 □		
						<u></u> 	<u></u> 	 	<u></u> 		
0110	Clothes dryer	1 🗌	2 🗌		1 🗌	2	   3 🗌	4	5		
0120	Color television	1 🗌	2 🗌		1	2	3	4	5		
0130	Home computer	1 🗌	2 🗌					     4 🗌			
	Sound components,						3 []   	4 []   			
0140	component system, or compact disc sound system	1 🗌	2 🗌		1 🗆	2	3	4	5		
0	Video tape recorder, video disc player, or video cassette	_				   _	   _	   _	   _		
0150	recorder (VCR)	1 🗌	2		1 🗌	2 🗌	3	4	5 🗌		
		GO TC	) SECT	TION 2							



Section 2

Page 5

S	ection 2 – RENTED LIVING QU	ARTERS	Units only. Complete part A, i	Il consumer units. For interviews 2 th items 4a through 6, for both rented Sa rsity regulated living quarters in secti	rough 5, item 1a will already be filled. Complete part A, items 2a through 3f, for rented Sample ample Units and Sample Units occupied without payment of cash rent. You will record housing on 16 "Educational Expenses."
P	art A – CU Tenure, Rental Payı	ments, Facilities, and Se	rvices for the Sample Unit	1 02 01 2 🖌	
	FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon section 1, part B, item 2 for first interview or new consumer units. For subsequent interviews, this item will be prefilled.	0010 1 Student housing – Go to item 6 2 Not student housing	<b>4a.</b> Did you (or any members of your CU) receive any reduced or free rent for this unit as a form of pay since the 1st of (month, 3 months ago)?	0300 1 □ Yes 2 □ No - <i>Go to item 5a</i>	NOTES
b.	Are these living quarters owned or being bought by you (or any members of your CU)?	0020 1 □ Yes – <i>Go to item 6</i> 2 □ No	<b>b.</b> What is the rental charge to another tenant for a similar unit?	0310 \$00	
	ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX.	0030 1 □ Yes 2 □ No – <i>Go to item 4a</i>	<b>C.</b> What period of time does this cover?	$\begin{array}{c c} \hline 0320 & 4 \\ \hline & Month \\ 9 \\ \hline & Other - Specify \\ \overrightarrow{V} \end{array}$	
C.	Do you (or any members of your CU) pay rent for these living quarters?				
2a.	RENTAL OF THE SAMPLE UNIT What is the rental charge to your CU for this unit, including any extra charge for garage or parking facilities?	0040 \$00 x □ Don't know		x 🗌 Don't know	
b.	Do not include direct payments by local, state, or federal agencies. What period of time does this cover?	0050 4 🗆 Month	<b>5a.</b> Is any portion of this unit used for your own business?	0540 1 □ Yes 2 □ No - <i>Go to item 6</i>	
		9 🗌 Other – <i>Specify</i> 📈	<b>b.</b> What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.	0550 .00 Percent	
C.	Since the 1st of (month, 3 months ago), how many payments have been made?	0060 Number	6. Since the 1st of (month, 3 months ago), have you (or any members of your		
d.	Were all the payments in the amount of (rental charge reported in item 2a)?	0070 1 □ Yes – Go to item 2f 2 □ No	CU) rented any other houses, apartments, or temporary living guarters not used for business or	0620 1 Yes - Complete part B for other rental property	
e.	<i>If NO</i> – What was the amount of each payment and how many payments were made at that amount?	Payment         Number           0080         \$         .00         0090	vacation? Do not include college or university regulated housing.	2 □ No – Go to next section	
		0100 \$ .00 0110			
		0120 \$ .00 0130			
		0140 \$ .00 0150	-		
f.	Were any payments made during the current month?	0200 1 🗌 Yes 2 🗌 No – <i>Go to item 3</i>			
g.	If YES - How much?	0210 \$00			
3.	Does the rental payment include the cost of –	Yes No			
	Electricity?				
	Gas?	0230         1         2           0240         1         2			
	Heating?				
е.	Trash/Garbage collection?				
f.	Garage or parking facilities				

FORM CE-302

Section 2 – RENTED LIVING QUARTERS – Continue	ed	FIELD REPRESENTATI	VE – Complete a separate page for each rented unit other than the sample unit.
Part B – Rental Payments, Facilities, and Services	for Other Than Sample Unit		
RENTAL OF OTHER THAN SAMPLE UNIT     PROCESSING USE ONLY     1 02 02 0	<b>3a.</b> Did you or any members of your CU receive any free or reduced rent for the unit as a form of pay since the	0250 1 □ Yes 2 □ No - <i>Go to item 4</i>	NOTES
1a. What is the rental charge to your CU for the other unit, including any extra charge for garage or parking facilities?	b. What is the rental charge to another tenant for a similar unit?	0260 \$00	
<b>b.</b> What period of time does this cover?	<b>C.</b> What period of time does this cover?	0270 4 □ Month 9 □ Other – Specify <sub>₹</sub>	
<ul> <li>C. Since the 1st of (month, 3 months ago), how many payments have been made?</li> <li>d. Were all the payments in the amount</li> </ul>	your own business?	0280 1 □ Yes 2 □ No - <i>Go to item 5</i>	
of (rental charge reported in item 1a)?	m 1f         b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.	029000 Percent	
payment and how many payments were made at that amount?	60       5. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living	0300 1 🗌 Yes – Complete part B for other rental	
0070 \$ .00 00	apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.	property 2 🗌 No – Go to next section	
0090 \$ .00 01	00		
	20		
<b>f.</b> Were any payments made during the current month?	1 2		
<b>g.</b> If YES – How much?	.00		
2. Does the rental payment include the cost of - Yes No			
<b>a.</b> Electricity?			
<b>b.</b> Gas?			
<b>C. Piped-in water?</b> 0210 1 2			
<b>d.</b> Heating?			
<b>e.</b> Trash/Garbage collection? 0230 1 2			
<b>f.</b> Garage or parking facilities? 0240 1 2			
Page 6			A and

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE Part A.1 – Screening Questions (If New Consumer Unit, Go to Part A.2) ☐ If this box is marked – Go to item 3a (no owned properties reported in previous interviews). • After completing all screening items (Part A.1) fill the appropriate parts of section 3 for each property owned. FIELD REPRESENTATIVE INSTRUCTIONS • For each property previously recorded and still owned ("Yes" in item 1, column g), complete part I. • For each property previously recorded and disposed of within the last 3 months ("No" in item 1, column g), complete parts D and I. • If property was disposed of during a previous interview (column b = 1, YES) do not complete any other part of section 3. • If a mortgage or lump sum home equity loan payment amount changed since a previous interview ("Yes" in item 1, column k), complete part J for the pr • If a new or additional mortgage or home equity loan was obtained on a previously recorded property ("Yes" in item 2a), complete parts F, G, or H, as applying the parts of the parts F, G, or H, as applying the parts of the pa • For each newly acquired property, complete parts B, E, and I. • For each newly acquired property that was disposed of within the past 3 months, complete parts B, D, E, and I. **1.** Ask column g for each property listed, except if property has been disposed of previously ("YES" in column b). If mortgage information (amount paid), column j is recorded for a property, ask column k. If column l is "YES," ask column n. 03 00 7 -> PROPERTY INVENTORY CHART а b С d е f h - i g Code 300 ENTER Do you Are (Were) If "Yes" in Property Property Property type Mortgage or lump sum home equity information PROPERTY disposed of description time still have any of the column h – (part D (part B, item 1c) **1.** Condo CODE from share (propertv expenses for this What percent completed) (part B, part B, descrip-No mortgage Mortgage **2.** Co-op of the item 1b. item 13, tion)? property or lump sum box 2) deducted expenses for nome equity lf "No," go to column 3. Something this property as PROCESSING USE ONLY business, loan are (were) else (part B, farm, or deducted? Go to item 10) rental column I. Enter to the expenses? numbe nearest whole lf "No," go percent. to column j serty Prog YES | NO YES NO YES NO 0001 1 🗌 ¦ 2 🗌 1 🗌 ¦ 2 🗌 1 2 Percent 0021 1 🗌 | 2 🗌 1 🗌 | 2 🗌 1 🗌 | 2 🗌 Percent 0041 1 2 1 2 1 2 2 Percent 1 0061 1 🗌 | 2 🗌 1 🗌 | 2 🗌 1 🗌 | 2 🗌 Percent 1 0081 1 🗌 ¦ 2 🗌 1 1 🗌 ¦ 2 🗌 1 🗌 🕴 2 🔲 Percent 0101 1 🗌 ¦ 2 🗌  $1 \square 1 2 \square$ 1 🗌 🖞 2 🗌 Percent 0121 1 🗌 ! 2 🗌 1 🗌 ¦ 2 🗌 1 🗌 ! 2 🗌 Percent 

1

1 🗌 🔤 2 🔲

1 🗌 ¦ 2 🗌

FORM CE-302

1 🗌 ¦ 2 🗌

0141

operty. propriate.				
m		<u>ו</u>	0	р
Line of Credit Home Equity Loan number (Part H, item 1d)	Since t 1st of month) have y your C made a payme for you of crea home a loan?	the (last , ou (or U) any nts ur line lit	If "Yes" – What was the amount of the last payment?	Prior to the last payment, what was the total amount owed?
	lf "No,' to next proper loan. YES			
	1 🗌	2	\$00	\$00
	1 🗌	2	\$00	\$00
	1 🗌	2 🗌	\$00	\$00
	1 🗌	2	\$00	\$00
	1 🗌	2	\$00	\$00
	1 🗌	2	\$00	\$00
	1 🗌	2	\$00	\$00
	1 🗌	2	\$00	\$00

k

Has your

mortgage

loan)

paid)

(amount

changed?

If paid off,

mark "Yes."

YES NO

2

2

2

2

2

2

2

1 🗌 | 2 🗌

1

1 🗌

1

1 🗌

1 🗌

1 🗌

1

Amount paid

from part F,

item 11 or

part G,

item 11

.00

.00

.00

.00

.00

.00

.00

.00

(lump sum

home equity

payment of

reported in previous interview

Mortgage

or loan

number

TYPE

Home equity loan

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 1 2 5

1 🗌 ! 2 🔲 💲

1 2 3

Percent

Line of Credit

Home Equity

Loan (Part H)

If "No," go to

next property

or loan.

YES NO

i l

### Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued Part A.1 – Screening Questions – Continued 1 03 01 0 🗸 2a. Since the 1st of (month, 3 months ago), have you obtained **4.** FIELD REPRESENTATIVE INSTRUCTION – *Refer to the chart below.* 0010 1 🗌 Yes any additional mortgages, including second mortgages or disposed of in the reference period and for each new property curre 2 🗌 No – Go to item 3a home equity loans for any property you own? PROPERTY STAT Enter the appropriate property number(s) **b.** *If YES* – For which property was this additional mortgage or and property code(s) in item 2g below home equity loan obtained? Currently owned Di from the property inventory chart (items ("Yes" in item 3b) ("No 1a and 1e). Ask for each property. 0020 1 🗌 Mortgage – *Mark (X) "Yes" in mortgage* B, E, I **C.** Was this a mortgage or a home equity loan? column in item 2g <sup>2</sup> Home Equity Loan – *Continue with item 2d* (NOTE: Do not fill any parts for **d.** There are two basic types of home equity loans. I'll describe both types. Please tell me which type more NOTES closely describes your loan. 01 A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or 02 A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card? **e.** Is this new loan a lump sum home equity loan? 0030 1 🗌 Yes – Mark (X) "Yes" in lump sum home equity loan column in item 2g 2 🗌 No – Continue with item 2f Ask or verify. 0040 1 Yes – Mark (X) "Yes" in line of credit home **f.** Is this new loan a line of credit home equity loan? equity loan column in item 2g **g.** Complete the chart below for each additional mortgage/home equity loan. Lump sum home Line of credit home Mortgage Property number Property code equity loan equity loan (Complete a part F) (Complete a part G) (Complete a part H) 2 Yes 2 Yes 2 Yes 🗌 Yes ☐ Yes ☐ Yes 🗌 Yes 🗌 Yes 2 Yes Yes Yes Yes 🗌 Yes Yes 2 Yes **3a. Since the 1st of** (month, 3 months ago), have you (or any 0050 1 🗌 Yes – Ask items 3b and 3c members of your CU) purchased or otherwise acquired any $2 \square No - Go to next part or section$ property or real estate? **b.** Please look at (page 7, Information Booklet). What kind of Property code Still owned property was it (were they)? ENTER PROPERTY CODE(S) FROM BELOW 0070 1 🗌 Yes 0060 **100** The home in which you (your CU) currently live(s) 2 🗌 No 200 A home in which you (your CU) used to live **600** Property for business or investment purposes only 0090 1 🗌 Yes 300 A second home, vacation home or recreational property 0080 2 🗌 No 400 Unimproved land with no buildings on it 500 Other property - Specify 0110 1 🗌 Yes **C.** Do you still have this property? 0100 2 🗌 No Mark (X) the appropriate box in "still owned" column.

Complete all ap ently owned bet	ppropriate parts for each new property fore moving on to the next property.	
JS		
sposed of " <i>in item 3b)</i>		
B, D, E, I		
or property code	600.)	

S	Section 3 – OWNED LIVING QUARTERS	AND O	THER OWNE	ED REAL ESTAT	E	FIELD	REPRESENTATIVE – Ask part A.2 questions 1 through 7 and then complete parts B through I as instructed.
F	Part A.2 – Screening Questions – For Ne	w Con	sumer Units	Only			
_				1 03 02 8	✓		NOTES
1.	Now I want to talk about owned living quarters and other currently owned real estate. I'll be asking separately about each of these types of property. (Hand respondent Information Booklet,	Property code	YES	NO	If YES ask – Hov such propertie (does your CU	s do vou 🗍	
	page 7.) Do you (any members of your CU) own the home in which you (your CU) currently live(s)? (Treat land contracts as ownership.)	100	0010 1	2			
2.	Since the first of (month, 3 months ago), have you (has anyone in your CU) lived in any other home that you (any member of your CU) still own(s)?	200	0020 1	2 🗌 Go to item 3	0030	_ Number	
3.	Do you (Does your CU) own any property only for business or investment purposes?	600	0035 1	2 🗌 Go to item 4			
	READ IF "YES" IN ITEM 3 – In the following questions, please do not include any of the properties you (your CU) own(s) only for business or investment purposes.						
4.	Other than property you have already mentioned, do you (does your CU) own a second home, vacation home, or recreational property?	300	0040 1	2 □ Go to item 5	0050	_ Number -	
5.	Other than property you have already mentioned, do you (does your CU) own any unimproved land, that is, land without buildings on it?	400	0060 1	2 🗌 Go to item 6	0070	_ Number	
6.	Do you (Does your CU) own any other real estate? – Specify						
		500	0080 1	2 🗌 Go to item 7a	0090	_ Number	
7a.	Since the first of (month, 3 months ago), did you (you own any real estate or land that you (your CU) no lo own(s)?	ur CU) onger	0100 1 🗌 Yes	2 🗌 Go to item 8		-	
b.	If YES – How many different properties?		0110 Number				
C.	Please look at page 7 in the Information Booklet. W kind of property(ies) was it (were they)? Enter property code(s) from below.	lhat	0120	0130	0140		
	<ul><li>100 - The home in which you (your CU) currently live(s)</li><li>200 - A home in which you (your CU) used to live</li></ul>		0150	0160	0170		
	<b>600</b> – Property for business or investment purposes only <b>300</b> – A second home, vacation home, or recreational property <b>400</b> – Unimproved land with no buildings on it <b>500</b> – Other property – <i>Specify</i> $\vec{k}$		0180	0190	0200		
			0210	0220	0230		
8.							
<b>8.</b> FIELD REPRESENTATIVE INSTRUCTIONS – Refer to the chart to the right. Complete all appropriate parts for each property disposed of in the reference period and for each property currently owned before moving on to				PROPERTY ST	ATUS	-	
	next property.		("	Currently owned YES" in items 1–6) ("Y	Disposed of (ES" in item 7a)		
	Note – Do not fill any parts for property code 600.			B, E, I	B, D, E, I		

Pa	Part B – Detailed Property Description									
1.	FIELD REPRESENTATIVE CHECK ITEM	PROCESSING USE ONLY	1 03 03 6 🖌		1 03 04 4 🗸			1 03 05 1 🖌		
	New Consumer Units – Assign a property number to each property in consecutive order starting with 1.	a. PROPERTY NUMBER	0010 Number	r	0010 Number		0010 Number			
	Enter the property number in item 1a, the property code in item 1b, a brief	<b>b.</b> PROPERTY CODE from part A.1, item 3b or part A.2, items 1–7	0020 Code		0020 Code			0020 Code		
	description of the property (such as "own home") in item 1c, and appropriate ownership status in item 1d.	C. DESCRIPTION	Description		Description		Description			
	Property numbers listed for interviews 2–5 begin with the next highest available number form section 3A.1, column a.	<b>d.</b> CURRENT OWNERSHIP STATUS from part A.1 or part A.2	0030 1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item 7)		0030 1 □ Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 □ Disposed of (from part A.1, item 3c or part A.2, item 7)		0030 1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item 7)			
2a.	Now I'm going to ask you some question Are (Were) any of the expenses for the business, farm, or rental expenses?	ons about (property description). his property deducted as	0040 1 🗌 Yes	2 🗌 No – Go to item 3	0040 1 🗌 Yes	2 🗌 No – <i>Go to i</i>	tem 3	0040 1 □ Yes	2 🗌 No – <i>Go to</i>	item 3
b.	What percent of the expenses for thi deducted?	s property are (were)	0060 .00 Per	rcent – If 100%, delete this property.	0060	.00 Percent – If 100%, delete	this property.	.00	Percent – <i>If 100%, delete</i>	e this property.
3a.	<b>3a.</b> In what month and year did you (your CU) close or settle on this property? If land contract – In what month and year did the land contract begin?		0080 Month	0090 Year		Month 0090	Year	0080 Month	0090	Year
b.	<b>b.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box for each property and follow appropriate skip pattern.		<ul> <li>0100 1 □ Item 3a is after the 1st of the month 3 months ago - Go to item 4</li> <li>2 □ Item 3a is before the 1st of the month 3 months ago - Go to item 8</li> </ul>		<ul> <li>0100 1 □ Item 3a is after the 1st of the month 3 months ago - Go to item 4</li> <li>2 □ Item 3a is before the 1st of the month 3 months ago - Go to item 8</li> </ul>		<ul> <li>0100 1 □ Item 3a is after the 1st of the month 3 months ago - Go to item 4</li> <li>2 □ Item 3a is before the 1st of the month 3 months ago - Go to item 8</li> </ul>			
4.	<b>4.</b> How did you (your CU) acquire this property? Mark (X) the FIRST answer that applies.		0120 1 🗌 A purchase, a con 2 🗌 A gift or inheritar 3 🗌 Other – Specify 🚽		2 □ A gift		or a trade-in? Go to item 8	0120 1 🗌 A purchase, 2 🗌 A gift or inh 3 🗌 Other – Spe	cify 🚽	or a trade-in? Go to item 8
5.	Hand the respondent Information Bookle Closing costs include these kinds of costs, what was the total price paid	things. Not including closing	0130 \$	.00	0130 \$	.00		0130 \$	.00	
6.	What was the amount of the down pa	ayment?	0140 \$	.00	0140 \$	.00		0140 \$	.00	
7.	About how much were the closing co	osts?	0160 \$	.00	0160 \$	.00		0160 \$	.00	
8.	About how much do you think this p today's market?	roperty would sell for on	0190 \$	.00	0190 \$	.00		0190 \$	.00	
9.	What are your (your CU's) annual pro description)?	operty taxes for (property	0200 \$	.00	0200 \$	.00		0200 \$	.00	
10.	<ul><li>Ask if not apparent. Do not ask for unimproved land (code 400).</li><li><b>0.</b> Is this property a condominium, cooperative, or something else?</li></ul>		0210 1 🗌 A condominium 2 🗌 A cooperative	a □Something else	0210 1 □ A con 2 □ A coc	ndominium 3 🗌 Something opperative	else	0210 1 🗌 A condomir 2 🗌 A cooperati	0	else
	lf vacation property/second home (code 300), ask questions 11–13. All other properties, go to part D or E as appropriate.		City or place	State	City or place		State	City or place		State
<b>11.</b> Where is (property description) located?		Foreign country		Foreign country			Foreign country			
12.	Do you (Does your CU) share owners property with anyone else outside yo	of this		Go to part D or E as appropriate	0220 0230 1 🗌 Yes	2□No – Go to part D or E as a	ppropriate		lo – Go to part D or E as a	appropriate
13.	Do vou (Does vour CU) share ownershi	p for the entire year, or is this	0240 1 Share ownershi	p for entire year Go to part D	0240 1 🗌 Share	e ownership for entire year	o to part D E as	0240 1 Share owne	ership for entire year	o to part D r E as
	a time-sharing arrangement where you have (your CU has) ownership of the property only for a specified time period each year?		2 🗌 Time-sharing ar	rangement <i>Jappropriate</i>	2 🗌 Time-	-sharing arrangement	propriate	2 🗌 Time-sharir		ppropriate

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

Page	11
Page	

NOTE: As of April 1999, Section 3 Part C no longer exists.	· · · · · · · · · · · · · · · · · · ·	uge 11
	NOTES	

P	art D – Disposed o <sup>.</sup>	f Property								
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 03 3	33 3 🗸		1 03 34 1 🖌		1 03 35 8 🖌		1 03 36 6 🖌
	Complete at the 1st interview in which the		0010 Numl		0010		0010	N. 1	0010	N
	property is reported as being disposed of. Enter	a. PROPERTY NUMBER		Der		Number		_ Number		Number
	the property number in item 1a, the property	<b>b.</b> PROPERTY CODE	0020 Cod	e	0020 Code		0020 Code		0020 Code	
	code in item 1b, and a brief description of the		Description		Description		Description		Description	
	property in item 1c. A property number listed									
	must match to a previously reported number from									
	section 3A.1, column a and/or section 3B, item 1a.	C. DESCRIPTION								
2.	Did you (your CU) sell this someone else (outside yo	s property, give it to ur CU), or do	0030 1 Sold the prop 2 Gave it to sor		0030 1 Sold the property		0030 1 ☐ Sold the property 2 ☐ Gave it to someone else		0030 1 ☐ Sold the property 2 ☐ Gave it to someone else	
	something else with it?		$2 \square$ Gave it to sol 3 $\square$ Something el			re it to someone else nething else – <i>Specify <sub>I</sub></i>		hing else – Specify $\overrightarrow{V}$		ing else – <i>Specify</i> <sub>⋠</sub>
				·		· · · · · · · · · · · · · · · · · · ·		·		
			Mark property traded-in as "sold."		Mark property traded-in as "sold."		Mark property traded-in as "sold."		Mark property traded-in as "sold."	
3.	In what month and year (sell/response to item 2) to	did you (your CU) his property?	Month	Year	Month	Year	Month	Year	Month	Year
	(sell/response to item 2) this property?		0040	0050	0040	0050	0040	0050	0040	0050
			lf "sold" in item 2, go to item 4; otherwise go to part E.		lf "sold" in item 2, go to item 4; otherwise go to part E.		If "sold" in item 2, go to item 4; otherwise go to part E.		lf "sold" in item 2, go to item 4; otherwise go to part E.	
4.	What was the selling pri	ice (trade-in value)?	0060 \$	.00	0060 \$	.00	0060 \$	.00	0060 \$	.00
5.	Hand the respondent Infor	mation Booklet, page 9.							+	
	Here is a list of some of have when selling (tradi	the costs people may ng) property. Looking								
	have when selling (tradi at the list may help you your (your CU's) expens	remember what es were. What were								
	the total expenses in sel property?	lling (trading) this	0070 \$	.00	0070 \$	.00	0070 \$	.00	0070 \$	.00
6a.	Did you (your CU) finand sale (trade) for the buye	ce any part of the r?	0080 1 🗌 Yes		0080 1 🗆 Yes		0080 1 🗆 Yes		0080 1 🗆 Yes	
			2 🗌 No – Go to pa	art E	2 🗌 No	– Go to part E	2 🗌 No – G	o to part E	2 🗌 No – <i>Go</i>	o to part E
b.	What was the amount of that you (your CU) finan	f the mortgage iced?	0090 \$	.00	0090 \$	.00	0090 \$	.00	0090 \$	.00
						NOTES	•		-	

# FIELD REPRESENTATIVE – Complete a column in part D for this property reported as disposed of in part A.1, item 1g, or part A.2, item 7, and continue with all appropriate parts for this property before going to next property.

	Part E – Mortgage/Home E	quity Loan Scre	ening Questions			
1.	FIELD REPRESENTATIVE ITEM	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	
	Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.	<b>b.</b> PROPERTY CODE				
	A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.	<b>C.</b> DESCRIPTION	Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3	
2.			1 □ Co-op property – <i>Go to</i> 2 □ Not co-op	item 4a	<ul> <li><b>b.</b> Enter number of lump sum home equity loans for this prope (from item 6a)</li> <li><b>c.</b> Enter number of line of credit home equity loans for this pro</li> </ul>	
	FIELD REPRESENTATIVE CHECK ITE Mark (X) appropriate box based upo		2 🖂 Not co-op		(from item 6b)	
3a	Excluding home equity loans, do presently have a mortgage on th	ng home equity loans, do you (does your CU) ly have a mortgage on this property? (has your CU) had property since the		How many mortgages have you (has your CU) had on this property since the 1st of	<ul> <li>After completing the appropriate parts F, G, and/or H, conti</li> <li>If no mortgages nor home equity loans on this property, go</li> </ul>	
				(month, three months ago) <b>?</b>		
			☐ Yes ☐ No – Go to item 3b	– Go to item s	5	
b	Have you (Has your CU) had a mo property since the 1st of (month,	ortgage on this 3 months ago)?	☐ Yes ☐ No – <i>Go to item 5</i>	– Go to item s	5	
<b>4</b> a	In addition to your (your CU's) sh cooperative's total costs, do you make payments on a mortgage th from an outside lender for your ( in the cooperative?	(does your CU) hat was obtained	☐ Yes ☐ No – Go to item 4b	– Go to item s	5	
b	Since the lst of (month, 3 months) (has your CU) made any payment that was obtained from an outsic (your CU's) shares in the coopera	le lender for your	☐ Yes ☐ No – <i>Go to item 5</i>	– Go to item s	5	
5.	Do you (Does your CU) have a ho loan or any other loan which give claim on this property in case the repaid?	es the lender		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month three months ago)?		
			☐ Yes ☐ No – <i>Go to item</i> 7	Number		
6.	Now let's talk about your (your C description). There are two basic t equity loans. I'll describe both ty me which more closely describes	vnes of home				
	<ul> <li>A loan where you (your CU) rec lump-sum borrowed when you ( out the loan; or</li> </ul>	eived the entire				
	• A line of credit loan where you increase the amount borrowed	by simply	*			
а	writing a check or using a spec Do you (Does your CU) have a lui equity loan?		☐ Yes ☐ No – <i>Go to item 6b</i>	Number		
b	Do you (Does your CU) have a lin home equity loan?	e of credit	☐ Yes ☐ No – Go to item 7	Number		

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

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

Section 3 – OWNED LIVING QUARTERS	S AND OTHER	OWNED REAL	ESTATE -	Continued
				oonunaca

<u>.</u> 1.	Part E – Mortgage/Home E FIELD REPRESENTATIVE ITEM	<b>a.</b> PROPERTY			7. FIELD REPRESENTATIVE INSTRUCTIONS
••	Enter the property number in item	NUMBER	Number		• FIELD REPRESENTATIVE INSTRUCTIONS
	1a, the property code in item 1b, and a brief description of the property in item 1c.	<b>b.</b> PROPERTY CODE	Code		
	A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.	<b>C.</b> DESCRIPTION	Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3
2.	<ul> <li>I want to ask next about any mortgages you (your CU) had in the last three months on (property description).</li> <li>FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon part B, item 10.</li> </ul>		1	item 4a	<ul> <li><b>b.</b> Enter number of lump sum home equity loans for this prope (from item 6a)</li> <li><b>c.</b> Enter number of line of credit home equity loans for this pro (from item 6b)</li> </ul>
3a.	<ul> <li>Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?</li> </ul>			If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?	<ul> <li>After completing the appropriate parts F, G, and/or H, conti</li> <li>If no mortgages nor home equity loans on this property, go</li> </ul>
			☐ Yes ☐ No - Go to item 3b	– Go to item 5 Number	
b.	Have you (Has your CU) had a more property since the 1st of (month)	<b>ortgage on this</b> , 3 months ago) <b>?</b>	☐ Yes ☐ No – Go to item 5	– Go to item 5 Number	
4a.	In addition to your (your CU's) s cooperative's total costs, do you make payments on a mortgage t from an outside lender for your in the cooperative?	u (does your CU) that was obtained	☐ Yes ☐ No - <i>Go to item 4b</i>	– Go to item 5 Number	
b.	Since the lst of (month, 3 months (has your CU) made any paymen that was obtained from an outsi (your CU's) shares in the cooper	ts on a mortgage de lender for your	□ Yes □ No - <i>Go to item 5</i>	– Go to item 5 Number	
5.	Do you (Does your CU) have a ho loan or any other loan which giv claim on this property in case th repaid?	es the lender		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)?	
			☐ Yes ☐ No - Go to item 7	Number	
6.	Now let's talk about your (your ( description). There are two basic equity loans. I'll describe both ty me which more closely describe	types of home ypes. Please tell			
	<ul> <li>A loan where you (your CU) red lump-sum borrowed when you out the loan; or</li> </ul>	ceived the entire (your CU) took			
	<ul> <li>A line of credit loan where you increase the amount borrowed</li> </ul>	by simply	*		
a.	writing a check or using a spec Do you (Does your CU) have a lu equity loan?		☐ Yes ☐ No – Go to item 6b	Number	
b.	Do you (Does your CU) have a lin home equity loan?	ne of credit			
			🗌 No – Go to item 7	Number	

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

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

Section 3 – OWNED LIVING QUARTI	ERS AND OTHER	OWNED REAL ES	<b>TATE – Continued</b>

	Part E – Mortgage/Home E	quity Loan Scr	eening Questions – C	ontinued	
1.	FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the	a. PROPERTY NUMBER b. PROPERTY CODE	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS
	property in item 1c. A property number listed must match to a previously reported from section 3A.1, column a and/or section 3B, item 1a.	C. DESCRIPTION	Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3
2.	-		1 □ Co-op property – <i>Go to</i> 2 □ Not co-op	item 4a	<ul> <li>b. Enter number of lump sum home equity loans for this prope (from item 6a)</li> <li>c. Enter number of line of credit home equity loans for this pro (from item 6b)</li> </ul>
3a	<ul> <li>a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?</li> </ul>		In CU) presently have a mortgage on If YES ask – How many mortgages h		<ul> <li>After completing the appropriate parts F, G, and/or H, conti</li> <li>If no mortgages nor home equity loans on this property, go</li> </ul>
			☐ Yes ☐ No - Go to item 3b	– Go to item 5 Number	
b	<ul> <li>Have you (Has your CU) had a more property since the 1st of (month,</li> </ul>	ortgage on this 3 months ago)?	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number	
<b>4</b> a	In addition to your (your CU's) sl cooperative's total costs, do you make payments on a mortgage t from an outside lender for your ( in the cooperative?	ı (does your CU) hat was obtained	☐ Yes ☐ No - <i>Go to item 4b</i>	– Go to item 5 Number	
b	<ul> <li>Since the lst of (month, 3 months)</li> <li>(has your CU) made any payment that was obtained from an outsid (your CU's) shares in the cooperation</li> </ul>	ts on a mortgage de lender for your	☐ Yes ☐ No - <i>Go to item</i> 5	– Go to item 5 Number	
5.	Do you (Does your CU) have a ho loan or any other loan which giv claim on this property in case th repaid?	es the lender		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)?	
			☐ Yes ☐ No - Go to item 7	Number	
6.	Now let's talk about your (your ( description). There are two basic equity loans. I'll describe both ty me which more closely describe • A loan where you (your CU) red lump-sum borrowed when you out the loan; or	types of home /pes. Please tell s your loan. eeived the entire (your CU) took			
а	<ul> <li>A line of credit loan where you increase the amount borrowed writing a check or using a spec</li> <li>Do you (Does your CU) have a lu</li> </ul>	by simply ial credit card.	Yes	Number	
b	equity loan? Do you (Does your CU) have a lir home equity loan?	ne of credit	□ No - Go to item 6b □ Yes □ No - Go to item 7	Number	

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

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

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

Pa	Part F – Mortgages								
1.	FIELD REPRESENTATIVE ITEM	ROCESSING	1	03 43 2 🖌		1 03 44 0 🗸		1 03 45 7 🖌	
	<i>a.</i> property code in item 1b, a brief description of the property in item 1c. A property number listed		0010 Number		0010 Numb	per	0010	Number	
	must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.	PROPERTY CODE	0020 Code	20 Code 0020		e	0020	Code	
		DESCRIP- TION	Description		Description		Description		
	consecutively, regardless of property number.	LOAN NUMBER	0030 1 Number		0030 1 Nur	nber	0030 1	Number	
2.	I'd like to ask some additional questic your mortgage. In what month and ye (your CU) make your (your CU's) first on this mortgage?	ear did you	Month	Year	Month	Year           0045	Month	Year 0045	
3.	ls this a 30-year mortgage, a 15-yea mortgage, or something else?	ar	0055 1 🗌 30-year 2 🗌 15-year	3 Something else – Specify – 0065 Number of years	0055 1 □ 30-year 2 □ 15-year	3 Something else – <i>Specify</i> –	0055 1 □ 30-ye 2 □ 15-ye		
4.	What was the rate of interest at the mortgage was obtained? Enter in two places, such as 9.50% for 9 1/2%. (Inclu guarantee insurance if applicable.)	vo decimal	0075 Pe	rcent	0075	Percent	0075	Percent	
5.	What is the current interest rate on (your CU's) mortgage? (Convert fract decimals.)	tions to	0080 Pe	If same as item 4, go to item rcent 6a. If different, go to item 6b.	0080	If same as item 4, go to item Percent 6a. If different, go to item 6b.	0080	If same as item 4, go to item 	
6a.	Is this a fixed rate mortgage?		0085 1 🗌 Yes – Go to item 7	2 🗌 No	0085 1 🗌 Yes – Go to it	em 7 2 🗌 No	0085 1 🗌 Yes -	- Go to item 7 2 🗌 No	
<b>b.</b> There are many different kinds of mortgages. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?		nd	0090       1 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable       6 □ Other - Specify rate of interest         3 □ Graduated payment       4 □ Rollover or renegotiable		0090       1 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable       6 □ Other - Specify rate of interest         3 □ Graduated payment       4 □ Rollover or renegotiable		0090       1 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable       6 □ Other - Specify rate of interest         3 □ Graduated payment       4 □ Rollover or renegotiable		
7.	Have you (Has your CU) refinanced renegotiated this mortgage?	or		ondent – The following question refers to this current mortgage.		respondent – The following question refers to this current mortgage.	+	- Read to respondent – The following question refers to this current mortgage.	
8.	What was the amount of the mortgag (your CU) obtained it, excluding any i	ge when you interest?	0130 \$	.00	0130 \$	.00	0130 \$	.00	
9.	How often are (were) mortgage pay due?	/ments	0170 1 Weekly 2 Biweekly 3 Monthly 4 Quarterly	5	0170 1 Weekly 2 Biweekly 3 Monthly 4 Quarterly	5	0170 1 UWeel 2 Biwe 3 Mon 4 Quar	eekly 6 □ Annually thly 7 □ Other – <i>Specify</i> <sub>¥</sub>	
10.	On your (your CU's) last regular pay which of these things were include respondent Information Booklet, page	<b>d?</b> (Hand	interest	0220 5 ☐ Mortgage guarantee insurance 0230 6 ☐ Any other payments –	0175 1 Principal and interest 0190 2 Property taxe	0220 5 ☐ Mortgage guarantee insurance 6 ☐ Any other payments –	0175 1 Princ inter 0190 2 Prop		
	Mark (X) all that apply.		0200 3 Property insurance	Specify 7	0200     3     Property insu       0210     4     Life insurance	s Specify Z rance	0200 3 □ Prop	perty insurance	
11.	On your (your CU's) last regular pay what was the total amount you (you paid for those things?	yment,	0235 \$	.00	0235 \$	.00	0235 \$	.00	
12.	If any of codes 2–6 marked in item 10, a How much of that amount was for and interest?		0245 \$	.00 × 🗆 Don't know	0245 \$	.00 × 🗆 Don't know	0245 \$	.00 × 🗆 Don't know	

S	Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued FIELD REPRESENTATIVE – Complete a separate column for each lump sum home equity loan at the first interview in which the loan is reported.									
P	art G – Lump Sum Home Equity	oans								
1.	FIELD REPRESENTATIVE ITEM Enter the property number in item	NG 1 03 58 0 ↓	1 03 59 8 🗸	1 03 60 6 🖌						
	a. PROP brief description of the property in item 1c. A property number listed		0010 Number	0010 Number						
	must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.	RTY 0020 Code	0020 Code	0020 Code						
	Enter the 3-digit loan number in item 1d, beginning with 201 and	IP- Description	Description	Description						
	assigning loan numbers consecutively, regardless of property number. <b>d.</b> LOAN NUM	ER 0030 2 Number	0030 2 Number	0030 2 Number						
2.	I'd like to ask some additional questions al your lump sum home equity loan. In what month and year did you (your CU) make yo (your CU's) first payment on this loan?	r 0035 0045 0045	Month Year 0035 0045 0045	Month Year 0035 0045						
3.	Is this a 30-year home equity loan, a 15-y home equity loan, or something else?	ear 0055 1 30-year 3 Something else – Specify – 2 15-year 0065 Number of years	7       0055       1 □ 30-year       3 □ Something else - Specify -         2 □ 15-year       0065       Number of years	0055       1 30-year       3 Something else - Specify         2 15-year       0065       Number of years						
4.	What was the rate of interest at the time home equity loan was obtained? Enter in decimal places, such as 9.50% for 9 1/2%. (In all FHA guarantee insurance if applicable.)	NO	0075 Percent	0075 Percent						
5.	What is the current interest rate on your (your CU's) home equity loan? (Convert fractions to decimals.)	If same as item 4, go to item 0080 Percent 6a. If different, go to item 6b.	0080       If same as item 4, go to item         0080       Percent         6a. If different, go to item 6b.	If same as item 4, go to item         0080            Percent         6a. If different, go to item 6b.						
6a	. Is this a fixed rate home equity loan?	0085 1 🗌 Yes – Go to item 7 2 🗌 No	0085 1 🗆 Yes – <i>Go to item</i> 7 2 🗆 No	0085 1 Yes – Go to item 7 2 No						
b	There are many different kinds of lump s home equity loans. Which one of these ( respondent Information Booklet, page 10) co closest to yours (your CU's)?	and a variable or adjustable Other Creatify	0090       1 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable rate of interest       6 □ Other - Specify r         3 □ Graduated payment	0090       1 □ Fixed rate of interest       5 □ Deferred interest         2 □ Variable or adjustable rate of interest       6 □ Other - Specify rate         3 □ Graduated payment       4 □ Rollover or renegotiable         X □ Don't know						
7.	Have you (Has your CU) refinanced or renegotiated this lump sum home equity loan?	0105       1 □ Yes - Read to respondent - The following question refers to this current lump sum home equity loan.	0105       1 □ Yes - Read to respondent - The following question refers to this current lump sum home equity loan.	0105       1 □ Yes - Read to respondent - The following question refers to this current lump sum home equity loan.						
8.	What was the amount of the lump sum hon equity loan when you (your CU) obtained it excluding any interest?	• 0130 \$00	0130 \$00	0130 \$00						
9.	How often are (were) loan payments due	0170       1 Weekly       5 Semiannually         2 Biweekly       6 Annually         3 Monthly       7 Other - Specify          4 Quarterly	0170       1 □ Weekly       5 □ Semiannually         2 □ Biweekly       6 □ Annually         3 □ Monthly       7 □ Other - Specify ↓         4 □ Quarterly	0170       1 □ Weekly       5 □ Semiannually         2 □ Biweekly       6 □ Annually         3 □ Monthly       7 □ Other - Specify          4 □ Quarterly						
10.	<b>On your (your CU's) last regular payment</b> <b>which of these things were included?</b> (Harris respondent Information Booklet, page 11.)	interest     insurance       0190     2 Property taxes     0230     6 Any other payments –	0175       1 Principal and interest       0220       5 Mortgage guarantee insurance         0190       2 Property taxes       0230       6 Any other payments – Specify K         0200       3 Property insurance       Specify K	0175       1       Principal and interest       0220       5       Mortgage guarantee insurance         0190       2       Property taxes       0230       6       Any other payments – Specify $\overline{\nabla}$						
	Mark (X) all that apply.	0200     3 □ Property insurance     3 □ Property insurance       0210     4 □ Life insurance	0200     3 □ Property insurance     3 □ Property insurance       0210     4 □ Life insurance	0200     3 □ Property insurance     3 □ Property insurance       0210     4 □ Life insurance						
11.	On your (your CU's) last regular payment what was the total amount you (your CU paid for those things?	0235 \$00	0235 \$00	0235 \$00						
12.	If any of codes 2–6 marked in item 10, ask – How much of that amount was for princi and interest?	al 0245 \$00 x □ Don't know	0245 \$00 x □ Don't know	0245 \$00 x □ Don't know						
FORM C	E-302									

FIELD REPRESENTATIVE – Complete a s at the 1st int

Part H – Line of Credi	it Home Equity L	.oans			
1. FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 03 68 9 🗸	1 03 69 7 🗸	1 03 70 5 🗸	NOTES
Enter the property number in item 1a, the property code in item 1b, a brief description of	a. PROPERTY NUMBER	0010 Number	0010 Number	0010 Number	
the property in item 1c. A property number listed must match to a previously reported property number in section 3A.1, column a and/or	<b>b.</b> PROPERTY CODE	0020 Code	0020 Code	0020 Code	
section 3A.1, column a and/or section 3B, item 1a.		Description	Description	Description	
Enter the 3-digit loan number in item 1d, beginning with 301	C. DESCRIPTION				
and assigning loan numbers consecutively, regardless of property number.	<b>d.</b> LOAN NUMBER	0030 <b>3</b> Number	0030 <b>3</b> Number	0030 <b>3</b> Number	
2. I'd like to ask some additional questions about your (your CU's) line of credit home equity loan. Since the 1st of (last month), have you (has any member of your CU) made any payments for this loan?		0040 1   Yes 2   No - Go to next loan or part l	0040 1 🗌 Yes 2 🗌 No – Go to next loan or part l	0040 1 🗌 Yes 2 🗌 No – Go to next loan or part l	
<ul> <li>3. <i>If YES</i> – What was the amount of the last payment?</li> </ul>		0050 \$00	0050 \$00	0050 \$00	
<b>4.</b> Prior to the last payment, what was the total amount owed?		0060 \$00	0060 \$00	0060 \$00	
			1		

separate column for each line of credit home equity loan terview in which the loan is reported.

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

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

F	Part I – Ownership Costs					
1.	FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.PROCESSING USE ONLY <b>a</b> property code in item 1b, and a brief description of the property in item 1c. <b>a</b> PROPERTY NUMBER <b>b</b> PROPERTY cODE <b>b</b> PROPERTY CODE <b>b</b> PROPERTY CODE <b>c</b> DESCRIP- TION	1 03 77 0 ↓ 0010 Number 0020 Code Description	8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments?	0160       01 □ Repayment of loans owed by cooperative         0170       02 □ Property taxes         0180       03 □ Property insurance         0190       04 □ Management         0200       05 □ Repairs and maintenance, including lawn care and snow removal	<b>11a.</b> If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these	0430 1 □ Yes 2 □ No - <i>Go to item 12a</i>
2.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box.	0030 1 Mortgage/lump sum home equity loan	Mark (X) all that apply. If any entry in boxes 1–11, go to	0210 06 Improvements	items?	
	If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.	2  No mortgage/no lump sum home equity loan – Go to item 4a	item 10a. If no entries in boxes 1–11, go to item 11a.	0220       07 □ Recreational, including swimming, golf, and tennis facilities         0230       08 □ Security, including guards and	<b>b.</b> Since the 1st of (month, 3 months ago), what services were provided?	SERVICES FOR CO-OPS           0440         0         0450         0           0460         0         0470         0
3a.	Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?	0040 1 □ Yes 2 □ No – <i>Go to item 4a</i>		0230       08 □ Security, including guards and alarm systems         0240       09 □ Utilities: such as gas, electricity, water, heat         0250       10 □ Trash collection         0260       11 □ Other - Specify <sub>¥</sub>	For co-op, use codes from item 8. For condos/something else, use codes from item 9.	0480       0       0490       0         0500       0       0510       0         0520       0       0530       1         0540       1       0       0
b.	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?	0050 \$00	<b>0</b>			SERVICES FOR CONDOS/ SOMETHING ELSE
c.	How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?	0060 \$00	9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those	0270 21 Management 0280 22 Repairs and maintenance, including lawn care and snow		0550         2         0560         2           0570         2         0580         2
d.	Were there any penalty charges as a result of the extra payments?	0070 1 □ Yes 2 □ No - <i>Go to item 4a</i>	<b>payments?</b> Mark (X) all that apply.	removal 0290 23 Improvements 0300 24 Utilities: such as gas,		0590         2         0600         2           0610         2         0620         2
e.	Since the 1st of (month, 3 months ago), how much were these penalty charges?	0080 \$		electricity, water, heat       0310    25          Parking		0630 2 0640 3 0650 3
	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0090 \$00		0320       26 □ Recreational, including swimming, golf, and tennis facilities         0330       27 □ Security, including guards and	C. Since the 1st of (month, 3 months ago), how much were these special payments?	0660 \$00
4a.	Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?	0100 1 □ Yes 2 □ No - <i>Go to item</i> 5		alarm systems 0340 28 □ Maid service 0350 29 □ Medical services	d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?	0670 \$00
b.	If YES – What was the total amount paid?	0110 \$00		0360 30 Trash collection	<b>12a.</b> Since the 1st of (month,	
c.	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0120 \$00		0370 31 □ Other – <i>Specify</i> <del>∠</del>	3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks,	0680 1 □ Yes 2 □ No – <i>Go to item 13</i>
5.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box.	0130 1 Condominium – Go to item 7	<b>10a.</b> Are any of the costs included in your (your CU's) mortgage payment?	0380 1 □ Yes 2 □ No – Go to item 10d	or other things like that?	
	If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3.	2 □Co-op – <i>Go to item 8</i> 3 □ Neither condo nor co-op – <i>Continue</i>	<b>b.</b> <i>If YES</i> – <b>How much per month?</b>	0390 \$00	<b>b.</b> What was the total amount paid?	0690 \$00
6.	If property is not condo/co-op, ask –	with item 6	C. In addition to those costs, since the 1st of (month, 3 months ago), have you	0400 1 □ Yes 2 □ No – <i>Go to item 11a</i>	C. How much of the (amount in item 12b) was paid since the 1st of (current month)?	0700 \$00
	Do you (Does your CU) make regular payments to a homeowner's association?	0140 1 □ Yes – Go to item 9 2 □ No – Go to item 11a	(has your CU) made any other regular payments for these services?		<b>13.</b> Ask if code 100, 200, or 300 in item 1b.	
7.	If property is condo, ask – Are you (Is your CU) required to make regular	0150 1 🗌 Yes – Go to item 9	d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?	0410 \$00	If someone were to rent your home today, how much do you think it would rent for monthly,	0710 \$00 x 🗆 Don't know
	payments of condominium fees for general maintenance or management services?	2 🗌 No – <i>Go to item 11a</i>	E. How much of the (amount in item 10d) was paid since the 1st of (current month)?	0420 \$00	unfurnished and without utilities?	

FORM CE-302

F	Part I – Ownership Costs – Continue	d							
1.	FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.PROCESSIN USE ONLYA property number listed must match to a previously reported number in section 3A.1, column a and/or section 3B, item 1a.D. PROPER CODEC. DESCRIF TION	Y     0010     Number       Y     0020     Code	8.	If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments?	0170 0180 0190	<ul> <li>01 Repayment of loans owed by cooperative</li> <li>02 Property taxes</li> <li>03 Property insurance</li> <li>04 Management</li> <li>05 Repairs and maintenance, including lawn care and snow removal</li> </ul>		<ul> <li>If property is co-op: Hand respondent Information Booklet, page 12.</li> <li>If property is condo/ something else: Hand respondent Information Booklet, page 13.</li> <li>Have you (Has your CU) made any SPECIAL payments to a management service for any of these</li> </ul>	0430 1 □ Yes 2 □ No – <i>Go to item 12a</i>
2.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, may box 1; if not, mark box 2.	0030       1 □ Mortgage/lump sum home equity loan         2 □ No mortgage/no lump sum home equity loan – Go to item 4a		Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.	0220	<ul> <li>06 Improvements</li> <li>07 Recreational, including swimming, golf, and tennis facilities</li> <li>08 Security, including guards and</li> </ul>		items? Since the 1st of (month, 3 months ago), what services were provided?	SERVICES FOR CO-OPS           0440         0         0450         0           0460         0         0470         0
3a.	Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago) have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?	0040 1 □ Yes 2 □ No – <i>Go to item 4a</i>				alarm systems 09  Utilities: such as gas, electricity, water, heat		For co-op, use codes from item 8. For condos/something else, use codes from item 9.	0480       0       0490       0         0500       0       0510       0         0520       0       0530       1         0540       1       0       0
	Since the 1st of (month, 3 months ago), what w the total amount that you (your CU) paid extra How much of the (amount in item 3b) did you	<b>15</b> 0050 <b>\$</b>	9.	If property is not co-op, ask – Which of the services and privileges		21 🗌 Management	_		SERVICES FOR CONDOS/ SOMETHING ELSE         0550       2
	(your CU) pay since the 1st of (current month)? Were there any penalty charges as a result of the extra payments?	0060 \$00 0070 1 □ Yes 2 □ No - Go to item 4a		<b>listed</b> (hand the respondent Information Booklet, page 13) <b>are included in those</b> <b>payments?</b> Mark (X) all that apply.	0290	<ul> <li>22 Repairs and maintenance, including lawn care and snow removal</li> <li>23 Improvements</li> <li>24 Utilities: such as gas,</li> </ul>			0570       2       0580       2         0590       2       0600       2         0610       2       0620       2
е.	Since the 1st of (month, 3 months ago), how much were these penalty charges?	0080 \$\$				electricity, water, heat 25			0630         2         0640         3           0650         3         3
	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0090 \$\$				swimming, golf, and tennis facilities 27 🗌 Security, including guards and		<ul> <li>Since the 1st of (month, 3 months ago), how much were these special payments?</li> </ul>	0660 \$00
	Since the 1st of (month, 3 months ago), have yo (has your CU) made any payments for ground land rent for (property description)?	0100 1 □ Yes 2 □ No - <i>Go to item 5</i>			0340 0350	alarm systems 28	d	• Of the (amount in item 11c), how much was paid since the 1st of (current month)?	.00
	If YES – What was the total amount paid? How much of the (amount in item 4b) was paid	0110 \$00	_			30 □ Trash collection 31 □ Other – <i>Specify</i> <sub>✔</sub>	12a	<ul> <li>Since the 1st of (month, 3 months ago), have you (has your CU) paid any special</li> </ul>	0680 1 [] Yes
5.	FIELD REPRESENTATIVE CHECK ITEM	0120 \$ .00 0130 1 Condominium - <i>Go to</i>	10a	. Are any of the costs included in your (your CU's) mortgage payment?	0380		-	assessments by a local government for construction or repair of roads, sidewalks, or other things like that?	2 🗌 No – Go to item 13
	Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3.	item 7 2 □ Co-op – Go to item 8 3 □ Neither condo nor co-op – Continue		. If YES – How much per month?	0390	2 🗌 No – Go to item 10d \$00		• What was the total amount paid?	.00
6.	If property is not condo/co-op, ask – Do you (Does your CU) make regular payment		C	In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?	0400	1	13.	item 12b) was paid since the 1st of (current month)? Ask if code 100, 200, or 300 in	0700 \$00
7.	to a homeowner's association? If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?	2 □ No – Go to item 11a 0150 1 □ Yes – Go to item 9 2 □ No – Go to item 11a		<ul> <li>Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</li> <li>How much of the (amount in item 10d) was paid since the 1st of (current month)?</li> </ul>	0410	·		item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?	0710 \$00 x 🗌 Don't know

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

F	Part I – Ownership Costs – Continued					
1.	FIELD REPRESENTATIVE ITEMEnter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.PROCESSING USE ONLYA property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.PROCESSING USE ONLYC. DESCRIP- TION	1 03 79 6 ↓ 0010 Number 0020 Code Description	8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments?	0160       01 Repayment of loans owed by cooperative         0170       02 Property taxes         0180       03 Property insurance         0190       04 Management         0200       05 Repairs and maintenance, including lawn care and snow removal	<ul> <li>11a. If property is co-op: Hand respondent Information Booklet, page 12.</li> <li>If property is condo/ something else: Hand respondent Information Booklet, page 13.</li> <li>Have you (Has your CU) made any SPECIAL payments to a management service for any of these</li> </ul>	0430 1 □ Yes 2 □ No - <i>Go to item 12a</i>
2. 3a	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2. Now I want to ask about other payments on	0030 1 ☐ Mortgage/lump sum home equity loan 2 ☐ No mortgage/no lump sum home equity loan – <i>Go to item 4a</i>	Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.	<ul> <li>0210 06 ☐ Improvements</li> <li>0220 07 ☐ Recreational, including swimming, golf, and tennis facilities</li> <li>0230 08 ☐ Security, including guards and alarm systems</li> </ul>	items? b. Since the 1st of (month, 3 months ago), what services were provided? For co-op, use codes	SERVICES FOR CO-OPS           0440         0         0450         0           0460         0         0470         0           0480         0         0490         0
	(property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?	0040 1 ☐ Yes 2 ☐ No – <i>Go to item 4a</i>		024009 □ Utilities: such as gas, electricity, water, heat025010 □ Trash collection026011 □ Other - Specify	from item 8. For condos/something else, use codes from item 9.	0500         0         0510         0           0520         0         0530         1           0540         1
	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?	0050 \$00	<b>9.</b> If property is not co-op, ask –	0270 21 🗌 Management		SERVICES FOR CONDOS/ SOMETHING ELSE
C.	How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?	0060 \$00	Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those	0280 22 Repairs and maintenance, including lawn care and snow removal		0570         2         0580         2           0590         2         0600         2
	Were there any penalty charges as a result of the extra payments?	0070 1 □ Yes 2 □ No - <i>Go to item 4a</i>	<b>payments?</b> Mark (X) all that apply.	0290       23 □ Improvements         0300       24 □ Utilities: such as gas, electricity, water, heat		0630         2         0600         2           0610         2         0620         2           0630         2         0640         3
е.	Since the 1st of (month, 3 months ago), how much were these penalty charges?	0080 \$00		0310 25 Parking 0320 26 Recreational, including		0650 3
	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0090 \$00	_	swimming, golf, and tennis facilities 0330 27 Security, including guards and	C. Since the 1st of (month, 3 months ago), how much were these special payments?	0660 \$00
4a.	Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?	0100 1 🗌 Yes 2 🗌 No – <i>Go to item 5</i>		alarm systems 0340 28 Maid service 0350 29 Medical services	d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?	.00
b.	<i>If YES</i> – What was the total amount paid?	0110 \$00		<b>0360</b> 30 Trash collection <b>0370</b> 31 Other – Specify $\swarrow$	<b>12a. Since the 1st of</b> (month, 3 months ago), have you (has	0680 1 🗌 Yes
C.	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0120 \$00		,	your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks,	2 🗌 No – Go to item 13
5.	FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box.</i>	0130 1 Condominium – Go to item 7	10a. Are any of the costs included in your (your CU's) mortgage payment?	0380 1 ☐ Yes 2 ☐ No – <i>Go to item 10d</i>	or other things like that?	
	If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. Part A.1, item 1, accurate	2 □ Co-op – <i>Go to item 8</i> 3 □ Neither condo nor co-op – <i>Continue</i>	<b>b.</b> <i>If YES</i> – How much per month?	0390 \$00	paid? C. How much of the (amount in	0690 \$
6.	If property is not condo/co-op, ask – Do you (Does your CU) make regular payments	with item 6	C. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?	0400 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i>	item 12b) was paid since the 1st of (current month)? 13. Ask if code 100, 200, or 300 in	0700 \$00
7.	to a homeowner's association?	2 🗌 No – Go to item 11a	<b>d.</b> Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?	0410 \$00	item 1b. If someone were to rent your home today, how much do you think it would	.00
	Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?	0150 1 □ Yes – Go to item 9 2 □ No – Go to item 11a	<ul> <li>CO) paid for these services?</li> <li>e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</li> </ul>	0420 \$00	rent for monthly, unfurnished and without utilities?	x 🗌 Don't know

FORM CE-302

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

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

	Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity								
			quity Loan Payment – Continued	led loan that has changed.					
1.	FIELD REPRESENTATIVE ITEM Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k.	PROCESSING USE ONLY	1 03 93 7 ↓ 0010 Number	6. How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 Weekly 2 Biweekly 3 Monthly 4 Quarterly 5 Semiannually				
	Enter the property number in item 1a, the property code in item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark	<ul><li><b>b.</b> PROPERTY CODE</li><li><b>c.</b> DESCRIPTION</li></ul>	0020     Code       Description		6 $\Box$ Annually 7 $\Box$ Other – Specify $\mathbf{k}$				
	(X) the appropriate type of loan in item 1e. A property number listed must match to a previously reported property number in section 3A.1,	<b>d.</b> MORTGAGE (LOAN) NUMBER	0030       Number         0035       1 I Mortgage         2 I Lump sum home equity loan	<b>7.</b> What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0100 Percent				
		uity loan) payment for (property yment luated payment for a graduated	$\begin{array}{c c} \hline 0040 \\ 1 \\ \Box \\ Go \ to \ item \ 8 \\ 2 \\ \Box \\ Go \ to \ item \ 7 \\ 3 \\ \Box \\ Go \ to \ item \ 11 \\ 4 \\ \Box \\ Go \ to \ item \ 8 \\ 5 \\ \hline \\ 6 \\ \Box \end{array}$	<ul> <li>Hand respondent Information Booklet, page 11.</li> <li>8. On your (your CU's) last regular payment, which of these things were included?</li> </ul>	0125       1 □ Principal and interest         0130       2 □ Property taxes         0140       3 □ Property insurance         0150       4 □ Life insurance         0160       5 □ Mortgage guarantee insurance         0170       6 □ Any other payments - Specify <sub>K</sub>				
	<ul> <li>(loan))</li> <li>6 - Refinanced mortgage (loan) (t of the mortgage (loan))</li> <li>7 - Other reasons</li> <li>8 - More than one of the above</li> </ul>	his includes changing the term	$ \begin{array}{c} 7 \square \\ 8 \square \\ X \square \end{array} \end{array} $ Go to item 3	<ul> <li>9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?</li> <li>If any of Codes 2–6 marked in item 8 ask –</li> <li>10. How much of that amount was for principal and interest?</li> </ul>	0175 \$00 0185 \$00				
3.	X – Don't know Is this a 30-year mortgage (lum 15-year mortgage (home equity	np sum home equity loan), a y loan), or something else?	0045 1 🗆 30-year 2 🗋 15-year 3 🗆 Something else – <i>Specify <sub>v</sub></i>	<b>11.</b> In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	x Don't know         0195       Month         Go to next property or next section				
			0050 Number of years	NOTES					
4a	. Is this a fixed rate mortgage (I	ump sum home equity loan)?	0055 1 □ Yes – <i>Go to item</i> 5 2 □ No						
Hand respondent Information Booklet, page 10. <b>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?</b>		0060       1 □ Fixed rate of interest         2 □ Variable or adjustable interest rate         3 □ Graduated payment         4 □ Rollover or renegotiable         5 □ Deferred interest         6 □ Other - Specify ▼							
			X 🗌 Don't know						
5.	What was the amount of the m loan) when you (your CU) obta	nortgage (lump sum home equity ined it, excluding any interest?	.00						

FORM CE-302



FORM CE-302

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

FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity loan that has changed.

Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment – Continued									
<b>1.</b> FIELD REPRESENTATIVE ITEM			6. How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 Weekly 2 Biweekly					
Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k.	PROPERTY NUMBER	0010 Number		3 Monthly 4 Quarterly 5 Semiannually					
item 1a, the property code in	PROPERTY CODE	0020 Code		6 □ Annually 7 □ Other – <i>Specify<sub>K</sub></i>					
(IOAN) NUMBER IN ITEM IG. WARK	DESCRIPTION								
A property number listed must	MORTGAGE (LOAN) NUMBER	0030 Number	<b>7.</b> What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%.						
match to a previously reported property number in section 3A.1, column a.	TYPE OF LOAN	0035 1 ☐ Mortgage 2 ☐ Lump sum home equity loan	(Include all FHA guarantee insurance if applicable.)	0100 Percent					
<ul> <li>2. What was the reason for the change mortgage (lump sum home equity lo description)?</li> <li>1 - Change in escrow account payment</li> <li>2 - Change in interest rate</li> <li>3 - Paid off</li> <li>4 - Change in amount of the graduated payment mortgage (loan)</li> </ul>	e in the amount of your oan) payment for (property at d payment for a graduated	$\begin{array}{c c} 0040 \\ 1 \ \Box & Go \ to \ item \ 8 \\ 2 \ \Box & Go \ to \ item \ 7 \\ 3 \ \Box & Go \ to \ item \ 11 \\ 4 \ \Box & Go \ to \ item \ 8 \\ 5 \ \Box \\ 6 \ \Box \end{array}$	<ul> <li>Hand respondent Information Booklet, page 11.</li> <li>8. On your (your CU's) last regular payment, which of these things were included?</li> </ul>	0125       1 □ Principal and interest         0130       2 □ Property taxes         0140       3 □ Property insurance         0150       4 □ Life insurance         0160       5 □ Mortgage guarantee insurance         0170       6 □ Any other payments - Specify ∠					
(loan)) 6 – Refinanced mortgage (loan) (this in	<ul> <li>6 - Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan))</li> <li>7 - Other reasons</li> <li>8 - More than one of the above</li> </ul>		<b>9.</b> On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$00					
of the mortgage (Ioan)) 7 – Other reasons			If any of Codes 2–6 marked in item 8 ask – <b>10. How much of that amount was for principal and interest?</b>	0185 \$00 x □ Don't know					
3. Is this a 30-year mortgage (lump sur 15-year mortgage (home equity loar	m home equity loan), a n), or something else?	0045 1 □ 30-year	<b>11.</b> In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0195 Month Go to next property or next section					
		$2 \square 15-year$ $3 \square Something else - Specify \downarrow$ $0050 \square \square Number of years$	NOTES						
<b>4a.</b> Is this a fixed rate mortgage (lump s	sum home equity loan)?	0055 1 Yes – <i>Go to item 5</i>							
		2 🗌 No							
Hand respondent Information Booklet, <b>b. There are many different kinds of m</b> equity loans). Which one of these co	nortgages (lump sum home	0060       1 □ Fixed rate of interest         2 □ Variable or adjustable interest rate							
CÜ's)?		3 Graduated payment 4 Rollover or renegotiable							
		5 □ Deferred interest 6 □ Other – <i>Specify</i> <sub>¥</sub>							
		X 🗆 Don't know							
5. What was the amount of the mortga loan) when you (your CU) obtained i	age (lump sum home equity it, excluding any interest?	0070 \$00							



Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES										
Part A – Telephone Expenses										
1. Since the 1st of (month, 3 months ago), have	PROCESSING USE ONLY	1 04 01 8 🖵			NO	TES				
you (or any members of your CU) received any bills for telephone or pager services? Do not include bills for telephones or pagers used entirely for business purposes.	□Yes □No – <i>Go to part B</i>									
2. What is the name of the company which provides the telephone (or pager) services?	Name of telephone company									
3. How many telephone (or pager) bills were received from (company name)?	0010 Number									
Complete a separate column for each bill	Bill 1	Bill 2	Bill 3	Bill 4						
received since the 1st of (month, 3 months ago.) <b>4a. What was the total amount of bill</b> (bill	0020 \$0_None	0230 \$00 0 \_None	0440 \$00 0 _ None	0650 \$00 0 None						
number)? Exclude any unpaid bills from a previous billing period.	Month	Month	Month	Month						
<b>b.</b> In what month was the bill received?	0030	0240	0450	0660						
5. What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)	0040 1	0250 1 🗌 Residential service	0460 1 🗌 Residential service	0670 1 Residential service						
did the bill include? (Mark (X) all that apply)	0050 2	0260 2 🗌 Mobile/Cellular Service	0470 2	0680 2 🗌 Mobile/Cellular Service						
	0060 3 Pager/Beeper Service	0270 3 🗌 Pager/Beeper Service	0480 3 Pager/Beeper Service	0690 3 Pager/Beeper Service						
Hand the respondent Information Booklet, Page 13a.	Yes No Amount	Yes No Amount	Yes No Amount	Yes No Amount						
<b>6a.</b> Which of the following telephone service items were included in the bill? ( <i>Mark</i> (X) all that apply.)										
(1) Basic (local) service charge										
(2) Domestic long distance charge					1					
(3) International long distance charge										
(4) Telephone related services such as caller ID, call waiting, or voice						RE				
mailboxes? (Do not include data services)					Month bill received from item 4b	Total amount of bill from item 4a				
(5) Installation or repair of telephone line(s)						\$.00				
(6) Telephone or pager purchases or rentals					Name of telephone of					
If YES (7–10) Ask – How much? (7) Internet access or data services	0130 1 2 0140 .00	0340 1 2 0350 <u>\$</u>	0550 1 2 0560 \$ .00	0760 1 2 0770 .00		. ,				
(8) Cable or satellite television services	0150 1 2 0160 \$00	0360 1 2 0370 \$00	0570 1 2 0580 \$ .00	0780 1 2 0790 \$00						
(9) DSL or ISDN charges	0170 1 2 0180 \$00	0380 1 1 2 0390 \$00	0590 1 1 2 0600 \$00		Month bill received from item 4b	Total amount of bill from item 4a				
(10) Non-telephone related rentals or purchases			0610 1 1 0620 \$			\$.00				
<b>b.</b> (If unable to separate (7–10) above) <b>What was</b> the total amount for these non-telephone related services?	0210 \$00	0420 \$00	0630 \$00	0840 \$00	Name of telephone of					
C. FIELD REPRESENTATIVE CHECK ITEM	0220 1 🗆 Bills	0430 1 🗆 Bills	0640 1 🗌 Bills	0850 1 🗆 Bills						
Was a bill or checkbook used or was an estimate given?	2 🗆 Estimate 3 🗆 Checkbook	2 🗌 Estimate 3 🗌 Checkbook	2 Estimate 3 Checkbook	2 □ Estimate 3 □ Checkbook 7						
<b>7a.</b> Is any of the total charge to be deducted as a business expense?				3 CHECKDOOK	Month bill received from item 4b	Total amount of bill from item 4a				
<b>b.</b> <i>If YES</i> – What percentage will be deducted?						\$.00				
	091000 Percent				Name of telephone of					
8. Did you (or any members of your CU) receive any other bills for telephones or pagers not used entirely for business purposes from any other companies?	0920 1 □ Yes – Complete a separate page 2 □ No – Go to part B	ge for each telephone company								

Section 4 – UTILITIES AND FUELS FO		AND RENTED	PROPERTIES	- Continued						
Part A – Telephone Expenses – Conti	inued									
	PROCESSING	USE ONLY	1 04 0	02 6 🖵					NO	TES
<b>2.</b> What is the name of the company which provides the telephone (or pager) services?	Name of telepl	none company								
3. How many telephone (or pager) bills were received from (company name)?	0010	Number								
Complete a separate column for each bill received since the 1st of (month, 3 months ago.)		Bill 1		Bill 2		Bill 3		Bill 4		
<b>4a.</b> What was the total amount of bill (bill	0020 \$	.00 <sub>0</sub> _ N	lone 0230 \$	.00 o 🗆 N	one 0440 \$	.00 _0	None 0650 \$	.00 0 None		
number)? Exclude any unpaid bills from a previous billing period.		Month		Month		Month		Nonth		
<b>b.</b> In what month was the bill received?	0030		0240		0450		0660			
<b>5.</b> What types of telephone (or pager) services did the bill include? ( <i>Mark</i> (X) all that apply)	0040 1 🗌 Resid		0250 1 🗌 Res	idential service	0460 1	Residential service	0670 1 🗌 Reside	ntial service		
	0050 2  Mobile/Cellular Service			bile/Cellular Service		] Mobile/Cellular Service				
	0060 3 🗌 Pager			jer/Beeper Service		Pager/Beeper Service	0690 3 🗌 Pager/		-	
Hand the respondent Information Booklet, Page 13a. <b>6a. Which of the following telephone service items</b>	Yes No	Amount	Yes	o Amount	Yes	No Amount	Yes No	Amount		
were included in the bill? (Mark (X) all that apply.)				_\/////////////////////////////////////						
(1) Basic (local) service charge				_//////////////////////////////////////	0490 1					
(2) Domestic long distance charge					0500 1	<u> </u>	0710 1 1 2			
(3) International long distance charge					0510 1		0720 1 1 2			
(4) Telephone related services such as caller ID, call waiting, or voice				_\/////////////////////////////////////	0520 1				´	RE
mailboxes? (Do not include data services)				_//////////////////////////////////////					from item 4b	Total amount of bill from item 4a
(5) Installation or repair of telephone line(s)										\$.00
(6) Telephone or pager purchases or rentals	0120 1 2				0540 1		0750 1 1 2		Name of telephone	
If YES (7–10) Ask – How much? (7) Internet access or data services	0130 1 2	0140 \$	.00 0340 1 2	0350 \$	.00 0550 1	」 2 □ 0560 <b>\$</b>	.00 0760 1 2	0770 \$ .00		
(8) Cable or satellite television services	0150 1 2		.00 0360 1 2			0580 <b>\$</b>		0790 🕿 .00		
		φ		↓				φ		
(9) DSL or ISDN charges	0170 1 2	0180 \$	.00 0380 1 2	0390 <sub>\$</sub>	.00 0590 1	<u> </u> 2 □ 0600 \$		0810 \$00	from item 4b	Total amount of bill from item 4a
(10) Non-telephone related rentals or purchases	0190 1 2	0200 \$	.00 0400 1 2	0410 \$	.00 0610 1	2 🗌 0620 <b>\$</b>	.00 0820 1 2	0830 \$00		\$.00
<b>b.</b> (If unable to separate (7–10) above) <b>What was</b> the total amount for these non-telephone	0210 s	.00	0420 €	.00	0630 🕿	.00	0840 ¢	.00	Name of telephone	
related services?	φ	.00	ψ		ψ				-	
<b>C.</b> FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an	0220 1 Bills 2 Estim	ato	0430 1 ☐ Bills 2 ☐ Esti		0640 1	Bills Estimate	0850 1 🗌 Bills 2 🗌 Estima	to		
estimate given?	3 Check		3 Che			Checkbook	3 Check		Month bill received	Total amount of hill
7a. Is any of the total charge to be deducted as a business expense?	0900 1 🗌 Yes 2 🗌 No –	Go to item 8							from item 4b	Total amount of bill from item 4a
<b>b.</b> <i>If YES</i> – What percentage will be deducted?	0910	.00								\$.00
8. Did you (or any members of your CU) receive		00 Percent	te page for each tele	phone company					Name of telephone	company
any other bills for telephones or pagers not used entirely for business purposes from any other companies?		Go to part B								
Page 26	•			Section 4 – Part /	A (Continued)					Page 26

Section 4 – UTILITIES AND FUELS FO	DR OWN	ed and	RENTED PR	OPERTI	ES – Cont	tinued									
Part A – Telephone Expenses – Conti	nued														
	PROCESS	SING USE O	NLY	1	04 03 4 🖵			, , , ,		, , , , , , , , , , , , , , , , , , , ,				NOT	ES
													4		
2. What is the name of the company which provides the telephone (or pager) services?	Name of	telephone c	ompany												
3. How many telephone (or pager) bills were received from (company name)?	0010		Number												
Complete a separate column for each bill received since the 1st of (month, 3 months ago.)		Bill 1			Bill 2				Bill 3		Bill 4				
<b>4a. What was the total amount of bill</b> (bill	0020 \$	020 \$00 ₀□None 023				00 None	0440 \$	0440 \$0 O \_None				00 ₀ No	ne		
number)? Exclude any unpaid bills from a previous billing period.		Mont			Month		Month			Month					
<b>b.</b> In what month was the bill received?	0030			0240			0450			0660			_		
5. What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)	apply			Residential				ential service		esidential :					
	0050 2  Mobile/Cellular Service				] Mobile/Cellu ] Pager/Beepe				e/Cellular Service /Beeper Service	0680 2 🗌 M 0690 3 🗌 Pa					
Hand the respondent Information Booklet, Page 13a.			Amount	Yes		Amount		No	Amount		No	Amount	_		
<b>6a.</b> Which of the following telephone service items were included in the bill? ( <i>Mark</i> (X) all that apply.)	103			103			103								
(1) Basic (local) service charge	0070 1	2		0280 1	]¦2□		0490 1	2		0700 1 1 2			/ -		
(2) Domestic long distance charge	0080 1	2		0290 1	]¦2□		0500 1	2		0710 1 2					
(3) International long distance charge	0090 1	2		0300 1	]   2 🗆		0510 1	2 🗌		0720 1 1 2					
(4) Telephone related services such as caller ID, call waiting, or voice					- -									PR	
caller ID, call waiting, or voice mailboxes? (Do not include data services)	0100 1	+////			] 2			2 🗌		0730 1 2				onth bill received from item 4b	Total amount of bill from item 4a
(5) Installation or repair of telephone line(s)	0110 1						0530 1	2 🗌		0740 1 2	///				\$.00
(6) Telephone or pager purchases or rentals	0120 1	2		0330 1			0540 1	2		0750 1 2				ame of telephone c	
If YES (7–10) Ask – How much? (7) Internet access or data services	0130 1	2 🗌 0140	\$00	0340 1	] 2 🗌 0350	\$00	0550 1	2 🗌	0560 \$ .00	0760 <sub>1</sub>	0770	\$c	00		. ,
(8) Cable or satellite television services	0150 1	0160	.00	0360 1	 ] <sup> </sup> 2 🔲 0370	¢.00	0570 1	2	0580 \$ .00	0780 1 □ 1 2	0790	¢ .(	00		
			·										0 Mc	onth bill received	Total amount of bill
(9) DSL or ISDN charges		0180		0380 1		φ	0590 1		Ψ			<u> </u>		from item 4b	from item 4a
purchases	0190 1	2 0200	\$\$	0400 1	] <sup> </sup> <sub>2</sub> 0410	\$00	0610 1	2 🗌	0620 \$00	0820 1   2	0830	\$0	00		\$.00
b. (If unable to separate (7–10) above) What was the total amount for these non-telephone related services?	0210 \$	.00	D	0420 \$	.00	)	0630 \$		.00	0840	.00		Na	ame of telephone c	ompany
C. FIELD REPRESENTATIVE CHECK ITEM	0220 1	Bills	_	0430 1	Bills		0640 1 🗆 I	Bills		0850 1 🗌 Bil	lls				
Was a bill or checkbook used or was an estimate given?	2	Estimate	1	2	Estimate	1	2 🗌 I	Estima		2 🗌 Es	timate				
<b>7a.</b> Is any of the total charge to be deducted as a	3 🗌 0900 1 🗌	Checkbook Yes		3	Checkbook		3 🗌 (	Checkl	book	3 ∐Ch	neckbook	¥		onth bill received from item 4b	Total amount of bill from item 4a
business expense?	2	No – Go to	item 8												
<b>b.</b> <i>If YES</i> – What percentage will be deducted?	0910	.00	Percent										Na	ame of telephone c	\$.00
8. Did you (or any members of your CU) receive		Yes – Comp	olete a separate pa	ge for each	telephone co	mpany									
any other bills for telephones or pagers not used entirely for business purposes from any other companies?	2	No – <i>Go to</i>	part B												
omer companies:															

FORM CE-302

	Section 4 – UTILITIES AND FUELS FO	OR OWNED AND R	ENTED PRO	OPERTIES	- Continue	d									
	Part A – Telephone Expenses – Cont	inued													
		PROCESSING USE ONLY	(	1 04	04 2 🗸								NO	TES	
2.	What is the name of the company which provides the telephone (or pager) services?	Name of telephone com													
3.	How many telephone (or pager) bills were received from (company name) ?	0010 Num	nber												
	Complete a separate column for each bill received since the 1st of (month, 3 months ago.)	Bill 1			Bill 2			Bill 3	1		Bill 4				
<b>4</b> a	. What was the total amount of bill (bill	0020 \$	.00 <sub>0</sub> 🗌 None	0230 \$	.00	₀□None	0440 \$		00 ₀ □ None	0650 \$	.00	0 🗌 None			
	number) <b>?</b> Exclude any unpaid bills from a previous billing period.	Month			Month			Month			Month				
b	. In what month was the bill received?	0030		0240			0450			0660					
5.	What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)	0040 1 🗌 Residential serv			sidential service			Residential serv			sidential service				
		0050 2 Mobile/Cellular			obile/Cellular Ser ger/Beeper Servi			Mobile/Cellular			obile/Cellular Sei				
<u> </u>	Hand the respondent Information Booklet, Page 13a.	0060 3 🗌 Pager/Beeper S						Pager/Beeper S			ger/Beeper Serv		-		
6a	. Which of the following telephone service items	Yes No A	mount	Yes	No Amor	unt ///////	Yes	No A	mount	Yes	No Amo				
	<ul> <li>were included in the bill? (Mark (X) all that apply.)</li> <li>(1) Basic (local) service charge</li></ul>	0070 1 2		<b>0280</b> 1 🗌 2			0490 1			0700 1 □ 2					
	(2) Domestic long distance charge			0290 1 1 2			0500 1 🗌			0710 1 2					
	(3) International long distance charge						0510 1	· //////							
	(4) Telephone related services such as												Pi	RE	
	caller ID, call waiting, or voice mailboxes? (Do not include data services)			0310 1 2			0520 <sub>1</sub>	2		0730 1 2			Month bill received	Total amount of bill	
	(5) Installation or repair of telephone line(s)			0320 1 🗆 2			0530 <sub>1</sub>			0740 1 🗆 2			from item 4b	from item 4a	
	(6) Telephone or pager purchases or rentals	0120 1 🗆 1 2		0330 1 1 2			0540 1			0750 1 🗆 2				\$.00	
	If YES (7–10) Ask – <b>How much?</b>		.00	0340 1 2		.00	0550 <sub>1</sub>	_2 □ 0560 s	.00	0760 1 1 2	0770 \$	.00	Name of telephone of	company	
	(7) Internet access or data services				T								-		
	(8) Cable or satellite television services		.00	0360 1 2	0370 \$	.00	0570 1	2 0580 <b>\$</b> _	.00		0790 \$	.00	-		
	(9) DSL or ISDN charges	0170 1 1 2 0180 \$-	.00	0380 1 2	0390 \$	.00	0590 <sub>1</sub>	0600 <b>\$</b> _	.00	0800 1 1 2	0810 \$	.00	Month bill received from item 4b	Total amount of bill from item 4a	
	(10) Non-telephone related rentals or purchases	0190 1 2 0200 \$_	.00	0400 1 🗌 2	□ <mark>0410</mark> <sub>\$</sub>	.00	0610 <sub>1</sub>	2 0620 \$_	.00	0820 1 2	0830 \$	.00		\$.00	
b	(If unable to separate (7–10) above) <b>What was</b> the total amount for these non-telephone related services?	0210 \$00		0420 \$	.00		0630 \$	.00		0840 \$	.00		Name of telephone of		
C	FIELD REPRESENTATIVE CHECK ITEM	0220 1 Bills		0430 1 🗌 Bil			0640 1			0850 1 🗌 Bil					
	Was a bill or checkbook used or was an estimate given?	2 Estimate 3 Checkbook		2 🗌 Es 3 🗌 Ch	timate eckbook			Estimate Checkbook		2 🗆 Es 3 🗆 Ch	timate eckbook 🏹				
7a	. Is any of the total charge to be deducted as a business expense?	0900 1 🗌 Yes		3 01	CONDOON								Month bill received from item 4b	Total amount of bill from item 4a	
b	If YES – What percentage will be deducted?	2 🗌 No – Go to item											-	\$.00	
		0910 .00 Pe											Name of telephone of		
8.	Did you (or any members of your CU) receive any other bills for telephones or pagers not used entirely for business purposes from any other companies?	0920 1 Yes – Complete 2 No – Go to part		ge for each tele	ephone company	,									

Section 4 - UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES - Continued									
Part B – Additional Telephone Expenses	1 04 09 0 🗸	NOTES							
<b>1a. Since the first of</b> (month, 3 months ago), have you (or any members of your CU) purchased any pre-paid phone cards?	0010 1 □ Yes 2 □ No – <i>Go to item 2a</i>								
<b>b.</b> What was the total amount paid?	0020 \$00								
C. How much of the total amount was paid this month?	0030 \$00 0 □ None								
<b>2a.</b> Since the first of (month, 3 months ago), have you (or any members of your CU) had any expenses for public pay phone services not already reported? Do not include expenses for phone cards associated with your regular phone bill or pre-paid phone cards.									
<b>b.</b> What was the total amount paid?	0050 \$ .00								
C. How much of the total was paid this month?	0060 \$0 0 \[] None								

### Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued

Port C. Severing Questions																	
Part C – Screening Question				1 04 25 7						<b></b>							
Since the first of (month, 3 months a any members of your CU) received of the following utilities fuels or a	Since the first of (month, 3 months ago), have you (or any members of your CU) received any bills for any of the following utilities, fuels, or services? Do not include bills for rented vacation properties or													PRE		VICE REPORTED IN P	
include bills for rented vacation pr properties used entirely for busine	operties ss.	s or	5	□ Yes	-	No – Go to part D				1	<b>2</b>	3	<b>4</b>	5		6	
FIELD REPRESENTATIVE: Read each item in bold listed below.		YES NO	-   /1	f YES –						Property number	Utility code	Month bill	Amount of bill	Unit-of- measure	Quantity	Name of util company o government ag	r
Electricity			<b>b.</b> v	<b>Vhich utility c</b> eported.	or fuel wa	as the charge for?	Enter a	utility code belo	ow for each bill	from part D, item 2	from part D, item 1a	received from part D, item 7b	from part D, item 7a	from part D, item 7c	from part D, item 7d	from part D, ite	em 3 Company
Natural or utility gas	110		<b>C.</b> II	n what month	was the	bill received? Ent	ter mon	th below for eac	h bill reported.								code
Combined gas and electricity	120			<b>Vhat was the</b> eported.	total amo	ount of the charge	es? Ente	er amount belov	/ for each bill				\$ .00				
Fuel oil	130		-	eponeu.									\$.00				
Kerosene	140		DN Ni≻					F	RE				\$ .00	)			
Bottled or tank gas	150		PROCESSING USE ONLY	Utility code	Month	Amount		Utility Month Amount					\$ .00	)			
Wood	160		PRC					code					\$ .00	)			
Coal	170		0020			\$	.00		s .00				\$ .00	)			
Other fuels													\$ .00	)			
Combined expenses for items 130–180	190		0030			\$	00.	5	6   .00	_			\$.00	)			
Piped-in water	200		0040			\$	.00		s .00	-			\$ .00	)			
Trash/Garbage collection			0050			\$	.00		6 .00				\$ .00				
Sewerage maintenance	220			• • •				-		NO	TES		•				
Combined trash/garbage/ water/sewerage	230																
Combined trash/garbage/water	240																
Combined trash/garbage/sewerage	250																
Combined water/sewerage	260																
Water softening service	270		-														
Septic tank cleaning	280																
Cable TV, satellite services, or community antenna, if not already reported	290																
Internet connection and other computer data services not already reported	300																
Combined electric/water/sewerage	310																
Ask item 2, then complete a column in each utility, fuel, or service reported in	part D fo item 1.	or															

### Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued

3	Section 4 - OTILITIES AND FOELS FOR OWNED AND RENTED PROPERTIES - Continued														
P	art D – Detailed Questions	5													
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY		1 04 5	1 3 🗸			1 04 5	2 1 🗸						
		a. UTILITY CODE	0010	Code			0010 Code								
	a description of utility or fuel in item 1b from part C, item 1.	<b>b.</b> DESCRIPTION OF UTILITY OR FUEL	Description Description												
2.	<ul> <li>Property reported at this intervie</li> <li>All other properties – Mark (X) app of the property.</li> <li>Ask for utility codes 100–120, 200–26</li> </ul>	otion of the property and enter a section 3, part A.1, item 1, col. a ew in section 3, part B, item 1a ropriate box and enter a description 50, and 290 only.	0020 97 🗌 Rented s 98 🗌 Other rer 99 🔲 Property rented by Name	nted unit not owned or	Description		0020     Property number       97     Rented sample unit       98     Other rented unit       99     Property not owned or rented by CU								
3. 4.	What is the name of the company provides (utility or fuel description): How many bills were received for	?													
••	description)?		0045 N	umber			0045 Nu	mber							
5.	What period of time was covered changed for a utility or fuel during th separate column for each different p	he reference period, complete a	0055 1 🗌 Month 2 🗌 2 months	3 □ Quarter 4 □ Other – <i>Spec</i>	ify		0055 1  Month 2  2 months	3 □ Quarter 4 □ Other – <i>Speci</i>	ify						
6.	<b>Do you have any of these bills or</b> (utility or fuel) <b>charges?</b>	other records showing these	0060 1 🗌 Yes	2 🗌 No			0060 1 □ Yes 2 □ No								
	· ·	Complete a separate column for each bill received since the 1st of			Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4					
	(month, 5 months ago).		0070	0140	0210	0280	0070	0140	0210	0280					
7a	What was the amount of bill (bill	number) <b>?</b>	\$00	\$00	\$00	\$00	\$00	\$00	\$00	\$00					
b	. In what month was the bill receiv	ved?	Month	Month	Month	Month	Month	Month	Month	Month					
	Ach itema Za ffar utility and a 100	120 only if hills receipts or other	0080 Unit-of-measure	0150 Unit-of-measure	0220 Unit-of-measure	0290 Unit-of-measure	0080 Unit-of-measure	0150 Unit-of-measure	0220 Unit-of-measure	0290 Unit-of-measure					
C	Ask items 7c–f for utility codes 100–7 records are available (code 1, item 6 What was the unit-of-measure, su cubic feet or therms?	), otherwise go to item 7g. uch as kilowatt hours, gallons,	Ome-or-measure	Onit-oi-measure	Omeoneasure	Unit-or-measure	Unit-of-measure	Ome-or-measure	Omt-or-measure	Unit-or-measure					
	OFFICE USE ONLY		0095	0165	0235	0305	0095	0165	0235	0305					
d	What was the quantity consumed	d for bill (bill number)?	Quantity	Quantity 0175	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity 0315					
е	Did the bill include any charges f services which were not part of t	or merchandise, repairs, or other the cost of (utility or fuel)?	0110 1 🗌 Yes 2 🗌 No – Go to item 7g	0180 1 🗌 Yes 2 🗌 No – Go to item 7g	0250 1 🗌 Yes 2 🗌 No – Go to item 7g	0320 1   Yes 2   No - Go to item 7g	0110 1 🗌 Yes 2 🗌 No – Go to item 7g	0180 1 □ Yes 2 □ No - Go to item 7g	0250 1 🗌 Yes 2 🗌 No – Go to item 7g	0320 1   Yes 2   No - Go to item 7g					
f	How much were these charges?		0120 \$00	0190 \$00	0260 \$00	0330 \$00	0120 \$00	0190 \$00	0260 \$00	0330 \$00					
g	<ul> <li>FIELD REPRESENTATIVE CHECK ITEL Was a bill or other record used or wa Checks or checkbooks are not consid</li> </ul>	as an estimate given?	0130 1 Records used 2 Estimate	0200 1 CRecords used 2 Estimate	0270 1 Records used 2 Estimate	0340 1 □ Records used 2 □ Estimate 🖌	0130 1 Records used 2 Estimate	0200 1 🗆 Records used 2 🗆 Estimate	0270 1 Records used 2 Estimate	0340 1 □ Records used 2 □ Estimate <sub>✔</sub>					
8.	Was any part of the charge deduc	cted as a business expense?	0420 1 Yes	2 🗌 No			0420 1 🗌 Yes	2 🗌 No							
9.	Since the 1st of (month, 3 months members of your CU) receive any	ago), did you (or any / other utility or fuel bills?	0440 1 🗌 Yes – Con	nplete a separate colum	n for each property 2	□No	0440 1 🗌 Yes – Complete a separate column for each property 2 🗌 No								

Se	Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued												
Pa	art D – Detailed Questions	- Continued											
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY		1 04 5	39 🗸			1 04 5	54 7 🗸				
		a. UTILITY CODE	0010	Code			0010 Code						
	a description of utility or fuel in item 1b from part C, item 1.		Description				Description						
		<b>b.</b> DESCRIPTION OF UTILITY OR FUEL											
2.	<ul> <li>What property were the charges</li> <li>Owned properties – Enter a descrip property number for – Property previously reported in Property reported at this intervie</li> <li>All other properties – Mark (X) app of the property.</li> <li>Ask for utility codes 100–120, 200–26</li> </ul>	ntion of the property and enter a section 3, part A.1, item 1, col. a w in section 3, part B, item 1a ropriate box and enter a description	0020 97 🗌 Rented s 98 🗌 Other ren 99 💭 Property rented b	nted unit not owned or	Description		0020     Property number       97     Rented sample unit       98     Other rented unit       99     Property not owned or rented by CU						
3.	What is the name of the company provides (utility or fuel description)	y or government agency which ?											
	How many bills were received for description)?	r (utility or fuel) <b>for</b> (property	0045 N	umber			0045 Nu	mber					
5.	What period of time was covered changed for a utility or fuel during th separate column for each different p	ne reference period, complete a	0055 1 🗌 Month 2 🗌 2 months	3 □ Quarter 4 □ Other – <i>Spec</i>	ify		0055 1  Month 2  2 months	3	ify				
6.	<b>Do you have any of these bills or</b> (utility or fuel) <b>charges?</b>	other records showing these	0060 1 🗌 Yes	2 🗌 No			0060 1 🗌 Yes	2 🗌 No					
	Complete a separate column for each (month, 3 months ago).	h bill received since the 1st of	Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4			
7a.	. What was the amount of bill (bill	number) <b>?</b>	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00	\$	\$ .00	\$ .00			
_	In what month was the bill receiv	,	Month	Month	Month	Month	Month	Month	Month	Month			
			0080	0150	0220	0290	0080	0150	0220	0290			
C.	Ask items 7c–f for utility codes 100–7 records are available (code 1, item 6 What was the unit-of-measure, su cubic feet or therms?	), otherwise go to item 7g.	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure			
	OFFICE USE ONLY		0095	0165	0235	0305	0095	0165	0235	0305			
d.	What was the quantity consumed	<b>l for bill</b> (bill number) <b>?</b>	Quantity 0105	Quantity 0175	Quantity	Quantity	Quantity	Quantity	Quantity 0245	Quantity			
e.	Did the bill include any charges f services which were not part of t	or merchandise, repairs, or other the cost of (utility or fuel)?	0110 1 🗌 Yes 2 🗌 No – Go to item 7g	0180 1 🗌 Yes 2 🗌 No – Go to item 7g	0250 1 🗌 Yes 2 🗌 No – Go to item 7g	0320 1 🗌 Yes 2 🗌 No – Go to item 7g	0110 1 □ Yes 2 □ No − Go to item 7g	0180 1 □ Yes 2 □ No - Go to item 7g	0250 1 □ Yes 2 □ No - Go to item 7g	0320 1 🗌 Yes 2 🗌 No – Go to item 7g			
f.	. How much were these charges?		0120 \$00	0190 \$00	0260 \$00	0330 \$00	0120 \$00	0190 \$00	0260 \$00	0330 \$00			
g.	FIELD REPRESENTATIVE CHECK ITE Was a bill or other record used or wa Checks or checkbooks are not consid	as an estimate given?	0130 1 🗆 Records used 2 🗆 Estimate	0200 1 Records used 2 Estimate	0270 1 Records used 2 Estimate	0340 1 □ Records used 2 □ Estimate <sub>¥</sub>	0130 1 Records used 2 Estimate	0200 1 🗆 Records used 2 🗆 Estimate	0270 1 Records used 2 Estimate	0340 1 □ Records used 2 □ Estimate <sub>✔</sub>			
8.	Was any part of the charge deduc	cted as a business expense?	0420 1 🗌 Yes	2 🗌 No			0420 1 □ Yes	2 🗌 No					
9.	Since the 1st of (month, 3 months members of your CU) receive any	ago), did you (or any other utility or fuel bills?	0440 1 🗌 Yes – Con	nplete a separate colum	n for each property 2	□No	0440 1 🗌 Yes – Com	plete a separate colum	n for each property 2	□No			



S	ection 4 - UTILITIES AND	FUELS FOR OWNED AND R	ENTED	PROPER	TIES – (	Continue	d											
P	art D – Detailed Questions	– Continued																
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY				1 04 5	54 🗸							1 04 5	6 2 🖵			
		a. UTILITY CODE	0010		Code						0010		Code					
	a description of utility or fuel in item 1b from part C, item 1.	_	Descripti	on							Descrip	tion						
		<b>b.</b> DESCRIPTION OF UTILITY OR FUEL																
2.	<ul> <li>What property were the charges if</li> <li>Owned properties – Enter a descrip property number for – Property previously reported in a Property reported at this intervie</li> <li>All other properties – Mark (X) applied of the property.</li> </ul>	otion of the property and enter a section 3, part A.1, item 1, col. a ew in section 3, part B, item 1a ropriate box and enter a description	98 99	☐ Rented sa ☐ Other ren ☐ Property rented by	nted unit not owned		Descriptio	n			9	97 ☐ Rented sa 98 ☐ Other ren 99 ☐ Property r rented by	ted unit not owne	t	Descrip	tion		
3.	What is the name of the company provides (utility or fuel description)		Name								Name							
4.	How many bills were received for description)?	<b>r</b> (utility or fuel) <b>for</b> (property	0045	Nu	umber						0045	Nu	mber					
5.	What period of time was covered changed for a utility or fuel during the separate column for each different p	ne reference period, complete a		☐Month ☐2 months		Quarter Other – <i>Spec</i>	ify					$1 \square Month \\ 2 \square 2 months$		Quarter Other – <i>Spec</i>	ify			
6.	<b>Do you have any of these bills or</b> (utility or fuel) <b>charges?</b>		0060 1		2 🗌		-					ı∐Yes		No				
	Complete a separate column for eacl (month, 3 months ago).	h bill received since the 1st of		1		2	Bil	3	·	ill 4	·	Bill 1		Bill 2		Bill 3		Bill 4
			0070		0140		0210		0280		0070		0140		0210		0280	
7a	• What was the amount of bill (bill )	number) <b>?</b>	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00
b	. In what month was the bill receiv	ved?		onth	·	onth		onth	·	<u>Ionth</u>	·	Month		Month		Month		Month
			0800		0150		0220		0290		0080		0150		0220		0290	
C	Ask items 7c–f for utility codes 100–1 records are available (code 1, item 6, What was the unit-of-measure, su cubic feet or therms?	), otherwise go to item 7g.	Unit-of-m	easure	Unit-of-m	neasure	Unit-of-m	leasure	Unit-of-r	neasure	Unit-of-	measure	Unit-of-i	measure	Unit-o	f-measure	Unit-of	measure
	OFFICE USE ONLY		0095		0165		0235		0305		0095		0165		0235		0305	
d	What was the quantity consumed	<b>for bill</b> (bill number) <b>?</b>	Qu 0105	antity	0175	uantity	0245	antity	0315	Juantity	0105	Quantity	( 0175	Quantity	0245	Quantity	0315	Quantity
e	<ul> <li>Did the bill include any charges f services which were not part of t</li> </ul>	or merchandise, repairs, or other the cost of (utility or fuel)?		☐ Yes ☐ No – <i>Go</i> to item 7g		☐ Yes ☐ No – Go to item 7g		]Yes ]No – Go to item 7g		☐ Yes ☐ No – Go to item 7g		1		☐ Yes ☐ No – Go to item 7g		1 □ Yes 2 □ No – Go to item 7g		☐ Yes ☐ No – Go to item 7g
f	. How much were these charges?		0120 \$	.00	0190 \$	.00	0260 \$	.00	0330 \$	.00	0120 \$	.00	0190 \$	.00	0260 \$	.00	0330 \$	.00
a	FIELD REPRESENTATIVE CHECK ITE	M									0100				0070			
Ū	Was a bill or other record used or wa Checks or checkbooks are not consid	as an estimate given?		□Records used □Estimate		☐Records used ☐Estimate	0270 1 [ 2 [	IRecords used Estimate		□Records used □Estimate <sub>✔</sub>		1 □ Records used 2 □ Estimate <sup>†</sup>		□ Records used □ Estimate <sup>1</sup>		1 □ Records used 2 □ Estimate <sup>†</sup>	0340	□Records used EEstimate <sub>¥</sub>
8.	Was any part of the charge deduc	cted as a business expense?	0420 1	Yes	2 🗌	No	·		·		0420	ı □Yes	2	]No	·		ı	
9.	Since the 1st of (month, 3 months members of your CU) receive any	ago), did you (or any other utility or fuel bills?	0440 1	∃Yes – Com	nplete a sep	parate colum	n for each p	property 2	No		0440	1 □Yes – Com	plete a se	eparate colum	n for eac	h property 2	2 🗌 No	

FORM CE-302

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

FIELD REPRESENTATIVE – In this section, **all** expenditures should be co totally reimbursed by someone outside of th

	Information Booklet, page 14		JOB CODE	YES	NO			PROCESSING	G USE ONLY		
••	Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for -?	Dwellings under construction including a vacation or second home	100				(prope	here been any exp rty that you do no ers of your CU)?	enses for any o t own or rent) b	ther property y you (or any	
2.	Information Booklet, page 14 Have there been any expenses for property you owned or rented since the 1st of (month, 3 months ago), for any of the	Building an addition to the house or a new structure, such as a porch, garage, or new wing	110				Which	<b>jobs were those e</b> bb code(s) from item			0
	following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)	Finishing a basement or an attic or enclosing a porch	120			-					0
		Remodeling one or more rooms in the house	130					REPRESENTATIVE CI des items 1, 2, 3, and			0
		Landscaping the ground or planting new shrubs or trees	140								<u> </u>
		Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools	150				curren CU) pu	the 1st of (month, 3 t month, have you rchased any mate	(or any member	ers of your	0
3a.	Information Booklet, page 14 Have there been any expenses that deal with the upkeep or improvement of this	Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools	160				yet sta If YES - used fo	- What kind of job	will the materia	als be	D
	unit or any other unit you owned or rented since the 1st of (month, 3 months ago)? (Renters should not include jobs that have been or will be totally reimbursed by	Inside painting or papering	170					job code.			
	anyone outside of their CU.) □ Yes □ No - Go to item 4a	Outside painting	180								0
b.	. Which of the following?	Plastering or paneling	190				What v supplie	vas the total cost es?	of these materi	als and	0
		Plumbing or water heating installations and repairs $\ldots$	200			7a.	Since t	the 1st of (month, 3 t month, have you	3 months ago), e	xcluding the ers of your	0
		Electrical work	210				CU) pu specifi	rchased any mate	rials or supplies	s not for any	
		Heating or air-conditioning jobs	220			b.	If YES -	- What was the tot	al cost?		0
		Flooring repair or replacement, including inlaid linoleum or vinyl tile	230			8.	FIELD R	REPRESENTATIVE IN	ISTRUCTION – If	any box marked	d "Y
		Insulation	240							PR	E
							1	2	3		
		Roofing, gutters, or downspouts	260 270			fr pa	code om rt B, em 1	Property description from part B, item 2a	Property description code from part B,		[
		Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like	270						item 2b		
		Masonry, brick, or stucco work	290								
		Other improvements or repairs	300		····						
		Use only if unable to itemize above – Combined expenses	310			1					

Page 34

Section 5 – Part A

e c f tl	ollected except where renters have ne CU (such as landlords or insura	e been or will be nce companies).
	1 05 00 7 🌡	<b>→</b>
,	☐ Yes ☐ No – <i>Go to item 5</i>	
	0010 0020	
	0030 0040	
	0050 1 🗌 All "No" 2 🗌 At least one "Yes" marke	d
	0060 1 🗌 Yes 2 🗌 No – <i>Go to item 7a</i>	
	Description	
	0070 Job code	
	.00	
	0090 1 🗌 Yes 2 🗌 No – <i>Go to item 8</i>	
	0100 \$00	
ed	"Yes" in item 1, 2, 3, or 4, fill section 5	5B.
RE	I	
	4	5
	Description from part B, item 3a	Total cost from part B, item 4
		\$.00
		\$.00
		\$.00
		\$.00
		\$.00

S	ection 5 – CONSTR	RUCTION, REPAIR	S, ALTERATIONS, AND MAINT	ENANCE OF PROPERTY – Continued		
P	art B – Job Descrip	otion				
		PROCESSING USE ONLY	1 05 50 2 🖌	7. Which of these items did it include and what	OFFICE Description USE ONLY	NOTES
1.	FIELD REPRESENTATIVE	JOB NUMBER	1	was the cost of each?		
	Enter the job code from pa jobs use code 310.)	rt A. (For combined	0010 Code		0140 \$00 x 🗆 Don't know	-
2a.	On which property was t done?	t <b>he</b> (job description)	Description	2	OFFICE Description USE ONLY 0150	-
	Enter a property number – enter the property number (X) the appropriate box for	from section 3. Mark	0020 Property number 97Rented sample unit		0160 \$00 x 🗆 Don't know	-
	An owned property numbe previously reported proper 3A.1, column a and/or sect	ty number in section	98 Other rented unit 99 Property not owned or rented by CU	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?	0250 1  Yes 2  No – <i>Go to item 9a</i>	
	What work was done? Do adequate to classify as "alt and to identify in next inter	eration," "repair," etc., view.	Description	<b>b.</b> What was the total cost for all items purchased for this job in – (month, 3 months ago)?	0260 \$00 0 □ None	
	FIELD REPRESENTATIVE C Job classification – <i>Mark (X</i>		0030 1 Addition 2 Alteration 3 Replacement	(month, 2 months ago) <b>?</b>	0270 \$00 0 🗆 None	
			4	(last month) <b>?</b>	0280 \$00 0 □ None	
OFFI	ICE USE ONLY – Enter deta	ail job codes.	0040	(the current month)?	0290 \$00 0 🗌 None	
	What was the total cost all costs paid for by you your CU) or by any non-C insurance companies, ar	(or any members of CU member, such as	0050 \$00	<b>9a.</b> Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i>	
5a.	Did you do all the work pay someone or contrac all or part of the work?	yourself or did you	0060 1 Self only – <i>Go to item 8a</i> 2 Paid or contracted with someone else	<b>b.</b> What was the total cost for all items rented for this job in – (month, 3 months ago)?	0310 \$00 0 □ None	
b.	What was the cost for all appliances, or equipment	THEY PROVIDED IN -	0070 \$00 ₀□ None	(month, 2 months ago) <b>?</b>	0320 \$00 0 🗆 None	
	(month, 3 months ago) <b>?</b> (month, 2 months ago) <b>?</b>		0070 \$00 ₀ □ None	(last month) <b>?</b>	0330 \$00 0 🗆 None	
	(last month) <b>?</b>		0090 \$00 0 None	(the current month)?	0340 \$00 0 🗆 None	
	(the current month)?		0100 \$00 0 None	<b>10a. Was (Will) any of the total cost of</b> (read entry in item 4) ( <b>be) reimbursed or paid by someone</b> outside of your CU?	0350 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i>	
	Since the 1st of (month, much have you paid for materials THEY PROVID	3 months ago), how labor and any	0110 \$00	<b>b.</b> What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent	
	If codes 100–130, 200–220,	or 300 in item 1, ask	0 🗌 None – <i>Go to item 8a</i>	<b>11a.</b> Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 🗌 Yes	
_	items 6 and 7; for all other Information Booklet, page Did the charge(s) include	15	0120 1 🗌 Yes 2 🗌 No – Go to item 8a	<b>b.</b> What percent was (will be) deducted?	2 🗌 No – Go to next job	
	appliances or equipment	t?			039000 Percent	

FORM CE-302

FORM CE-302

art B – Job Descrip					
	PROCESSING USE ONLY	•	7. Which of these items did it include and what was the cost of each?	USE ONLY	NOTES
		2	_ 1	0130	
Enter the job code from pa iobs use code 310.)	rt A. (For combined	0010 Code		0140 \$00 x 🗆 Don't know	
	the (job description)	Description		OFFICE Description	
			2	0150	
enter the property number	from section 3. Mark	0020 Property number		0160 \$ .00 x Don't know	
An owned property numbe	er listed must match a	97 ∐Rented sample unit 98 □Other rented unit	8a. Have you (or any members of your CU)	0250 1 🗆 Yes	
previously reported proper	ty number in section	99 Property not owned or rented by CU	PURCHASED any materials, supplies, tools, or equipment for doing this job?	2 🗌 No – Go to item 9a	
What work was done? D	escription should be eration " "repair " etc	Description	<b>b.</b> What was the total cost for all items purchased for this iob in –		
and to identify in next inter	rview.		(month, 3 months ago)?	0260 \$00 0 🗆 None	
		0030 1 Addition 2 Alteration	(month, 2 months ago) <b>?</b>	0270 \$00 0 🗆 None	
		3 ∐Replacement 4 □Maintenance and repair			
		5 New construction	(last month) <b>?</b>		
<b>CE USE ONLY –</b> Enter deta	ail job codes.	0040	(the current month)?	0290 \$00 0 🗆 None	
all costs paid for by you your CU) or by any non-(	(or any members of CU member, such as	0050 s	<b>9a.</b> Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 □ Yes 2 □ No – Go to item 10a	
Did you do all the work	yourself or did you	0060 1 Self only – <i>Go to item 8a</i>	<ul> <li>b. What was the total cost for all items rented for this job in –</li> </ul>		
pay someone or contrac all or part of the work?	t with a builder to do	2 Paid or contracted with someone else	(month, 3 months ago)?	0310 \$00 0 None	
What was the cost for all	labor, materials, THEY PROVIDED IN -		(month, 2 months ago)?	0320 \$00 0 🗆 None	
		0070 \$00 0 None			
(month, 2 months ago) <b>?</b>		0080 \$00 0 🗆 None	(last month) <b>?</b>	0550 \$ 100 0 \_ None	
-			(the current month)?	0340 \$00 0 🗆 None	
(last month) <b>r</b>		5 0 None	- <b>10a.</b> Was (Will) any of the total cost of (read entry in <i>item 4</i> ) (be) reimbursed or paid by someone	0350 1 Yes	
(the current month)?		0100 \$00 0 🗆 None	outside of your CU?	2 🗆 No – <i>Go to item 11a</i>	
much have you paid for	labor and any	0110 \$00	b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent	
		0 🗌 None – <i>Go to item 8a</i>	- 11a. Were (Will) any of these expenses for this job (be)	0380 1 🗌 Yes	
items 6 and 7; for all other	codes, go to item 8a.	0120 1 🗌 Yes	deducted as a business expense?	2 🗌 No – Go to next job	
		2 🗌 No – Go to item 8a 🛛 🖊	<b>b.</b> What percent was (will be) deducted?	039000 Percent	
	FIELD REPRESENTATIVE FIELD REPRESENTATIVE Enter the job code from pa jobs use code 310.) On which property was to done? Enter a property number – enter the property number (X) the appropriate box for An owned property number previously reported proper 3A.1, column a and/or sect What work was done? D adequate to classify as "alt and to identify in next inter FIELD REPRESENTATIVE C Job classification – Mark (2) CE USE ONLY – Enter deta What was the total cost all costs paid for by you your CU) or by any non-Q insurance companies, an Did you do all the work? What was the cost for all appliances, or equipment (month, 2 months ago)? (last month)? (the current month)? (the current month)? If codes 100–130, 200–220, items 6 and 7; for all other Information Booklet, page	FIELD REPRESENTATIVE FIELD REPRESENTATIVE FIELD REPRESENTATIVE Enter the job code from part A. (For combined jobs use code 310.) On which property was the (job description) done? Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties. An owned property number listed must match a previously reported property number in section 3A.1, column a and/or section 3B, item 1a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview. FIELD REPRESENTATIVE CHECK ITEM Job classification – Mark (X) one. CE USE ONLY – Enter detail job codes. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth. Did you do all the work yourself or did you pay someone or contract with a builder to do	LIDE REPRESENTATIVE       JOB NUMBER       2         Difference       JOB NUMBER       2         Enter the job code from part A. (For combined jobs use code 310.)       Code       Code         On which property was the (job description) done?       Description       Description         Enter a property number - For owned property enter the property number firsted must match a previously reported property number isction 38. Jtem 1a.       Description         An owned property number listed must match a dequate to classify as "alteration," "repair," etc., and to identify in next interview.       Description         FIELD REPRESENTATIVE CHECK ITEM Job classification - Mark (X) one.       Description         Sold classification - Mark (X) one.       0030       1 Addition 2 Alteration 3 Beplacement 4 Maintenance and repair 5 New construction         CE USE ONLY - Enter detail job codes.       0040       Image 2 Property number 8a 2 Paid or contracted with someone else         Did you do all the work?       0050       1 Self only - Go to item 8a 2 Paid or contracted with someone else         Mhat was the cot for all labor, materials, appliances, or equipment THEY PROVIDED IN - ((month, 3 months ago)?       000       0 None         (month, 2 months ago)?       000       0 None       000       0 None         (last month)?       .000       0 None       000       0 None         (last month)?       .000	FELD REPRESENTATIVE       PROCESSING USE ONLY       1 06 51 0 ↓         ITEM       JOB NUMBER       2         Enter the job code from part A. (For combined diversity)       00010       Code         On which property was the (job description)       Description       2         Enter a property number - For owned property are the properties.       0020       Property number - for owned property and the properties.       2         An owned property number - For owned property and the properties.       0020       Property number - for owned property in a section 3.8. Name to a section 3.8. Name to addrese description to a divert owned property not owned or routed by CU       0020	Here DerRESENTATIVE       PROCESSING USE ONLY       1 05 51 0 +         Processing of the code form and A (For combined label use data 30.3)       An NUMBER       2         First or bic code form and A. (For combined label use data 30.3)       Description       (First or bic code for and 30.3)         An avector of a code 3 70.3)       Description       (First or code code and 30.3)       (First or code code and 30.3)         An avector opporter number for opporter numer for dang this pick?

Section 6

Page 37

	Section 5 - CONST	RUCTION, REPAIR	RS, ALTERATIONS, AND MAINT	ENANCE OF PROPERTY – Continued		
F	Part B – Job Descri	ption – Continued				
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY JOB NUMBER	1 05 52 8 ↓ <b>3</b>	7. Which of these items did it include and what was the cost of each?	OFFICE Description	NOTES
	ITEM Enter the job code from pa			1	0130	
2a.	jobs use code 310.) On which property was done?	the (job description)	Description		0140 \$00 x 🗆 Don't know	
b	Enter a property number –	- For owned property			OFFICE Description USE ONLY	
	enter the property number (X) the appropriate box for	r from section 3. Mark	0020 Property number 97	2	0150	
	An owned property number previously reported prope 3A.1, column a and/or sec	rty number in section	98 □ Other rented unit 99 □ Property not owned or rented by CU		0160 \$00 x 🗆 Don't know	
3a.	What work was done? L adequate to classify as "al and to identify in next inte	teration," "repair," etc.,	Description	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?	0250 1 □ Yes 2 □ No - <i>Go to item 9a</i>	
b.	FIELD REPRESENTATIVE C Job classification – Mark (2)		0030 1 Addition 2 Alteration	<b>b.</b> What was the total cost for all items purchased for this job in – (month, 3 months ago)?	0260 \$00 0 □ None	
			3  Replacement 4  Maintenance and repair 5  New construction	(month, 2 months ago) <b>?</b>	0270 \$00 0 🗆 None	
OFF	ICE USE ONLY – Enter det	tail job codes.	0040	(last month) <b>?</b>	0280 \$00 0 \ None	
4.	What was the total cost all costs paid for by you	I (or any members of		(the current month) <b>?</b>	0290 \$00 0 🗆 None	
69	your CU) or by any non- insurance companies, a Did you do all the work	nd so forth.	0050 \$	<b>9a.</b> Have you (or any members of your CU) RENTED any tools or equipment for doing this job?	0300 1 □ Yes 2 □ No - Go to item 10a	
Ja.	pay someone or contrac all or part of the work?	t with a builder to do	0060 1 □ Self only – <i>Go to item 8a</i> 2 □ Paid or contracted with someone else	<b>b.</b> What was the total cost for all items rented for this job in –		
b.	What was the cost for all appliances, or equipment	THEY PROVIDED IN -		(month, 3 months ago) <b>?</b>	0310 \$	-
	(month, 3 months ago)	?	0070 \$00 0 None	(month, 2 months ago) <b>?</b>	0320 \$	
	(month, 2 months ago)	?	0080 \$00 0 □ None	(last month) <b>?</b>	0330 \$	
	(last month) <b>?</b>		0090 \$00 0 🗆 None	(the current month)?	0340 \$00 0 🗌 None	
		· · · · · · · · · · · · · · · · · · ·	0100 \$00 0 \_ None	<b>10a. Was (Will) any of the total cost of</b> (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?	0350 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i>	
С.	Since the 1st of (month, much have you paid for materials THEY PROVID	labor and any	0110 \$00 0 □ None - <i>Go to item 8a</i>	<b>b.</b> What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	0370 .00 Percent	
	lf codes 100–130, 200–220, items 6 and 7; for all other	, or 300 in item 1, ask r codes, go to item 8a.	0120 1 □ Yes	<b>11a.</b> Were (Will) any of these expenses for this job (be) deducted as a business expense?	0380 1 □ Yes 2 □ No - <i>Go to next job</i>	
6.	Information Booklet, page Did the charge(s) includ appliances or equipmen	15 le the cost of any	2 🗌 No – Go to item 8a	<b>b.</b> What percent was (will be) deducted?	039000 Percent	

FORM CE-302

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

Part A – Purchase of Household	a Appliances	8	06 02 6								1					
а	b		С	d		е	f	g		h	i	j		PRE		
Information Booklet, page 16 Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU, or for someone outside your CU? Do not list any appliance previously reported in section 5B, item 7. If an appliance is reported in both section 5 and section 6, probe to verify that they are not duplicated. ITEM YES NO	What type did you purchase or rent? Enter a brand name or a brief description of item.	VG USE ONLY	ENTER ITEM CODE from column a	Was this 1 – Purch for ov use? 2 – Rente <i>Go to</i> <i>colum</i> 3 – Purch for some outsic your (	ased yo vn pi ch it? d? an g. ased one de	ou ur- nase	What was the purchase price after any trade-in allowance?	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?		his ide stax?	Were there any extra charges for installation? <i>If "Yes" –</i> How much?	Did you purchase or rent any other? If "No" go to next item in column a.	<b>1</b> Description from column b and section 5B item 7	2 Month from column e	c or se	<b>3</b> ost from column f column g and ection 5B item 7
MICROWAVE OVEN 120 COOKING STOVE, RANGE, OR OVEN		PROCESSING		Mark (X)		onth			YES	NO	NO	YES NO		Month	_	
Electric	_	0010		1 2	з 🗌		\$ .00	\$ .00	<b>)</b> 1□	2	∘□ \$ .0				\$	
Gas 110	-	0020		1 2	3 🗌		\$ .00	1		2	0□¦\$ .0				\$	    .(
Other		0030		1 2						2					•	
HOME-FREEZER 150	-						\$ .00	\$ .00	<b></b>	2	0□ \\$ .0	J			\$	.
DISHWASHER		0040		1 2	3		\$.00	\$.00	, 		0□ \$ .0				\$	.   
Built-in		0050		1 2	з 🗌		\$.00	\$.00	1	2	0□ \$ .0				\$	
Portable	-	0060		1 2	з□		\$.00	\$ .00	1	2	○□ ¦\$ .0				\$	  .
GARBAGE DISPOSAL 180	-	0070		1 2	3		\$ .00	\$ .00	1	2	o□ <b>\\$</b> .0				\$	
CLOTHES WASHER     190       CLOTHES DRYER     200	-	0080		1 2	3		\$ .00	\$ .00		2	0□ \$ .0				\$	
RANGE HOOD 210	-	0090		1 2			•			2						
Combination of any of the above items <b>220</b>							\$.00	\$ .00			+ 1	-			\$	 
FIELD REPRESENTATIVE 1 06 01 3 ↓		0100		1 2			\$ .00	\$.00	<u> </u>		0□ \$ .0	-			\$	۱. ا
CHECK ITEM Mark (X) box if there are 0010 999 Go to Part B		0110		1 2	3		\$.00	\$.00		2	0□ \$ .0				\$	.
no entries recorded in columns b–j.		0120		1 2	з 🗌		\$.00	\$.00	1	2	∘□\$.0				\$	   •
NOTES		0130		1 2	з 🗌		\$.00	\$ .00	1	2	o□¦\$ .0				\$	  .
		0140		1 2	3		\$ .00	i	1	2	0□¦\$ .0				\$	    .
		0150		1 2	3 🗌	+				2					¢	
		0160		1 2		+	\$.00	1	<u> </u>						\$	.
						+	\$.00	i		2	o□ \$ .0				\$	  - 
		0170		1 2			\$   .00 – Part A	\$.00	1	2	0□ \$.0	$\square \square$			\$	¦.0 Page

Page 38

Section 6 – Part A

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

Part B – Purchase of Hou	sehold Ap	pliances and Othe	r Sele	cted Ite	ms	6 06	04 6→							
а		b	ΟΝΓΥ	С	d	е	f	g	h	i	NOTES		PRE	
Information Booklet, pages 16–18		What type did you	ő	ENTER	Was this –		What did it cost		Did this	s Did you		1	2	3
<ol> <li>Since the 1st of (month, 3 months you (or any members of your CU or rented any of the following it CU, or for someone outside your</li> </ol>	) purchased ems for your CU?	purchase or rent? Enter brand name or a brief description of the item.	PROCESSING USE	ITEM CODE from column a.	<ul> <li>1 - Purchased for own use?</li> <li>2 - Rented? Go to column g</li> <li>3 - Purchased for</li> </ul>	purchase it?	(Include delivery charges, exclude installation charges.)	column d – What was the total rental expense since the 1st of (month, 3	include sales tax?	e purchase or rent any other? If "No," go to next item		 Description from column b	Month from column e	Cost from column f or
SMALL HOUSEHOLD	ITEM CODE YES NO	·	ROCE		someone out- side your CU? Mark (X) box	•	Go to column h.	months ago), excluding the current month?	YES	in column a.			Month	column g
Small electrical kitchen appliances Electric personal care	230	-	0010				\$ .00							\$ 1.00
appliances	240	_	0020											1
Smoke detectors	250	-	0020		1 2 3		\$ .00	\$ .00	1 🗌   2					\$ .00
equipment	260	_	0030		1 2 3		\$ .00	\$ .00	1 2					\$ .00
OTHER HOUSEHOLD	270							i		1				<u>\$ 1.00</u>
	280		0040		1 2 3		\$.00	\$.00	1   2					\$   .00
	590	-	0050				\$ .00	\$ .00	1 🗌 ½ 2					\$ .00
TELEPHONE AND ACCESSORIES	660		0060		1 2 3			\$ .00						
TELEPHONE ANSWERING DEVICES	610		0070		1 2 3		\$ .00							\$ <u>.00</u> \$.00
TYPEWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE	620		0080		1 2 3		\$ .00	\$.00	1   2					\$ .00
COMPUTERS, COMPUTER SYSTEMS AND RELATED			0090		1 2 3 1		\$.00	\$.00						\$ <u>'</u> .00
HARDWARE FOR NON-BUSINESS USE	640		0100		1 2 3		\$.00	\$.00	1 🗌   2					\$ .00
COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE	650		0110		1 2 3		\$.00	\$.00	1 🗆 ¦ 2[					\$ .00
	300	_	0120		1 2 3		\$.00	\$.00	1 2					\$ .00
LAWNMOWING MACHINERY AND OTHER YARD EQUIPMENT	310		0130		1 2 3 1		\$.00	\$.00						\$00
		-	0140		1 2 3		\$.00	\$.00						\$ .00
Power tools	320 330	_	0150		1 2 3		\$ .00	\$ .00	1 1 2					\$.00
HEATING AND COOLING EQUIPMENT Window air conditioners	340	-	0160		1 2 3		\$ .00							\$ .00
Portable cooling and heating equipment	350	-	0170		1 2 3		\$ .00	\$ .00	1 🗌   2					\$ .00
Use only if unable to itemize above – Combined expenses	800		0180		1 2 3		\$ .00	\$ .00						\$ .00
CHECK ITEM	1 06 03 9↓		0190		1 2 3		\$ .00	\$ .00	1 🗌 ¦ 2[					\$ 1.00
Mark (X) box if there are no entries recorded in columns b–i.	10 999 🗌 Go to next page		0200		1 2 3		\$ .00			1				\$ 1.00 \$ 1.00

FORM CE-302

# FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through i as each item is reported.

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

a			b		С	d	е	f	g		h	i		NOTES		PRE		
nformation Booklet, page 18			What type did you		ENTER	Was this –	When did	What did it cost? (Include delivery	lf code 2 in column d –	Did incl	this	Did yo			1	2		3
Since the 1st of (month, 3 mon you (or any members of your ( or rented any of the following CU, or for someone outside yo	CU) purc i items fo	hased	<b>purchase or rent?</b> Enter a brand name or a brief description of the item.	ΟΝΓΥ	ITEM CODE from column a.	1 – Purchased for own use? 2 – Rented? Go to	you purchase it?	installation charges.)	What was the total rental expense since the 1st of (month, 3 months ago),	sale	s tax?	or ren any other If "No,	t ? " go			Month		
ELEVISIONS, RADIO, VIDEO, SOUND EQUIPMENT (DO NOT NCLUDE PURCHASES NSTALLED IN VEHICLES)		YES NO		PROCESSING USE		column g. 3 - Purchased for someone outside you CU?		Go to column h.	excluding the current month?			to next item in colum	1		Description from column b	from columi e	ר	Cost from column f or column g
Color televisions (portable and				PR(		Mark (X) box	Month			YES	NO	YES	NO			Month		
table models)	360			0010		1 2 3		\$ .00	\$ .00	1	   2						\$	
Color televisions consoles and combinations of TV; large screen color TV projection				0020		1 2 3		\$ .00	\$ .00	1	2						\$	
equipment; color monitors and other items	370			0030		1 2 3		\$ .00			   2						\$	
Black and white TV's and combinations of TV's with				0040		1 2 3		\$ .00			2						\$	
other items	380			0050		1 2 3		\$ .00			   2						\$	
VCR, video camera, video disc player, camcorder	390			0060		1 2 3					     2							
Satellite dishes	670			0070				\$.00									\$	
Radio, all types	400			0080				\$.00									\$	
Tape recorders and players	420			0090		1 2 3		\$ .00			¦ 2□	+ +					\$	
Sound components, component systems, and compact disc				0100				\$ .00									\$	
sound systems	430			0110				\$ .00									\$	
Other sound and video equipment, including accessories (audio/video tapes,								\$ .00			+	+ +					\$	
etc. should be recorded in Section 17)	440			0120				\$.00									\$	
Use only if unable to itemize above – Combined expenses	810			0130				\$.00									\$	
IUSICAL INSTRUMENTS,				0140				\$ .00	\$.00		2	1					\$	
UPPLIES AND CCESSORIES				0150				\$.00			2   						\$	
Piano, organ, or keyboard	450			0160				\$.00	\$.00		2						\$	
Other	460			0170		1 2 3		\$.00	\$.00		2   						\$	
ELD REPRESENTATIVE HECK ITEM	1 06	05 4 🗸		0180		1 2 3		\$ .00	\$.00	1	2						\$	
lark (X) box if there are	0010 999	Go to next		0190		1 2 3		\$.00	\$.00	1	   2□						\$	
no entries recorded in columns b–i.		page		0200		1 2 3		\$ .00	\$ .00	1	2						\$	

Page 40

Section 6 – Part B (Continued)

## Section 7

Page 41

	Section 6 – APPLIANCES AND OTHER				DLD EQUIPMENT, ITEMS – Continue								FIELD	) REI	PRESENTATI		pr	nd the resp oceed. Ask o ms and con	colu	mn a	, read	ling th	e heac	dings (
	Part B – Purchase of Hou	iseho	old /	App	liances and Othe	r Sele	cte	ed Ite	ms ·	- C	on	tinue	ed		6 06 08	7 →			-		-			
	a				b	ΟΝΓΥ		C			d		е		f			g		ł	า	i	i	
	Information Booklet, page 19		-		What type did you purchase or rent?		EN ITE	ITER M		this		ed for	When you	did	What did it co (Include delive			code 2 in Iumn d –		Did t inclu		Did yo purch		
	• Since the 1st of (month, 3 months you (or any members of your CU	) purc	hase	d	Enter brand name or	i USE		DE	(	own	use	?		ase	charges, exclu installation		W	hat was the tal rental		sales	S	rent a other	iny	
	or rented any of the following it CU, or for someone outside you	ems fo r CU?	or yo	ur	a brief description of the item.	PROCESSING	-	lumn a.			o col	lumn g	-		charges.)		ex	pense since st of (month,				If "No,		
		ITEM CODE	YES	NO		CES				some	eon	ed for e out-					m ex	onths ago), cluding the				to nex in colu	t item	
	SPORTS, RECREATION, AND EXERCISE EQUIPMENT					PRC				<b>side</b> 1ark (		<b>ır CU?</b> box	Mont	th	Go to column	h.	cu	irrent month	?	YES	NO	YES	NO	
	General sports equipment (Include here athletic shoes for					0010			1 🗌	2		3			<b>.</b>					1□	2			
	sports related use, such as football, baseball, soccer, or														\$	1.00	\$		.00				   	
	bowling)	470				0020			1 🗌	2		3 🗌			\$	00.	\$		.00	1	2		<u>¦                                     </u>	
	Health and exercise equipment	480				0030			1 🗆	2		з 🗌			\$	.00	\$	i I	.00	1	2		¦ 🗆	
	Camping equipment	490				0040			1	2		3 🗌			\$	    .00	¢		00	1	2		·	
	Hunting and fishing equipment .	500				0050									φ	1							 	
	Winter sports equipment	510				0050			1	2		3			\$	.00	\$		.00	1	2			
						0060			1 🗌	2		3 🗌			\$	00.	\$		.00	1	2			
	Water sports equipment	520				0070			1 🗌	2	] :	з 🗌			\$	ا ۱.00	\$		.00	1	   2 🗌			
	Outboard motors	530				0080				2		•□			·						2		⊦ ¦ □	
	Bicycles	540													\$	00.	\$		.00		-			
	Tricycles and battery powered riders	550				0090			1 🗌	2		3			\$	.00	\$	ו   	.00	1	2			
	Playground equipment	560				0100			1 🗆	2		з 🗌			\$	.00	\$	 	.00	1	2		¦ 🗆	
	Other sports and recreation					0110			1	2	<b>–</b>	3 🗌			\$	     .00	¢		.00	1	2		·	
	equipment			///		0120									φ	.00	Þ	1					 	
	above – Combined expenses	820				0120			1	2		3 🗌			\$	00.	\$				2			
2	FIELD REPRESENTATIVE     CHECK ITEM	1 06	07 0	¥		0130			1 🗌	2		3 🗌			\$	.00	\$	I	.00	1	2			
	Mark (X) box if there are no entries recorded in	10 999		to tion		0140			1 🗆	2	] :	з 🗌			\$	.00	\$	I	.00	1	2			
	columns b–i. NOTES		7		-	0150				2	7.	∘□			<b>.</b>	1		I		1	2			
	NOTES														\$	00.	\$		.00					
						0160			1 🗌	2		3 🗌			\$	.00	\$	i	.00	1	2		¦ □ +	
						0170			1	2		3 🗌			\$	.00	\$		.00	1	2			
						0180			1	2		3 🗌			\$	.00	\$		.00	1	2			
						0190			1 🗆	2		3 🗌				.00			.00	1	2		·	
						0200			1	2	] :	3 🗌			\$			I			2		<u> </u> 	
						I	L								*	1.55	1 *							

FORM CE-302

#### with instructions to look at the item list as you (in bold print). If YES, then read the individual is b through i as each item is reported.

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

FORM CE-302

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

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

Information Booklet, page 20				а		b	6		d	е	f		PRE		
Since the 1st of (month, 3 months ago), did you (or any members of your CU) have any expenses for maintenance or repair	Yes – Go to co 1a below		Repair	What is/was (repaired/covered by service contract)?		1 – Equip		TER M	In what month was	What was the total cost?	Did this include	1	2	3	4
of household equipment?			or contract No.	Describe the item repaired or the type of service or equipment covered by the service contract.		repa <b>2 –</b> Servi	r <i>COL</i> ce from	DE n	(repair done/service contract		sales tax		Repair or service	Month	
. Did you (or any members of your CU) have any expenses for service contracts?	☐ Yes – Go to co 1b below			covered by the service contract. Include all items covered.	PROCESSING USE ONLY	cont Mark (J	act   Part		purchased)?			Description from column a	contract from column b	from column d	Cost fro column
						1			Month		YES NO				1
	<b>1a.</b> Repair	or <b>1b.</b> Service	1		0010					\$.00					\$
	ITEM maintenand CODE YES NC	contracts	2		0020	1   2				\$.00	1 2				\$
Garbage disposal, range hood, or built-in		1	3		0030	1   2				\$.00	1 2				\$
dishwasher	100		4		0040	1 2				\$.00	1 2				\$
efrigerator, or range/oven	110		5		0050	1 2				\$.00	1 2				\$
Television, radio, video and sound equipment, except those installed in automobiles or other vehicles	120		6		0060	1   2				\$.00	1 2				\$
Computers, computer systems, and related			7		0070	1				\$.00	1 2				\$
equipment for non-business use	220		8		0080	1   2				\$.00	1 2	L			\$
Lawn and garden equipment	130		9		0090	1				\$ .00					\$
Musical instruments and accessories	140		10		0100	1 2				\$ .00	1 2				\$
Hand or power tools	150		11		0110	1				\$ .00	1 2				\$
			12		0120					\$.00					\$
Photographic equipment	160	I	13		0130					\$ .00					\$
Sport and recreational equipment	170		14		0140	1 2				\$ .00	1 2				\$
Termite or pest control treatment	190		15		0150	1   2				\$ .00	1 2				\$
Heating or air conditioning equipment	200		16		0160					\$.00	1   2				\$
Use only if unable to itemize above – Combined expenses	210		17		0170	1				\$ .00					\$
ELD REPRESENTATIVE CHECK ITEM	1 07 01	<u>/                                    </u>	18		0180	1 2				\$.00	1 2				\$
Aark (X) box if there are no entries recorded in olumns a–f in part B.	0010 999 🗆 Go	to next	19		0190	1				\$ .00	1 2				\$
	sect	ion	20		0200	1				\$.00	1 2				\$
					NOTES	- · ·	• •	<b>I</b>	·		-				

Section 8

Page 43	Page 43
NOTE: As of April 2001, Section 7, Parts C and D no longer exist.	
NOTES	

## Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

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

a			b		С	d	е		f	g	h	NOTES		PRE		
Information Booklet, pages 21 and 22			What did you purchase?		ENTER	In what	Was this		What was	Did this	Did you		1	2		3
Since the 1st of (month, 3 months age any members of your CU) purchased or for someone outside your CU any following?	of the	(or U	Enter a brief description of the item purchased.	ONLY	ITEM CODE from column a.	month did you purchase it?	purchase for your ( or for someone outside your CU?	CU	the purchase price?	include sales tax?	purchase any other?		_			
LIVING, FAMILY, OR RECREATION ROOM FURNITURE	ITEM CODE YE	S NO		PROCESSING USE			1 – For us the CL	e by			lf "No," go to next item in column a.		Description from column b	Month from column d		t from umn f
Sofas	100		-	CES(			2 – For somed	one					_			
Living room chairs	101			RO			outsid your C	е								
Living room tables	102					Month	Mark b			YES NO	YES   NO			Month		
Modular wall units, shelves or cabinets Ping-pong, pool tables and other similar	103			0010			1	2			<u> </u>					
recreation room items	104			0010				2	\$.00						\$	0.
Other living room, family or recreation room furniture including desks	105			0020			1	2	\$.00	1 2					\$	.0
Living room furniture combinations	106			0030			1	2	\$.00						\$	.0
DINING ROOM AND KITCHEN FURNITURE				0040			1	2	\$ .00	1 2					\$	.0
All dining room and kitchen furniture	110						1		\$ .00						φ	
				0050				2	\$.00	1   2					\$	.0
Mattress and springs	120		4	0060			1	2	\$ .00	1   2					\$	.00
Bedroom furniture other than mattresses and springs	121			0070				2	\$ .00						\$	.0
Combined bedroom furniture (codes 120 and 121)	122			0080				2	\$ .00						•	<u> </u>
INFANTS FURNITURE AND EQUIPMENT							1								\$	0.
Infants furniture	130			0090			I	2	\$.00						\$	0.1
Infants equipment	131		-	0100				2	\$.00						\$	.00
OUTDOOR FURNITURE AND				0110			1	2	\$00						\$	.0
Patio, porch or outdoor furniture	140		-	0120			10	2	\$ .00	1 1 2					\$	  .0
Outdoor equipment	141		-	0130			1 1	2	\$ .00		·				\$	.0
All office furniture for home use. Exclude any furniture used exclusively for business				0140				2	\$ .00						\$	.0
Combined furniture expense. Use only if unable to itemize separately	160			0150			1	2	\$.00						\$	.00
HOUSEHOLD DECORATIVE ITEMS				0160			1	2	\$.00	10 20					\$	.0
Clocks	170			0170			1	2	\$ .00						\$	.0
amps, and other lighting fixtures	171			0180			1	2								
Other household decorative items	173			0100			Section 8		\$.00						\$	.0 Page

Section 8 – Part A

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

Part A – Purchases – Con	tinued		5 08	02 8 -	<b>&gt;</b>	_			_					
а		b		C	d		e	f	g	h	NOTES		PRE	
Information Booklet, pages 23 and 24 Have you (or any members of your C for your CU or for someone outside of the following?	CU) purchased your CU any	What did you purchase? Enter a brief description of the item purchased.		ENTER ITEM CODE from column a.	In what month did you purchase it?	Was th purcha for you or som outside your C	ised ir CU ieone e	What was the purchase price?	Did this include sales tax?	Did you purchase any other?		1	2	3
CLOSET STORAGE AND TRAVEL ITEMS Storage items Travel items DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE	ITEM YES NO	-				<b>2</b> – For son out	CU. Í			If "No," go to next item in column a.		Description from column b	Month from column d	Cost from column f
Plastic dinnerware	190	-			Month	Mari	k box		YES NO	YES NO			Month	
China and other dinnerware	191		0010			1	2							
Stainless, silver, and other flatware	192						 	\$ .00	·					\$ 1.0
Glassware	193	_	0020			1	2	\$.00	1 🗌 ¦ 2 🗌					\$ .0
Serving pieces other than silver	195	_						φ						
Non-electric cookware	196	~	0030			1	2	\$.00						\$.0
Use only if unable to itemize above – Combined kitchenware (Codes 190–196)	197		0040			1	2							
Silver serving pieces	198							\$ .00						\$ .0
			0050			1	2	\$ .00	1 2					\$ .0
Bedroom linens	200							+   I = =						1
Bathroom linens	201		0060			1	2 🗌	\$.00						\$.0
Kitchen and dining room linens		_	0070			1	2		1 2					1.
Other linens	203	7					<u> </u>	\$ .00						\$ .0
Use only if unable to itemize above – Combined linens (Codes 200–203)	204		0080			1	2	\$ .00	1 2					\$ .0
Slipcovers, decorative pillows and cushions	205						2							
FLOOR AND WINDOW COVERINGS			0090			1		\$.00						\$.0
	210	-	0100			1	   2	\$.00	1 2					
Original wall-to-wall carpet								\$ .00	1	1				\$.0
Replacement wall-to-wall carpet	211	_	0110			1	2	\$ .00	1 🗌 ¦ 2 🗌					\$ .00
Room size rugs and other non- permanent floor coverings, including carpet squares	212		0120			1	   2 	\$ .00						\$ .0
Curtains and drapes	214		0130			1	2	\$ .00	1 🗌 ¦ 2 🗌					¢ ,
Venetian blinds, window shades, other								i						\$.0
window coverings	215		0140			1	2   2	\$ .00						\$.0
Use only if unable to itemize above – Combined expenses	220		0150			1	2	\$ .00						\$ .0

Section 8 – HOME FURNISHINGS AND RELATED	HOUSEHOLD ITEMS – Con	tinued
Part B – Rental, Leasing, or Repair of Furniture	1 08 03 5 🗸	
<b>1a. Since the 1st of</b> (month, 3 months ago), have you (or any members of your CU) rented or leased any furniture?	0010 1 □ Yes 2 □ No – <i>Go to item 2a</i>	NOTES
<b>b.</b> <i>If YES</i> – What was the total expense?	0020 \$00	
C. How much of the total amount was spent this month?	0030 \$00	
<b>2a.</b> Since the 1st of (month, 3 months ago), have you (or any members of your CU) had any expenses for repairing, refinishing, or reupholstering furniture, including the cost of fabric?	0040 1 □ Yes 2 □ No − <i>Go to next section</i>	
<b>b.</b> If YES – What was the total expense?	0050 \$00	
<b>C.</b> How much of the total amount was spent this month?	0060 \$00	

Section 9 - CLOT	HING A	AND	SEV	WING MATERIAL	.S		FIELD	REPRES	SENTATIVE	E – Hand ti columr Identic	he respondent the n a and complete al items are those	e Information columns b th of the SAME	Booklet with rough i as eac TYPE and pu	instructions to rea ch item or set of ic urchased in the SA	d the list of item lentical items pu ME MONTH, for	s as you rchased the SAI	ı proceed. Ask is reported. ⁄/E PERSON.
Part A – Clothing					6 (	09 02 4→				I		1					
а				b		C	d		e	f	g	h	i		PRE		
Information Booklet, page Since the 1st of (month have you (or any memb CU) purchased any of t items, for persons age either for members of y someone outside your	, 3 month ers of yo he follow 2 and ov your CU	our wing ver,	),	What did you buy? Describe briefly the item purchased.	USE ONLY	ITEM CODE from column a.	For whom was it purchased CU member, enter name and number from Control Card. If someone outside CU, enter and appropriate code as follow 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15	line name	How many did you purchase? Enter number of identical items purchased.	In what month did you purchase it?	How much did it cost?	Did this include sales tax?	Did you purchase any other? If "No," go to next item in column a.	1 Description from column b	2 Person from column d	3 Month from colume f	
Coats, jackets, and furs	ITEM CODE 100	YES	NO		PROCESSING		Name	Line No		Month	-	YES ! NO	YES NO		Name	Montł	_
Sport coats and	coats and ad jackets 110							or code							Nume		
tailored jackets	110				0010						\$.0	1					\$
Suits	120				0020						\$.0						\$ 1.0
Vests	130				0030						\$.0						\$
Sweaters and sweater sets	140				0040						\$.0	0 1 2					\$
Pants, slacks, and jeans	150				0050						\$ .0						\$
Shorts and short sets Exclude all athletic shorts	160				0060						\$ 1.0						\$ <mark> </mark> .(
Dresses	170				0070						\$.0						\$
Skirts	180										\$.0						\$
Shirts, blouses, and tops	190				0090						\$ .0						\$
2. FIELD REPRESENTATIVE CHECK ITEM	1 09	01 7	↓		0100						\$.0						\$ 1.0
Mark (X) box if there are no entries recorded in	0010 or	n∏c	o to		0110						\$.0						\$
no entries recorded in columns b–i.	0010 33	110	ext age		0120						\$.0						\$ .(
NOTES					0130						\$.0						\$ 1.0
					0140						\$ .0						\$
					0150						\$.0						\$
					0160						\$.0						\$
											\$0						\$ 1.0
					0180						\$ .0	1					\$

Section 9

FORM CE-302

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

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

а			b		С	d		е	f	g		h		i		PRE			
Information Booklet, page	26		What did you buy?		ENTER	For whom was it purch	ased? If	How	In what	How much		Did this	Did	vou	1	2	3		4
- Have you (or any memb CU) purchased any of tl items, for persons age 2 either for members of y someone outside your (	pers of your he following 2 and over, /our CU or for CU?		Describe briefly the item purchased.	PROCESSING USE ONLY	ITEM CODE from column a.	CU member, enter name a number from Control Card If someone outside CU, er and appropriate code as f <b>90</b> – Male 16 and over <b>91</b> – Female 16 and over <b>92</b> – Male 2–15 <b>93</b> – Female 2–15	and line d. nter name	many did you	month did you purchase it?	did it cost?	li	include sales tax?	pure any othe If "N to n item	chase er? lo," go ext	Description from column b	Person from column d	Mon fror colur f	ith n	Cost from column g
	ITEM CODE YES	NO		ROC		Name	Line No		Month	-		YES NO	VES	NO		Name	Mor	)th	
							or code				-					Name			
Undergarments	200			0010						\$	00							\$	.0
Hosiery	210			0020						\$	00							\$	.0
				0030						\$	00	1						\$	.0
FIELD REPRESENTATIVE	1 09 03 3	¥		0040						\$	00	1 2						\$	.0
Mark (X) box if there are no entries recorded in	0010 999 🗌 G	io to		0050						\$	00							\$	   .0
columns b–i.	n	ext age		0060								1 2		· □				\$	     .0
NOTES				0070						1		1						\$	.0
				0080						\$	00	1 2						\$	ا ۱ 0. <sup>ا</sup>
				0090						\$		1 2						\$	     .0
				0100									_					\$	.0
				0110						\$			_					\$	.0
				0120						\$ .0		1 2						\$	.0
				0130						\$								\$	
				0140														\$	
				0150						i		1		   				\$	۱. <u>۱</u> ۱ 0. اِ
				0160						\$		1 2						\$	
				0170															
				0180						\$								\$	0.       .0

#### Section 9 - CLOTHING AND SEWING MATERIALS - Continued

#### FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with ins column a and complete columns b through i as each Identical items are those of the SAME TYPE and purc

	Part A – Clothing	– Con	tinue	ed		6 (	09 0	65	→											
	a				b			C		d		е		f	g		h	ו		i
1.	Information Booklet, page Have you (or any memb CU) purchased any of th items, for persons age 2 either for members of y someone outside your (	ers of y he follo 2 and ov our CU CU?	wing ver,	r	What did you buy? Describe briefly the item purchased.	ONLY	EN ITE COI froi coli	M DE m	C n a. If a <b>9</b>	or whom was it purchased CU member, enter name and li number from Control Card. f someone outside CU, enter n and appropriate code as follow O – Male 16 and over D – Female 16 and over	ne ame	How many did you purchase? Enter number of identical items	In wi mon did y purc it?	th 'ou	How much did it cost?		Did th includ sales	de	Did y purch any other If "No to ney item i colum	hase r? o," go xt in
	Nightwear and loungewear	ITEM CODE 220	YES	NO		PROCESSING USE			9	2 – Male 2–15 33 – Female 2–15		purchased.							corum	n a.
	Accessories	230				PROC					Line No or code		Мо	nth			YES	NO	YES	NO
	Active sportswear	240				0010									\$	.00	1	   2		
	the cost is not reimbursed	250				0020									\$	.00	1	   2 🗌		
	<b>Costumes</b>	260				0030									\$	.00	1	   2		
	should be used only if the respondent cannot					0040									\$	.00	1	   2		
	itemize clothing purchases. Specify (in the Notes) the types of					0050									\$	.00		   2 		
	clothing combined Footwear (Include here athletic	270		////		0060									\$	.00		   2 🗌		
	shoes not specifically purchased for sports related use.)	280				0070									\$	.00	1	   2 🗌		
2.	. Have you (or any members of your CU)					0800									\$	.00		2    		
	purchased any other clothing which you have not previously					0090			_						\$	.00		2    		
	mentioned? Do not include infants clothing. If YES – probe					0100			_						\$	.00		2		
3.	and assign an item code. FIELD REPRESENTATIVE	1 09	05 8	Ļ		0110									\$	.00		2		
	CHECK ITEM	0010 9				0120			_						\$	.00		2 🗌 1		
	no entries recorded in columns b–i.			art B		0130			_						\$	.00		l		
	NOTES					0140			_						\$	.00		I		
						0150			_						\$	.00		2		
						0160			+						\$	.00				
						0170			_							.00		 		
						0180									\$	.00	1	2		

nstructions to read item or set of ide chased in the SAN	IE MONTH, for	the SAM	E PERSON.	
	PRE			
1	2	3	4	
Description from column b	Person from column d	Month from column f	Cost from column g	
	Name	Month		
			\$ 1.00	5
			\$ .00	D
			\$.00	D
			\$ .00	2
			\$ 1.00	)
			\$.00	2
			\$.00	2
			\$ .00	5
			\$ .00	5
			\$.00	2
			\$.00	2
			\$ .00	)
			\$ .00	5
			\$.00	D

Part A – Clothing	j – Coi	ntinued	6 09 07 3 →										
b		с	d	e	f	9	h	i	NOTES		PRE		
<b>What did you buy?</b> Describe briefly the		ENTER ITEM CODE from	For whom was it purchased? If CU member, enter name and lin number from Control Card.	e How many did you purchase	In what month did you purchase	How much did it cost?	Did this include sales tax?	Did you purchase any other?		1	2	3	4
em purchased.	PROCESSING USE ONLY	column a from the preceding pages.	If someone outside CU, enter nam and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15	ne Enter number o identical items purchased				If "No," go to next item in column a.		Description from column b	Person from column d	Month from column f	Cost from column g
	PROC			e No. code	Month	-	YES NO	YES NO			Name	Month	-
	0010					\$							\$
	0020					\$	.00 1 2						\$
	0030					\$	.00 1 2						\$
	0040					\$	.00 1 2						\$
	0050					\$ .	00 1 2						\$
	0060					\$	.00 1 2						\$
	0070					\$		1 1					\$
	0800					\$							\$
	0090					\$ .							\$
	0100					\$							\$
	0110					\$	.00 1 2						\$
	0120					\$							\$
	0130					\$							\$
	0140					\$							\$
	0160					\$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						\$
						\$							\$
	0170				<b>_</b>	\$.	.00 1 2						\$

Section 9 – CLOTH	Information Booklet, page 26 and 27       What did you buy?       ENTER, ICODE from someone outside of your CU or for someone outside of your CU?       How many members of your CU or for someone outside of your CU?       In what month id you purchased.       Did this include sales tax?       Did this include sales tax?       Did this include sales tax?       Did you purchased.       In what month id you purchased.       In what month id you purchased.       Did this include sales tax?       Did this include sales tax?       Did you purchased.       In what month id you purchased.       In what month id you purchased.       Did this include sales tax?       Did you purchased.       In what month id you purchased.       In what month id you purchased.       Did this include sales tax?       Did you purchased.       In what month id you purchased.       Did you purchased.       In what month id you purchased.       Did this include sales tax?       Did you purchased.       In what month id you purchased.       Did you purchased.       In what month id you purchased.       Did this include sales tax?       Did you purchased.       In what month id you purchased.       Did this include sales tax?       Did you purchased.       In what month id you purchased.       Did this include sales tax?       Did you purchased.       In what month id you purchased.       Did this include sales tax?       Did this include sales tax?       Did you purchased.       In what month id you purchased.       In what month id you purchased.       Did this include sales tax?       Did this include sales tax? <th>ems as you purchased</th> <th>proceed. A is reported</th> <th>Ask</th>														ems as you purchased	proceed. A is reported	Ask	
Part B – Infants Cl	othin	g, W	atch	nes, Jewelry, an	d Hai	rpieces		6 09 12 3 →					_					
~				-	_					-	-		i		PRI	E	1	
<b>1a.</b> Have you (or any mem CU) purchased clothin under 2 years of age e	bers of g for ir ither fo	f your nfants or		Describe briefly the	×.	ITEM CODE from	or for someon	hased for your CU e outside of your	many did you purchase? Enter	month did you purchase		include	purcha any other .	se ?	1	2	3	
Such as –	ITEM CODE	YES	NO						identical items				item in	a.		Month		
Coats, jackets, or snowsuits	290								purchased.						from column b	from column	Cost fro columi	
	300				ESSING													
Underwear and diapers, including disposable	310				PROC		CU member	Non-CU member	_	Month	-	YES NO	YES	NO				
Sleeping garments	320				0010		1	2			\$ .00						\$	     .00
Layettes	330				0020		1	2			\$ .00						\$	.00
Accessories	340		////		0030		1	2			\$ .00						\$	.00
Combined clothing for infants – <i>This should be</i> used only if the respondent cannot					0040		1	2			\$ .00	1 2					\$	.00
itemize clothing purchases. Specify (in the Notes) the types of					0050		1	2			\$.00						\$	.00
clothing combined. <b>b. Have you (or any</b>	360				0060		1	2			\$.00						\$	.00
members of your CU) purchased any other infants clothing which					0070		1	2			\$.00	1 2					\$	   .00
you have not previously mentioned?					0080		1	2			\$.00	1 2					\$	  .00
lf YES – probe and assign an item code.					0090		1	2			\$ .00						\$	.00
Information Booklet, page 27	· · · · · ·				0100		1	2			\$.00	1 2					\$	     .00
2. Have you (or any members of your CU)					0110		1	2			\$ .00	1 2					\$	  .00
purchased any of the following items, either for members					0120		1	2			\$.00						\$	.00
of your CU or for someone outside your CU?					0130		1	2			\$ .00						\$	.00
Watches	370				0140		1	2			\$.00						\$	     .00
	380				0150		1	2			\$ .00	1 2					\$	.00
Hairpieces, wigs, or toupees	390				0160		1	2			\$ .00	1 2					\$	.00
3. FIELD REPRESENTATIVE CHECK ITEM		) 11 6			0170		1	2			\$ .00	1 2					\$	     .00
Mark (X) box if there are no entries recorded in columns b–i.	0010 s		Go to bart C		0180		1	2			\$ .00	1 2					\$	.00

FORM CE-302

#### **Section 9 – CLOTHING AND SEWING MATERIALS – Continued** • Part B – Infants Clothing, Watches, Jewelry, and Hairpieces – Continued 6 09 13 1 -> NOTES b С d f е h i g ENTER ITEM CODE Was this purchased for your CU or for someone outside of your CU? What did you buy? In what How much Did this Did you How many did you month did it cost? include purchase did you sales tax? any other . . .? Describe briefly the from purchase? purchase column a from item purchased. it? Enter lf "No," go number of PROCESSING USE ONLY to next the preceding identical item in , page. items column a. purchased. Non-CU member Month CU member YES | NO YES | NO 0010 1 2 1 2 i .00 \$ 1 2 1 i 2 0020 00. \$ 2 1 0030 .00 \$ 1 2 1 2 0040 \$ 1.00 1 2 1 2 0050 1 .00 \$ i 🗌 0060 1 2 1 | 2 .00 \$ 1 2 1 2 0070 .00 \$ 2 1 1 2 1 0080 00. | \$ 0090 1 2 1 2 .00 \$ 1 2 0100 1 2 .00 \$ 2 1 1 2 0110 \$ 00. 1 1 2 0120 1 2 1.00 \$ 0130 1 2 1 | 2 .00 \$ 2 1 1 1 2 0140 .00 Т \$ 0150 2 1 1 2 I 00. <sup>|</sup> \$ 0160 1 2 1 2 00. \$ 1 2 1 2 0170 .**00** \$ 1 2 1 | 2 0180 .00 \$

	PRE		
1	2	3	
Description from column b	Month from column f	Cost from column g	
			.00
		l C	.00
			.00
			.00
			.00
		\$	.00
			.00
			.00
		\$	.00
		\$	.00
		\$	.00
			.00
		\$	.00
		\$	.00
		\$	.00
			.00
		\$	.00
		\$	.00
		Pag	je 52

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

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

	Part C – Sewing Materia	als				5 09 2	2 4 →											
	а				b				C		d	е	f		g	h	ו	
1.	Information Booklet, page 27 Have you (or any members of purchased any sewing materi members of your CU or for so your CU?	omeone	outsi	r de	What did you Describe briet item purchase	lv the	ING USE ONLY	ITE CC fro	ITER EM DDE om lumn a.	Was this purc your CU or fo outside of yo	r someone	In what month did you purchase it?	How much did it cost?	Did inclu sales	this ude s tax?	Did y purcl any other If "No to nex	h <b>ase</b> r? o," go	
	$\Box YES \qquad \Box NO - Got$		2				ESS									item i colun	in	
	If YES , read the list of individual below. Complete columns b–h for item purchased.	each		1			PROCESSING			CU member	Non-CU member	Month		YES	NO	YES		
	Were these –	ITEM CODE	YES	NO			0010			1	   2			1	   2			
	Sewing materials for making slipcovers, curtains, etc., and for handwork in the home including yarn?	400					0020			1			\$ .00		     2 			
	Sewing materials for making clothes?	410					0030			1 🗌	   2 		\$ .00	) 1□	2			
	Sewing notions?	420					0040			1 🗌	2		\$.00	0 1□	2			
	Other sewing materials?	430	777				0050			1 🗌	2		\$.00	1	2			
	Use only if unable to itemize separately – Combined sewing materials	440					0060			1 🗌	2		\$ .00	1	2			
2.	FIELD REPRESENTATIVE CHECK ITEM	1 09	21 5	<b>↓</b>			0070			1 🗌	   2 🗌		\$ .00	1	2			
	Mark (X) box if there are no entries recorded in columns b–h.	<b>0010</b> g					0800			1 🗌	   2 🗌 		\$ .00	1	   2 🗌 			
			μ	oart D			0090			1 🗌			\$.00	0 1□	   2 🗌 			
	NOTES						0100			1 🗌			\$.00	0 1□	   2 			
							0110			1 🗌	2		\$.00	0 1□	2			
							0120			1 🗌	2		\$.00	וי	2	1 :		
							0130			1 🗌	2		\$ .00	0 1□	2			
							0140			1 🗌	2 🗌		\$ .00	0 1□	2			
							0150			1 🗌			\$ .00		   2 []			
							0160			1 🗌	   2 🗌 		\$00	0 1□	   2 🗌 			
					0170			1 🗌	   2 		\$00	0 1□	   2 🗌 					
							0180			1 🗌	   2 		\$0		   2 			

	DRE							
PRE								
1	2	3						
Description from column b	Month from column e	Cost from column f						
		\$	.00					
			.00					
		\$	.00					
		\$	'     <b>.00</b>					
			'     .00					
		\$	     .00					
			.00					
		\$	.00					
			.00					
			.00					
			.00					
		\$	.00					
		\$	'     .00					
		\$	     .00					
		\$	     .00					
		\$	     <b>.00</b>					
			.00					
			     .00					

FORM CE-302

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

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

	Part D – Clothing Servi	ces			5 09 3	32 3→										
	a			b			с		d	е	f	g		h		
1.	Information Booklet, page 27 Have you (or any members of expenses for any of the follo members of your CU or for so your CU?	f your C wing, ei omeone ITEM CODE		What did you Describe bried item purchase	fly the	PROCESSING USE ONLY	ENTER ITEM CODE from column a.	Was this purc your CU or fo outside of you	r someone	In what month did you purchase it?	How much did it cost?	Did this include sales ta	ax?	Did ye purch any other If "No, to nex item ii colum	nase ? ," go ct n	
	Repair, alteration, and tailoring for clothing and accessories	450				PROC		CU member	Non-CU member	Month		YES		YES		
	Shoe repair and other shoe					0010		1 🗌	   2 🗌 		\$ .00					
	services	460		_		0020		1 🗆	   2 		\$.00					
	Watch or jewelry repair	470		-		0030		1 🗆			\$ .00					
	Clothing rental	480		-		0040		1 🗆	2		\$ .00	1 2				
	Clothing storage			-		0050		1 🗌	2		\$ .00	1 2				
2.	FIELD REPRESENTATIVE CHECK ITEM	1 09	9 31 4 🖌			0060		1				1 2				
	Mark (X) box if there are no entries in columns b–h.	0010	999 🗌 Go to section 10			0070		1	   2 []		\$ 1.00 \$ .00					
	NOTES			 		0080		1 🗌	     2 🗌		\$ 1.00	1 1 2				
						0090		1 🗆	     2		\$ .00	1 2				
						0100		1 🗆	2   2		\$ .00	1 1 2				
						0110		1	2		\$ .00					
						0120		1	2 🗌		\$.00					
						0130		1 🗆			\$.00					
						0140		1 🗆			\$.00	1 🗌   2				
						0150		1 🗆	2   2		\$ .00					
						0160		1 🗆	   2 🗌 		\$ .00					
						0170		1	   2 🗌 		\$ .00	1 1 2				
						0180		1 🗆	   2 		\$ .00	1 2				

Page 54

Section 9 – Part D

PR	E						
1	2	3					
Description from column b	Month from column e	Cost from column f					
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
			.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00				
		\$	.00 je 54				

Section 10

Page 55																								Page 55
Section 10 –	RENT	ED AND L	EASE	D VE	HICLES	S		FIELD	REPRESENTATIVE	a column	for que	estions 2–	5 for each	vehicle re	nted. For	like vehi	cles rente	e list of items d more than vehicle rent	once du	ring the r	eference	period for	or the sar	ne purpose, combine
Part A.1 – Sc	reenir	ng Questio	ons (If	f New	, Consu	umer	Unit,	Go to Pa	art A.2.)															
Information Book	det, page	e 28	2	<b>2.</b> FIE	LD REPRE	SENTA	TIVE ITE	M PROC	CESSING USE ONLY		1 10	01 5 🗸			1 10	02 3	1		1 10	03 1 🖡	1			1 10 04 9 🖌
1a. Since the 1st of have you (or an	f (month	, 3 months ago	o) <b>,</b>					VEHI	CLE NUMBER			1				2				3				4
CU) rented any not used ENTIR not include leas	vehicle ELY for sed vehi	s which were business? Do	0		scribe brie "boat."	efly the t	type of v	vehicle rente	ed, such as "auto"	Descriptio	n			Descrip	otion			Descrip	otion			Des	scription	
If YES – Read the below and mark				<b>b.</b> Ent	er vehicle	e code fr	om iten	n 1b.		0010		Code	9	0010	0010 Code			0010 Code			00	10	Code	
or "No" box. <b>b.</b> If YES to an indiv many?				3. Wa trip	s it rente o, or a tri	ed solel p of 75	y for us miles o	se on a vac or more on	ation, overnight e way?	·	☐ Yes - ☐ No	– Go to n vehicle	ext rented or item 6		1 🗌 Yes 2 🗌 No		next rent e or item	6	1 🗌 Yes 2 🗌 No	– Go to vehicl	next ren e or iten			
Automobile	VEHICL CODE	M	HOW IANY?	cur <b>thi</b> If p am	rent mont s vehicle eriodic pa ount of th	th) <b>wha</b> ? ayments ae paym	<b>t has b</b> were m ent and	<b>een your ex</b> nade, enter i the number	b), <b>excluding</b> (the <b>cpense for renting</b> In the notes the of payments	0080 \$ _	.00			.00		0080	\$		.0	0 00	80 \$	.00		
Truck, including vans	. 110		-	exp	pense and	enter th	ne amou	unt in this ite	empute the total em. es (be) deducted															
Motorized camper-coach	. 120			as	business neone el	expens	ses, rei	mbursed, o	or paid by	0130 1 [ 2 [			ext rented or item 6		1 🗌 Yes 2 🗌 No -	- Go to i	next rente e or item	ed	1 🗌 Yes 2 🗌 No -	– Go to i	next ren e or item	ted	30 1 🗌 2 🗌	Yes No – Go to next rented vehicle or item 6
Trailer-type camper	. 130			b. If y	/ES – Wha ver? Ente	<b>it perce</b> r to neal	ent of ti rest who	<b>he total ex</b> ole percent.	pense will this	0140		.00 F	Percent	0140		.00	Percent	0140		.00	Percent	01	40	.00 Percent
Other attachable- type camper	. 140												LEAS	ED VEHI	CLES									
Motorcycle, motor scooter,			e			this box is marked, no vehicles were previously reported – Go to item 7a. column f for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b below). ↓ 10 3 → LEASED VEHICLE INVENTORY CHART																		
or moped (motorized				7 10	10 3 →							LEASE	D VEHIC		NTORY O	CHART								
bicycle)	. 150				а	b	)		Vehicle i	dentification	۱ 				Ð	1	f	g		h		i		j
Boat, with a motor	. 160			PROCESSING USE ONLY	Vehicle	Veh dispos			С			d Vehicle for bu	e used	Enter ve code fro part B, i	m	If NO -	vehicle? - mark	How man miles are the vehicl	on le?	What m was the termina	e lease ated?	Were a fees in at the termina	cúrred	If YES – <b>How much?</b> Enter and go
Boat, without a motor	. 170			PROC USE	number				identification from p	1		from p item	oart B, 16a			item 6l	h. ¯	Enter and to next vel or to item	hicle			of the	ease?	to next vehicle or item 7a.
Trailer, other than camper			_			YES	NO	YEAR	MAKE	MODEI	<u> </u>	YES	NO			YES	NO			Mo	nth	YES	NO	
type, such as for a boat or cycle	. 180		[	0010	1											1	2					1	2	\$.00
Private plane	190			0020	2							   				1 🗌	2					1	2	\$.00
Any other vehicle	. 200			0030	3							   				1	   2 []					1	2	\$.00
	IOTES	0040 4								 				1	1					1		\$.00		
	0050 5												1	+						2	\$.00			
				0060	6											1	2 [] 					1	2	\$ .00
0070 7							I				1 🗌	2					1	2	\$.00					

	ection 10 – RENTED AND LI	EASED	VEHICLES - (	Continu	ıed	FIELD REPRESENTATIVE – Ask item 7 for all respondents.
	art A.1 – Screening Questio		ontinued			
	Since the 1st of (month, 3 months ago you (or any members of your CU) be leasing any automobile or truck not ENTIRELY for business?			0 11 4 ↓ o to sectio	n 11	NOTES
	If YES – What kind of vehicle was it? Enter vehicle code		0020	0030		
		VEHICLE CODE		0050		
	Automobile	100	0060	0070		
	Truck, including vans	110	0080	0090		
			0100	0110		
	FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased v					
_	- 0					

Section 10 – Part A.1 (Continued)

-age	57																	Fage 57
ę	Section 10 – R		D LEAS	ED	VEHICLES – Continued		FIELD REP	PRESEN	(	complete	e a column for ques	tions 2–5 for each	with instructions to re vehicle rented. For lik therwise, complete a s	ke vehicles	s rented r	more than once during	g the reference pe	riod for the same
<b>F</b>	Part A.2 – Scre	ening Que	stions -	- FO	R NEW CONSUMER UN	VITS	ONLY											
	Information Bookle	t, page 28		2.	FIELD REPRESENTATIVE ITEM	PR	OCESSING USE	ONLY		1 10 1	12 2 🖌	1 10	0 13 0 🗸		1 10	14 8 🖌	1 10	) 15 5 🖌
1a.	Since the 1st of (	month, 3 month	ns ago) <b>,</b>			VEI	HICLE NUMBER			1	I		2			3		4
	have you (or any to CU) rented any ve not used ENTIREL not include lease Ves	hicles which which which which which which we have a second structure of the s	were s? Do	a.	Describe briefly the type of vehic or "boat."	cle rer	nted, such as "au	ıto"	Descriptio	n		Description		Descript	ion		Description	
	If YES – Read the li below and mark (X			b.	Enter vehicle code from item 1b.				0010		Code	0010	Code	0010		Code	0010	Code
b.	or "No" box. If YES to an individ many?	<i>ES to an individual item ask</i> – <b>How</b> ny?								∐Yes – ∐No	Go to next rented vehicle or item 6	0030 1 🗌 Yes 2 🗌 No	5 – Go to next rented vehicle or item 6	d 0030 1 □ Yes – Go to next rented vehicle or item 6 2 □ No		0030 1 🗆 Yes 2 🗌 No	- Go to next rented vehicle or item 6	
	Automobile Truck, including	VEHICLE CODE     YES     N       100	0 HOW MANY?	4.	Since the 1st of (month, 3 mon current month) what has been y this vehicle? If periodic payments were made, amount of the payment and the r incurred during the reference per expense and enter the amount in	your , enter numb eriod. (	expense for re or in the notes the per of payments Compute the tota	nting e	0080 \$_		.00	0080 \$	.00	0080 \$	\$	.00	0080 \$	.00
	vans Motorized camper-coach	110 120		5a.	Were (Will) any of the rental e as business expenses, reimbu someone else?	expen ursed,	ses (be) deduct , or paid by	ted		☐ Yes ] No – ( \	Go to next rented vehicle or item 6	0130 1 🗌 Yes 2 🗌 No	- Go to next rented vehicle or item 6		1 □ Yes 2 □ No -	- Go to next rented vehicle or item 6	0130 1 🗌 Yes 2 🗌 No	– Go to next rented vehicle or item 6
	Trailer-type camper	130		b.	If YES – What percent of the to cover? Enter to nearest whole pe	expense will thi	is	0140		.00 Percent	0140	.00 Percent	0140		.00 Percent	0140	.00 Percent	
	attachable- type camper	140				LEAS			1 10 20 5	¥					N	OTES		
	Motorcycle, motor scooter, or moped (motorized bicycle)	150		6a.	Since the 1st of (month, 3 mon you (or any members of your lease payments or begun leas automobile or truck not used business?	CU) n sing a	made any		1 □ Yes 2 □ No - <i>Go</i>	to sect	ion 11	- 						
	Boat, with a motor	160		b.	If YES – What kind of vehicle v	was it	t?	I		1 –								
	Boat, without a motor	170			Enter vehicle code		VEHICLE	0020		<b>00</b>	)30							
	Trailer, other than camper				Automobile		CODE	0040		」 <u>-</u>								
	type, such as for a boat or cycle	180			Truck, including vans		110	0060										
	Private plane	190						0080		00	90							
	Any other vehicle	200						0100		01	10							
	NO	TES						0120		01	130							
FIELD REPRESENTATIVE INSTRUCTION Complete part B on next page for each leased vehicle.																		

Section 10 – RENTED AND LEASED VEHICLES – Continued												
Part B – Detailed Questions for Leased Vehicles												
<b>1.</b> FIELD REPRESENTATIVE ITEM <b>a. New CU's</b> – Assign vehicle numbers in consecutive order	SSING USE ONLY	1 10 21 3 🗸	10a.	. What was the number of payments contracted for?		NOTES						
beginning with 1. 2nd through 5th interviews –					0190 Payments							
Assign the next available vehicle number from chart in part A.1, column a.	IICLE NUMBER	0010 Number	b.	In what month and year was the first payment made?	Month         Year           0200         0210							
<b>b.</b> Enter a vehicle code from part A.1 or A.2.	IICLE CODE	0020 Code	c.	. What is the amount of each payment?								
2. What is the year, make, and model?		Year Make Model			0220 \$							
		0030	d.	. What period is covered by each payment?	0230 1 Week 5 Semiannually							
	FICE USE ONLY	0040			2 □ 2 weeks 6 □ Annually 3 □ Month 7 □ Other – <i>Specify</i> 4 □ Quarter							
<b>3.</b> How many cylinders does it have?		0050 Cylinders		Describe many strategies and an and an and an								
<b>4.</b> Does it have –		0 No cylinders (rotary, turbine or electric)	<b>C.</b> Does the payment include any charges other than the lease amount such as auto insurance or maintenance?		0240 1 □ Yes 2 □ No x □ Don't know Go to item 11							
<b>a.</b> Automatic transmission?		Yes No 0060 1 2	l f	<i>If YES</i> – <b>How much of the payment is for</b>								
b. Power steering?			- ··	these extra charges?	0250 \$00							
C. Power brakes?					x 🗌 Don't know							
d. Air conditioning?			11.	Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1							
f. Turbo charged engine?				leasing cost paid by an employer:								
g. Diesel engine?					0270 \$00							
h. Four wheel drive?		0121 1 2	12.	Was a trade-in allowance received?	0280 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No							
(Ask for vehicle code 100) <b>5a. How many doors does it have?</b>		0122 Doors			0290 \$00							
<b>b.</b> Is it a?		0123 1 Convertible?	13a.	<ul> <li>Was a cash down payment made? (A down payment is a capitalized cost reduction.)</li> </ul>	0300 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No - <i>Go to item</i> 14a							
		3 🗌 Hatchback? 4 🗌 Other?			0310 \$00							
<b>6a.</b> Is it used for business?		0130 1 🗌 Yes, used for business 2 🗌 Personal use only – <i>Go to item</i>	7 <b>b</b> .	. Was any portion of the cash down payment paid by an employer?	0320 1 □ Yes - <i>If YES</i> - <b>How much?</b> 2 □ No							
<b>b.</b> If used for business – What percent of the counted as a business expense?	e mileage is	0140 Percent { If 100%, delet this vehicle and go to	9									
		next vehicle.	14a	. Do you still have this vehicle?	0340 1 Yes – Go to next vehicle or section 11							
<b>7.</b> How many miles are currently on the ve	many miles are currently on the vehicle?				2 🗌 No	-						
<b>8.</b> Was it new or used when first leased?			_ b.	. In what month was the lease terminated?	Month							
		0160 1 🗌 New 2 🗌 Used			0350							
9. Was this vehicle leased from a –		0170 1 New or used vehicle dealer? 2 Independent leasing company 3 Bank?	? C.	Were any fees incurred at the termination of the lease?	0360 1 □ Yes - If YES - How much? 2 □ No - Go to next vehicle or section 11							
		4 □ Someplace else? – Specify <sub>✓</sub>	_		0370 \$00							
			-			_						

### Daga 50

Page 59									Page 59
Section 10 – RENTED AND	D LEASED VEHICLE	S – Co	ontinue	ed					
Part B – Detailed Question	s for Leased Vehic	les – C	Continu	ued					
<ol> <li>FIELD REPRESENTATIVE ITEM</li> <li><b>a. New CU's</b> – Assign vehicle</li> </ol>	PROCESSING USE ONLY		1	10 24 7 🖌		10a.	What was the number of payments contracted for?		NOTES
numbers in consecutive order beginning with 1.								0190 Payments	
<b>2nd through 5th interviews –</b> Assign the next available vehicle number from chart in part A.1, column a.	a. VEHICLE NUMBER	0010		_ Number		b.	In what month and year was the first payment made?	Month Year 0200 0210 0210	
<b>b.</b> Enter a vehicle code from part A.1 or A.2.	<b>b.</b> VEHICLE CODE	0020		Code		с.	What is the amount of each payment?		_
<b>2.</b> What is the year, make, and mo	odel?	,	Year	Make	Model	1		0220 \$00	
		0030			 	d.	What period is covered by each payment?	0230 1 Week 5 Semiannually 2 2 2 weeks 6 Annually	
	<b>OFFICE USE ONLY</b> Enter auto code	0040					3 $\Box$ Month 7 $\Box$ Other – Specify $\downarrow$ 4 $\Box$ Quarter		
3. How many cylinders does it ha	ve?	0050	0 □ No cylinders (rotary, turbine or electric)		e.	Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 □ Yes 2 □ No x □ Don't know <i>Go to item 11</i>		
<ul><li>4. Does it have –</li><li>a. Automatic transmission?</li></ul>			Yes 1 🗌	No 2 🗌					
<b>b.</b> Power steering?		0070	1 🗌	2		f. If YES – How much of the payment is for these extra charges?		0250 \$	
C. Power brakes?			1 🗌 1 🗌	2 🗌 2 🗌				x 🗌 Don't know	
<b>e.</b> Sun roof?			1 🗌	2		11.	Is any of the (period reported in item 10d) leasing cost paid by an employer?	<b>0260</b> 1 $\Box$ Yes – If YES – How much?	
<b>f.</b> Turbo charged engine?			1 🗌	2				2 □ No	
g. Diesel engine?		0120		2				0270 \$00	_
<b>h.</b> Four wheel drive?		0121	1 🗌	2		12.	Was a trade-in allowance received?	0280 1 🗌 Yes – If YES – How much? –	
(Ask for vehicle code 100) <b>5a.</b> How many doors does it have?		0122		_ Doors				2 □ No 0290 \$00	
<b>b.</b> Is it a?			1 - Stati 2 - Conv 3 - Hatc 4 - Othe	hback?		13a.	Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300 1 □ Yes - If YES - How much? 2 □ No - Go to item 14a	
<b>6a.</b> Is it used for business?				used for business onal use only – Go		b.	Was any portion of the cash down payment paid by an employer?	0320 1 □ Yes - <i>If YES</i> - <b>How much?</b>	
<b>b.</b> If used for business – What perce counted as a business expense	nt of the mileage is ?	0140		_ Percent { If 10 this and	0%, delete vehicle go to			2 🗆 No 🔽 🕺	
7. How many miles are currently	on the vehicle?	0150	1.		14a.	Do you still have this vehicle?	0340 1 □ Yes – Go to next vehicle or section 13 2 □ No	,	
8. Was it new or used when first l	eased?				<b>b.</b> In what month was the lease terminated?		Month 0350		
<b>9.</b> Was this vehicle leased from a	_	0170	1 🗌 New 2 🗌 Indep 3 🗌 Bank	or used vehicle o bendent leasing o	company?	c.	Were any fees incurred at the termination of the lease?	0360       1 □ Yes - If YES - How much?         2 □ No - Go to next vehicle or section 11         0370	

Section 10 – RENTED AND LEASED VEHICLES – Continued												
Part B – Detailed Questions for Leased Vehicle	cles – Continued											
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order	Y 1 10 27 0 ↓	<b>10a.</b> What was the number of payments contracted for?		NOTES								
beginning with 1.			0190 Payments	-								
<b>2nd through 5th interviews –</b> Assign the next available vehicle number from chart in part A.1, column a.	0010 Number	<b>b.</b> In what month and year was the first payment made?	Month         Year           0200         0210									
<b>b.</b> Enter a vehicle code from part A.1 or A.2.	0020 Code	<b>C.</b> What is the amount of each payment?										
<b>2.</b> What is the year, make, and model?	Year Make Model	· · · · · · · · · · · · · · · · · · ·	0220 \$00	-								
	0030	<b>d.</b> What period is covered by each payment?	0230 1 Week 5 Semiannually 2 2 2 weeks 6 Annually									
OFFICE USE ONL Enter auto code	0040		$3 \square Month \qquad 7 \square Other - Specify \neq Quarter$									
<b>3.</b> How many cylinders does it have?	0050 Cylinders	A Dece the normant include any charges other		-								
	0	<b>e.</b> Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 ☐ Yes 2 ☐ No x ☐ Don't know <i>Go to item 11</i>									
<ul><li>4. Does it have –</li><li>a. Automatic transmission?</li></ul>	Yes No . 0060 1 2 2	<b>f.</b> If YES – How much of the payment is for		-								
b. Power steering?		these extra charges?	0250 \$00									
C. Power brakes?			x 🗌 Don't know									
<ul><li>d. Air conditioning?</li><li>e. Sun roof?</li></ul>		<b>11.</b> Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 🗆 Yes – <i>If YES</i> – <b>How much?</b>									
f. Turbo charged engine?		leasing cost paid by an employer?	2 🗌 No									
g. Diesel engine?	. 0120 1 . 2 .		0270 \$00									
h. Four wheel drive?	. 0121 1 2 .	<b>12.</b> Was a trade-in allowance received?	0280 1 🗌 Yes – If YES – How much?									
(Ask for vehicle code 100) <b>5a. How many doors does it have?</b>	0122 Doors		2 □ No 0290 \$00									
<b>b.</b> Is it a?	0123 1	<b>13a. Was a cash down payment made?</b> (A down payment is a capitalized cost reduction.)	0300 1 🗌 Yes – If YES – How much? –									
	3 Hatchback?	payment is a capitalized cost reduction.)	2 🗌 No – Go to item 14a 📈									
	4 🗌 Other?		0310 \$00									
6a. Is it used for business?	0130 1 🗌 Yes, used for business 2 🗌 Personal use only – <i>Go to item</i> 7	<b>b.</b> Was any portion of the cash down payment paid by an employer?	0320 1 □ Yes – <i>If YES</i> – <b>How much?</b> 2 □ No									
b. If used for business – What percent of the mileage is counted as a business expense?	0140 Percent Bercent If 100%, delete this vehicle and go to p		0330 \$00									
<b>7.</b> How many miles are currently on the vehicle?	next vehicle.	<b>14a.</b> Do you still have this vehicle?	0340 1 □ Yes – <i>Go to next vehicle or section</i> 11 2 □ No									
<b>7.</b> How many miles are currently on the vehicle?	0150 Miles (Enter to nearest whole mile)	<b>b.</b> In what month was the lease terminated?	Month	-								
8. Was it new or used when first leased?	0160 1 🗆 New 2 🗆 Used											
<b>9.</b> Was this vehicle leased from a –	0170 1 I New or used vehicle dealer? 2 Independent leasing company?	<b>C.</b> Were any fees incurred at the termination of the lease?	$\begin{array}{ c c c c c }\hline \hline 0360 & 1 & \Box & Yes - If YES - How much? \\ \hline 2 & \Box & No - Go to next vehicle \end{array}$									
	3		or section 11									
			0370 \$00									
				_								



Se	FIELD REPRESENTATIVE – Ask part A.1 questions 1 and 2. Complete part B for each newly acquired vehicle. Complete part C for each vehicle disposed of.																			
Pa	Part A.1 – Screening Questions (If New Consumer Unit, Go to Part A.2)																			
	If this bo	ox is m	narked,	no vehicles were prev	viously report	ted – Go to item 2a.								2	Information Booklet, page 28 2a. Since the 1st of (month, 3 months	1 1	1 01 3 🖌			
<b>1.</b> A	sk colum	n h for	each v	vehicle listed, except if	<sup>r</sup> vehicle has l	been disposed of pr	eviously ("Yes" in co	lumn b). –							ago), have you (or any members of your CU) purchased or acquired	0010 1 🗌 Yes				
Fo	or each ve	ehicle	code 1	00 through 120 and 15	0 listed whic	h has not been disp	osed of, ask column	i.				Ļ			any vehicle not used exclusively for business? Include those vehicles		io to next part	t or section		
4 11	00 9 →					OWNE	ED VEHICLE INVEN	ITORY CH	IART						purchased for your own use or as a gift to others.					
Z	а	I	b		V	/ehicle identification	I	1		f	g	h	i		b. If YES – What kind of vehicle was it?	0020	0030			
E ONLY				C		d		е	120	and a	Enter vehic code from	still hav			Enter vehicle code from item 3 below.	0040				
PROCESSING USE	Vehicle number	disp	art C	Vehicle description from part B, item 2	Vehicl	e identification from			for E ess m n f B, p 7a ite	Enter iileage from part B, em 10b	oart B, item 1b.	(vehicle) If NO – complete part C fo all vehic disposed	are currently the vehicle? Enter to neare whole mile	on		0060	0030			
РВ		YES	NO		YEAR	MAKE	MODEL	YES	NO co	part A.1, Iumn i		YES   1	0			0100	0110			
0010	1											1 2		3	<b>3.</b> FIELD REPRESENTATIVE INSTRUCTION Complete part B for each new vehicle.	1				
0020	2																	VEHICLE		
0030	3											1 🗌 🕴 2			Automobile			CODE 100		
0040	4											1 2			Truck, including vans       Motorized camper-coach         Motorized camper-coach       Trailer type camper         Other attachable type camper       Other attachable type camper					
0050	5												_							
0060	6														Motorcycle, motor scooter, or moped (	notorized bicycle) .		150		
			1											_	Boat, purchased with a motor Boat, purchased without a motor			170		
0070	7													_	Trailer other than camper type, such as Private plane					
0800	8		i 🗆 +												Any other vehicle (snowmobile, dune b	uggy, riding golf car	t, etc.)	200		
0090	9											1 1 2			NO	IES				
0100	10											1 2								
0110	11		-																	
0120	12											1 2								
0130	13																			
0140	14											1 1 2								
0150	15											1   2								
0160	16																			
0170	17																			
0180	18																			

FORM CE-302

Section 11 – OWNED VEHICLES – Continued	TATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask part A.2 questions 1 through 3 for all vehicles and then complete part B for each vehicle reported. Also complete part C for each vehicle disposed of.	
Part A.2 – Screening Questions – FOR NEW CONSUM	ER UNITS ONLY 1 11 02 1	
Information Booklet, page 28 1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?		<b>4.</b> FIELD REPRESENTATIVE INSTRUCTIONS Complete part B for each vehicle reported in items 1 and 2. Complete parts B and C for each vehicle reported in item 3.
<b>a.</b> Automobile		NOTES
<b>b.</b> Truck, including vans		
C. Motorized camper-coach 120		
<b>d.</b> Trailer type camper		
e. Other attachable type camper		
f. Motorcycle, motor scooter, or moped (motorized bicycle) 150		
g. Boat, purchased with a motor		
h. Boat, purchased without a motor		
i. Trailer other than camper type, such as for a boat or cycle 180		
j. Private plane		
<b>k.</b> Any other vehicle		
<b>2a.</b> Have you (or any members of your CU) purchased any such vehicles since the 1st of the (month, 3 months ago) as a gift to someone outside of your CU?	0230 1 ☐ Yes – Ask items 2b and 2c 2 ☐ No – Go to item 3a	
<b>b.</b> <i>If YES</i> – How many?	0240 Number	
C. What kind of vehicle(s) did you purchase? Enter a separate code for each vehicle.	0250 0260 0270	
	0310 0320 0330	
<b>3a.</b> Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)?	0340 1 □ Yes – Ask items 3b and 3c 2 □ No – Go to item 4	
b. If YES – How many?	0350 Number	
	0350 Number	
C. What kind of vehicle(s) did you dispose of?	0360 0370 0380	
Enter a separate code for each vehicle.		
	0420 0430 0440	
	0450 0460 0470	

Section 11 – OWNED VEHICLES – Continued							
Part B – Detailed Questions							
<b>1.</b> FIELD REPRESENTATIVE ITEM       PROCESSING USE ONLY <b>a.</b> New CU's – Assign vehicle numbers in consecutive order beginning with 1.       PROCESSING USE ONLY	′ 1 11 03 9 ↓	<b>11.</b> In what month and year was it purchased?	Month       Year         0190       0200         0210       1 Yes         2 No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the				
<b>2nd through 5th interviews –</b> Assign the next available vehicle number from chart in part A.1, column a.	0010 Number	<b>12a.</b> Was any portion of the purchase price financed?					
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE CODE	0020 Code		last 3 months, go to item 13a.				
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).	Description Make	b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	0220 1 Paid off – <i>If item 11 is prior to 3 months ago, go to next vehicle.</i> 2 Remaining payments				
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). <b>3. What is the year, make, and model?</b>	Year     Make     Model       0030     Image: Second se	<b>13a.</b> Was a trade-in allowance received?	$ \begin{array}{c} \hline 0230 \\ 2 \\ \hline 0 \\ 2 \\ \hline 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\$				
OFFICE USE ONLY Enter auto code	0040	<b>b.</b> If YES – How much?	0240 \$00				
<b>4.</b> How many cylinders does it have?	0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00				
<ul> <li>5. Does it have –</li> <li>a. Automatic transmission?</li> </ul>	Yes         No           0060         1         2	<b>d.</b> Did this price include sales tax?	0260         1 □ Yes         x □ Don't know           2 □ No         No				
<b>b.</b> Power steering?		<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 🗌 Yes 2 🗌 No – Go to item 14				
C. Power brakes?	0080         1         2           0090         1         2	f. If YES – How much?	0280 \$ .00				
<b>e.</b> Sun roof?		Ask items 14 and 15 for credit payments only, "2" marked in item 12b.					
f. Turbo charged engine?		<b>14.</b> What was the amount of the cash down payment?	0290 \$00				
g. Diesel engine?	0120     1     2       0121     1     2	<b>15a.</b> What was the source of credit?	0300       1 Auto dealer       5 Insurance company         2 Finance company       6 Individual				
Ask for vehicle code 100. <b>6a. How many doors does it have?</b>	0122 Doors		3 □ Bank 7 □ Other – Specify 4 □ Credit Union				
<b>b.</b> Is it a?	0123 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1 ☐ Yes 2 ☐ No				
	3 🗌 Hatchback? 4 🗌 Other?	C. How much was borrowed, excluding any interest?	0310 \$00				
<b>7a.</b> Is it used for business?	0130 1	<b>d.</b> What was the number of payments contracted for?	0320 Payments				
<b>b.</b> If used for business – What percent of the mileage is counted as a business expense?	0140       Percent       If 100%, delete this vehicle and go to next vehicle.	<b>e.</b> In what month and year was the first payment made?	Month Year 0330 0340				
8. Was it new or used when acquired?	0150 1 🗆 New 2 🗆 Used	<b>f.</b> What is the amount of each payment?	0350 \$00				
9. Was this vehicle purchased from –	0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify	<b>g.</b> What period is covered by each payment?	$ \begin{array}{ c c c c c } \hline 0360 & 1 & \Box & Week & 5 & \Box & Semiannually \\ \hline 2 & \Box & 2 & weeks & 6 & \Box & Annually \\ \hline 3 & \Box & Month & 7 & \Box & Other - Specify_{\overrightarrow{V}} \\ \hline 4 & \Box & Quarter & \end{array} $				
10a. Was this vehicle -	0170 1  Purchased for own use? 2  Purchased as a gift to others? - Go to item 11 3  Received as gift?	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No x ☐ Don't know ∫ <i>Go to next vehicle or part</i>				
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>	0180 Miles – If item 10a is code 3, stop and go to next vehicle	I. <i>If YES</i> – How much of the payment is for these extra charges?	0380 \$00 x □ Don't know				

Section 11 – OWNED VEHICLES – Continued								
Part B – Detailed Questions – Contin	ued							
<ol> <li>FIELD REPRESENTATIVE ITEM</li> <li><b>Assign vehicle numbers in</b> consecutive order beginning with 1.</li> <li><b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.</li> </ol>		Y 1 11 04 7 ↓		11.	In what month and year was it purchased?	Month         Year           0190         0200		
		0010 Number		<b>12a.</b> Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the			
<b>b.</b> Enter a vehicle code from part A.1 or A.2.	<b>b.</b> VEHICLE CODE	0020	Code	_				hs, go to item 13a.
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).		Description			<b>b.</b> If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	0220 1 □ Paid off – <i>If item 11 is prior to 3 months</i> <i>ago, go to next vehicle.</i> 2 □ Remaining payments		
Complete items 3, 4, and 5 for autos and trucks c (vehicle codes 100 and 110). 3. What is the year, make, and model?	nly	Year     Make     Model       0030		Was a trade-in allowance received?	0230	1 🗌 Yes		
	<b>OFFICE USE ONLY</b> Enter auto code	0040		Ь.	If YES – How much?	0240	2 🗌 No – <i>Go to item 1</i> \$	.00
<b>4.</b> How many cylinders does it have?			Cylinders ders (rotary, turbine, or electric)	) <b>C.</b>	What was the amount paid for it after trade-in allowance and discount?	0250		.00
5. Does it have – a. Automatic transmission?			d.	Did this price include sales tax?		1 □ Yes 2 □ No	x 🗌 Don't know	
b. Power steering?			е.	Was any of the amount or price paid by an employer?	0270	1 🗌 Yes	2 🗌 No – Go to item 14	
C. Power brakes?		0080 1	2	f.	If YES - How much?	0280		.00
d. Air conditioning?		0090 1 🗌 0100 1 🗌	2 □ 2 □		Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0280	<u>،</u>	
e. Sun roof?			2		What was the amount of the cash down payment?	0290	\$	.00
<b>g.</b> Diesel engine?		0120 1	2	15a.	What was the source of credit?	0300	1 🗌 Auto dealer	5 🗌 Insurance company
h. Four wheel drive?		0121 1	2				2 🗌 Finance company	
Ask for vehicle code 100. 6a. How many doors does it have?		0122	Doors				3 🗌 Bank 4 🗌 Credit Union	7 □ Other – Specify 🖌
b. Is it a?		0123 1 Station wagon? 2 Convertible?	_	Ask if codes "2," "3," or "4" marked in item 15a. <b>Was this a home equity loan?</b>		1 □ Yes 2 □ No		
		3 🗌 Hatchback? 4 🗋 Other?		c.	How much was borrowed, excluding any interest?	0310	5	.00
<b>7a.</b> Is it used for business?		0130 1 Yes, used for business		d.	<b>d.</b> What was the number of payments contracted for?	0320	Payments	3
<b>b.</b> If used for business – What percent of the mile business expense?	age is counted as a	0140	I use only – Go to item 8 Percent $\begin{cases} If 100\%, delete this \\ vehicle and go to \\ vehicle vehicle field \\ vehicle the line \\ veh$	е.	In what month and year was the first payment made?	0330	Month Ye	ear
8. Was it new or used when acquired?		0150 1 🗌 New		f.	What is the amount of each payment?	0350	\$	.00
9. Was this vehicle purchased from –		0160 1 Vehicle 2 Private 3 Other? -	individual?	g.	What period is covered by each payment?		1 🗌 Week 2 🗌 2 weeks 3 🔲 Month 4 🗌 Quarter	5 🗌 Semiannually 6 🗌 Annually 7 🔲 Other – <i>Specify <sub>K</sub></i>
10a. Was this vehicle –		0170       1 □ Purchased for own use?         2 □ Purchased as a gift to others? –         Go to item 11         3 □ Received as gift?			Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?		1	to next vehicle or part section
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle</b>	.?	0180	Miles – If item 10a is code 3, 📍 stop and go to next vehicle		<i>If YES</i> – How much of the payment is for these extra charges?	0380	<u>ــــــ</u>	.00 x 🗆 Don't know

Section 11 – OWNED VEHICLES – Continued							
Part B – Detailed Questions – Continued							
<b>1.</b> FIELD REPRESENTATIVE ITEM       PROCESSING US <b>a.</b> New CU's – Assign vehicle numbers in consecutive order beginning with 1.       PROCESSING US	SE ONLY 1 11 05 4 ↓	<b>11.</b> In what month and year was it purchased?	Month       Year         0190       0200         0210       1 Yes         2 No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.         0220       1 Paid off - If item 11 is prior to 3 months ago, go to next vehicle.         2 Remaining payments				
<b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a.		12a. Was any portion of the purchase price financed? b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?					
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE COL Do not ask for vehicle codes 100 or 110.	DE OUZO Code Description						
Briefly describe the (vehicle).     Complete items 3, 4, and 5 for autos and trucks only	Year Make Model						
(vehicle codes 100 and 110). <b>3.</b> What is the year, make, and model?		<b>13a.</b> Was a trade-in allowance received?	0230 1 ☐ Yes 2 ☐ No - Go to item 13c				
OFFICE US Enter auto		<b>b.</b> If YES – How much?	0240 \$00				
<b>4.</b> How many cylinders does it have?	0050 Cylinders 0	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00				
5. Does it have – a. Automatic transmission?	Yes         No           0060         1 □         2 □	<b>d.</b> Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No				
<b>b.</b> Power steering?		<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No – Go to item 14				
C. Power brakes?		f. If YES – How much?	0280 \$ .00				
d. Air conditioning?		Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	\$				
f. Turbo charged engine?		<b>14.</b> What was the amount of the cash down payment?	0290 \$00				
g. Diesel engine?		<b>15a.</b> What was the source of credit?	0300 1 Auto dealer 5 Insurance company				
h. Four wheel drive?	0121 1 2		2 $\Box$ Finance company 6 $\Box$ Individual 3 $\Box$ Bank 7 $\Box$ Other – Specify $_{\overrightarrow{v}}$				
Ask for vehicle code 100. 6a. How many doors does it have?	0122 Doors		4 Credit Union				
<b>b.</b> Is it a?	0123 1 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1 🗌 Yes 2 🗌 No				
	3 🗌 Hatchback? 4 🗌 Other?	<b>C.</b> How much was borrowed, excluding any interest?	0310 \$00				
7a. Is it used for business?	0130 1   Yes, used for business 2   Personal use only - <i>Go to item 8</i>	<b>d.</b> What was the number of payments contracted for?	0320 Payments				
<b>b.</b> If used for business – What percent of the mileage is counted a business expense?	, Current of the	e. In what month and year was the first payment made?	Month Year 0330 0340				
8. Was it new or used when acquired?	0150 1 🗌 New 2 🗌 Used	– f. What is the amount of each payment?	0350 \$00				
9. Was this vehicle purchased from –	0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify	<b>g.</b> What period is covered by each payment?	03601Week5Semiannually22weeks6Annually3Month7Other - Specify4Quarter $\mathbf{V}$				
10a. Was this vehicle –	0170 1 Purchased for own use? 2 Purchased as a gift to others? – Go to item 11 3 Received as gift?	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370       1 □ Yes         2 □ No       Go to next vehicle or part         x □ Don't know ∫ or section				
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>	0180 Miles – If item 10a is code 3, stop and go to next vehicle	i. <i>If YES</i> – How much of the payment is for these extra charges?	0380 \$00 x □ Don't know				

Section 11 – OWNED VEHICLES – Continued							
Part B – Detailed Questions – Continued							
<b>1.</b> FIELD REPRESENTATIVE ITEM       PROCESSING USE <b>a.</b> New CU's – Assign vehicle numbers in consecutive order beginning with 1.       PROCESSING USE	ONLY 1 11 06 2 ↓	<b>11.</b> In what month and year was it purchased?	Month Year 0190 0200				
<ul> <li>2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.</li> <li>b. Enter a vehicle code from part A.1 or A.2.</li> <li>b. VEHICLE CODE</li> </ul>	ER 0010 Number	12a. Was any portion of the purchase price financed? b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	0210 1 ☐ Yes 2 ☐ No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.				
Do not ask for vehicle codes 100 or 110. <b>2. Briefly describe the</b> (vehicle).	Description		0220       1          Paid off – If item 11 is prior to 3 months ago, go to next vehicle.          2          Remaining payments				
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model?	Year     Make     Model       0030	<b>13a.</b> Was a trade-in allowance received?	0230         1 □ Yes           2 □ No - Go to item 13c				
OFFICE USE O Enter auto co		<b>b.</b> If YES – How much?	0240 \$00				
<b>4.</b> How many cylinders does it have?	0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00				
5. Does it have – a. Automatic transmission?		d. Did this price include sales tax?	0260         1 □ Yes         x □ Don't know           2 □ No         X				
<b>b.</b> Power steering?		<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No – Go to item 14				
C. Power brakes?		f. If YES – How much?	0280 \$ .00				
e. Sun roof?		Ask items 14 and 15 for credit payments only, "2" marked in item 12b.					
f. Turbo charged engine?	0110 1 2 🗆	<b>14.</b> What was the amount of the cash down payment?	0290 \$00				
g. Diesel engine?	0120     1     2       0121     1     2	<b>15a.</b> What was the source of credit?	0300       1 □ Auto dealer       5 □ Insurance company         2 □ Finance company       6 □ Individual         3 □ Bank       7 □ Other - Specify <sub>V</sub>				
Ask for vehicle code 100. <b>6a. How many doors does it have?</b>	0122 Doors		$4 \square \text{ Credit Union} \qquad \qquad$				
<b>b.</b> Is it a?	0123 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1 □ Yes 2 □ No				
	3 🗌 Hatchback? 4 🗌 Other?	<b>C.</b> How much was borrowed, excluding any interest?	0310 \$00				
7a. Is it used for business?	0130 1	d. What was the number of payments contracted for?	0320 Payments				
<b>b.</b> If used for business – What percent of the mileage is counted as business expense?		<b>e.</b> In what month and year was the first payment made?	Month     Year       0330     0340				
8. Was it new or used when acquired?	0150 1 New 2 Used	<b>f.</b> What is the amount of each payment?	0350 \$00				
9. Was this vehicle purchased from –	0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify	<b>g.</b> What period is covered by each payment?	03601Week5Semiannually22weeks6Annually3Month7Other - Specify4Quarter $\checkmark$				
10a. Was this vehicle –	0170 1  Purchased for own use? 2  Purchased as a gift to others? - Go to item 11 3  Received as gift?	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No x ☐ Don't know Go to next vehicle or part or section				
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>	0180 Miles – If item 10a is code 3, stop and go to next vehicle.	i. If YES – How much of the payment is for these extra charges?	0380 \$00 x 🗆 Don't know				

Section 11 – OWNED VEHICLES – Continued							
Part B – Detailed Questions – Continued							
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1.	SING USE ONLY	1 11 07 0 🖌	<b>11.</b> In what month and year was it purchased?	Month     Year       0190     0200			
		0010 Number	<b>12a.</b> Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the			
<b>b.</b> Enter a vehicle code from part A.1 or A.2. <b>b.</b> VEHICLE CODE		0020 Code		last 3 months, go to item 13a.			
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).		Description Year Make Model	<b>b.</b> If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	0220 1 ☐ Paid off – <i>If item 11 is prior to 3 months</i> <i>ago, go to next vehicle.</i> 2 ☐ Remaining payments			
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model?			<b>13a.</b> Was a trade-in allowance received?	$ \begin{array}{c} \hline 0230 \\ 2 \\ \hline 0 \\ 2 \\ \hline 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\$			
	FICE USE ONLY nter auto code	0040	<b>b.</b> If YES – How much?	0240 \$00			
<b>4.</b> How many cylinders does it have?		0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00			
5. Does it have – a. Automatic transmission?		Yes No 0060 1 2 2	d. Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No			
<b>b.</b> Power steering?		0070 1 2	e. Was any of the amount or price paid by an employer?	0270 1 🗌 Yes 2 🗌 No – Go to item 14			
C. Power brakes?		0080         1         2           0090         1         2	f. If YES – How much?	0280 \$ .00			
e. Sun roof?			Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0290 \$ .00			
f. Turbo charged engine?		0110         1         2           0120         1         2	<ul><li>14. What was the amount of the cash down payment?</li><li>15a. What was the source of credit?</li></ul>	0300   1   Auto dealer   5   Insurance company			
h. Four wheel drive?				$2 \square Finance company  3 \square Bank  7 \square Other - Specify \swarrow$			
Ask for vehicle code 100. 6a. How many doors does it have?		0122 Doors		4 □ Credit Union			
<b>b.</b> Is it a?		0123 1	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1   Yes 2   No			
		3 🗌 Hatchback? 4 🗌 Other?	C. How much was borrowed, excluding any interest?	0310 \$00			
7a. Is it used for business?		0130 1 Yes, used for business	<b>d.</b> What was the number of payments contracted for?	0320 Payments			
<b>b.</b> If used for business – What percent of the mileage is co business expense?	2 Personal use only - Go to item 8         b. If used for business - What percent of the mileage is counted as a business expense?         0140       Percent         If 100%, delete this vehicle and go to next vehicle.		<b>e.</b> In what month and year was the first payment made?	Month Year 0330 0340			
8. Was it new or used when acquired?		0150 1 🗌 New 2 🗌 Used	<b>f.</b> What is the amount of each payment?	0350 \$00			
9. Was this vehicle purchased from –		0160       1       Vehicle dealership?         2       Private individual?         3       Other? - Specify	<b>g.</b> What period is covered by each payment?	$ \begin{array}{ c c c c c } \hline 0360 & 1 & \hline \\ 0360 & 1 & \hline \\ 2 & $			
10a. Was this vehicle –	1. Was this vehicle –       0170       1 □ Purchased for own use?         2 □ Purchased as a gift to others? –       Go to item 11         3 □ Received as gift?		h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 ☐ Yes 2 ☐ No X ☐ Don't know } Go to next vehicle or part or section			
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>		0180 Miles – If item 10a is code 3, stop and go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$00 x □ Don't know			

Section 11 – OWNED VEHICLES – Continued							
Part B – Detailed Questions – Continent	nued						
<ol> <li>FIELD REPRESENTATIVE ITEM</li> <li><b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1.</li> </ol>	PROCESSING USE ONLY	1 11 08 8 ↓	<b>11.</b> In what month and year was it purchased?	Month Year 0190 0200			
<ul> <li>2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.</li> <li>b. Enter a vehicle code from part A.1 or A.2.</li> </ul>	<b>a.</b> VEHICLE NUMBER	0010 Number	<b>12a.</b> Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the			
Do not ask for vehicle codes 100 or 110.	<b>D.</b> VEHICLE CODE	Description	•	last 3 months, go to item 13a.			
<b>2.</b> Briefly describe the (vehicle).			<b>b.</b> If YES – <b>On the 1st of</b> (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining	0220 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle.			
Complete items 3, 4, and 5 for autos and trucks (vehicle codes 100 and 110).	only	Year Make Model	payments to be made?	2 🗌 Remaining payments			
3. What is the year, make, and model?		0030	<b>13a.</b> Was a trade-in allowance received?	0230 1 □ Yes 2 □ No - Go to item 13c			
	<b>OFFICE USE ONLY</b> Enter auto code	0040	<b>b.</b> <i>If YES</i> – How much?	0240 \$ 00			
<b>4.</b> How many cylinders does it have?		0050 Cylinders 0 🗌 No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$00			
5. Does it have – a. Automatic transmission?		Yes         No           0060         1         2	<b>d.</b> Did this price include sales tax?	0260 1 □ Yes x □ Don't know 2 □ No			
<b>b.</b> Power steering?		0070 1 2	<b>e.</b> Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No – Go to item 14			
C. Power brakes?		0080         1         2           0090         1         2	<b>f.</b> <i>If YES</i> – How much?	0280 \$ .00			
<b>e.</b> Sun roof?			Ask items 14 and 15 for credit payments only, "2" marked in item 12b.				
f. Turbo charged engine?			<b>14.</b> What was the amount of the cash down payment?	0290 \$00			
g. Diesel engine?			<b>15a.</b> What was the source of credit?	0300 1 🗌 Auto dealer 5 🗌 Insurance company			
h. Four wheel drive?				2 Finance company 6 Individual			
Ask for vehicle code 100. 6a. How many doors does it have?		0122 Doors		3 □ Bank 7 □ Other – Specify 4 □ Credit Union			
b. Is it a?		0123 1	Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>	0305 1 □ Yes 2 □ No			
		3 🗌 Hatchback? 4 🗌 Other?	<b>C.</b> How much was borrowed, excluding any interest?	0310 \$00			
7a. Is it used for business?		0130 1  Yes, used for business 2  Personal use only – <i>Go to item 8</i>	<b>d.</b> What was the number of payments contracted for?	0320 Payments			
<b>b.</b> If used for business – What percent of the mileage is counted as a business expense?		0140       Percent       If 100%, delete this vehicle and go to next vehicle.	<b>e.</b> In what month and year was the first payment made?	Month Year 0330 0340			
8. Was it new or used when acquired?		0150 1 🗌 New 2 🗌 Used	<b>f.</b> What is the amount of each payment?	0350 \$00			
9. Was this vehicle purchased from - 2 Private individual? 3 Other? - Specify		<b>g.</b> What period is covered by each payment?	03601Week5Semiannually22weeks6Annually3Month7Other - Specify4Quarter $\checkmark$				
10a. Was this vehicle –		0170 1 Purchased for own use? 2 Purchased as a gift to others? – Go to item 11 3 Received as gift?	<b>h.</b> Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 □ Yes 2 □ No x □ Don't know ∫ <i>Go to next vehicle or part</i>			
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>		0180 Miles – If item 10a is code 3, stop and go to next vehicle	i. <i>If YES</i> – How much of the payment is for these extra charges?	0380 \$00 x 🗆 Don't know			

Section 11 – Part B (Continued)

Section 11 – OWNED VEHICLES – Con	tinued			
Part C – Disposed of Vehicles				
1. FIELD REPRESENTATIVE PROCESSING USE ONLY	1 11 51 8 🗸	1 11 52 6 ↓	1 11 53 4 🖌	1 11 54 2 🖌
Complete a column in the 1st interview in which the vehicle is disposed of. Enter vehicle number and vehicle code. Vehicle number and	0010 Number	0010 Number	0010 Number	0010 Number
code must match a previously reported vehicle number and code from section 11A.1, columns a and g, or section 11B, items 1a and 1b.	0020 Code	0020 Code	0020 Code	0020 Code
<b>2a. How did you dispose of the vehicle?</b> Mark (X) one box.	0030       1       Sold?         2       Traded in?         3       Given away to someone outside the CU, including students away at school?         4       Damaged beyond repair?         5       Stolen?         6       Other - Specify	0030       1       Sold?         2       Traded in?         3       Given away to someone outside the CU, including students away at school?         4       Damaged beyond repair?         5       Stolen?         6       Other - Specify	0030       1       Sold?         2       Traded in?         3       Given away to someone outside the CU, including students away at school?         4       Damaged beyond repair?         5       Stolen?         6       Other - Specify	0030       1       Sold?         2       Traded in?         3       Given away to someone outside the CU, including students away at school?         4       Damaged beyond repair?         5       Stolen?         6       Other - Specify
<b>b.</b> In what month was it (read answer from item 2a)?	0040 Month – <i>If code 3 in item 2a, go to item 5a</i>	0040 Month – If code 3 in item 2a, go to item 5a	0040 Month – If code 3 in item 2a, go to item 5a	0040 Month – If code 3 in item 2a, go to item 5a
If sold (code 1, item 2a). <b>3. How much did you sell it for?</b>	0050 \$00 Go to item 5a			
<ul> <li>If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a).</li> <li>4a. Were you reimbursed for the value of the vehicle?</li> </ul>	0060 1 □ Yes 2 □ No - Go to item 4c	0060 1 🗌 Yes 2 🗌 No – <i>Go to item 4c</i>	0060 1 □ Yes 2 □ No - <i>Go to item 4c</i>	0060 1 □ Yes 2 □ No - <i>Go to item 4c</i>
<b>b.</b> How much did you receive for the vehicle?	0070 \$00 Go to item 5a			
<b>C.</b> Do you expect to be reimbursed for the value of the vehicle?	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> x ☐ Don't know	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> X ☐ Don't know	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> x ☐ Don't know	0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> x ☐ Don't know
<b>d.</b> How much will you receive for the vehicle?	0090 \$00 x □ Don't know	0090 \$00 x □ Don't know	0090 \$00 x □ Don't know	0090 \$
<b>5a.</b> Were there any outstanding loans on the vehicle when it was disposed of?	0100 1 □ Yes 2 □ No - Go to next vehicle	0100 1 □ Yes 2 □ No - <i>Go to next vehicle</i>	0100 1 □ Yes 2 □ No - <i>Go to next vehicle</i>	0100 1 □ Yes 2 □ No - <i>Go to next vehicle</i>
<b>b.</b> Were any final payments made on the loan?	0110 1 🗌 Yes 2 🗌 No – Go to next vehicle	0110 1 🗌 Yes 2 🗌 No – <i>Go to next vehicle</i>	0110 1	0110 1 🗌 Yes 2 🗌 No – Go to next vehicle
<b>C.</b> If YES – How much was the final payment?	0120 \$00	0120 \$00	0120 \$00	0120 \$00
		NOTES		

Page	69

### Section 11 – OWNED VEHICLES – Continued Part C – Disposed of Vehicles – Continued **1.** FIELD REPRESENTATIVE PROCESSING USE ONLY 1 11 55 9 🗸 1 11 56 7 🖌 1 11 57 5 🗸 ITEM Complete a column in the 1st interview in which the vehicle is disposed of. Enter 0010 0010 0010 **a.** VEHICLE NUMBER Number Number Number vehicle number and vehicle code. Vehicle number and code must match a previously reported vehicle number and code from section 11A.1, columns a 0020 0020 0020 **b.** VEHICLE CODE Code Code and g, or section 11B, items 1a and 1b. **2a.** How did you dispose of the vehicle? **0030** 1 **Sold?** 0030 1 Sold? 0030 1 Sold? Mark (X) one box. 2 Traded in? 2 Traded in? 2 Traded in? **3** Given away to someone outside the з 🗌 Given away to someone outside the 3 Given away to someone out CU, including students away at CU, including students awa CU, including students away at school? school? school? 4 Damaged beyond repair? 4 Damaged beyond repair? 4 Damaged beyond repair? 5 Stolen? 5 Stolen? 5 Stolen? 6 Other - Specify \_ $6 \square$ Other – Specify \_ 6 Other - Specify \_\_\_\_ **b.** In what month was it (read answer from Month - If code 3 in iter Month - If code 3 in item 2a, Month – If code 3 in item 2a, 0040 0040 0040 item 2a)? go to item 5a go to item 5a go to item 5a If sold (code 1, item 2a). .00 Go to .00 Go to item 5a .00 Go to item 5a 0050 \$ 0050 \$ 0050 \$ **3.** How much did you sell it for? If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a). 0060 1 🗌 Yes 0060 1 🗌 Yes 0060 1 🗌 Yes **4a.** Were you reimbursed for the value of 2 🗌 No – *Go to item 4c* 2 🗌 No – *Go to item 4c* $_2 \square$ No – Go to item 4c the vehicle? **b.** How much did you receive for the vehicle? .00 Go to .00 Go to item 5a .00 Go to item 5a 0070 \$ 0070 \$ 0070 \$ **C.** Do you expect to be reimbursed for the value 0080 1 🗌 Yes 0080 1 🗌 Yes 0080 1 🗌 Yes of the vehicle? 2 🗌 No – Go to item 5a 2 🗌 No – Go to item 5a 2 🗌 No – Go to item 5a x 🗌 Don't know x 🗌 Don't know x 🗌 Don't know **d.** How much will you receive for the vehicle? .00 .00 .00 0090 \$ 0090 \$ 0090 \$ x 🗌 Don't know x 🗌 Don't know x 🗌 Don't know **5a.** Were there any outstanding loans on 0100 1 🗌 Yes 0100 1 🗌 Yes 0100 1 🗌 Yes the vehicle when it was disposed of? 2 🗌 No – Go to next vehicle 2 🗌 No – Go to next vehicle 2 🗌 No – Go to next vehicle **b.** Were any final payments made on the loan? 0110 1 🗌 Yes 0110 1 🗌 Yes 0110 1 Yes 2 🗌 No – Go to next vehicle 2 🗌 No – Go to next vehicle 2 🗌 No – Go to next vehicle **C.** If YES – How much was the final payment? .00 .00 .00 0120 \$\_\_\_\_ 0120 \$ 0120 \$ NOTES

	1 11 58 3 ↓
	0010 Number
	0020 Code
tside the ay at	0030       1 Sold?         2 Traded in?         3 Given away to someone outside the CU, including students away at school?         4 Damaged beyond repair?         5 Stolen?         6 Other - Specify
m 2a,	0040 Month – If code 3 in item 2a, go to item 5a
o item 5a	0050 \$00 Go to item 5a
	0060 1 □ Yes 2 □ No - <i>Go to item 4c</i>
o item 5a	0070 \$00 Go to item 5a
	0080 1 □ Yes 2 □ No – <i>Go to item 5a</i> x □ Don't know
	0090 \$00 x 🗆 Don't know
	0100 1 🗌 Yes 2 🗌 No – <i>Go to next vehicle</i>
	0110 1 🗌 Yes 2 🗌 No – <i>Go to next vehicle</i>
	0120 \$00
	D = 70

Section 12 – VEHICLE OPERATING EXPENSES

### FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instr column a and complete columns b through k for each e column a. Complete a separate line for each item.

•	Part A – Vehicle N	lainte	nand	<u>e a</u>	nd R	enair Parts an	d Fauinn	ent		8 12 02 4 →				piele a	a separ		9 101 00	acii ileiii
	a					b	c			e		f	g		h			
	Information Booklet, page I will now ask about ex vehicle services, parts, equipment. Please do n expenses for vehicles u for business.	penses f and not inclu	for de		NG USE ONLY	What was the expense for? Enter a brief description.	ENTER ITEM CODE from column a.	Did tl exper inclue labor	his 1se de	Which vehicle w Describe briefly enter the vehicl from the vehicle	and e code	In what month did you have this expense	What was the total cost?	Did t inclu sales	his de	Has ar this ex or will of it b reimb	ny of xpense l any e ursed? ", go to	How mu
1.	Since the 1st of (month have you (or any memb CU) had expenses for a following?	pers of v	our	),	PROCESSING			YES	NO	Description	Vehicle code	Month	-	YES	NO	YES	1	
					0010			1	   2					1	   2	1	   2	
		ITEM CODE	YES	NO					 				\$ .00		<u> </u> 			\$
	Oil change, lubrication, and oil filter	100			0020			1	i 2				\$.00			1	l	\$
	Motor tune-up	110			0030			1	2   2				\$.00	1	2	1	2	\$
	Brake work	120			0040			1□	2				\$.00	1	2 🗌	1	2 🗌	\$
	Battery purchases and installation	130			0050			1	   2 				\$ .00	1	   2 	1	   2 	\$
	Tire purchases and mounting	140			0060			1	   2 				\$00	1	   2 	1	   2 🗌 	\$
	Tire repair	140			0070			1	2				\$.00	1	2	1	2	\$
	Front end alignment,				0080			1	2 				\$ .00	1	   2 🗌	1	1 2 🗌	\$
	wheel balancing and wheel rotation	160			0090			1	   2 				\$00	1□	   2	1□	   2 	\$
	Steering or front-end work	170			0100			1	   2 🗌				\$00	1	   2	1	2	\$
	Electrical system work	180			0110			1	   2				\$.00	1	   2	1	   2	\$
	Engine repair or replacement	190			0120			1	2				\$ .00	1	2	1	   2	\$
	Air conditioning work	200			0130			1	   2 				\$ .00	1	   2	1	   2	\$
	Engine cooling system work	210			0140			1	   2 🗌				\$00	1	   2	1	   2 🗌	\$
	-,		<u> </u>		0150			1	   2				\$00	1	2	1	   2	\$
								1				NOTES		•		I		
2.	FIELD REPRESENTATIVE CHECK ITEM	1 12	01 1	¥														
	Mark (X) box if there are	0010 99	99 🗌 G	io to														
	no entries recorded in columns b–k.		n	ext age														



i			k		PRE							
ch?		Did yo have a other expen	any	Description from column b	Cost fr colum							
		for	.?			\$	.00					
		lf "No" next it colum				\$	  .00					
		corum				\$	1 1 .00					
		YES	NO			\$	.00					
	.00					\$	.00					
	.00					\$	, 1 1.00					
	.00					\$	   .00					
	.00					\$	  .00					
	.00					\$	.00					
	.00					\$	     .00					
	.00					\$	י 1.00					
	.00			VE		ODES						
	.00					[						
	.00			Automobile			100					
	.00			Truck			110					
	.00			Motorized cam	per		120					
	.00			Trailer camper			130					
	.00			Other attachab	le-type cam	per	140					
	.00			Motorcycle, sco	ooter, or mo	oped	150					
				Boat, with moto		160						
				Boat, without n		170						
				Trailer, other th as for boat		180						
				Private plane			190					
				Any other vehicle								

Section 12 – VEHICLE OPERATING EXPENSES – Continued

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

а			b	c d		е		f	g		I	h	i		i			k		PRE				
Information Booklet, page <b>1. Since the 1st of</b> (month have you (or any memb	3 months ago).	ONLY	What was the expense for?	ENTE ITEM CODE		expense		Which vehicle v Describe briefly	/ and	In what month did you	What was the total cost?		Did tl inclue sales	de	Has any of this ex	pense	IF YES – How much?	h o	ther	any	Description from column b	Month from column f	Cost colun	
CU) had expenses for a following?	ny of the	USE 0	Enter a brief description.	from colun		labor	?	enter the vehic from the vehicl	e code list	have thi expense					or will of it be reimbe	e ursed?		f	or				\$	.00
		PROCESSING													lf "No", columi	, go to n k.		n	"No ext it olum	", go to tem in nn a.			\$	.00
	ITEM CODE YES NO	CCES			-				Vehicle		_			1						1			\$	.00
Exhaust system work	300	H H H H			_	YES		Description	code	Month		1	YES	 	YES			\	/ES	NO			\$	.00
Clutch or transmission work	310	0010				1	2				\$	.00	1	2		2	\$	.00					\$	00.
Body work and painting	320	0020				1	   2 🗌				\$	.00	1	   2 🗌	1	2	\$	.00					\$	.00
Shock absorber replacement	330	0030				1	   2 []				\$	.00	1	   2	1	2	\$	.00					\$	.00
Drive shaft or rear-end work	340	0040				1	2				\$	.00	1	2	1	2	\$	.00					\$	.00
Audio equipment and		0050				1	   2 					.00	1	   2 		2	\$	.00					\$	.00
installation	350	0060				1	   2				\$	.00	1	2	1	2	\$	.00		 			\$	.00
customizing	360	0070				1	   2				\$	.00	1	2	1	2	\$	.00		¦ □			\$	.00
Other vehicle services, parts, and equipment	370	0080				1	   2					.00	1	2	1	2	\$					NOTES	6	
Use only if unable to		0090				1	2					.00	1	2	1	2								
itemize separately.		0100				1	     2 🗌				\$	.00		   2	1 1	2				   				
Combined expenses (Codes 100–370)	500	0110				1	   2					.00 .00		2		2				- - -				
		0120				1	2					.00		2	i									
		0130				1	     2 🗌						1	1		2				_     □				
		0140					     2 🗌					00.		     2		2								
		0150					2 <u> </u>   2 <u> </u>							2	+ +	2	\$							
											\$	.00					\$	.00		· · · · · ·				
<b>2.</b> FIELD REPRESENTATIVE	1 12 03 7 ↓	-																						
CHECK ITEM	1 12 03 7 🗸																							
Mark (X) box if there are no entries recorded in columns b–k.	0010 999 🗌 Go to Part E																							

### Part B – Licensing, Registration, and Inspection of Vehicles 3 12 26 4→ b d f PRE а С е ENTER ITEM 1 2 3 In what What was the Did you **1. Since the 1st of** (month, 3 months ago), have you (or any members of your CU) had expenses for – month total amount of have any ONLY Description Month CODE did you the expense? other Cost from from have this from from expenses column e column b column d column a. expense? for . . .? PROCESSING USE ITEM CODE YES NO If "No," Enter the item description go to next from column a. \$ item in 400 Driver's license? column a. \$ Vehicle inspection? . . 410 State vehicle YES | NO Month \$ 415 registration? Local vehicle \$ 0010 425 registration? 00. . . . . . . Use only if unable to \$ itemize above – 0020 00. Combined expenses . 430 \$ **2.** FIELD REPRESENTATIVE 1 12 25 0 🗸 0030 00. CHECK ITEM \$ Mark (X) box if \$ 0010 999 🗌 Go to 0040 there are no 00. \$ entries recorded part C \$ in columns b–f. 0050 00. \$ NOTES 0060 00. \$ \$ 0070 00. \$ \$ 0080 00. | \$ 0090 \$ 00. | \$ 0100 \$ .00 \$ 0110 00. | \$ 0120 .00 \$ \$ 0130 .00 \$ \$ 0140 .00 \$ 0150 .00 \$ \$ 0160 .00 \$ \$

.00

.00

\$

Section 12 – VEHICLE OPERATING EXPENSES – Continued

FIELD REPRESENTATIVE – Ask column a and compa going to next item in col

.00

.00

1.00

00.

.00

1.00

1.00

.00

.00

1.00

00.

.00

00. |

00. 1

.00

00.

1.00

.00

.00

1.00

00.

.00

.00

\$

\$

0170

0180

lete columns b–f for each expense reported before lumn a.										
	NOTES									

Section 12 – VEHICLE OPERATING EXPENSES – Continu	ued			
Part C – Other Vehicle Operating Expenses	1 12 51 6 🗸			
<b>1a.</b> Since the 1st of (month, 3 months ago), what has been the CU's AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles?	0010 \$		Since the 1st of (month, 3 months ago), have any members of your CU had expenses for – Parking, including garage rental, metered parking, and parking lot fees, except any expenses included in property ownership costs? Do not include parking expenses that are totally reimbursed or paid	0120 1 □ Yes 2 □ No - <i>Go to item 4c</i>
<b>b.</b> Was any of this expense for the purchase of diesel fuel?	0020 1 □ Yes 2 □ No - <i>Go to item 1d</i>	b.	entirely for business. <i>If YES</i> – How much was paid, excluding any payments made this month?	0130 \$00
C. If YES – How much?	0030 \$00	c.	Towing charges, excluding contracted or pre-paid towing charges?	0 □ None
<b>d.</b> Was any of the average monthly cost counted as a business expense?	0040 1 □ Yes 2 □ No - <i>Go to item 2a</i>	d.	<i>If YES</i> – How much was paid, excluding any payments made in the	2 🗌 No – Go to item 4e
<b>e.</b> How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$00		current month?	0150 \$
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any oil for operating vehicles, other than oil included with the purchase of an oil change? Do not include	0060 1 🗆 Yes		Docking and landing fees for boats and planes?	0160 1 □ Yes 2 □ No – <i>Go to item 5a</i>
purchases for vehicles used entirely for business.	2 🗌 No – Go to item 3a	f.	If YES – How much was paid, excluding any payments made in the current month?	0170 \$00
<ul> <li>b. What was the total cost?</li> <li>C. Was any of this purchased this month?</li> </ul>	0070 \$	5a.	<ul> <li>Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for auto repair service policies? Do not include service policies for vehicles used entirely for</li> </ul>	0180 1 □ Yes 2 □ No - <i>Go to item 5c</i>
	0080 1 □ Yes 2 □ No - <i>Go to item 3a</i>	b.	business. If YES – How much?	0190 \$00
<b>d.</b> <i>If YES</i> – How much was purchased this month?	0090 \$00	c.	Automobile service clubs, such as AAA?	0200 1 [] Yes 2 [] No – Go to item 6a
<b>3a.</b> Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any antifreeze, brake fluid, transmission fluid, or additives, except if purchased with a tune-up? Do not include purchases for vehicles used entirely for business.	0100 1 □ Yes 2 □ No - <i>Go to item 4a</i>	d.	If YES - How much?	0210 \$00
		6a.	Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for bottled or tank gas for recreational vehicles, including vans, campers, and boats?	0220 1 ☐ Yes 2 ☐ No - Go to next section
<b>b.</b> What was the total cost of these purchases?	0110 \$	b.	If YES – How much?	0230 \$00
	NC	DTES		

<b>D</b> -		1 6005			/Ear Na-	w Comer			o Dové	A 21						1 through 3 in	-				
				<b>GOUESTIONS</b>				ts, Go to	o Part	A.2)									Information Booklet, page 32	1 1;	3 01 9 🖵
1.	Com	plete columns	i through	cies were previously m for each previous paid by someone o	sly reported	policy. Do n	ot ask for po	licies previ in column f	ously dis f).	continue	ed ("Yes" bo	ox check	ked in c	olumn e	e). Also c	do not ask for pol	icies for		2a. Since the 1st of (month, 3 months ago), have you (or any members of	0010 1 🗌 Y 2 🗌 N	lo – <i>Go to</i>
7 13	00 8	3→		I	1		NONHEAL		RANCE	POLIC	Y INVEN	TORY	CHAR	Г			1		your CU) purchased any (additional)		item 3a
≻.	а	b	C	d	е	f	g			h			i		j	k	I	m	insurance, other than health		
ΟΝΓΥ		Insurance description	INSUR- ANCE CODE	Insurance company name from part B,	Policy discon-	Premiums paid entirel	y deduc-	Expenses from	reported part B, ite	in previo ems 7, 8a	ous interviev a, and 8c	have	(policy	of (m	onth, 3	If YES –	Was any of the	lf YES –	insurance?	Insurance	How many?
USE		from part B, item 2a	from	item 3	tinued from part	by someon outside the	e part B,					descri	ption) <b>?</b>	have y	ns ago), vou had	How much?	amount paid this	How much was paid	and 2c.	code	
PROCESSING (	number		part B, item 2b		B, item 1b	CU from part B, iten 6a, (codes and 4)								any ex for (p	kpense policy)?		month?	this month?	<b>b.</b> What kind of insurance is it? Enter the insurance code from below.	0020	0030
PROCE	Policy				YES NO	YESNO	YES	Payment period	Total p	paid A	Amount paid this month	d YES	NO	YES	NO		YES		C. How many policies did you purchase?	0040	0050
0010	1								\$	.00 \$	.00	0 1 🗆	2	1 🗌	2	\$.00		\$.00	Complete a column in part B for each new policy or plan.	0060	0070
0020	2																		Information Booklet, page 32		
	_								\$	.00 \$	6   .00	0 1 🗌	2	1	2	\$.00		\$ .00	<b>3a. Since the 1st of</b> (month, 3 months		
0030	3								\$	.00 \$	6 .0	0 1 🗆	2	1 🗌	2	\$ .00		\$ .00		0080 1 🗌 Y	<b>6</b> 8
0040	4																	•	your CU) made any payments for	2 🗌 N	
0050	5								\$	.00 \$	6.   .00		2 []   		2				<ul> <li>than health, for persons not in</li> </ul>		
	5								\$	.00 \$	6.   .0	0 1 🗌	2	1 🗌	2	\$.00		\$.00	your CU? If YES – Ask items 3b	Insurance	
0060	6								\$	.00 \$	.0		2	1 🗌	2	\$ .00		\$ .00	and 3c.	code	How many?
0070	7									1			1						D. What kind of insurance policy(ies) was it	0090	0100
I	,								\$	.00 \$	6   .00	0 1 🗌	2	1	2	\$.00		\$ .00	(were they)? Enter the insurance code		
0800	8								\$	.00 \$	.00	0 1 🗆	2	1 🗌	2	\$.00	1 🗌 2 🗌	\$ .00	from below.	0110	0120
0090	9								\$	.00 \$	.0	0 1 🗆	2	1 🗌	2	\$.00		\$ .00		0130	0140
0100	10								\$	.00 \$	6	0 1 🗆	2	1	     2 🗌	\$ 00		\$ 00	reported.		
0110	11										   		1						Life insurance or other policies benefits in case of death or disa	which provide	CODE
	_								\$	00 \$	6.   .00		2		2	φ .00		φ	Automobile or other vehicle insi		. 100 . 200
0120	12								\$	.00 \$	.0	0 1 🗆	2	1 🗌	2	\$.00	1 🗌 2 🗌	\$.00	Insurance protecting your hon	ne, furniture,	. 200
0130	13								\$	.00 \$	6.00	0 1 🗆	2	1 🗌	2	\$.00	1 . 2 .	\$ .00	personal effects, or other prop fire, theft, loss, or damages fro means –	erty against om other	
0140	14								\$	.00 \$	6 .0	0 1 🗆	2	1	2	\$ .00		\$ .00	Homeowner's insurance		. 300
0150											1		1						Tenant's insurance		. 400
0100	15								\$	.00 \$	6.   .0	0 1	2	1 🗌	2	\$.00	1 2 2	\$ .00	Other types of nonhealth insura	nce	. 500

FORM CE-302



Section 13 – INSURANCE OTHER THAN HEALTH –	Continu	Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask items 1–3 in part A.2 and then complete a column in part B for each policy reported.					
Part A.2 – Screening Questions – FOR NEW CONS	UMER UN	NITS O	NLY		1 13	02 7 🗸	
Information Booklet, page 32	Insurance code			NO	If YES	- How many policies or pl does your CU have?	NOTES
Life insurance or other policies which provide benefits in case of death or disability?	100	0010	1 🗌	2	0020	Number	
Automobile or other vehicle insurance?	200	0030	1 🗌	2	0040	Number	
Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –							
(1) Homeowner's insurance?	300	0050	1 🗌	2	0060	Number	
(2) Tenant's insurance?	400	0070	1 🗌	2	0080	Number	
	500	0090	1 🗌	2	0100	Number	
Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?					2		
	In	surance c	ode			How many?	
What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a–d for each policy reported.	0140				0150	Number	
How many?	0160				0170	Number	
	0180				0190	Number	
	0200				0210	Number	
	0220				0230	Number	
Have you (or any members of your CU) made any payments for insurance policies, other than health, for persons not in your CU?	0300 1 🗌 Y 2 🗌 N	es – Ask i lo – Go to	tems 3 item 4	b and 3c	2		
	In	surance c	ode			How many?	
What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a–d for each policy reported.	0310				0320	Number	
How many?	0330				0340	Number	
	0350				0360	Number	
	0370				0380	Number	
	0390				0400	Number	
Complete a column in part B for each policy reported.	nark the disco	ontinued b	oox, pai	rt B, iten	n 1b.		
	Part A.2 - Screening Questions - FOR NEW CONS         Information Booklet, page 32         Do you (or any members of your CU) have any -         Life insurance or other policies which provide benefits in case of death or disability?         Automobile or other vehicle insurance?         Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means -         (1) Homeowner's insurance?         (2) Tenant's insurance?         Other types of nonhealth insurance?         Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?         What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a-d for each policy reported.         How many?         What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a-d for each policy reported.         How many?         What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a-d for each policy reported.         How many?         Enter insurance code from items 1a-d for each policy reported.         How many?         Enter insurance code from items 1a-d for each policy reported.         How many?         Enter insurance code from items 1a-d for each policy reported.         How many?	Part A.2 - Screening Questions - FOR NEW CONSUMER UI         Information Booklet, page 32       Insurance         Do you (or any members of your CU) have any -       Insurance         Life insurance or other policies which provide benefits in case of death or disability?       100         Automobile or other vehicle insurance?       200         Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means -       300         (1) Homeowner's insurance?       400         Other types of nonhealth insurance?       500         Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?       01301         What kind of insurance policy(ies) was it (were they)?       0140         How many?       0130       1         What kind of insurance policy(ies) was it (were they)?       0130       1         How many?       0130       1       Y         What kind of insurance policy(ies) was it (were they)?       0130       1       Y         What kind of insurance policy(ies) was it (were they)?       0130       1       Y         What kind of insurance policy(ies) was it (were they)?       0130       1       Y       1         What kind of insurance policy(ies) was it (were they)?<	Information Booklet, page 32       Insurance       code         Do you (or any members of your CU) have any -       Insurance       code         Life insurance or other policies which provide benefits in case of death or disability?       100       0010         Automobile or other vehicle insurance?       200       0030         Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means -       300       0050         (1) Homeowner's insurance?       400       0070         Other types of nonhealth insurance?       500       0090         Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?       1010       11 Ures - Ask i 2 Ures - As	Part A.2 - Screening Questions - FOR NEW CONSUMER UNITS ONLY         Information Booklet, page 32         Do you (or any members of your CU) have any -         Life insurance or other policies which provide benefits in case of death or disability?       Insurance         Automobile or other vehicle insurance?       200       0010       1         Automobile or other vehicle insurance?       200       0050       1         Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means -       300       0050       1         (1) Homeowner's insurance?       300       0050       1         (2) Tenant's insurance?       400       0070       1         Other types of nonhealth insurance?       500       0090       1         Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?       Insurance code         What kind of insurance policy(ies) was it (were they)?       Insurance code       1         Enter insurance code from items 1a-d for each policy reported.       0300       1       1         Have you (or any members of your CU) made any payments for insurance code from items 1a-d for each policy reported.       0300       1       1         Have you (or any members of your CU) made any payments for i	Part A.2 - Screening Questions - FOR NEW CONSUMER UNITS ONLY         Information Booklet, page 32         Do you (or any members of your CU) have any -         Life insurance or other policies which provide benefits in case of death or disability?       Insurance         Automobile or other vehicle insurance?       200       0030       1       2         Automobile or other vehicle insurance?       200       0030       1       2         Insurance protecting your home, furniture, personal effects. or other property against fire, theft, loss, or damages from other means -       300       0059       1       2         (2) Tenant's insurance?       400       0070       1       2         Other types of nonhealth insurance?       500       0099       1       2         Since the 1st of (month, 3 months 3go), have you (or any nembers of your CU) made any poymets for proger have?       0130       1       Yes - Ask items 2b and 2b         What kind of insurance policy(ies) was it (were they)?       0140       0140       0140         (0200       0       0       0100       0       0100         (0200       0       0       0100       0       0100       0100       0100       0100       0100       0100       0100       0100       0100       0100       0100       0100 </th <th>Part A.2 - Screening Questions - FOR NEW CONSUMER UNITS ONLY       1 13         Information Booklet, page 32       Insurance       Insurance         Do you (or any members of your CU) have any -       iccde       YES       NO       If YES         Life insurance or other policies which provide benefits in case of death or disability?       100       0010       1       2       0020         Automobile or other vehicle insurance?       200       0030       1       2       0040         Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other mans -       300       0050       1       2       0080         (1) Homeowner's insurance?       300       0070       1       2       0080         (2) Tenant's insurance?       400       0070       1       2       0080         Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?       1010</th> <th>Part A.2 - Screening Questions - FOR NEW CONSUME UNITS ONLY       1 30 27 \$^*         Information Bookki, page 32       Do you (or any members of your CU) have any -         Life insurance or other policies which provide benefits in case       100       0010       1       2       00200       Number         Automobile or other vehicle insurance?       200       0030       1       2       0040       Number         Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means -       200       0050       1       2       0040       Number         (1) Homeowner's insurance?       200       0050       1       2       0060       Number         (2) Tenant's insurance?       300       0050       1       2       00000       Number         Since the 1rt of fromth, 3 nonthe ago, have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no long have?       1000       1000       Number         Vhat kind of insurance policy(ies) was it (were they)?       1010       0150       Number         1000       1002       0170       10170       Number         10180       0180       0170       Number         10180       01910       0160       0170       Number</th>	Part A.2 - Screening Questions - FOR NEW CONSUMER UNITS ONLY       1 13         Information Booklet, page 32       Insurance       Insurance         Do you (or any members of your CU) have any -       iccde       YES       NO       If YES         Life insurance or other policies which provide benefits in case of death or disability?       100       0010       1       2       0020         Automobile or other vehicle insurance?       200       0030       1       2       0040         Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other mans -       300       0050       1       2       0080         (1) Homeowner's insurance?       300       0070       1       2       0080         (2) Tenant's insurance?       400       0070       1       2       0080         Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?       1010	Part A.2 - Screening Questions - FOR NEW CONSUME UNITS ONLY       1 30 27 \$^*         Information Bookki, page 32       Do you (or any members of your CU) have any -         Life insurance or other policies which provide benefits in case       100       0010       1       2       00200       Number         Automobile or other vehicle insurance?       200       0030       1       2       0040       Number         Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means -       200       0050       1       2       0040       Number         (1) Homeowner's insurance?       200       0050       1       2       0060       Number         (2) Tenant's insurance?       300       0050       1       2       00000       Number         Since the 1rt of fromth, 3 nonthe ago, have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no long have?       1000       1000       Number         Vhat kind of insurance policy(ies) was it (were they)?       1010       0150       Number         1000       1002       0170       10170       Number         10180       0180       0170       Number         10180       01910       0160       0170       Number

Section 13 – Part A.2

5	Section 13 – INSURANCE OTHER THAN H	IEALTH – Continued		FIEL	LD REPI	RESENTATIVE – Combine p insurance (	ayments for exarr	if more ple: au	re than one policy is held throug Itomobile insurance) and for the	h the sam same tim	e company for le period.	the same type of			
F	Part B – Detailed Questions														
1.	FIELD REPRESENTATIVE ITEM     PROCESSING USE ONLY       New CU's - Enter policy     PROCESSING USE ONLY	1 13 03 5 🖵			1	13 04 3 🗸			1 13 05 0 🗸		1 13 06	8 🗸			
	numbers in consecutive order beginning with 1. 2nd through 5th interviews –	0010 Number	0	0010		Number	0010		Number	0010	Numbe	ər			
	Enter the next available policy number from chart in part A.1. <b>b.</b> DISCONTINUED	0020 1	00	0020 1			0020			0020 1	]				
2a.	What type of insurance is (was) it?	Description	De	escription	n		Descri	tion		Descriptio	on				
b.	Enter insurance code from part A.1 or part A.2.	0030 Code	00	0030		Code	0030		Code	0030	Code				
3.	<b>What is the name of the insurance company?</b> Enter name of insurance company, not the insurance agent.	Insurance company name	Ins	nsurance o	company	y name	Insurai	ce com	npany name	Insurance	e company name				
4.	Ask only for insurance code 200 from item 2b. Describe briefly what vehicles are covered.	Description	De	Description	n		Descrip	tion		Descriptio	on				
5a.	Ask only for insurance code 300 from item 2b. Describe briefly the property this policy covers.	Description	De	escription	n		Descri	tion		Descriptio	on				
b.	Enter property number from section 3, part A.1 or part B.	0160 0170 0180	0	0160	01	0180	0160		0170 0180	0160	0170	0180			
6a.	Are the policy premiums paid?	0220       1 □ Entirely by CU         2 □ Partially by CU and partially by someone outside the CU         3 □ Entirely by an employer or union         4 □ Entirely by another group or persons outside the CU	,	3 🗌 I 4 🗌 I	Partially someon Entirely union Entirely	by CU y by CU and partially by e outside the CU by an employer or by another group or outside the CU		Part som Enti unio	irely by CU tially by CU and partially by neone outside the CU irely by an employer or on irely by another group or sons outside the CU	2	<ul> <li>Entirely by CU</li> <li>Partially by CU someone outsi</li> <li>Entirely by an oution</li> <li>Entirely by anopersons outsid</li> </ul>	J and partially by ide the CU employer or pother group or policy			
b.	Are any premiums paid through payroll deductions?	0230 1 🗌 Yes 2 🗌 No	0:	)230 1 🗌 `	Yes	2 🗌 No	0230	Yes	2 🗌 No	0230 1	∃Yes	2 🗌 No			
7.	<b>How often are premiums on this policy paid?</b> <i>Mark (X) the appropriate box.</i>	0240       1 □ Weekly         2 □ Biweekly         3 □ Monthly – directly         4 □ Monthly – in mortgage payment         5 □ Quarterly         6 □ Semiannually         7 □ Annually         8 □ Paid-up policy – Go to next policy         9 □ Other – Specify	02	3      4      5    0 6    5 7    7 8	Biweekly Monthly Monthly Quarterl Semianr Annually Paid-up	– directly – in mortgage payment y nually		4	reekly nthly – directly nthly – in mortgage payment arterly niannually	3 4 5 6 7 8	Biweekly Monthly – direc Monthly – in mo Quarterly Semiannually Annually	ortgage payment - Go to next policy			
8a.	<b>Since the 1st of</b> (month, 3 months ago), what was your total expense for this insurance policy? Enter the actual amount the CU paid, do not include	0250 \$	0:	)250 \$		.00	0250	+	.00	0250 \$		.00			
_	any expenses paid for the CU by others.	0 🗌 None – Go to next policy	<b>_</b>			Go to next policy			ne – Go to next policy		None – Go to n	next policy			
b.	Were any payments made this month?	0260 1	0260 1					0260 1 □ Yes 2 □ No – Go to next policy			0260 1   Yes 2   No - <i>Go to next policy</i>				
C.	If YES – How much was paid this month?	0270 \$ .00	0:	)270 s		.00	0270	\$	.00	0270 \$		.00			

	Section 13 – INSURAN	than one policy is held throug pmobile insurance) and for the	h the same co same time p	ompany for the same type of eriod.								
	Part B – Detailed Ques	tions – Continued										
1.	FIELD REPRESENTATIVE ITEM New CU's – Enter policy	PROCESSING USE ONLY	1 13 07 6		1	13 08 4 🗸		1 13 09 2 🗸		1 13 10 0 🗸		
	numbers in consecutive order beginning with 1. 2nd through 5th interviews –	a. POLICY NUMBER	0010 Number		0010	Number	0010	Number	0010	Number		
	Enter the next available policy	<b>b.</b> DISCONTINUED	0020 1		0020 1		0020 1		0020 1			
2a	. What type of insurance is (v	was) it?	Description		Description		Description		Description			
b	Enter insurance code from par	t A.1 or part A.2.	0030 Code		0030	Code	0030	Code	0030	Code		
3.	What is the name of the inst Enter name of insurance comp insurance agent.		Insurance company name		Insurance compar	iy name	Insurance compa	any name	Insurance co	impany name		
4.	Ask only for insurance code 20 Describe briefly what vehicles	are covered.	Description		Description		Description		Description			
5a	Ask only for insurance code 30 Describe briefly the property th		Description		Description		Description		Description			
b	Enter property number from se	ection 3, part A.1 or part B.	0180	0160 0	0180	0160	0170 0180	0160	0170 0180			
	Are the policy premiums pa		0220 1 C Entirely by CU 2 Partially by CU someone outsid 3 Entirely by an eu union 4 Entirely by anot persons outside	he the CU mployer or her group or ber group or	3 C Entirely union 4 C Entirely	y by CU y by CU and partially by ne outside the CU y by an employer or y by another group or s outside the CU	someo 3 🗌 Entire union 4 🗌 Entire	NIIY by CU and partially by one outside the CU By by an employer or	2 🗌 Pa so 3 🗌 En un 4 🗌 En	artially by CU artially by CU and partially by meone outside the CU ntirely by an employer or nion ntirely by another group or ersons outside the CU		
b	Are any premiums paid thro deductions?	ough payroll	0230 1 🗌 Yes	2 🗌 No	0230 1 🗌 Yes	2 🗌 No	0230 1 🗌 Yes	2 🗌 No	0230 1 🗌 Ye	es 2 🗌 No		
7.	<b>How often are premiums on</b> <i>Mark (X) the appropriate box.</i>	0240 1 Weekly 2 Biweekly 3 Monthly – direct 4 Monthly – in mo 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – 9 Other – Specify	rtgage payment Go to next policy	5 🗌 Quarter 6 🗌 Semian 7 🗌 Annual	y y – directly y – in mortgage payment ly nually y policy – <i>Go to next policy</i>	4 □ Month 5 □ Quarte 6 □ Semia 7 □ Annua 8 □ Paid-u	kly hly – directly hly – in mortgage payment erly annually	3 🗌 Ma 4 🗌 Ma 5 🗌 Qu 6 🗌 Se 7 🗌 Ar 8 🗌 Pa	eekly weekly onthly – directly onthly – in mortgage payment uarterly emiannually nually aid-up policy – <i>Go to next policy</i> ther – <i>Specify</i> V			
8a	Since the 1st of (month, 3 m your total expense for this is Enter the actual amount the Cl	<b>insurance policy?</b> U paid, do not include	0250 \$ ₀ □ None - <i>Go to ne</i>	.00 xt policy	0250 \$ 0 \[] None -	.00 Go to next policy	0250 \$ 0 🗌 None	.00 – Go to next policy	0250 \$ ₀ □ No	.00 one – Go to next policy		
b		expenses paid for the CU by others.       0 \(\box None - Go to next policy\)         e any payments made this month?       0260       1 \(\box Yes \)         2 \(\box None - Go to next policy\)			0260 1 🗌 Yes	o to next policy	0260 1 🗌 Yes	Go to next policy	0260 1			
C.	If YES – How much was paid	I this month?	0270 \$	.00	0270 \$	.00	0270 \$	.00	0270 \$	.00		

Section 13 - Part B (Continued)

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

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

### $\Box$ If this box is marked, no policies were previously reported – Go to item 2a.

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

8 14 00 4 → **HEALTH INSURANCE POLICY** b d а С f е PROCESSING USE ONLY Payroll Policy Type deductions iscontinued Insurance Name of code from part B, fr from part B, Policy number description from insurance company item 7. item 1b from part B, item 4a part B from part B, item 2 item 4a YES | NO YES | NO 0010 1 0020 i 🗖 2 0030 3 0040 4 0050 5 0060 6 0070 7 1 0080 8 0090 9 0100 10 0110 11 1 1 \$ 0120 12 **2a.** Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any (additional) health or hospitalization insurance? 0010 1 2 🗌 **b.** If YES – How many policies did you buy? 0020 Complete a column in part B for each new policy. 3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) 0030 1 made any payments for health insurance plans for persons outside of your CU? 2 **b.** If YES – How many policies did you buy? 0040 Complete a column in part B for each policy. i **4.** FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each new policy reported. If "No," to items 2 and 3 – Go to part C.

FORM CE-302

Section 14

l, except															
INVENTO	RY CHART														
	g			h	i	j	k			I	m				
Exp pre	enses reporte evious intervi	d in ew		nium ntirely	Do y still	have		nonths ago),	Since the 1st of (month, 3 months	ago),	Were a payme	nts	If YES – How much was paid this month?		
Enter payment om part B, tem 8a or tem 10 or 14A.1 column k	Enter time period covered from part B, item 8b	Enter payments made this month from part B, item 11b or 14A.1 column m	by sor outsic CU par iter (cc 3 c	meone de the from t B, m 6 de r 4)	(polic		were any p made on the by any me your CU? ( those mad payroll de lf NO - Go policy	his policy mber of Include e by ductions.)	what was the tot amount paid by ( members for this policy?	CU	made of the cur month If NO – next po if last p go to it	month?			
1			YES	NO	YES	NO	YES	NO		1	YES	NO			
.00		\$ 1.00		2	1 🗌	2	1 🗌	2	\$	.00	1 🗌	2	\$	.00	
.00		\$ .00	0 1□	2	1 🗌	2	1 🗌	2	\$	.00	1 🗌	2	\$	.00	
  .00		\$ .00	1□	2	1 🗆	2	1 🗌	2	\$	.00	1 🗌	2	\$	.00	
.00		\$.00	1□	2	1 🗌	2	1 🗌	2	\$	.00	1 🗌	2	\$	.00	
.00		\$ .00	1 🗆	2	1 🗆	2	1 🗌	2	\$	.00	1 🗌	2	\$	.00	
.00		\$.00	1 □	2	1 🗆	2	1 🗌	2   2	\$	.00	1 🗆	2	\$	.00	
.00		\$ .00	1 🗆	2	1 🗆	2	1 🗌	2	\$	.00	1 🗌	2	\$	.00	
.00		\$ .00	1 🗆	2	1 🗆	2	1 🗌	2 🗌	\$	.00	1 🗌	2	\$	.00	
.00		\$ .00	1 🗆	2	1 🗆	2	1 🗌	2	\$	.00	1 🗌	2	\$	.00	
.00		\$ .00	1 🗆	2	1 🗆	2	1 🗌	2	\$	.00	1 🗌	2	\$	.00	
.00		\$ .00	1 🗆	2	1 🗌	2	1 🗌	2	\$	.00	1 🗌	2	\$	.00	
.00		\$ .00	1 🗆	2	1 🗆	2	1 🗌	   2	\$	.00	1 🗌	2	\$	.00	
1 14 01 7	¥	NOTES													
Yes No – <i>Go to</i>	item 3a														
Νι	ımber														
Yes No – <i>Go to</i>	next part														
Νι	umber														

Section 14 – HOSPITALIZATION AND H	HEALTH INSURANCE – Continued
------------------------------------	------------------------------

	Section 14 – HOSPITALIZATION AND HEALTH INS	SURANCE – Continued	FIELD REPRESENTATIVE	– Ask items 1, 2, and 3 and complete part B for each policy reported. Comp	olete part C for all CU's.
F	Part A.2 – Screening Questions – FOR NEW CONS	UMER UNITS ONLY - Conti	nued 1 14 02 5 🗸		
1a.	Do you (or any members of your CU) have any hospitalization or health insurance plans or belong to a plan that pays all or part of your medical expenses? Please consider any special purpose plans you may have, such as those listed on page 32a of the Information Booklet.	0010 1 🗌 Yes 2 🗌 No – <i>Go to item 2a</i>	'	NOTES	
b	. If YES – How many policies do you have?	0020Number			
2a.	Since the 1st of (month, 3 months ago), have you (or any members of your CU) made payments for hospitalization or health insurance policies which you no longer have?	0030 1 🗌 Yes 2 🗌 No – <i>Go to item 3a</i>			
b	. If YES – How many policies?	0040Number			
3a.	Have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?	0050 1 🗌 Yes 2 🗌 No – <i>Go to item 4</i>			
b	. If YES – How many policies?	0060Number			
4.	FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each policy reported. If the policy was reported in item 2, be sure to mark the discontinued b If "No," to items 1, 2, and 3 – Go to part C.	box in part B, item 1b.			

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

Pa	art B – Detailed Questions												
<u>1.</u>	FIELD REPRESENTATIVE ITEM	PROCESSING		1 14 0	2 2								
	<b>New CU's –</b> Enter a policy number in consecutive order beginning with 1.	USE ONLY a. POLICY		1 14 0.	5 5 ¥		1 14 04	4 1 ↓		1 14 0	584		1 1
	<b>2nd thru 5th interviews –</b> Enter policy number in consecutive order using the next available number in	NUMBER	0010		Number	0010		Number	0010		Number	0010	
	policy chart in part A.1.	<b>b.</b> DISCONTINUED	0020			0020			0020			0020	
2.	What is the name of the insurance company? Enter name of insurance company, not the insurance a	agent. ———>	Insura	nce compan	y name	Insura	nce compan	y name	Insurance company name			Insuran	nce com
	If Blue Cross/Blue Shield, Mark (X) box.		0030	1 🗌 Blue Ci	ross/Blue Shield	0030	1 🗌 Blue Cr	ross/Blue Shield	0030	1 🗌 Blue C	ross/Blue Shield	0030	1 🗌 Blu
3.	How many CU members are covered by this polic	:y?	0060	Nur	mber 0 🗌 None	0060	Nur	nber 0 🗌 None	0060	Nu	mber 0 🗌 None	0060	
4a.	Information Booklet, page 32a What type of insurance plan is it?		0061	1 🗌 Go to 4 2 🗌 Go to 4		0061	1 🗌 Go to 41 2 🗌 Go to 40		0061	1 🗌 Go to 4 2 🗌 Go to 4			1 🗌 Go 2 🗌 Go
	1 - Health Maintenance Organization3 - Commercia2 - Fee for Service Plan4 - Other specie	Medicare Supplement al purpose plan		3 🗌 Go to 5			3 🗌 Go to 5			3 🗌 Go to 5			3 🗌 Go
b.	Ask only if item 4a is "1". If, except in the case of an emergency, you go to than one in the group center or your primary car a referral, will the plan pay any of your expenses	e doctor, without	0062	1 □ Yes } 2 □ No } 0	Go to item 5	0062	1 □ Yes 2 □ No } 0	Go to item 5	0062	1 □ Yes 2 □ No			1 🗌 Yes 2 🗌 No
C.	Ask only if item 4a is "2." Is this fee for service plan a – <u>1 – Traditional Fee for Service Plan?</u> <u>2 – Preferred P</u>	rovider Option Plan	0063	$\left. \begin{array}{c} 1 \\ 2 \\ \end{array} \right\} Go t$	o item 5	0063	$\left. \begin{array}{c} 1 \\ 2 \\ \end{array} \right\} Go to$	o item 5	0063	1 🗌 2 🗌 } Go t	to item 5		$\left. \begin{array}{c} 1 \square \\ 2 \square \end{array} \right\} $
d.	Ask only if item 4a is "4." Is this special purpose insurance plan- 1 - Dental insurance? 2 - Vision insurance? 3 - Prescription drug insurance? 4 - Mental health in 5 - Dread disease p 6 - Other type of sp insurance?		0064	2 🗌 5	↓ □ 5 □ 5 □ Specify <i>⊋</i>	0064	2 5	↓ □ 5 □ 5 □ Specify <sub>₹</sub>	0064	2	4 □ 5 □ 6 □ Specify <i>⊋</i>		1 🗌 2 🔲 3 🗌
5.	Was the policy obtained on an individual or group1 - Individually obtained3 - Group throug2 - Group through place of employment	p basis? gh other organization	0070	1 2 🗌	3	0070	1 🗌 2 🗌	3	0070	1 2 🗌	3 🗌	0070	1 🗌 2
6.		another group or ide of the CU?	0090		If code 3 or 4, go to next policy	0090	$1 \boxed{} 3 \boxed{} \\ 2 \boxed{} 4 \boxed{} $	If code 3 or 4, go to next policy	0090	1 🗌 3 🗌 2 🗌 4 🗌	If code 3 or 4,   go to next policy		1 🗌 3 2 🗌 4
7.	Are any of the premiums paid through payroll de		0100	1 🗌 Yes	2 🗌 No	0100	1 🗌 Yes	2 🗌 No	0100	1 🗌 Yes	2 🗌 No	0100	1 🗌 Yes
8a.	What is your part of the regular health insurance (including all payroll deductions)?	payment,	0110	\$	.00	0110	\$	.00	0110	\$	.00	0110	\$
b.	. What period of time is covered by the regular pay	/ment?	0120	1 🗌 Week 2 🗌 2 weeks 3 🗌 Month 4 🗌 Quarter	7 🗌 Other –	0120	1 🗌 Week 2 🗌 2 weeks 3 🗌 Month 4 🗌 Quarter	7 🗌 Other –	0120	1 🗌 Week 2 🗌 2 week 3 🗌 Month 4 🗌 Quarter	s 6 🗌 Year 7 🗌 Other –		1 🗌 Wee 2 🗌 2 we 3 🗌 Mor 4 🗌 Qua
9a.	Since the 1st of (month, 3 months ago), were any p made on this policy?	payments	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes
b.	• Was each payment in the amount of (regular paym reported in item 8a)?	nent amount	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1 🗌 Yes
C.	. How many payments were made?		0150		ן <i>Go to</i> Number∫ <i>item 11a</i>	0150		ן <i>Go to</i> Number∫ <i>item 11a</i>	0150		ן <i>Go to</i> _Number∫ <i>item 11a</i>	0150	
10.	Ask only if item 9b is "NO." What was the total expense paid for this policy?		0160	\$	.00	0160	\$	.00	0160	\$	.00	0160	\$
11a.	. Were any payments made during the current mo	nth?	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1 🗌 Yes
b	. If YES – How much was paid during the current m	0180	\$	.00	0180	\$	.00	0180	\$	.00	0180	\$	

14 06 6 🖌	1 14 07 4 ↓
Number	0010 Number
	0020 1
mpany name	Insurance company name
Blue Cross/Blue Shield	0030 1 🗌 Blue Cross/Blue Shield
Number 🛛 🗌 None	0060 Number 0 🗌 None
Go to 4b $4 \square$ Go to 4dGo to 4c $\times \square$ Don'tGo to 5know –Go to 5Go to 5	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Yes Go to item 5	0062 1 🗌 Yes 2 🗌 No 6 to item 5
Go to item 5	0063 1 □ 2 □ } Go to item 5
4 □ 5 □ 6 □ Specify <i>¥</i>	0064       1 □       4 □         2 □       5 □         3 □       6 □       Specify ∠
2 🗌 3 🗌	
3 □	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
∕es 2□No	0100 1 🗌 Yes 2 🗌 No
.00	0110 \$00
Veek 5 ☐ 6 months 2 weeks 6 ☐ Year Aonth 7 ☐ Other – Quarter <i>Specify</i> <del>∠</del>	0120       1 □ Week       5 □ 6 months         2 □ 2 weeks       6 □ Year         3 □ Month       7 □ Other -         4 □ Quarter       Specify ₹
∕es 2 □ No - Go to next policy	0130 1 🗌 Yes 2 🗌 No – Go to next policy
les 2 □ No - Go to item 10	0140 1 □ Yes 2 □ No - Go to item 10
ן <i>Go to</i> Number∫ <i>item 11a</i>	0150 Number∫ <i>item 11a</i>
.00	0160 \$00
Yes 2 □ No - Go to next policy	0170 1 🗌 Yes 2 🗌 No – Go to next policy
.00	0180 \$00

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

Pa	art B – Detailed Questions												
1.	FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive	PROCESSING USE ONLY		1 14 0	8 2 ↓		1 14 09	90↓		1 14 10	8↓		1 1
	order beginning with 1. <b>2nd thru 5th interviews –</b> Enter policy number in	a. POLICY NUMBER	0010		Number	0010		Number	0010		Number	0010	
	consecutive order using the next available number in policy chart in part A.1.	<b>b.</b> DISCONTINUED	0020	1 🗌		0020	1 🗌		0020	1 🗌		0020	1
2.	What is the name of the insurance company? Enter name of insurance company, not the insurance	agapt	Insura	nce compar	y name	Insura	nce compan	y name	Insurar	nce company	/ name	Insuran	nce com
	If Blue Cross/Blue Shield, Mark (X) box.	agem. –	0030	1 🗌 Blue C	ross/Blue Shield	0030	1 🗌 Blue Cr	ross/Blue Shield	0030	1 🗌 Blue Cr	oss/Blue Shield	0030	1 🗌 Blu
3.	How many CU members are covered by this polic	sy?	0060	Nu	mber 0 🗌 None	0060	Nur	mber 0 🗌 None	0060	Nurr	nber 0 🗌 None	0060	
4a.	Information Booklet, page 32a What type of insurance plan is it?		0061			0061	1 🗌 Go to 4			1 🗌 Go to 4b			1 🗌 Go
	<b>1</b> – Health Maintenance Organization <b>3</b> – Commercia	l Medicare Supplement al purpose plan		2 🗌 Go to 4 3 🗌 Go to 5			2 🗌 Go to 40 3 🗌 Go to 5			2 🗌 Go to 4c 3 🗌 Go to 5	x □ Don't know – Go to 5		2 🗌 Go 3 🗌 Go
b.	Ask only if item 4a is "1". If, except in the case of an emergency, you go to than one in the group center or your primary car a referral, will the plan pay any of your expenses	e doctor, without	0062	1 🗌 Yes 2 🗌 No }	Go to item 5	0062	$\begin{array}{c} 1 \Box \text{ Yes} \\ 2 \Box \text{ No} \end{array} \right\} $	Go to item 5	0062	1 🗌 Yes 2 🗌 No  6	Go to item 5		1 🗌 Yes 2 🗌 No
C.	Ask only if item 4a is "2." Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred P	rovider Option Plan	0063	$\left. \begin{array}{c} 1 \\ 2 \end{array} \right\} Go$	to item 5	0063	$\left. \begin{array}{c} 1 \\ 2 \\ \end{array} \right\} Go te$	Go to item 5		$\left. \begin{array}{c} 1 \\ 2 \end{array} \right\} Go to$	o item 5		$\left. \begin{array}{c} 1 \square \\ 2 \square \end{array} \right\} $
d.	Ask only if item 4a is "4."Is this special purpose insurance plan-1 - Dental insurance?4 - Mental health ir2 - Vision insurance?5 - Dread disease p3 - Prescription drug insurance?6 - Other type of sp insurance?		0064	2	4 □ 5 □ 6 □ Specify 🖌	0064	2 5	↓ □ 5 □ 6 □ Specify 🖌		2 5	□ □ □ Specify <sub>₹</sub>		1 🗌 2 🛄 3 🗌
5.	Was the policy obtained on an individual or grou1 - Individually obtained3 - Group throu2 - Group through place of employment	<b>p basis?</b> gh other organization	0070	1 2 🗌	3 🗌	0070	1 🗌 2 🗌	3	0070	1 🗌 2 🗌	3 🗌	0070	1 🗌 2
6.		another group or side of the CU?	0090	1 3 2 4		0090	1 🗌 3 🛄 2 🗌 4 🛄	If code 3 or 4, go to next policy	0090		If code 3 or 4, go to next policy		1 🗌 3 2 🗌 4
7.	Are any of the premiums paid through payroll de		0100	1 🗌 Yes	2 🗌 No	0100	1 🗌 Yes	2 🗌 No	0100	1 🗌 Yes	2 🗌 No	0100	1 🗌 Yes
8a.	What is your part of the regular health insurance including all payroll deductions?	payment,	0110	\$	.00	0110	\$	.00	0110	\$	.00	0110	\$
b.	. What period of time is covered by the regular pa	yment?	0120	1 🗌 Week 2 🗌 2 week 3 🗌 Month 4 🗌 Quarter	$5 \square 6 months$ $6 \square Year$ $7 \square Other -$ $Specify \not >$	0120	1 🗌 Week 2 🗌 2 weeks 3 🗌 Month 4 🗌 Quarter	7 🗌 Other –		1 🗌 Week 2 🔲 2 weeks 3 🔲 Month 4 🗌 Quarter	$5 \square 6 months 6 \square Year 7 \square Other – Specify \swarrow$		1 🗌 Wee 2 🗌 2 we 3 🗌 Mor 4 🗌 Qua
9a.	Since the 1st of (month, 3 months ago), were any p made on this policy?	oayments	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes	2 🗌 No – Go to next policy	0130	1 🗌 Yes
b.	• Was each payment in the amount of (regular paymer) reported in item 8a)?	nent amount	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1 🗌 Yes	2 🗌 No – Go to item 10	0140	1 🗌 Yes
C.	. How many payments were made?		0150		ן <i>Go to</i> _Number∫ <i>item 11a</i>	0150		ן <i>Go to</i> Number∫ <i>item 11a</i>	0150		ן <i>Go to</i> Number∫ <i>item 11a</i>	0150	
10.	Ask only if item 9b is "NO." What was the total expense paid for this policy?		0160	\$	.00	0160	\$	.00	0160	\$	.00	0160	\$
11a.	. Were any payments made during the current mo	nth?	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1 🗌 Yes	2 🗌 No – Go to next policy	0170	1 🗌 Yes
b	. If YES – How much was paid during the current m	ionth?	0180	\$	.00	0180	\$	.00	0180	\$	.00	0180	\$
Page 8	20				So	stion 1/	L – Part B (C	Continued)					

Section 14 – Part B (Continued)

1 14 11 6 ↓	1 14 12 4 ↓
Number	0010 Number
]	0020 1
company name	Insurance company name
Blue Cross/Blue Shield	0030 1 🗌 Blue Cross/Blue Shield
Number 🛛 🗌 None	0060 Number 0 🗌 None
Go to 4b 4 ☐ Go to 4d Go to 4c × ☐ Don't Go to 5 know – Go to 5	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
] Yes	0062 1 🗌 Yes 2 🗌 No 6 to item 5
Go to item 5	0063 1 2 3 6 Go to item 5
4 □ 5 □ 6 □ Specify <del>~</del>	0064 1 □ 4 □ 2 □ 5 □ 3 □ 6 □ Specify ₹
2 3	0070 1 2 3
3 ☐   If code 3 or 4, go to next policy	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Yes 2 No	0100 1 🗌 Yes 2 🗌 No
.00	0110 \$00
Week       5 □ 6 months         2 weeks       6 □ Year         Month       7 □ Other -         Quarter       Specify ₽	0120       1 □ Week       5 □ 6 months         2 □ 2 weeks       6 □ Year         3 □ Month       7 □ Other -         4 □ Quarter       Specify ₹
Yes 2 No – Go to next policy	0130 1 🗌 Yes 2 🗌 No – Go to next policy
Yes 2 No – Go to item 10	0140 1 🗆 Yes 2 🗌 No – Go to item 10
ן <i>Go to</i> Number∫ <i>item 11a</i>	0150 Number∫ <i>item 11a</i>
.00	0160 \$00
Yes 2 No – Go to next policy	0170 1 🗌 Yes 2 🗌 No – Go to next policy
.00	0180 \$00
	<b>–</b>

Page 82

Section 15

Section 14 – HOSPITALIZATION AND HEALTH INSU	IRANCE – Continued	FIELD REPRESENTATIVE – Ask part C for all CU's.	
Part C – Medicare, Medicaid, and Other Health Insu	rance Plans Not Directly Paid For By <sup>-</sup>	By The CU 1 14 51 2 V	
<b>1a.</b> Are you (or any members of your CU) presently enrolled in Medicare or have you (or any members of your CU) been enrolled since the 1st of (month, 3 months ago)? Medicare is the Federal Health Insurance Plan.	0010 1 ☐ Yes 2 ☐ No – <i>Go to item 2a</i>	NOTES	
<b>b.</b> If YES – How many members of your CU are covered by Medicare?	0020 Number		
<b>2a.</b> Is anyone in your CU enrolled in Medicaid or has anyone in your CU been enrolled since the first of (month, 3 months ago)?	0030 1 ☐ Yes 2 ☐ No – <i>Go to item 3</i>		
<b>b.</b> <i>If YES</i> – How many members of your CU are covered by Medicaid?	0040 Number		
<ol> <li>Are you (or any members of your CU) covered by any plan other than Medicare or Medicaid which provides free health care such as TRICARE, CHAMPUS or military health care?</li> </ol>	0050 1 🗌 Yes 2 🗌 No		
	1		
FORM CE-302			

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

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet. Read the introduction and definition for payment. Ask part A, question 1, followed by general category heading and sub-categories. Complete a separate line in part B for each payment or set of identical payments. Identical items are those for the SAME SERVICE for the SAME PERSON, in the SAME MONTH. For combined services complete one line. PRE 2 3 4 Month from Name from Total from column c column b column d Month \$ 1.00 \$ 00. \$ .00 Т \$ .00 1 \$ 00. 1 \$ i.00 1 \$ 1.00 \$ 1.00 \$ 00. 1 \$ .00 1 \$ .00 1 \$ .00 NOTES

<ul> <li>Part A – Screening Questions for Payments</li> </ul>						art B	-	Payments For Me	dical Expenses	4 15 02 6	→							
						а			b			C		d			e	
	Hand respondent Information Bookle				<u>≻</u>	ENTER ITEM	7	Ask if not apparent –				Always ask –	What water			Did y make		1
	Now I am going to ask you som about medical payments and re	s ents.	ΟΝΓΥ	CODE		<b>What was the</b> (care/serv	rice or item) <b>?</b>			In what	payme		lie	any				
	I will begin with your payments	5.			USE	from part A.	.   I	Nho received the (care/	/service or item) <b>?</b>			month was					nent(s)	
	By payments I mean any expen- members of your CU directly to					Nas the person a CU m	ember?			(were) the				for . If "No		Care/service or item		
	provider by cash, check, or cre medical service or item. Includ even those for persons who are	ayme	a nts,	PROCESSING		╞				U	payment(s) made?				go to next i in pai	tem	from column b	
1	members. Since the 1st of (month, 3 months ago), have				ROC			Care/service or item	Person's name		nber I NO	Month					I NO	
••	you (or any members of your C any payments for the following Read all bold items below.	any members of your CU) made ments for the following?											\$ 1.00		00			
							╈				·		Ψ		.00		·	
		ITEM CODF	Paym YES	nents	0020					1	2 🗌		\$		.00			
			YES		0030					1	   2 🗌		\$	1	.00			
	EYE CARE, such as Eye examinations,				0040					1□	   2 🗌		\$	I	.00			
	treatment, or surgery	110			0050					1	    2			Ì			   	
	Purchase of eye glasses or contact lenses	120					+						\$		.00		1	
	Combined eye care	100			0060					1	2		\$	1	.00			
	services	130			0070					1□	2		\$	į	.00			
	DENTAL CARE	200			0080					1□	2		\$		.00			
	INPATIENT HOSPITAL CARE, such as				0090					1□	2		\$		.00			
	Hospital room	310			0100					1□	   2 🗌 		\$		.00		      	
	Hospital services	320	////		0110					1	   2 🗌 		\$		.00		      	
	Combined hospital room and services	330			0120					1□	   2 🗌		\$	I	.00		      	
	PROFESSIONALS OTHER THAN PHYSICIANS	410			0130					1	2		\$		.00			
	PHYSICIAN SERVICES	420			0140					1□	2		\$		.00			
	Combined hospital care and physicians' services	430			0150					1□	2		\$		.00			
2.	FIELD REPRESENTATIVE CHECK ITEM		01 4		0160					1	   2 🗌		\$		.00			
	Mark (X) box if there are no entries recorded in part B.	010 00	ne	ext	0170					1□	  2		\$		.00		- - -	

Section 15 – Part A and Part B

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

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

Part A – Screening Ques	stions fo	r 🌔	Pa	rt B -	Payments For Me	dical Expenses	– Con	tinu	ued	4 15 05 9 →	>							
Payments – Continued				а		b			С	d		е		PRE				
Hand respondent Information Bookle	et, pages 34 ai	nd 35.	~	ENTER ITEM	Ask if not apparent –				Always ask	- What was the amount of the		Did you nake	1	2	3	\$	4	
Since the 1st of (month, 3 month	hs ago) <b>. hav</b> e	e	ONLY	CODE from	What was the (care/serv	vice or item) <b>?</b>			In what	payment?	a	any other						
<ul> <li>Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for the following? Read all bold items below.</li> </ul>			USE	part A.	Who received the (care	/service or item) <b>?</b>			month was		F	payment(s	)		Мо	nth		
Read all bold items below.					Was the person a CU n	nember?			(were) the			f <b>or?</b> If "No,"	Care/service or item	Name from	fro	m	Total from	m
			SSI				C		payment(s made?		ç r	go to next item	from column b	column b	Colui		column	b
			PROCESSING		Care/service or item	Person's name	mer	nber		_		n part A.	_				_	
	Bayer	anta	PR				YES	NO	Month		<u> </u>	YES NO			Mo	nth		_
	ITEM Paym CODE YES		0010				1	   2 🗌		\$	00	$\Box \ _{1}^{l} \ \Box$					¢	I
OTHER MEDICAL CARE		7777								Ψ							Ψ	-
ERVICES, such as			0020					   2 🗌		\$.	00						\$	
Lab tests or x-rays	510		0030				1	   2 🗌		l e l	00						¢	
Care in convalescent or										φ							Ψ	-
	520		0040					2		\$.	00						\$	
Other medical care	530		0050				1	   2 🗌		¢	00						¢	
										φ  .'		1					Φ	
Combined medical care services	540		0060				1	2		\$.	00						\$	
<b>NEDICINE AND MEDICAL</b>			0070				1	¦ 2 🗌		¢.							<u>ዮ</u>	
SUPPLIES, such as										\$	00						<b>Ф</b>	
Hearing aids	610	L	0080				1	   2 🗌		\$.	00						\$	
Prescribed medicines or			0090				1	   2 🗌									<b>•</b>	
prescribed drugs	620									\$.	00	<u> </u>					\$	
Rental of supportive or convalescent equipment	630		0100				1	2 🗌 		\$.	00						\$	
	030		0110				1	   2 🗌										
Purchase of supportive or convalescent equipment	640	ŀ								\$  .							\$	-
Rental of medical or surgical equipment for			0120				1	2		\$ .	00						\$	
general use	650		0130				1	2						NOTES				
Purchase of medical or surgical equipment for		ŀ						1		\$								
general use	660		0140				1	2 🗌		\$.	00							
Combined medicine and medical supplies	670		0150				1	   2 🗌										
	1 15 04 8							I		\$.	00							
CHECK ITEM	010 999 G	·	0160				1	   2 🗌 		\$	00							
no entries recorded in	ne	ext	0170					  2										Ī
part B.	ρε	.90	5170					·∠∟ ∣		\$	00							/

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

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

Part C – Screening Qu	estions for	P	art D ·					4 15 07	5→											
Reimbursements			а		b			C	d		е		PRE							
Hand respondent Information Boc Now I am going to ask you s		ΟΝΓΥ	ENTER ITEM CODE	Ask if not apparent – What was the (care/ser	vice or item 2			Always ask	<ul> <li>What was the amount of the reimbursements?</li> </ul>	Did y recei	ive	1	2	3	4					
about your reimbursements.		Ю Ц	from	What was the (care/ser Who received the (care				In what month	reimbursements?		burse-									
By reimbursements I mean m any members of your CU fro	oney received for	g USE	part C.	Was the person a CU r				was (were) the		for .	?		N. (	Month from	<b>T</b> ( 1	-				
company, medical care provi member, for medical expens	der, or non CU	PROCESSING						reimburse ment(s)		If "No go to next	)	Care/service or item from column b	Name from column b	column c	Total f colum					
previously paid or will pay.	oo minon you	DCES		Care/service or item	Person's name	CI mem	J iber	received?		in pa										
1. Since the 1st of (month, 3 mo you (or any members of your	nths ago) <b>, have</b>	PR(				YES	NO	Month		YES	NO			Month						
any reimbursements for the Read all bold items below.	following?	0010				1	2 🗌		\$.00						\$	.00				
	ITEM Reimburse- CODE NEO NO	0020				1□	2 🗌		\$.00						\$	.00				
	YES NO	0030				1	2 🗌		\$.00						\$	.00				
EYE CARE, such as		0040				1	2									1				
Eye examinations, treatment, or surgery	110	0050				1			\$.00		 				\$	.00				
Purchase of eye glasses of contact lenses	r 120	0050					2		\$.00						\$	.00				
Combined eye care		0060				1	2 🗌		\$ .00						\$	   .00				
services	130	0070				1	2 🗌		\$ .00						\$	     .00				
DENTAL CARE	200	0080				1	2 🗌				¦ 🗆									
INPATIENT HOSPITAL CARE, such as		0090				1			\$ .00						\$	00.				
		0090							\$.00	<u> </u>	1				\$	.00				
Hospital room	310	0100				1	2		\$.00						\$	.00				
Hospital services	320	0110				1	2 🗌		\$ .00						\$	.00				
Combined hospital room and services	330	0120				1□	2 🗌		\$ .00						\$	     .00				
SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS	410	0130				1□	2 🗌		\$ .00				NOTES							
PHYSICIAN SERVICES	420	0140				1□	2 🗌		\$ .00		□									
Combined hospital care and physicians' services	430	0150				1	2 🗌		\$ .00											
<b>2.</b> FIELD REPRESENTATIVE CHECK ITEM	1 15 06 3	0160				1	2 🗌		\$ .00											
Mark (X) box if there are no entries recorded in part D.	0010 999 Go to next page	0170				1	2 🗌		\$ .00											

Section 15 – Part C and Part D

e introduction and definition for reimbursement. Ask
ng and sub-categories. Complete a separate line in
bursements. Identical items are those for the SAME
. For combined services complete one line.

### FIELD REPRESENTATIVE – Hand the respondent the Information Booklet. Ask p heading and sub-categories. Complete a separate lin Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued identical reimbursements. Identical items are those the SAME MONTH. For combined services complete **Part C – Screening Questions for** Part D – Reimbursements for Medical Expenses – Continued 4 15 09 1 → **Reimbursements** – Continued d h С е а ENTER ITEM Hand respondent Information Booklet, pages 34 and 35. Ask if not apparent – Always ask What was the Did you 1 ΟΝΓΥ amount of the receive any CODE What was the (care/service or item)? In what reimbursements? other 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received from reimburse month USE Who received the (care/service or item)? part C. was ment(s) any reimbursements for the following? (were) for . . .? Read all bold items below. PROCESSING Was the person a CU member? the If "No," Care/service or item reimbursefrom column b go to ment(s) next item CU received? in part C. member Care/service or item Person's name YES NO YES NO Month Reimburse ITEM CODE ments 1 🗌 ¦ 2 🗌 0010 YES NO .00 **OTHER MEDICAL CARE** 1 🗌 | 2 🗌 0020 SERVICES, such as .00 1 🗌 i 2 🗌 0030 Lab tests or x-rays 510 .00 Care in convalescent or 0040 1 🗌 | 2 🗌 520 nursing home .00 0050 1 🗌 ¦ 2 🗌 Other medical care 530 .00 Combined medical 0060 1 🗌 ¦ 2 🗌 540 .00 care services . . . . . . . . . . . 0070 1 🗌 ¦ 2 🗌 MEDICINE AND MEDICAL .00 SUPPLIES, such as 0080 1 🗌 ¦ 2 🗌 .00 Hearing aids 610 0090 1 🗌 | 2 🗆 Prescribed medicines or .00 620 prescribed drugs 0100 1 🗌 | 2 🗌 **Rental of supportive or** .00 convalescent equipment 630 0110 1 🗌 | 2 🗌 Purchase of supportive or .00 640 convalescent equipment 1 🗌 ¦ 2 🗌 0120 Rental of medical or .00 surgical equipment for 650 general use 0130 1 🗌 ¦ 2 🗌 .00 Purchase of medical or surgical equipment for 1 🗌 ¦ 2 🗌 0140 660 general use .00 Combined medicine and 1 🗌 ¦ 2 🗌 0150 medical supplies 670 .00 **2.** FIELD REPRESENTATIVE 1 15 08 9 🖌 1 🗌 i 2 🗌 160 CHECK ITEM .00 0010 999 🗌 Go to Mark (X) box if there are the no entries recorded in i 🗌 next 0170 1 🗌 | 2 🗌 part D. .00 section

part ine i for e or	C, question 1, followed by in part D for each reimburse the SAME SERVICE for the ne line.	gene emen SAM	ral ca t or s E PEI	tegory et of RSON, in	
	PRE				
	2	3	3	4	
	Name from column b	fro	nth om mn c	Total from column d	
		Мо	nth		
					.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
					.00
				\$	.00
				Φ	.00
					.00
				\$	.00 .00
	NOTES			Ψ	.00

:	Section 16 – EDU	САТ	ION	AL I	EXPE	INS	SES	[]			FI	ELD REPRESENT.	C S	eolumn a question polumn a question peparate line for ea ame month.	s 1, 2	and	3 ar	nd complete d	colui	mns b
	а						b	7 16 02 7 → c	d			e	f	g		h		i		
	Information Booklet, page 36.	ITEM CODE	YES	NO		ENT ITE	TER M	What was the expense for?	Who was it			Complete without asking if information	In what month	How much was paid?	this	any of amou	nt	If "Yes" in column h –		Jid yo make
1.	Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid for any recreational lessons or other instructions for members of this CU or other persons?	. 100	,		S USE ONLY	COI fror colu		Describe briefly the expense.	If CU membe enter name a line number Control Card someone our CU, enter 99.	nd from If side		is known. What kind of school was it? 1 – College or university 2 – Elementary or high school 3 – Child day	was the payment made?		any rein by a emp	loyer, ncy, or er	e d	How much w or will be reimbursed?	as	any other payme for If "No,' to next item in columr
2.	Have you (or any members of your CU) paid for nursery school or child day care centers for members of this CU				PROCESSING				Name	Lin No.	or	<ul> <li>care center</li> <li>4 - Nursery school or preschool</li> <li>5 - Other school</li> </ul>				o," go mn j.	to			column
	or other persons?	. 200			PR					coc	de	Mark (X) box	Month		YE	S   NC	)			YES
3a	<ul> <li>Have you (or any members of your CU) paid for any (other)</li> </ul>				0010							1 🗌 3 🗌 5 🗌 2 🗌 4 🗌		\$ .00	1	]	]	\$	.00	
	school related expenses for members of this CU or other persons?				0020							1 🗌 3 🗌 5 🛄 2 🔲 4 🗌		\$ .00	1	   2□		1 \$ 1	.00	
b	. <i>If YES</i> – Did you pay for –		1		0030							1 □ 3 □ 5 □ 2 □ 4 □		\$.00	1	   2 [ 		\$	.00	
	Tuition?	300			0040							1 □ 3 □ 5 □ 2 □ 4 □		\$.00	1	]   2 [		\$	.00	
	Housing while attending school?	310	,		0050							1 □ 3 □ 5 □ 2 □ 4 □		\$.00	1	]	1	\$	.00	
	Food or board while				0060									\$.00	1	]   2[	4	\$	.00	
	attending school?	. 320			0070							1 □ 3 □ 5 □ 2 □ 4 □		\$ .00	1	]   2 [   	1	\$ 1	.00	
	separate – Combined room and board (Codes 310 and 320)	. 330			0080							1     3     5       2     4       1     3     5		\$.00		]   2 [   	1	\$ 	.00	
			<u> </u>	<u> </u>	0090									\$.00	1	]   2 [	4	\$	.00	
					0100									\$.00		-	1	\$ <u>1</u>	.00	
		1 16	01.2	1	0110									\$ .00			- 1	\$ <u>1</u>	.00	
4.	REPRESENTATIVE	1 16 10 999	9 🗌 G	o to	0120									\$ .00		2 [   	1	\$	.00	
	Mark (X) box if there are no entries recorded			ext age	0130									\$.00		]   2 [   	1	\$ 1	.00	
	in columns b–j.				0140									\$.00		-	1	\$ <u> </u>	.00	
					0150							$1 \square 3 \square 5 \square$ $2 \square 4 \square$		\$.00	1	]   2 [	]	\$	.00	

Section 16

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

[					PRE			
ou		1		2		3		4
ents .? ," go xt in nn a.	c f	terr ode ron lun b	e n	Name from column d	Mo	nth om mn f	Cost	t from imn g
NO					Mo	nth		
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	.00
							\$	     .00 Page 88

				_	1	7 16 04		1		<i>.</i>			<b>b</b>	i					
a Information Booklet, pa	2003	6	-	<b>b</b>		c e expense for?	d Who was		e Complete without	f In what	g How much was	_	h any of	-	J Did you	1	1	PRE	
	-			ENTER ITEM CODE		ly the expense.	If CU mem		asking if information	month was the	paid?	this a	amount or will	column h –	make any		2	3	4
<b>b. Did you pay for –</b> (Contin		M DE YES NO	USE ONLY	from column a			enter name line numbe Control Ca someone c CU, enter S	er from rd. If outside	What kind of school was it? 1 – College or university 2 – Elementary or high school	payment made?		reimt by an empl	oyer, cy, or r	How much was or will be reimbursed?	other payments for? If "No," go to next		Name from	Month from column f	Cost from
Private school bus?	. 34	10							<b>3</b> – Child day care center <b>4</b> – Nursery school				o," go to		item in column a.		column d		column g
Purchase of any school books, supplies, or equipment which			PROCESSING				Name	Line No. or code	or preschool 5 – Other school <i>Mark (X) box</i>	Month		colun YES	nn j.		YES			Month	
has not already been reported? Other school related	. 35	50	0010						1 □ 3 □ 5 □ 2 □ 4 □		\$ .00	1	2	\$ .00					\$ .0
expenses not already reported?	. 36	50	0020						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		\$ .00	1	2	\$ .00					\$ 1.0
Use only if the responden is unable to separate expenses.	nt		0030						1 🗌 3 🗌 5 🗌 2 🗌 4 🗌		\$ .00	1	   2 [] 	\$.00					\$ .0
Combined expenses for books and tuition (Codes 300 and 350)	. 37	70	0040						1 🗌 3 🗌 5 🔲 2 🗌 4 🗌		\$.00	1□	2	\$.00					\$.0
Other combined education expenses (Include any	n		0050								\$.00	1□	2	\$.00					\$
combined educational expenses not previously reported.) (Codes 100, 200, 300, 310, 320			0060								\$.00	1	2	\$.00					\$ .0
200, 300, 310, 320, 340–360)	. 38	30 ////////////////////////////////////	0070								\$ .00	1		\$ .00					\$
			0080								\$.00	'	2	\$.00	1				\$
			0090						1     3     5       2     4       1     3     5		\$.00		2	\$.00					\$.0
			0100								\$.00		2	\$.00					\$.0
FIELD REPRESENTATIVE	1 1	6 03 8 ↓	0110								\$ .00	'	2	\$.00					\$.0
CHECK ITEM		999 🗌 Go to next	0120						2 4 1 1 3 5 5 2 4		\$ .00			\$.00	i i				\$.0
Mark (X) box if there are no entries recorded		section	0140						1 3 5		\$ .00		2						\$.0
in columns b–j.									2 □ 4 □ 1 □ 3 □ 5 □		\$.00			\$.00					\$

FORM CE-302

rt A – Subscript	ions and M	embe	rships	4 17 02 2→									
а			b	С		d	е	f	g			PRE	
ince the 1st of (month, 3 ave you (or any member urchased any of the foll U or someone outside y	s of vour CU)	USE ONLY	ENTER ITEM CODE from column a.	What is the name of the (subscription, club, or organization reported in column a)?	for you someor your CL 1 – For	<b>ne outside J?</b> CU	What was the total cost during this period? (Include shipping and	How much of this amount was paid this month?	Did you purchase any other?	1	2	3 C(	4 DST
IELD REPRESENTATIVE – lead each item listed elow.	ITEM CODE YES NO			Enter name such as "Daily News," "Redbook," "Columbia Record Club," and "Book of the Month Club."	outs	someone ide your CU	handling fees.)		lf "No," go to next item in column a.	Description from column c	ltem code from column b	Total from column e	This month from column
lewspaper delivery	100	PRC			CU	Outside CU		Non	e YES NO				۲ ا
ooks purchased from a ook club	200	0010			1	2	\$ .00	\$ .00			\$	.00	\$00
compact discs, tapes,		0020			1	2	\$.00	\$ .00 0			\$	.00	\$.00
ideos, or records urchased from a nail-order club	300	0030			1	2	\$.00	\$ .00 0			\$	.00	\$.00
lagazine or periodical		0040			1	2 🗌	\$.00				\$	.00	\$00
ubscriptions	400	0050			1	2	\$.00	\$ .00 0			\$	.00	\$.00
heater, concert, opera, r other musical series,		0060			1	2	\$.00	\$ .00 0			\$	.00	\$ .00
eason tickets	500	0070			1	2	\$.00				\$	.00	\$ .00
eason tickets to porting events	600	0080			1	2	\$.00	\$ .00 0			\$	.00	\$.00
eference books NOT		0090			1	2	\$.00				\$	.00	
n sets	900	0100			1	2	\$.00				\$	.00	\$.00
ncyclopedias or ther sets of		0110			1	2	\$.00	\$ .00 0			\$	.00	\$.00
eference books	700	0120			1	2	\$.00				\$	.00	
		0130			1	2	\$ .00				\$	.00	1
		0140			1	2	\$.00				\$	.00	
		0150			1	2	\$.00				\$	.00	
		0160			1	2 🗌	\$.00				\$	.00	
EPRESENTATIVE	1 17 01 0↓	0170			1		\$.00				\$	.00	\$.00
HECK ITEM Mark (X) box if	0 999 □ Go to next	0180			1	2	\$.00				\$	.00	
here are no ntries recorded n columns b–g.	page	0190			1	2	\$.00	\$ .00 0			\$	.00	\$   .00 \$   .00

Page 91

And any members of your CU) had any members of your CU) had any membership costs or other expenses related to any of the following? Do not include contributions to or membership in religious, professional, business, or other tax deductible organizations.       What is the name of the following? (DDE from column a)?       Multication organization and country Club, and "Amoco for your CU or someone outside your CU?       Multication organization organization reported in column a)?       Multication organization organization reported in column a)?       COST         FIEL D REPRESENTATIVE       ITEM under the following column a.       Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor Club."       Swim and Country Club," and "Amoco Motor Club."       Nas this expense for your CU or someone outside your CU?       I - For CU       I - For CU       I - For CU       I - For Someone outside your CU       I - For Someone outside your CU       I - For Someone outside your CU       I - For CU       I	Part A – Subs	criptions and l	Vembo	erships b	- Continued 4 17 04	8→	d	e	f	g			PRE	
bit af years         bit af years<	Have you (or any n	nembers of your CU)		ENTER	What is the name of the	Was thi	s expense	What was the		Did you	1	2		4
bit bit is table solution of the event of the e	expenses related t Do not include contr membership in relig business, or other ta organizations.	o any of the followin ibutions to or ious, professional, ix deductible		CODE from	reported in column a)? Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco	someon your Cl 1 – For 2 – For	ne outside J? CU someone	during this	amount was paid this month?	any other? If "No," go to next item		code		OST
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Read each item liste below. Country clubs, hea	alth	PROCESSI			cu	l I Outside CU		No			column b	column e	from column f
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	tennis clubs, socia other recreational	ll or	0010	]		1	2 🗌	\$ .00	\$ .00 0				\$ .00	\$00
Image: state and state an	-		0020	]		1	2	\$.00	\$ .00 0				\$ .00	\$ .00
Cracit card       000       <	fraternal	810	0030			1		\$ .00	\$ .00 0				\$ .00	\$00
membership fees       960       1       960       1	-		0040	]		1	2	\$ .00					\$ .00	\$.00
ac Octoo and Sam's       B40       007       0       007       0 </td <td>membership fees</td> <td> <mark>820</mark></td> <td>0050</td> <td>]</td> <td></td> <td>1</td> <td>2</td> <td>\$.00</td> <td>\$ .00</td> <td></td> <td></td> <td></td> <td>\$ .00</td> <td>\$.00</td>	membership fees	<mark>820</mark>	0050	]		1	2	\$.00	\$ .00				\$ .00	\$.00
HELD REPRESENTATIVE CHECK INTATIVE CHECK INTATIVE CHECK INTATIVE There are loss       1000000000000000000000000000000000000	memberships such		0060	]		1	2	\$.00	\$ .00 0				\$.00	\$.00
REPRESENTATIVE Mark (X) box if there are not entries recorded in columns.       00000       00000       00000       00000       00000       00000       00000       00000       000000       000000       000000       000000       000000       0000000<	FIELD	1 17 03 6	0070	]		1	2	\$ .00	\$ .00 0				\$.00	\$.00
there are no oright for the formation of th	CHECK ITEM	0010 999 🗌 Go to	0080	]		1	2	\$.00	\$.00				\$.00	\$.00
in columns b-g.       0100       I       0100       I <thi< th=""></thi<>	there are no entries recorded	next		]		1	2	\$ .00	\$ .00 0				\$ .00	\$ .00
11       2       5       00       5       00       1						1	2	\$.00					\$ 1.00	\$ .00
0130       0			0110			1	2	\$.00					\$.00	\$.00
0140       1			0120			1	2	\$.00					\$ .00	
0150       0150       1       2       \$       .00       \$       .00       1 <td< td=""><td></td><td></td><td>0130</td><td></td><td></td><td>1</td><td>2</td><td>\$00</td><td>\$ .00</td><td></td><td></td><td></td><td>\$.00</td><td></td></td<>			0130			1	2	\$00	\$ .00				\$.00	
0160       0									\$ .00 0				\$.00	
0170       0170       1       2       \$       .00       \$       .00       0       0       1       .00       \$       .00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$ .00</td><td>1 1</td></td<>													\$ .00	1 1
								\$ .00					\$ 1.00	
0180       1       2       \$       .00       0       0       0       \$       .00       \$<								\$.00					\$.00	· · · · · ·
							-1	1	\$ .00 0					
							1	\$.00					\$ .00	\$ .00 \$ .00

	Section 17 – SUBSCRIPTION	IS, MEMBERSHIPS,	BOOKS, AI	ND E	ENTERTAINMENT EXPENS	ES – Continued					
	Part B – Books and Entertai	nment Expenses	1 17 26 7 🖌								
F	Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any fees for participating in sports such as tennis, golf, bowling, or swimming?	0010 1 ☐ Yes 2 ☐ No – <i>Go to item</i>		b.	Have any CU members bought any magazines not included in a subscription? What was the total expense	0130 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i> 0140 \$00	-	. Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?	0280	1	
b	. What was the total expense for them?	0020 \$	.00	c.	for them? How much of the total amount was spent this month?	0140 \$00 0150 \$00	-	. What was the total expense for them?	0290	\$00	
C.	How much of the total amount				was spent this month?	0 □ None	C	How much of the total amount was spent this month?	0300	\$00	
	was spent this month?	0030 \$ 0 🗌 None	.00		Have any CU members purchased single copies of newspapers (non-subscription)?	0160 1 □ Yes 2 □ No – <i>Go to item 7a</i>	11a	. Have any CU members rented any video cassettes, video tapes, or video discs?	0310	1 □ Yes 2 □ No – Go to next sectior	2
2a.	Have you (or any members of your CU) paid any single admissions to spectator sporting events such as football, baseball, hockey,	0040 1 ☐ Yes 2 ☐ No – <i>Go to item</i>	За	b.	What was the total expense for them?	0170 \$00	b	What was the total expense for them?	0320	\$00	
b	or soccer? What was the total expense for them?	0050 \$	.00		How much of the total amount was spent this month?	0180 \$00	C	How much of the total amount was spent this month?		\$	
		\$			Have any CU members purchased compact discs, audio	0190 1 🗌 Yes 2 🗌 No – Go to item 8a		NOT		0 🗌 None	
C.	How much of the total amount was spent this month?	0060 \$ 0 \[] None	.00		tapes, needles, or records other than through a mail-order club?				23		
3a.	Have you (or any members of your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts?	0070 1 ☐ Yes 2 ☐ No – <i>Go to item</i>	4a	C.	What was the total expense for them? How much of the total amount was spent this month?	0200 \$00 0210 \$00					
b	. What was the total expense for them?	0080 \$	.00	8a.	Have any CU members purchased any photographic film?	0 □ None 0220 1 □ Yes 2 □ No - Go to item 9a					
C.	How much of the total amount was spent this month?	0090 \$ 0 🗌 None	.00	b.	What was the total amount spent?	0230 \$00					
<b>4</b> a	Have you (or any members of your CU) bought any (other) books, including paperbacks, not purchased through a book club? (Exclude reference books or	0100 1 ☐ Yes 2 ☐ No – <i>Go to item</i>	5a	C.	How much of the total amount was spent this month?	0240 \$00 0 □ None					
	school books.)				Have any CU members paid for film processing?	0250 1 🗌 Yes					
D	. What was the total expense for them?	0110 \$	.00	_	What was the total amount	2 🗌 No – Go to item 10a					
	How much of the total amount				spent?	0260 \$00	_				
	was spent this month?	0120 \$ 0 🗌 None	.00		How much of the total amount was spent this month?	0270 \$00					

Г

•,	Section 18 – TRIPS AND VACATIONS					FIELD REPRESENTA	Identical	A items 1–7, filling trips are trips take sed to the SAME d	n in the SAME
	Part A – Screening Questions	1 18 00 0 🗸		1 18	3 01 8 🖵				
1a.	Now I'm going to ask about trips and vacations. First I'd like to ask about trips taken by you (or any members of your CU) which were paid for by someone else. Since	0010 1 🗌 Yes	<b>8.</b> As	sk coli b	umns c–i for each trip reported i <b>c</b>	in items 2–7b. Do not recorc d	any trip more than	once. Trips reported in <b>f</b>	item 1b will be re
_	the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips entirely paid for by anyone outside your CU, such as a business, employer, or relative?	2 □ No – Go to item 2	Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in	Did or will business, emp or any othe non-CU mem pay any of t
b.	If YES – How many trips like this did you have?	0020 Trips			FROM ITEM -	City or place		(month ended) <b>?</b>	costs for this
<b>2</b> .	FIELD REPRESENTATIVE – Ask if box is marked. Last interview you reported trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now.	Complete items 8e–8i for each trip checked in 8a.		1	<ul> <li>1 3b (relatives or friends)</li> <li>2 4b (business)</li> <li>3 5b (sightseeing, sports, etc.)</li> </ul>	State )	0 □ Not ended –	Trips (If more than one trip, go to item 8h)	1 □ Yes – Enter item 8i – Go next trip 2 □ No – Enter
3a.	(Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer to visit relatives or friends?	0030 1 □ Yes 2 □ No - <i>Go to</i>			4 🗌 6b (any others) 5 🗌 7b (day trips)	Foreign country	Go to next trip	(If one trip, go to item 8g)	item 8h – G next trip
b.	If YES – How many trips were taken to visit relatives or friends?	item 4a 0040Trips Ask items 8c-8i for each trip reported		2	FROM ITEM – 1	City or place State	Month o □ Not ended –	Trips (If more than one trip, go to item 8h)	1 🗌 Yes – Enter item 8i – Go next trip
<b>4</b> a.	(Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for business?	0050 1 🗌 Yes 2 🗌 No – <i>Go to</i> <i>item 5a</i>			4 🗌 6b (any others) 5 🗌 7b (day trips)	Foreign country	Go to next trip	(If one trip, go to item 8g)	2 🗌 No – Enter item 8h – G next trip
b.	If YES – How many trips were taken for business?	0060 Trips Ask items 8c–8i for each trip reported		3	FROM ITEM – 1	City or place State	Month	Trips (If more than one trip, go to item 8h)	1 🗌 Yes – Enter item 8i – Go next trip 2 🗌 No – Enter
5a.	(Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for recreation such as sightseeing, sports events, club or organizational meetings, or outdoor recreation?	0070 1 □ Yes 2 □ No - Go to item 6a			4	Foreign country City or place	Go to next trip	(If one trip, go to item 8g)	item 8h – G next trip
b.	If YES – How many trips were taken for these reasons?	0080 Trips Ask items 8c–8i for each trip reported		4	FROM ITEM – 1	State	Month	Trips (If more than one trip, go to item 8h)	1 □ Yes – Enter item 8i – Go next trip 2 □ No – Enter
6a.	(Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer on any other kind of trip?	0090 1 □ Yes 2 □ No - Go to item 7a	0		4	Foreign country	Go to next trip	(lf one trip, go to item 8g)	item 8h – G next trip
b.	If YES – How many trips were taken for these reasons?	0100 Trips Ask items 8c–8i for each trip reported	•	For tr For tr and c	ALLY CHART ips ENTIRELY paid for by some ips paid for by CU or trips partie complete the appropriate detaile	ally paid for by someone ou d part for each trip.	tside the CU, fill ou	Trip portially	
7a.	Now let's talk about times when you (or any members of your CU) did not stay away overnight, but went somewhere at least 75 miles away from home. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that?	0110 1 □ Yes 2 □ No - Go to item 9	iden	Trip tificat No. <b>1</b>	tion entirely by CU (from column h) (from Complete part B C)	pàid for by identification of the second sec	(from column	j     paid for by       h)     non-CU membe       (from column i       rt B     Complete par	) t C
b.	If YES – How many such trips were taken?	0120 Trips Ask items 8c–8i for each trip reported		2 3 4		Complete part C     6       Complete part C     7       Complete part C     8	Complete pa Complete pa Complete pa Complete pa	rt B 🗌 Complete par	t C

```
Page 93
```

recoraea in	part D.	
	h	i
l a bloyer, her nber the s trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?
rr "1" in Go to - "1" in Go to	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	Trips partially reimbursed – <i>Enter trip I.D.</i> <i>No. below</i> Trip identifi- cation No.
rr "1" in Go to — Go to — —	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	Trips partially reimbursed – <i>Enter trip I.D.</i> <i>No. below</i> Trip identifi- cation No.
r "1" in Go to - "1" in Go to —	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	Trips partially reimbursed – <i>Enter trip I.D.</i> <i>No. below</i> Trip identifi- cation No.
or "1" in Go to Go to	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	Trips partially reimbursed – <i>Enter trip I.D.</i> <i>No. below</i> Trip identifi- cation No.
	PRE	
	1	2
	Destination	Month ended
Go to	by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No. <b>PRE</b> 1	reimburs Enter trip No. belo Trip iden cation No

rt A – Screening Questior	ns – Continu	ed	1 18 01 8 🗸							
NOTES	<b>8.</b> As	k column	ns c–i for each trip reported in it	ems 2–7b. Do not record	d any trip more tl	an once. Trips re	ported in item	1b will be recorded in par	D.	
	а	b	C	d	е		f	g	h	i
	Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month this trip end	did (or member ? take to (d	trips did you s of your CU) estination) in ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trip were or will be partially paid for by a business, employer, or other non-CU member?
		1	FROM ITEM –	City or place					Trine weid few entirely have	Tring and all
	_	2	$\Box$ 3b (relatives of menus)	State	Month		Trips	1 🗌 Yes – Enter "1" in item 8i – Go to	Trips paid for entirely by CU – Enter trip I.D. No.	reimbursed -
			5b (sightseeing, sports, etc.)		0 🗌 Not ended	(If more that go to item 8		next trip	below. If number of trips is the same as in 8f, go	Enter trip I.D. No. below
			D 6b (any others)	Foreign country	Go to next	trin	go to item 8g)	2 □ No – Enter "1" in item 8h – Go to next trip	to next trip. Trip identification No.	Trip identifi- cation No.
			FROM ITEM –	City or place					<b>T</b>	<b>T</b>
		2	4b (business)	State	Month		Trips	1 🗌 Yes – Enter "1" in item 8i – Go to	Trips paid for entirely by CU – Enter trip I.D. No.	Trips partially reimbursed
			5b (sightseeing, sports, etc.)		0 🗌 Not ended	(If more that go to item 8		next trip	below. If number of trips is the same as in 8f, go	Enter trip I.D No. below
			$\Box$ 7b (day trips)	Foreign country	Go to next	trin <sup>go to</sup> ftom o	go to item 8g)	2 □ No – Enter "1" in item 8h – Go to next trip	to next trip.	Trip identifi- cation No.
			FROM ITEM –	City or place						
		7 2 3 4	<ul> <li>☐ 3b (relatives or friends)</li> <li>☐ 4b (business)</li> <li>☐ 5b (sightseeing, sports, etc.)</li> <li>☐ 6b (any others)</li> <li>☐ 7b (day trips)</li> </ul>	State Foreign country	0 □ Not ended <i>Go to next</i>	(If more that go to item 8		1 □ Yes – Enter "1" in item 8i – Go to next trip 2 □ No – Enter "1" in item 8h – Go to	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	reimbursed - Enter trip I.D No. below Trip identifi-
								next trip	Trip identification No.	cation No.
		8 2 3 4	FROM ITEM – 3b (relatives or friends) 4b (business) 5b (sightseeing, sports, etc.) 6b (any others) 7b (day trips)	City or place State Foreign country	0 □ Not ended <i>Go to next</i>	(If more that go to item 8	n one trip,	1 □ Yes – Enter "1" in item 8i – Go to next trip 2 □ No – Enter "1" in item 8h – Go to next trip	Trips paid for entirely by         CU – Enter trip I.D. No.         below. If number of trips         is the same as in 8f, go         to next trip.         Trip identification No.	reimbursed -
	• F • F	For trips E For trips p	CHART – Continued ENTIRELY paid for by someone paid for by CU or trips partially w and complete the appropriate	paid for by someone ou	tside the CU, fill	out the			NOTES	
	ic	Trip lentificati No.		Trip partially paid for by non-CU members (from column i)	Trip dentification No.	Trip paid for entirely by CU (from column h)	by non-C	ially paid for U members column i)		
		9	Complete part B	Complete part C	13	] Complete part E	l 🗌 Com	olete part C		
		10	Complete part B	Complete part C	14	] Complete part E	Com	olete part C		
		11	Complete part B	Complete part C	15	] Complete part E	l 🗌 Com	olete part C		
		12	Complete part B	□ Complete part C	16	] Complete part E	Com	olete part C		

S	Section 18 – TRIPS AI	ND VACATIONS - Continue	d		FIELD REPRESENTATIVE – Ask part B for trips for one trip or set o about other trips.)	pa of i
F	Part B – Trips Paid En	tirely By CU				
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 18 34 9 🗸		Hand respondent Information Booklet, page 37.	b
	ITEM In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe	<b>a.</b> TRIP IDENTIFICATION NUMBER	0010 Ident	ification number	<b>3a.</b> Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.	
	trip destination in item 1b, the number of (identical)	<b>b.</b> DESTINATION			PROBE – Any other kinds of transportation on this	
	trips in item 1c, and the month the trip ended in	OFFICE USE ONLY	0020		trip?	
	item 1d.	C. NUMBER OF (IDENTICAL) TRIPS	0030 Num	ber	If no codes 1–12 marked, go to item 4.	
					COMMERCIAL	
-	<u></u>	d. MONTH ENDED	0040		0120 01 🗌 Local (taxi, etc.)	29
е	similar trips. I will ask abour	ince you (your CU) took a set of t them as a group. Please give the ach of the following questions.			0130 02 Airplane	30
f	Now I'd like to ask some ad	ditional questions about the trip(s) nation). If day trip, go to item 2a.			0140 03 🗖 Train	31
q	. Verify if already reported Othe	erwise ask – How many nights did			0150 04 🗆 Bus	32
5	you (or any members of you this trip?	r CU) spend away from home on	0050 Night	S	0160 05 🗆 Ship	33
<b>2</b> a	package deal that covers s	ake a trip they have some sort of some or all of the costs. Was all or	0060 1 □ Yes 2 □ No – <i>Go to item 3a</i>		RENTED	
h	part of this trip covered by			Yes No DK	0170 06 🗆 Car, jeep	34
D		id the package deal include		Yes   NO   DK	0180 07 🗆 Truck, van	35
	FIELD REPRESENTATIVE – Re	ead each item listed.	0070 Food and beverages			36
			0080 Lodging			
			0090 Transportation		0200 09  Private plane	37
			<b>0100</b> Anything else $\mathbf{r}$		0210 10 🗆 Boat, trailer	38
			Specify		0220 11 Camper	39
c	How much did you (or any	members of your CU) pay for the			0230 12 🗌 Other vehicles	40
Ŭ	package deal?	inclusers of your oo, puy for the	0110 \$00		PRIVATE	
		NOTES			0240 13 Car owned by CU	
					0250 14 🗌 Vehicle leased by CU	
					0260 15 Other vehicle owned by CU	
					0270 16 Vehicle owned by someone else	
					0280 17 🗌 Other transport	
					<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a.	
					If any codes 6–17 marked, continue with item 5a.	

Page 95 paid for entirely by CU. (Ask all questions in part B first identical trips before asking questions in this part D. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)? Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)? COMMERCIAL 90 01 \$ \_\_\_\_ .00 0 🗌 None .00 00 02 \$ \_\_\_\_\_ 0 🗌 None .00 .10 03 \$ \_\_\_ 0 🗌 None .00 20 <sub>04</sub> \$ \_\_\_ 0 🗌 None .00 30 <sub>05</sub> \$ \_\_\_ 0 🗌 None RENTED .00 40 06 **\$** 0 🗌 None .00 50<sub>07</sub>\$. 0 🗌 None .00 <mark>60</mark> 08 \$ \_ 0 🗌 None .00 70 09 \$ \_\_\_\_\_ 0 🗌 None .00 80 10 \$ \_\_\_\_\_ 0 🗌 None .00 90 11 \$ \_\_\_\_ 0 🗌 None .00 00 12 \$ \_\_\_\_ 0 🗌 None

Section 18 – TRIPS AND VACATIONS – Co	ontinued			
Part B – Trips Paid Entirely by CU – Contin	ued			NOTES
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 □ Yes 2 □ No – <i>Go to item 5c</i>	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0590 1 □ Yes 2 □ No – <i>Go to item 11a</i>	
<b>b.</b> How much did you (or any members of your CU) spend for that?	0420 \$00	If YES – <b>b.</b> How much did you (or any members of your CU) pay?	0600 \$00	
C. While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 □ Yes 2 □ No – <i>Go to item 5e</i>	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0610 1 □ Yes 2 □ No – Go to item 12a	
If YES – <b>d.</b> How much did you (or any members of your CU) spend for tolls?	0440 \$00	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>	0620 \$00	
e. Did you (or any members of your CU) have any parking fees?	0450 1 □ Yes 2 □ No – <i>Go to item 6a</i>	<b>12a.</b> Did you (or any members of your CU) have any expenses	0630 1 UYes	
If YES – <b>f.</b> How much were they?	0460 \$00	for this trip such as for souvenirs, passports, tourist booklets, and so on?	2 🗌 No – Go to item 13a	
<b>6a.</b> Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other ladging (not excursion what the nearborn does a section of the section of t	0470 1 □ Yes	If YES – <b>b.</b> How much were these expenses?	.00	
lodging (not counting what the package deal covered)? // // YES – b. What was the cost, including taxes and tips?	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0650 1 □ Yes 2 □ No – Go to next trip; after last trip, go to part D	
<b>D.</b> What was the cost, including taxes and tips?	0480 \$	<b>b.</b> Did these expenses include anything for?	YES NO DK	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0490 1 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0660</b> Food and beverages 1 □ 2 □ X □ -	
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?	0500 \$00		0670       Lodging       1       1       2       1       x       -         0680       Transportation       1       1       2       1       x       -	
C. Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 □ Yes 2 □ No – <i>Go to item 8a</i>		0690       Other expenses $1 \square \begin{vmatrix} 2 \square \\ 2 \square \end{vmatrix}$ $x \square \end{vmatrix}$	
If YES – <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?		C. How much of the total expenses for this trip were for persons outside your CU?	0700 \$	
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 □ Yes 2 □ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0710 \$00	
If YES – <b>b.</b> What were the expenses, including taxes?	0540 \$00	<b>b.</b> Does this (amount) include anything for?	YES NO DK	
C. Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 □ Yes 2 □ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0720 Food and beverages 1	
	0560 \$ .00		0730 Lodging	
taxes?	φ		0740 Transportation 1 2 X	
<b>9a.</b> Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 □ Yes 2 □ No - <i>Go to item 10a</i>		0750         Other expenses	
If YES – <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?	0580 \$00	GO TO NEXT TRIP; AFTER LAST 1		

S	ection 18 – TRIPS AI	ND VACATIONS – Continued	d FIELD REPRESENTATIVE – Ask part B for trips pa for one trip or set of i about other trips.)
P	art B – Trips Paid Ent	tirely By CU – Continued	
1. FIELD REPRESENTATIVE PROCESSING USE ONLY			1     18     36     4     Hand respondent Information Booklet, page 37.     3b.
	ITEM In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe	a. TRIP IDENTIFICATION NUMBER	0010       Identification number         Identification number       3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.
	trip destination in item 1b, the number of (identical)	<b>b.</b> DESTINATION	
	trips in item 1c, and the month the trip ended in	OFFICE USE ONLY	0020     PROBE – Any other kinds of transportation on this trip?
	item 1d.	C. NUMBER OF (IDENTICAL) TRIPS	0030     Number   If no codes 1–12 marked, go to item 4.
		<b>d.</b> MONTH ENDED	0040 COMMERCIAL
e.	lf set of identical trips read – Si	ince you (your CU) took a set of	0120 01 □ Local (taxi, etc.)
	similar trips. I will ask about	t them as a group. Please give the ich of the following questions.	0130 02
f.	Now I'd like to ask some add	ditional questions about the trip(s) nation). If day trip, go to item 2a.	0140 03 🗆 Train
g.	Verify if already reported. Othe	erwise, ask – How many nights did r CU) spend away from home on	0150 04 🗆 Bus
	this trip?		0050         Nights         0160         05 □         Ship         033
2a.	package deal that covers s	ake a trip they have some sort of some or all of the costs. Was all or	0060 1 Yes RENTED
	part of this trip covered by		2 No – Go to item 3a
b.		d the package deal include	Yes         No         DK           0180         07         Truck, van         035
	FIELD REPRESENTATIVE – Re	ead each item listed.	0070 Food and beverages $1 \square 1 \square 1 2 \square 1 X \square 1 \square 1 $
			0080         Lodging         1         1         2         1         1         0190         08         Motorcycle, moped         036
			0090         Transportation         1         1         1         1         0200         09         Private plane         037
			0100       Anything else $\mathbf{z}$ 1       2       1       x       0210       10       Boat, trailer       038
			Specify         0220         11         Camper         039
			0230 12 Other vehicles
C.	How much did you (or any package deal?	members of your CU) pay for the	0110 c .00
		NOTEO	PRIVATE
		NOTES	0240 13 Car owned by CU
			0250 14 Vehicle leased by CU
			0260 15 CO Other vehicle owned by CU
			0270 16 Vehicle owned by someone else
			0280 17 🗌 Other transport
			<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a.
			If any codes 6–17 marked, continue with item 5a.

Page 97 aid for entirely by CU. (Ask all questions in part B first identical trips before asking questions in this part Ask for each code 1–5 marked in item 3a.
 How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)? Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)? COMMERCIAL .00 <mark>/0</mark> 01 \$ \_\_ 0 🗌 None .00 0 🗌 None 02 \$. .00 0 🗌 None ) <sub>03</sub> \$ .00 04 \$ 0 🗌 None .00 05 \$ \_ 0 🗌 None RENTED .00 0 🗌 None 06 \$ .00 0 🗌 None 07 \$ .00 0 🗌 None 08 \$ .00 0 🗌 None 09 \$ .00 0 🗌 None 10 \$ .00 0 11 \$ 0 🗌 None .00 0 12 **\$** \_ 0 🗌 None

Section 18 – TRIPS AND VACATIONS – Continued									
Part B – Trips Paid Entirely by CU – Contin	ued			NOTES					
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 □ Yes 2 □ No - <i>Go to item 5c</i>	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0590 1 □ Yes 2 □ No – <i>Go to item 11a</i>						
<b>b.</b> How much did you (or any members of your CU) spend for that?	0420 \$ .00	<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay?	0600 \$00						
C. While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 □ Yes 2 □ No – <i>Go to item 5e</i>	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0610 1 □ Yes 2 □ No – <i>Go to item 12a</i>						
If YES – <b>d.</b> How much did you (or any members of your CU) spend for tolls?	0440 \$00	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>	0620 \$ .00						
e. Did you (or any members of your CU) have any parking fees?	0450 1 □ Yes 2 □ No – <i>Go to item 6a</i>	<b>12a.</b> Did you (or any members of your CU) have any expenses	0620 \$00						
If YES – <b>f.</b> How much were they?	0460 \$ .00	for this trip such as for souvenirs, passports, tourist booklets, and so on?	2 🗌 No – <i>Go to item 13a</i>						
<b>6a.</b> Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other leading (not excursion what the needened does the section of	0470 1 □ Yes	If YES – <b>b.</b> How much were these expenses?	0640 \$00						
lodging (not counting what the package deal covered)? // // YES – b. What was the cost, including taxes and tips?	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0650 1 □ Yes 2 □ No – Go to next trip; after last trip, go to part D						
<b>D.</b> What was the cost, including taxes and tips?	0480 \$	<b>b.</b> Did these expenses include anything for?	YES NO DK						
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0490 1 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0660</b> Food and beverages 1 □ 2 □ 1 x □ -						
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?	0500 \$ .00		0670       Lodging       1       2       1       x       -         0680       Transportation       1       2       1       x       -						
C. Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 □ Yes 2 □ No – <i>Go to item 8a</i>		0690       Other expenses $1 \square$ $2 \square$ $x \square$						
// YES – d. What was the cost for alcoholic beverages, including taxes and tips?	0520 \$ .00	<b>C.</b> How much of the total expenses for this trip were for persons outside your CU?	0700 \$00						
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 □ Yes 2 □ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0710 \$00						
If YES – <b>b.</b> What were the expenses, including taxes?	0540 \$00	<b>b.</b> Does this (amount) include anything for?	YES NO DK						
C. Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 □ Yes 2 □ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	<b>0720</b> Food and beverages 1						
	0560 s		0730 Lodging						
taxes?	Ψ		0740 Transportation 1 2 . X						
<b>9a.</b> Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 □ Yes 2 □ No – Go to item 10a		0750       Other expenses						
<ul> <li>If YES –</li> <li>b. How much did you (or any members of your CU) pay to rent sports equipment?</li> </ul>	0580 \$ .00	GO TO NEXT TRIP; AFTER LAST 1							

S	Section 18 – TRIPS AN	ID VACATIONS – Continue	d					FIELD REPRESENTATIVE – Ask part B for trips for one trip or set about other trips.)	of ic	
F	Part B – Trips Paid Ent	irely By CU – Continued								
1. FIELD REPRESENTATIVE PROCESSING USE ONLY			1 18 38 0 🗸					Hand respondent Information Booklet, page 37.		
In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe			0010 Identification number					<b>3a.</b> Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.		
	trip destination in item 1b, the number of (identical)	<b>b.</b> DESTINATION						PROBE – Any other kinds of transportation on this		
	trips in item 1c, and the month the trip ended in	OFFICE USE ONLY	0020					trip?		
	item 1d.	<b>C.</b> NUMBER OF (IDENTICAL) TRIPS	0030	Num	ber			If no codes 1–12 marked, go to item 4.		
			0040					COMMERCIAL		
Δ	If sot of identical trips road Sir	<b>d.</b> MONTH ENDED nce you (your CU) took a set of						0120 01 🗌 Local (taxi, etc.)	0290	
C.	similar trips, I will ask about total of all these trips for eac	them as a group. Please give the						0130 02 Airplane	0300	
f.	Now I'd like to ask some add you (your CU) took to (destina	itional questions about the trip(s) ation). If day trip, go to item 2a.						0140 <sub>03</sub> Train	0310	
g	Verify if already reported. Other you (or any members of your	wise, ask – How many nights did CU) spend away from home on	0050	Nigh	0150 04 🗌 Bus				0320	
2-	this trip?				is			0160 05 🗌 Ship	0330	
Zđ.	package deal that covers so part of this trip covered by	ke a trip they have some sort of ome or all of the costs. Was all or	0060 1 □ Yes 2 □ No – <i>Go to item 3a</i>					RENTED		
h	<u> </u>	I the package deal include	Yes No DK			No	חא	0170 06 🗌 Car, jeep	0340	
	FIELD REPRESENTATIVE – Rea				103			0180 07 🗆 Truck, van	0350	
				d beverages		2	1	0190 08 🗆 Motorcycle, moped	0360	
				· · · · · · · · · · · · · · · · · · ·		2	1		0370	
			-	rtation		2	1			
				g else 📈					0380	
			Specity_			'   	i I	0220 11 Camper	0390	
C	How much did you (or any r	nembers of your CU) pay for the			-		1	0230 12 🗌 Other vehicles	0400	
•	package deal?		0110 \$	.00				PRIVATE		
		NOTES						0240 13 Car owned by CU		
								0250 14 Vehicle leased by CU		
								0260 15 Other vehicle owned by CU		
								0270 16 Vehicle owned by someone else		
								0280 17 🗌 Other transport		
								<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.		

Page 99 aid for entirely by CU. (Ask all questions in part B first identical trips before asking questions in this part Ask for each code 1–5 marked in item 3a.
 How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)? Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)? COMMERCIAL .00 01 \$ \_ 0 🗌 None .00 0 🗌 None 02 \$ .00 0 🗌 None 03 \$ .00 0 🗌 None 04 \$ .00 0 🗌 None 05 \$ RENTED .00 0 🗌 None 06 \$ .00 0 🗌 None 07 \$ .00 0 🗌 None 08 \$ .00 0 🗌 None 09 \$ .00 0 🗌 None 10 \$ .00 0 🗌 None 11 \$ .00 0 🗌 None ) 12 **\$**.

Section 18 – TRIPS AND VACATIONS – Co	ntinued				
Part B – Trips Paid Entirely by CU – Contin	ued				NOTES
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 □ Yes 2 □ No – <i>Go to item 5c</i>	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	_		
<b>b.</b> How much did you (or any members of your CU) spend for that?	0420 \$00	/f YES – b. How much did you (or any members of your CU) pay?	0600 \$00		
C. While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 □ Yes 2 □ No - <i>Go to item 5e</i>	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0610 1 □ Yes 2 □ No – <i>Go to item 12a</i>		
If YES – <b>d.</b> How much did you (or any members of your CU) <u>spend for tolls?</u>	0440 \$00	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>			
e. Did you (or any members of your CU) have any parking fees?	0450 1 □ Yes 2 □ No - <i>Go to item 6a</i>	<b>12a.</b> Did you (or any members of your CU) have any expenses	0620 \$00		
If YES – <b>f.</b> How much were they?	0460 \$ .00	for this trip such as for souvenirs, passports, tourist booklets, and so on? 	2 🗌 No – Go to item 13a		
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0470 1 □ Yes	If YES – <b>b.</b> How much were these expenses?	0640 \$00		
covered)? If YES –	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0650 1 □ Yes 2 □ No – Go to next trip; after last trip	o, go to part D	
<b>b.</b> What was the cost, including taxes and tips?	0480 \$00	<b>b.</b> Did these expenses include anything for?	YES	NO DK	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0490 1 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.		2 🗌 ¦ X 🗌 🗕	
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?	0500 \$		0670         Lodging		
C. Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 □ Yes 2 □ No – <i>Go to item 8a</i>		0690 Other expenses 1		
If YES – <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?		<b>C.</b> How much of the total expenses for this trip were for persons outside your CU?	0700 \$00		
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 □ Yes 2 □ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0710 \$00	-	
If YES – <b>b.</b> What were the expenses, including taxes?	0540 \$ .00	<b>b.</b> Does this (amount) include anything for?	YES	NO DK	
C. Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 □ Yes 2 □ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0720 Food and beverages 1	2 🗌 🕴 X 🗌	
If YES – <b>d.</b> What was the cost for alcoholic beverages, including	0560 \$ .00			2 🗌 i X 🗌 📙	
taxes?	\$\$		0740 Transportation 1	2 🗌 ¦ X 🗌	
<b>9a.</b> Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 □ Yes 2 □ No – Go to item 10a				
If YES – <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?	0580 \$00	GO TO NEXT TRIP; AFTER LAST T		2 🗌 i X 🗌	

S	ection 18 – TRIPS AN	ND VACATIONS – Continued	FIELD REPRESENTATIVE – Ask part B for trips pa for one trip or set of i about other trips.)
P	art B – Trips Paid Ent	tirely By CU – Continued	
1. FIELD REPRESENTATIVE PROCESSING USE ONLY			1       18       40       6       ↓       Hand respondent Information Booklet, page 37.       3b.
	ITEM In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe	a. TRIP IDENTIFICATION NUMBER	0010       Identification number         Identification number       Identification number <b>3a.</b> Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.
	trip destination in item 1b, the number of (identical)	<b>b.</b> DESTINATION	<i>PROBE –</i> Any other kinds of transportation on this
	trips in item 1c, and the month the trip ended in	OFFICE USE ONLY	0020 trip?
	item 1d.	C. NUMBER OF (IDENTICAL) TRIPS	0030    Number   If no codes 1–12 marked, go to item 4.
		<b>d.</b> MONTH ENDED	0040 COMMERCIAL
e.	If set of identical trips read – Si	ince you (your CU) took a set of	0120 01 🗌 Local (taxi, etc.)
	similar trips, I will ask about	t them as a group. Please give the ch of the following questions.	0130 02 🗌 Airplane
f.	Now I'd like to ask some add you (your CU) took to (destin	ditional questions about the trip(s) nation). If day trip, go to item 2a.	0140 03 🗌 Train
g.	Verify if already reported. Other you (or any members of you)	erwise, ask – How many nights did r CU) spend away from home on	0150 04 🗌 Bus
0	this trip?		0050 Nights 0160 05 🗆 Ship 033
za.	package deal that covers s	ake a trip they have some sort of some or all of the costs. Was all or	0060 1 Yes RENTED
h	part of this trip covered by		2 ⊡ No = Go to nem 3a         0170         06 □ Car, jeep         034           Yes   No   DK         0170         06 □ Car, jeep         034
D.		d the package deal include	Yes No DK 0180 07 🗆 Truck, van
	FIELD REPRESENTATIVE – Re	ad each item listed.	0070 Food and beverages $1 \square 1 2 \square 1 X \square$
			0090         Transportation         1         2         x         0200         09         Private plane         037
			0100       Anything else $\mathbf{z}$ 1       2       1       X       0210       10       Boat, trailer       038
			Specify         0220         11         Camper         039
c	How much did you (or any	members of your CU) pay for the	0230 12 Other vehicles
0.	package deal?		0110 \$00 PRIVATE
		NOTES	0240 13 🗌 Car owned by CU
			0250 14 Vehicle leased by CU
			0260 15 Other vehicle owned by CU
			0270 16 Vehicle owned by someone else
			0280 17 🗌 Other transport
			<b>4.</b> Codes 6–17: <i>If no codes 6–17 marked in item 3a, go to item 6a.</i>
			If any codes 6–17 marked, continue with item 5a.

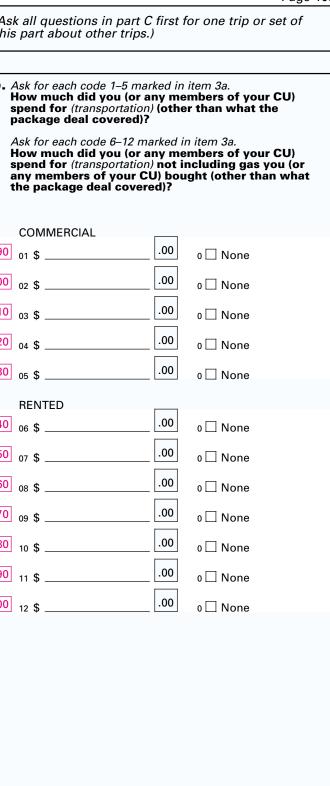
Page 101 aid for entirely by CU. (Ask all questions in part B first identical trips before asking questions in this part Ask for each code 1–5 marked in item 3a.
 How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)? Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)? COMMERCIAL .00 01 \$ \_ 0 🗌 None .00 0 🗌 None 02 \$ .00 0 🗌 None 03 \$ .00 0 🗌 None 04 \$ .00 0 🗌 None 05 \$ RENTED .00 0 🗌 None 06 \$ .00 0 🗌 None 07 \$ .00 0 🗌 None 08 \$ .00 0 🗌 None 09 \$ .00 0 🗌 None 10 \$ .00 0 🗌 None 11 \$ .00 0 🗌 None ) 12 **\$**.

Section 18 – TRIPS AND VACATIONS – Co	ntinued			
Part B – Trips Paid Entirely by CU – Contin	ued			NOTES
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 □ Yes 2 □ No – <i>Go to item 5c</i>	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0590 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i>	
<b>b.</b> How much did you (or any members of your CU) spend for that?	0420 \$00	<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay?	0600 \$00	
C. While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 □ Yes 2 □ No – <i>Go to item 5e</i>	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0610 1 ☐ Yes 2 ☐ No – <i>Go to item 12a</i>	
If YES – <b>d.</b> How much did you (or any members of your CU) spend for tolls?	.00	Information Booklet, page 40.) If YES – <b>b. How much did you (or any members of your CU) spend?</b>	0620 \$00	
e. Did you (or any members of your CU) have any parking fees?	0450 1 □ Yes 2 □ No – <i>Go to item 6a</i>	<b>12a.</b> Did you (or any members of your CU) have any expenses	0630 1 □ Yes	
If YES – <b>f.</b> How much were they?	0460 \$ .00	for this trip such as for souvenirs, passports, tourist booklets, and so on?	2 🗌 No – Go to item 13a	
<b>6a.</b> Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0470 1 🗌 Yes	If YES – <b>b.</b> How much were these expenses?	0640 \$00	
covered)? If YES – <b>b.</b> What was the cost, including taxes and tips?	2 🗌 No – <i>Go to item 7a</i>	<b>13a.</b> You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0650 1 □ Yes 2 □ No – Go to next trip; after last trip, go to part D	
<b>D.</b> What was the cost, including taxes and tips?	0480 \$	<b>b.</b> Did these expenses include anything for?	YES NO DK	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0490 1 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0660         Food and beverages         1         2         x           0670         Lodging         x         x         x	
If YES – <b>b.</b> What was the cost, including taxes and tips?	0500 \$ .00		0670       Lodging       1       2       X       1         0680       Transportation       1       1       2       X       1	
C. Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 □ Yes 2 □ No – <i>Go to item 8a</i>		0690       Other expenses       1       2 $x$	
If YES – <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?	0520 \$00	C. How much of the total expenses for this trip were for persons outside your CU?	0700 \$00	
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 □ Yes 2 □ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0710 \$00	
If YES – <b>b.</b> What were the expenses, including taxes?	0540 \$ .00	<b>b.</b> Does this (amount) include anything for?	YES NO DK	
C. Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 □ Yes 2 □ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0720 Food and beverages 1 . 2 . X	
	0560 \$ .00		0730 Lodging	
taxes?	¢¢		0740 Transportation 1 2 2 X	
<b>9a.</b> Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 □ Yes 2 □ No – <i>Go to item 10a</i>		0750         Other expenses	
If YES – <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?	0580 \$ .00	GO TO NEXT TRIP; AFTER LAST 1		

### Section 18 – TRIPS AND VACATIONS – Continued

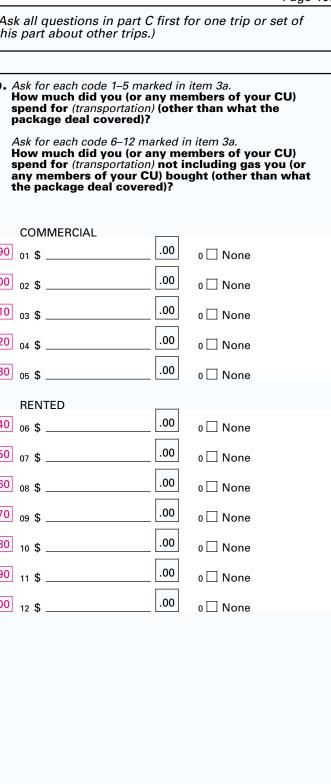
FIELD REPRESENTATIVE – Ask part C for partially reimbursed trips. (Ask all questions in part C first for one trip or set of identical trips before asking questions in this part about other trips.)

<b>P</b>	art C – Partially Reim	bursed Trips								
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY		1 77 01	4 ↓					3b.
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe	<i>Ily</i> <b>a.</b> TRIP IDENTIFICATION NUMBER		0010 Identification number					<b>3a.</b> Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home	
	trip destination in item 1b, the number of (identical)	<b>b.</b> DESTINATION							to the time you (they) got back home. <i>PROBE</i> – <b>Any other kinds of transportation on this</b>	
	trips in item 1c, and the month the trip ended in	OFFICE USE ONLY	0020					trip?		
	item 1d.	C. NUMBER OF (IDENTICAL) TRIPS	0030		_ Numb	ber			If no codes 1–12 marked, go to item 4.	
			0040						COMMERCIAL	
e.	If set of identical trips read – Sir	d. MONTH ENDED							0120 01 🗆 Local (taxi, etc.)	0290
01	similar trips, I will ask about total of all these trips for eac	them as a group. Please give the							0130 02	0300
f.	You told me that someone ou trip(s) you (your CU) took to	Itside your CU paid for part of the (trip destination). In the next							0140 03 🗆 Train	0310
	questions I'm interested only pay, not those paid or to be p day trip, go to item 2a.	in the costs you (your CU) had to baid by a business or employer. <i>If</i>								0320
g.	Verify if already reported. Other	wise, ask – How many nights did CU) spend away from home on							0160 05 🗆 Ship	0330
	this trip?	co, spend away from nome on	0050 Nights					RENTED		
2a.	2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or		0060 1 Yes						0170 06 Car, jeep	· 0340
h	part of this trip covered by		2 🗌 No – Go to item 3a Yes   No   DK				Ne		0180 07 🗌 Truck, van	0350
D.		the package deal include				Yes	INO	DK	0190 08 🗌 Motorcycle, moped	0360
	FIELD REPRESENTATIVE – Rea	ad each item listed.	0070 Food an	nd beverages		10	2	х□		0370
			0080 Lodging	<b>J</b>		10	2	х□		
				ortation		1	2			0380
				ig else 🏹		1 🗌 I	2	х□	0220 11 Camper	0390
			Specify_						0230 12 Other vehicles	0400
									PRIVATE	
C.	How much did you (or any r package deal?	nembers of your CU) pay for the	0110 \$		.00				0240 13 Car owned by CU	
		NOTES							0250 14 Vehicle leased by CU	
									0260 15 Other vehicle owned by CU	
									0270 16 Vehicle owned by someone else	
									0280 17 🗌 Other transport	
									<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.	



	Section 18 – TRIPS AND VACATIONS – Continued											
Part C - Partially Reimbursed Trips - Continued         NOTE												
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 □ Yes 2 □ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) 0590 1 Ves 2 No - Go to item 11a									
b.	What costs for gasoline or other fuels won't be reimbursed?	0420 \$00 ₀□None	If YES – <b>b.</b> What costs for playing sports won't be reimbursed?									
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 □ Yes 2 □ No – <i>Go to item 5e</i>	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent									
d	If YES – What costs for tolls won't be reimbursed?	0440 \$00 0 🗆 None										
e.	Did you (or any members of your CU) have any parking fees?	0450 1 □ Yes 2 □ No – Go to item 6a	<b>b.</b> What costs for entertainment and admissions won't be reimbursed?									
f.		0460 \$00 0 □ None	<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?									
	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0470 1 □ Yes	If YES – <b>b.</b> What costs for these things won't be reimbursed? 0640 \$0 O O None									
b	covered)?	2 □ No – <i>Go to item 7a</i>	<b>13a.</b> You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?									
	What costs for lodging, including taxes and tips, won't be reimbursed?	0400 \$None	<b>b.</b> Did these expenses include anything for? YES NO DK									
7a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0490 1 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.       0660       Food and beverages       1       2       1       x									
b.	If YES – What costs for these things won't be reimbursed?	0500 \$00 ₀□None	0670       Lodging       1       2       x         0680       Transportation       1       2       x									
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 □ Yes 2 □ No - <i>Go to item 8a</i>	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$									
d.	If YES – What costs for alcoholic beverages, including taxes	0520 \$00 0 \_None	C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?									
	and tips, won't be reimbursed?		<b>14a.</b> If the respondent is unable to break down food and beverages,									
a.	Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 □ Yes 2 □ No – <i>Go to item 9a</i>	lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break									
b.	<i>If YES –</i> What costs, including taxes, won't be reimbursed?	0540 \$00 0 \_ None	down should be combined and entered here          b. Does this (amount) include anything for?       YES NO DK									
С.	Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 □ Yes 2 □ No – Go to item 9a	FIELD REPRESENTATIVE - Read each item listed.       0720       Food and beverages 1       1       2       1       x									
d	If YES – What cost for alcoholic beverages, including taxes,	0560 \$00 <sub>0</sub> None	0730 Lodging 1 . 2 . X									
	won't be reimbursed?	· · · · · · · · · · · · · · · · · · ·	0740 Transportation 1 . 2 . X									
9a.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 □ Yes 2 □ No – <i>Go to item 10a</i>	0750 Other expenses $\ldots \ldots 1 \square \begin{vmatrix} 2 \square \\ 2 \square \end{vmatrix} x \square$									
b.	If YES – What costs for renting sports equipment won't be reimbursed?	0580 \$00 <sub>0</sub> _ None	0760       Expenses for others       1       2       1       x         GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.									
	i viiliwai 360 i											

S	ection 18 – TRIPS AN	ND VACATIONS – Continue	d	FIEL	D REPRESENTATIVE – Ask part C for partially reimbursed tr identical trips before asking question	ips. (As s in th
P	art C – Partially Reim	nbursed Trips – Continued				
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 77 03 0 🗸		Hand respondent Information Booklet, page 37.	3b.
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe	a. TRIP IDENTIFICATION NUMBER	0010 Identi	fication number	<b>3a.</b> Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home	
	trip destination in item 1b, the number of (identical)	<b>b.</b> DESTINATION			to the time you (they) got back home. PROBE – Any other kinds of transportation on this	
	trips in item 1c, and the month the trip ended in	OFFICE USE ONLY	0020		trip?	
	item 1d.	C. NUMBER OF (IDENTICAL) TRIPS	0030 Numb	per	lf no codes 1–12 marked, go to item 4.	
			0040		COMMERCIAL	
e	If set of identical trips read - Si	d. MONTH ENDED nce you (your CU) took a set of			0120 01 🗌 Local (taxi, etc.)	0290
0.	similar trips, I will ask about total of all these trips for eac	t them as a group. Please give the ch of the following questions.			0130 02 🗌 Airplane	0300
f.	You told me that someone o trip(s) you (your CU) took to questions I'm interested only	utside your CU paid for part of the (trip destination). In the next y in the costs you (your CU) had to			0140 03 🗌 Train	
	pay, not those paid or to be day trip, go to item 2a.	y in the costs you (your CU) had to paid by a business or employer. <i>If</i>			0150 04 🗌 Bus	0320
g.	Verify if already reported. Other	rwise, ask – How many nights did r CU) spend away from home on			0160 05 🗆 Ship	0330
	this trip?	r CO/ spend away from nome on	0050 Nights	S	RENTED	
2a.	Sometimes when people ta package deal that covers s part of this trip covered by	ake a trip they have some sort of ome or all of the costs. Was all or a package deal?	0060 1 □ Yes 2 □ No - <i>Go to item 3a</i>		0170 06 Car, jeep	
b.	If "Yes," ask for each item: Die	d the package deal include		Yes No DK	0180 07  Truck, van	0000
	FIELD REPRESENTATIVE – Re	ad each item listed.			0190 08 🗌 Motorcycle, moped	0360
			0070         Food and beverages           0080         Lodging		0200 09  Private plane	0370
			0090 Transportation		0210 10 🗌 Boat, trailer	0380
			<b>0100</b> Anything else $\mathbf{z}$		0220 11 🗌 Camper	0390
			Specify		0230 12 Other vehicles	0400
					PRIVATE	
C.	How much did you (or any package deal?	members of your CU) pay for the	0110 \$00		0240 13 Car owned by CU	
		NOTES			0250 14 Vehicle leased by CU	
					0260 15 C Other vehicle owned by CU	
					0270 16 Vehicle owned by someone else	
					0280 17 🗌 Other transport	
					<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item 5	6a. a.



TONIN	CE-302				
	Section 18 – TRIPS AND VACATIONS – Co	ontinued			
	Part C – Partially Reimbursed Trips – Cont	tinued			NOTES
5a	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 □ Yes 2 □ No - Go to item 5c	<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0590 1 □ Yes 2 □ No – <i>Go to item 11a</i>	
b	. What costs for gasoline or other fuels won't be reimbursed?	0420 \$00 ₀ □ None	If YES – <b>b.</b> What costs for playing sports won't be reimbursed?	0600 \$	
C	While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 □ Yes 2 □ No - <i>Go to item 5e</i>	<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0610 1 □ Yes 2 □ No – Go to item 12a	
d	If YES – . What costs for tolls won't be reimbursed?	0440 \$00 0 \_ None	Information Booklet, page 40.) If YES –		
e	Did you (or any members of your CU) have any parking fees?	0450 1 □ Yes 2 □ No – <i>Go to item 6a</i>	<ul> <li>b. What costs for entertainment and admissions won't be reimbursed?</li> </ul>	0620 \$00 0 \_None	
f.	If YES – What costs for parking fees won't be reimbursed?	0460 <b>\$</b> 00 0□None	<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?	0630 1 ☐ Yes 2 ☐ No – <i>Go to item 13a</i>	
6a	. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal		If YES – <b>b.</b> What costs for these things won't be reimbursed?	0640 \$00 0 \_ None	
b	covered)? // <i>FYES –</i> . What costs for lodging, including taxes and tips,	0480 \$00 0 \_None	<b>13a.</b> You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?	$2 \square No - Go to next trip; after last trip, go to part D$	
_	won't be reimbursed?		<b>b.</b> Did these expenses include anything for?	YES NO DK	
7a	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0490 1 □ Yes 2 □ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0660         Food and beverages         1         2         X	
b	If YES – . What costs for these things won't be reimbursed?	0500 \$00 0 _ None		0670         Lodging         1         2         X           0680         Transportation         1         2         X	
C	Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 □ Yes 2 □ No - Go to item 8a		0690 Other expenses 1 . 2 . X	
d	If YES – • What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0520 \$00 <sub>0</sub> None	<b>C.</b> How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0700 \$	
82	. Did you (or any members of your CU) spend anything		<b>14a.</b> If the respondent is unable to break down food and beverages,		
	for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 □ Yes 2 □ No − <i>Go to item 9a</i>	lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here	0710 \$	
b	If YES – . What costs, including taxes, won't be reimbursed? 	0540 \$00 <sub>0</sub> _ None	<b>b.</b> Does this ( <i>amount</i> ) include anything for?	YES NO DK	
C	Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 □ Yes 2 □ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0720 Food and beverages 1	
d	If YES – • What cost for alcoholic beverages, including taxes, won't be reimbursed?	0560 \$00 0 _None		0730 Lodging 1	
92	. Did you (or any members of your CU) have any			<b>0740</b> Transportation 1 □   2 □   X □	
Ja	expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 □ Yes 2 □ No - <i>Go to item 10a</i>		<b>0750 Other expenses</b> 1 2 2 X	
b	If YES – What costs for renting sports equipment won't be reimbursed?	0580 \$00 0None	GO TO NEXT TRIP; AFTER LAST 1	0760         Expenses for others         1         2         X           BIP. GO TO PART D.         1	
	i cinidul geu:		GO TO NEXT THIL, ALLER LAST T	,	

Section 18 – TRIPS AND VACATIO	DNS – Continued				FIELD REPRESENTATIVE – Complete item 1 for all CU's.
Part D – 100% Reimbursed Trips	1 77 67 5 🗸				NOTES
<b>1.</b> FIELD REPRESENTATIVE CHECK ITEM Enter number of trips ENTIRELY paid for by NON-CU member from part A, item 1a or 1b.	0010Trips ₀ □ None – <i>Go to part E</i>				
2a. You told me that you (your CU) had (number from item 1) trip(s) entirely paid for by non-CU members. Even on trips entirely paid for by non-CU members there are sometimes miscellaneous expenses which are not paid for. Did you (your CU) have any expenses on this trip (these trips) that will not be covered by a business, employer, or other non-CU member?	0020 1 🗌 Yes 2 🗌 No – <i>Go to part E</i>				
<b>b.</b> Did these expenses include anything for –	?	YES	NO	DK	
FIELD REPRESENTATIVE – Read each item liste	d. 0030 Food and beverages	1	2	x 🗆	
	0040 Lodging		2 🗌	x□	
	0050 Transportation	1	2	¦ x□	
	<b>0060</b> Anything else – Specify $\neq$	1	2 🗌	¦ x□	
C. What was the total amount for these expenses?	0070 \$00				
GO	D TO PART E				

Page '	107
--------	-----

Section 18 – TRIPS AND VACATIONS – Continued				FIELD REPRESENTATIVE – Ask part E for all CU's.
	68 3 🖌			NOTES
1a. Sometimes people in a CU don't take a trip themselves, but pay for part or all of a trip that someone else takes. Since the 1st of (month, three months ago), have you (has your CU) paid for part or all of such a trip for any non-CU members? 0010 1 □ Yes 2 □ No - Go to part F				
If Yes – Trips				
<b>b.</b> How many trips was that?				
C. Did these expenses include anything for – ?	YES	I NO	DK	
FIELD REPRESENTATIVE – Read each item listed. 0030 Food and beverages	1 🗆	2	¦ x□	
0040 Lodging	1 🗆	2	¦ x□	
0050 Transportation	1 🗆	2	¦ x□	
0060 Anything else – Spec	fy <b>∠</b> 1 🗆	2	x□	
			1	
d. What was the total amount that you (your CU) paid for that trip (those trips)?				
0070 \$	00			
GO TO PART F				

Page	e 109					Page 109
	Section 18 – TRIPS AND VACATIONS – C	Continued	FIELD REP	RESE	NTATIVE – Ask part F for all CU's. (Ask all questions in this part for one stay before ask	king about other stays.)
	Part F – Local Overnight Stays	1 77 69 1 🖌				
1.	We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1 🗌 Yes 2 🗌 No – Go to next section				0150 1 □ Yes 2 □ No – <i>Go to item 7a</i>
2.	VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020Nights				.00
<b>3</b> a.	. Sometimes when people stay away from home overnight they have some sort of package deal				C. Was any of the (amount in item 6b) for alcoholic beverages?	0170 1 □ Yes 2 □ No – Go to item 7a
	that covers some or all of the costs. Was all or part of this stay covered by anything like that?	0030 1 □ Yes 2 □ No – <i>Go to item 4a</i>			d. What was the cost for alcoholic beverages, including taxes?	0180 \$ .00
b	Ask for each item – Did the package deal include anything for?		YES NO			\$00
	FIELD REPRESENTATIVE – Read each item listed.	0040         Food and beverages            0050         Lodging            0060         Entertainment	. 1 . 1 . 2	x□ x□	<b>7a.</b> (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 ☐ Yes 2 ☐ No – <i>Go to item 8</i>
		0070 Anything else – Specify <sub>₹</sub>		x□	<b>b.</b> How much did you (or any members of your CU) pay?	.00
	How much did you (or any members of your CU) pay for the package deal?	0080 \$00			<b>8.</b> If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	.00
48	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0090 1 □ Yes 2 □ No – <i>Go to item 5a</i>				YES       NO       DK         D220       Food and beverages       1       2       X         D230       Lodging       1       2       X
b.	. What was the cost, including taxes and tips?	0100 \$00			FIELD REPRESENTATIVE – Read each item listed.	2230Lodging $1 \Box \downarrow 2 \Box \downarrow X \Box \downarrow$ 2240Entertainment $1 \Box \downarrow 2 \Box \downarrow X \Box \downarrow$ 2250Other expenses $1 \Box \downarrow 2 \Box \downarrow X \Box \downarrow$
5a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0110 1 □ Yes 2 □ No − <i>Go to item 6a</i>				260 1 ☐ Yes – Complete part F for each stay 2 ☐ No – Go to next section
b	. What was the cost, including taxes and tips?	0120 \$00			NOTES	S
C.	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 □ Yes 2 □ No - <i>Go to item 6a</i>				
d	. What was the cost for alcoholic beverages, including taxes and tips?	0140 \$00				

¢,	Section 18 – TRIPS AND VACATIONS – C	continued	F	FIELD RE	EPRESE	NTA	ATIVE – Ask part F for all CU's. (Ask all questions in this part for one stay before a	asking about other stays.)
F	Part F – Local Overnight Stays – Continue	ed 1 77 70 9 ↓						
1.	We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1   Yes 2   No – <i>Go to next section</i>				<ul> <li>Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?</li> <li>What were the expenses, including taxes?</li> </ul>	0150 1 ☐ Yes 2 ☐ No – <i>Go to item 7a</i>	
2.	VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020Nights					. What were the expenses, including taxes:	0160 \$00
3a.	Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?	0030 1 □ Yes 2 □ No - <i>Go to item 4a</i>					. What was the cost for alcoholic beverages, including taxes?	0170 1 Yes 2 No – Go to item 7a
b.	Ask for each item – Did the package deal include anything for?			NO				0180 \$00
	FIELD REPRESENTATIVE – Read each item listed.	0040         Food and beverages	1 🗌 1 🗌	2	x□   x□	7a	I. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 ☐ Yes 2 ☐ No – <i>Go to item 8</i>
G.	How much did you (or any members of your CU)	0070 Anything else – Specify Z	1	2	¦ x□     	b	. How much did you (or any members of your CU) pay?	0200 \$00
	pay for the package deal?	0080 \$00				8.	If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0210 \$00
4a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0090 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i>					Did the (amount) include anything for?	YES         NO         DK           0220         Food and beverages         1         2         x
b.	What was the cost, including taxes and tips?	0100 \$00					FIELD REPRESENTATIVE – Read each item listed.	0230       Lodging       1       1       2       1       x         0240       Entertainment       1       1       2       1       x         0250       Other expenses       1       1       2       1       x
5a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0110 1 □ Yes 2 □ No – <i>Go to item 6a</i>				9.	Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 🗌 Yes – Complete part F for each stay 2 🗌 No – Go to next section
b.	What was the cost, including taxes and tips?	0120 \$00					NO	TES
C.	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 □ Yes 2 □ No – <i>Go to item 6a</i>						
d.	What was the cost for alcoholic beverages, including taxes and tips?	0140 \$00						

### Section 19 – MISCELLANEOUS EXPENSES

# FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the list of items as you proceed. Ask column a and complete columns b through g for each "YES" response. For continuing expenses such as "housekeeping" or "babysitting," mark the box in column d and enter the total expense for the reference period, excluding the current month.

	Part A – Miscellaneous Expenses				4	19 C	02 8 →											
	a			b	ONLY		c			d		е	f		ç	9	NOTES	
1.	Information Booklet, pag Since the 1st of (mont. have you (or any mem had expenses for any either for your CU or f outside your CU?	h, 3 mor bers of of the f	oths ago), your CU) ollowing,	What was the expense for? Describe briefly.	PROCESSING USE ON	ENT ITEI COL from colu	M DE m umn a.	you expe If it is expe	have ense s a c ense refere	e this ? ontinuous throughout ence period,	for you someo of you 1 – For 2 – For	IF CU or ne outside r CU? CU	What was the total amount of the expense? For continuing expenses, do not include expenses for the current month.		othe	any r nses		-
		ITEM CODE			PRO			Mor	nth	Continuous expense	CU	Outside CU			YES	NO		
	FUNERALS, BURIALS, OR CREMATION	. 100			0010					1 3 🗌	1	2	\$	.00				
	PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS	. 110			0020					1 3 🗌	1	2	\$	.00				
	COMBINATIONS OF THE ABOVE				0030					1 3 🗌	1	2	\$	.00				
	Use only if cannot itemize the above	<i>e</i> . 120			0040					1 3 🗌	1	2	\$	.00				
	CATERED AFFAIRS	. 130		-	0050					1 3 🗌	1	2	\$	.00				
	POTTED PLANTS			-	0060					1 3 🗌	1	2	\$	.00				
	LEGAL FEES Do not include legal fees related to real estate	150		-	0070					1 3 🗌	1	2	\$	.00				
	closing costs which were reported in section 3.	,			0080					1 3 🗌	1	2	\$	.00				
	ACCOUNTING FEES	. 160			0090					1 3 🗌	1	2	\$	.00				
	OCCUPATIONAL EXPENSES	. 380			0100					1 3 🗌	1	2	\$	.00				
	HOME SERVICES	🕖			0110					1 3 🗌	1	2	\$	.00				
	Gardening or lawn care services	. 170			0120					1 3 🗌	1	2	\$	.00				
	Housekeeping services .	. 180		-	0130					1 3 🗌	1	2	\$	.00				
	Other home services and small repair jobs around the house, not previously				0140					1 3 🗌	1	2	\$	.00				
	reported	. 210		-	0150					1 3 🗌	1	2	\$	.00				
	Babysitting or other child care in your own home	. 190		-	0160					1 3 🗌	1	2	\$	.00				
	Babysitting or other child care in someone else's home				0170					1 3	1	2	\$	.00				
	Care for invalids, convalescents, handicapp			-	0180					1 3 🗌	1	2	\$	.00				
	or elderly persons in the				0190					1 3	1	2	\$	.00				
2.	FIELD REPRESENTATIVE		01 6 🗸	-	0200					1 3	1	2	\$	.00				
	CHECK ITEM Mark (X) box if there	0010 99	99 🗌 Go ta next		0210					1 3 🗌	1	2	\$	.00				
	are no entries recorded in columns b – g.		page		0220					1 3 🗌	1	2	\$	.00				

Page	1	1	1
------	---	---	---

PRE 2 1 3 Month or code from column d Expense from column f Description from column b Month .00 \$ \$ .00 \$ i .00 \$ .00 \$ 00. | \$ .00 \$ .00 \$ 1.00 \$ .00 \$ 00. | \$ .00 \$ .00 \$ 00. 1 \$ .00 \$ .00 \$ i.00 \$ .00 \$ 00. | \$ .00 \$ .00 \$ .00 \$ .00

Part A – Miscell	aneous I	Expenses – Co	ntinued				4	19 04 4→										
а			b	ΟΝΓΥ	с	;		d		е	f		g	NOTE	S		PRE	
Information Booklet, pa Since the 1st of (mor ago), have you (or an your CU) had expens	nth, 3 month <b>v members</b>	s Describe brief			ENTE ITEM CODE from		you ha expen	at month did ave this se? a continuous	for you someo of you		What was the total amount of the expense?	ha oti ex	d yo ve a her pens	ny ses		1	2 Month or	3
the following, either for someone outside	for your C your CU?	U or		PROCESSING	colum	nn a.	expen	se throughout ference period, box.	out	CU someone side your CU	For continuing expenses, do not include expenses for the current	for	ř	.?		Description from column b	code from column d	nse from lumn f
	ITEM CODE YES	NO		PRO			Mont	h Continuous expense	CU	Outside CU	month.	YE	S   N	NO			Month	
ADULT DAY CARE	350			0010				1 3 🗌	1	2	\$ .00	0						\$       .(
PROFESSIONAL PHOTOGRAPHY				0020				1 3	1	2	\$ .00	0						\$ 
FEES	360			0030				1 3	1	2	\$ .00	0						\$ .(
HOME SECURITY SYSTEM SERVICE FEES	370			0040				1 3	1	2	\$.00	0	 ]   [ 					\$ .(
	370			0050				1 3	1	2	\$ .00	0						\$    .(
GAMES AND COMPUTER GAME	290			0060				1 3	1	2	\$ .00	0						\$ . (
SOFTWARE	290			0070				1 3	1	2	\$.00	0						\$ .(
COMPUTER GAMES AND				0080				1 3	1	2	\$ .00	0 🗆						\$     .(
COMPUTER BOARD GAMES	300			0090				1 3	1	2	\$ .00	0						\$ .(
TOYS AND GAMES	330			0100				1 3	1	2	\$ .00	0						\$    .(
HOBBIES	340			0110				1 3 🗌	1	2	\$ .00	0						\$    .(
MOVING, STORAGE, AND FREIGHT				0120				1 3 🗌	1	2	\$.00	0	]   [					\$ .(
EXPRESS	230			0130				1 3 🗌	1	2	\$ .00	0 🗆						\$ ا ب .(
PETS, PET SUPPLIES, AND				0140				1 3 🗌	1	2	\$ .00	0	<u>ן</u> נ					\$ 
MEDICINE FOR PETS	240			0150				1 3	1	2	\$.00	0 🗆						\$ 
PET SERVICES	250			0160				1 3	1	2	\$ .00	0 🗆	י ן ב					\$ י ו .0
VETERINARIAN EXPENSES FOR PETS	260			0170				1 3	1	2	\$00	0	 ]   [					\$ .0.
LOTTERIES AND				0180				1 3 🗌	1	2	\$ .00	0						\$ .0
GAMES OF CHANCE	<b>390</b> 1 19 03 2	↓		0190				1 3 🗌	1	2	\$ .00	0						\$ 
REPRESENTATIVE CHECK ITEM		·		0200				1 3	1	2	\$0	0 🗆						\$    .C
there are no	10 999 🗌 Go Pa	rt B		0210				1 3	1	2	\$ .00	0	] ¦ [					\$ .0
entries recorded in columns b–g.				0220				1 3	1	2	\$ .00		ן ינ					\$ .0



Part B – Contrib	utions			4	19 (	06 6 -	>				<u>.</u>					
a			b	ONLY		C		d	е		f	NOTES		PRE		
Information Booklet, p	-		What was the (payment/contribution) for?	E OL	EN ITE	TER M		at month did ake the	What was the total amount of the		Did you make any other		1	2	3	,
<ol> <li>Since the 1st of (mol ago), have you (or an your CU) paid any of to help support some of your CU?</li> </ol>	y members the follow eone outsid	ns s of ving de	Describe briefly the payment/contribution.	CESSING USE	CO fro	DE	<b>(paym</b> If it is payme throug	ent/contribution) a continuous ent/contribution hout the reference , mark box.	(payment/contribution For continuing payments/contributions, do not include payments/contributions	n)?() ;,	(payments/ contributions) for?		Description from column b	Month or code from column d	Expense	
College students living away from	ITEM CODE YES	5 NO		PRO			Mont	n Continuous expense	for the current month.		YES NO			Month		
	100 110			0010				1 3 🗌	\$ .0	00					\$	.00
Child support				0020				1 3 🗌	\$	00					\$	.00
2. Since the 1st of				0030				1 3 🗌	\$ .0	00					\$	.00
(month, 3 months ago, have you (or any	X///X//			0040				1 3 🗌	\$ .0	00					\$	.00
members of your CU given any money by cash, checks, money	,			0050				1 3	\$	00					\$	.00
orders, or credit cards to benefit –				0060				1 3	\$	00					\$	.00
Educational institutions	130			0070				1 3 🗌	\$	00					\$	.00
Political organizations	140			0800				1 3	\$ .0	00					\$	.00
Religious				0090				1 3 🗌	\$.0	00					\$	.00
organizations, including churches, temples, and				0100				1 3 🗌	\$ .0	00					\$	.00
mosques, but not including parochial schools	150			0110				1 3 🗌	\$ .0	00					\$	.00
Charities and all othe				0120				1 3	\$.0	00					\$	.00
organizations	160			0130				1 3	\$	00					\$	.00
Any and all other persons not in your				0140				1 3	\$	00					\$	.00
CU, such as friends, co-workers, or homeless persons	170			0150				1 3	\$.0	00					\$	.00
3. Have you (or any				0160	_			1 3	\$ .0	00					\$	.00
members of your CU given any stocks, bonds, or mutual				0170	<u> </u>			1 3 🗌	\$	00					\$	.00
funds to persons or organizations outside your CU?	180			0180				1 3	\$ .0	00					\$	.00
4. FIELD	1 19 04 8	•		0190	-			1 3	\$ 1.0	00					\$	   .00
REPRESENTATIVE CHECK ITEM Mark (X) box if	10 999 🗌 Ge	o to		0200				1 3	\$ .0	00					\$	.00
there are no entries recorded	ne	ext age		0210	_			1 3 🗌	\$ .0	00					\$	.00
in columns b–f.				0220	1			1 3 🗌	\$ .0	00					\$	.0

FORIN	LE-302								
S	Section 20 – EXPENSE PATTERNS FOR FOOD, BE	VERAGES, AND OTHE	R SELE	CTED	ITEMS				
F	Part A – Food and Beverages	1 20 01 4 🗸							
1a.	Since the 1st of (month, 3 months ago), what has been your usual WEEKLY expense at the grocery store or supermarket?	0010 \$00		agencie	ou (or any members of your CU) received any ges, or meals through public or private welfa es, including religious organizations? Do not a school or preschool programs.	<b>y free food, are</b> include free	0140 1 🗌 Yes 2 🗌 No		NOTES
	About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages?	0020 \$0	D	at work	ou (or any members of your CU) received any as part of your pay? what was the WEEKLY dollar value of such r	-	0150 1 🗌 Yes	- Go to item 10a	
2a.	Have you (or any members of your CU) purchased any food or	0030 1 🗌 Yes	-				0160 \$	.00	
	nonalcoholic beverages from places other than grocery stores, such as convenience stores, specialty stores, bakeries, home delivery, vegetable stands, or farmers' markets? Include any large purchases made for freezing or canning.	2 □ No – Go to item 3a	C.	membe	he 1st of (month, 3 months ago), how many w rs of your CU receive such meals? r if preschool or school age students; otherwise r		0170	Number of weeks	
b.	What was your usual WEEKLY expense at these places?	0040 \$00		Since tl	he 1st of (month, 3 months ago), not including have you (or members of your CU) purchase t school for preschool through high school	g (this ed anv	0180 1 🗌 Yes 2 🗌 No -	- Go to part B	
3a.	Have you (or any members of your CU) purchased any beer, wine, or other alcoholic beverages to be served at home?	0050 1 □ Yes 2 □ No - <i>Go to item 4a</i>	b.	meals a Enter the	What are the names of all CU members who t school? e name of each CU member purchasing meals at a, then ask columns b through d for each name of	t school in			
b.	What was your usual MONTHLY expense for beer and wine?		_				1	1	
		0060 <b>\$</b> 0	D	ONLY	a	<b>b</b> Enter	c What is the	d How many	
C	What was your usual MONTHLY expense for other alcoholic		_	USE 0		line number from	usual WEEKLY expense for the meals	weeks did purchase	
0.	beverages?	.00	D	SING		Control Card.	purchased at school?	meals?	
		0 🗌 None	_	PROCESSING				Enter number of weeks.	
	Have you (or any members of your CU) purchased any beer, wine or other alcoholic beverages in restaurants, taverns, cocktail lounges, or clubs?	0080 1 □ Yes 2 □ No – <i>Go to item 5a</i>		0010	3 20 02 8 →				
h	What was the usual MONTHLY expense?		_	0010			\$ .00	)	
IJ.		.00	D	0020			\$ .00	)	
5a.	Have you (or any members of your CU) purchased meals, snacks, or fast food from restaurants, cafeterias, carry-outs,	0100 1 🗌 Yes		0030			\$ .00	)	
	street vendors, or other such places?	2 🗌 No – Go to item 6a		0040			\$ .00		
b.	What was the usual MONTHLY expense for these purchases?	0110 c		0050			\$ .00	)	
_		0110 \$00		0060			\$ .00		
6a.	Have you (or any members of your CU) paid for board outside of a boarding house?	0120 1 🗌 Yes 2 🗌 No – <i>Go to item 7a</i>		0070					
h	What was the usual MONTHLY expense?		_	0080			\$.00		
D.	what was the usual worth incr expense?	0130 \$00	D				\$		
				0090			\$.00		



S	Section 20 – EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS – Continued													
F	art B – Selected Services and Goods	1 20 03 0 🗸												
1a.	Since the 1st of (month, 3 months ago) excluding (this month) have you (or any members of your CU) had any expenses for coin-operated laundry or dry cleaning machines?	0010 1 ☐ Yes 2 ☐ No – <i>Go to item 2a</i>		Have you (or any members of your CU) had any expenses for checking accounts or other banking services, such as ATM fees?	0160 1 ☐ Yes 2 ☐ No – <i>Go to item 7a</i>									
b.	What was the total cost?	0020 \$00	b. \	What is the usual MONTHLY charge?	0170 \$00									
C.	Was any of this amount for items other than clothes such as linens or drapes?	0030 1 □ Yes 2 □ No - <i>Go to item 2a</i>	/ 6	Since the 1st of (month, 3 months ago), excluding (this month) have you (or any members of your CU) had expenses for taxis or limousine service? Do not include expenses entirely reimbursed for business purposes or expenses incurred on a trip.	0180 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>									
d.	How much?	0040 \$00 x □ Don't know	<b>b.</b> /	If YES – What was the total expense?	0190 \$00									
2a.	Have you (or any members of your CU) had any expenses for dry cleaning or laundry services?	0050 1 🗌 Yes	5	Do you (or any members of your CU) use mass transportation services such as a bus, subway, mini-bus or train, including commuter bus and train service?	0200 1 🗌 Yes 2 🗌 No – <i>Go to next section</i>									
		2 🗌 No – <i>Go to item 3a</i>		What is the usual MONTHLY cost to use mass transit to go to –										
b.	What was the total cost for dry cleaning or laundry services?	0060 \$00	(	(1) Work?	0210 \$00									
C.	Was any of this amount for items other than clothes such as linens or drapes?	0070 1 □ Yes 2 □ No – <i>Go to item 3a</i>	(	(2) School?	0220 \$ .00									
d.	How much?	0080 \$00 x □ Don't know		(3) Other places?	0230 \$00									
3.	Have you (or any members of your CU) purchased tobacco products, such as –	0090 1 🗌 Yes		NOTES										
a.	Cigarettes?	2 🗌 No – Go to item 3c												
b.	If YES – What is the usual WEEKLY expense for cigarettes?	0100 \$00												
C.	Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?	0110 1 □ Yes 2 □ No - <i>Go to item 4</i>												
d.	<i>If YES</i> – What is the usual WEEKLY expense for cigars, pipe tobacco, or other tobaccos?	0120 \$00												
4.	Since the 1st of (month, 3 months ago), excluding (this month), what has been the expense for haircuts, styling, and other related services for all members of your CU?	0130 \$00												
Fa														
5a.	Have you (or any members of your CU) had any expenses for the rental of a safe deposit box located in a bank or similar financial institution?	0140 1 □ Yes 2 □ No – <i>Go to item 6a</i>												
b.	What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago), excluding this month?	0150 \$00												
FORM														



|--|

### Section 21 – CREDIT LIABILITY

FIELD REPRESENTATIVE – Complete columns b through e for each store,

а					b		C		d			е	
• On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans.				JSE ONLY	ATRO ENTER ITEM CODE from column a		What is the name of the (credit source) to which you owe money? Enter name of store, credit card, finance	How much was (credit source)?	)	your CU d	anv other		
Read each item listed below. Complete a separate line for each individual store, credit card, etc.		,	PROCESSING USE ONLY			company, bank, credit union, insurance company, etc.		_		lf "No," go credit sour column a.			
REDIT SOURCE	ITEM CODE	YES	NO	PRO					Г   	Don't know	YES	NO	
evolving credit accounts cluding store, gasoline, and eneral purpose credit cards, uch as Sears, Amoco, Visa, asterCard, etc.	. 100		[	0010				\$	.00	х□			
tores for installment credit			[	0020				\$	.00	х□			
counts			[	0030				\$	.00	х□			
ompanies			[	0040				\$	.00	х□			
nance companies			[	0050				\$	.00	х□			
surance companies (Do not clude insurance emium payments)	. 600		[	0060				\$	.00	х□			
octors, dentists, hospitals, or her medical practitioners for			[	0070				\$	.00	х□			
xpenses not covered / insurance				0080				\$	.00	х□			
ther credit sources	. 800			0090									
								\$	00.				
				0100				\$	.00	х□			
			[	0110				\$	.00	х□			
			[	0120				\$	.00	х□			
ELD REPRESENTATIVE HECK ITEM	1 21 0			0130				\$	.00	х□			
lark (X) box if there are no entries corded in columns b–e.	<mark>0010</mark> 999 [	Go i next sect	t 🛛	0140				\$	.00	х□			
				0150				\$	.00	х□			

ank, credit account, etc., reported in column a.											
	NOTES										



# Section 21 – CREDIT LIABILITY – Continued

### FIELD REPRESENTATIVE – Complete columns b through e for each store,

а			b		C		d		e	
		SSING USE ONLY	ENTE ITEM CODE from colum	-	What is the name of the (credit source) to which you owe money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.	How mu (credit sc	ch was owed to burce)?	vour CÚ d	any other urce)? to next rce in	
CREDIT SOURCE	ITEM CODE	PROCESSING					Don't	YES	NO	
Revolving credit accounts ncluding store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa,		0010				\$	.00 ×□			
MasterCard, etc		0020		_		\$	.00 x 🗆			
ccounts		0030				\$	.00 x 🗆			
ompanies		0040				\$	.00 ×□			
nance companies		0050				\$	.00 x 🗆			
surance companies (Do not clude insurance remium payments)	. 600	0060				\$	.00 ×			
octors, dentists, hospitals, or ther medical practitioners for		0070				\$	.00 ×			
xpenses not covered y insurance		0080				\$	.00 ×□			
ther credit sources	. 800	0090				\$	.00 ×□			
		0100								
						\$	.00 × □			
		0110				\$	.00   X 🗌			
		0120				\$	.00 × 🗆			
		0130				\$	.00 x 🗆			
		0140				\$	.00 x 🗆			
		0150				\$	.00 ×□			

Skip to Section 22A

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

### Section 21 – CREDIT LIABILITY

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

Part A.2 - Credit Balances - Fifth Guerroris Total Signal Signa		Dert A 2 Credit Balances Eifth Overter Only																	
1. De 1 is of the autom month, lid web or service is web of the 1 is the number of the form is web of the 1 is the number of	P	art A.2 – Credit Balances	s – Fifth	<mark>ո Q</mark> ս	arte	er Onl	у		1 21 11 1 🖵										
Image: A year, C L O year, any means to any difference of the second means, the any difference of the second means, the any difference of the second means, and the second mean		а					b			C	d			e				f	NOTES
Internet of the read series credit cond, marked read, series credit cond, s	members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans. Read each item listed below. Complete a separate line			<b>f</b> quity	SING USE ONLY	ITEM CODE from	a Ent	<b>to which you owed money?</b> Enter name of store, credit card, finance company, bank, credit union, insurance		How much was owed to			on the 1st of (current mo		your CÙ o money to (credit sou If "No," go credit sour	we any any other rce)? to next			
Internet of the read series credit cond, marked read, series credit cond, s		CREDIT SOURCE	ITEM CODE	YES	NO	OCES									Don't				
accounts       200       200       200       200       200       S       00 vr		including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa,	. 100								\$	.00	know	\$ .00	   	¦ know		   	
companies       300       0030       0030       0       S       00       x       S       00       x       I       I         Credit unions       400       0040       0040       S       00       x       S       00       x       S       00       x       I       I       I         Finance companies       500       00       0040       S       00       x       S       00       x       S       00       x       I			200			0020					\$	.00	х□	\$ .00		   x□			
Finance companies       0040       0040       0040       S       00       N       S       00       N       N       Image of the set of		Banks and savings and loan companies	300			0030					\$	.00	х□	\$ .00	) ₀ □				
Instrume companies (Do not include introduce) include introduce include						0040					\$	.00	х□	\$.00	) ₀ □	   x□			
premium payments       600       Image: black of the constraint of the		Insurance companies (Do not	. 500			0050					\$	.00	х□	\$.00	) o 🗆	   x□			
other medical practitioners for sexpenses not covered.         Too         Ion         Ion <t< td=""><td></td><td>premium payments)</td><td>600</td><td></td><td></td><td>0060</td><td></td><td></td><td></td><td></td><td>\$</td><td>.00</td><td>х□</td><td>\$ .00</td><td>)   o □</td><td>¦ ¦x□</td><td></td><td></td><td></td></t<>		premium payments)	600			0060					\$	.00	х□	\$ .00	)   o □	¦ ¦x□			
2a. On the 1st day of (current month, one year ago), did you (or any members of your CU) owe money to any creditor that you did not owe money to the current year?       0080       S       000 v.       S       00       v.       <		other medical practitioners for expenses not covered	. 700			0070					\$	.00	х□	\$	) o 🗆	   ×□			
you (or any members of your CU) owe money to on the fist day of (the current month, the current year)?       00000       x	-				did	0080					\$	.00	х□	\$		. ×□			
0100       0100	you (or any members of your CU) owe money t any creditor that you did not owe money to on		to I	0090					\$	.00	х□	\$ .00	) ) ₀ □	¦ ¦ x□					
the credit?       Item outcols       0110       I		□ YES □ NO				0100					\$	.00	х□	\$ .00	) o □	¦ x□			
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	b.	What was the source of the credit?	Item code	e(s)		0110					\$	.00	х□	\$ .00	<b>)</b> o 🗌	     x□			
CHECK ITEM       Mark (X) box if there are no entries recorded in columns b-f.       0010 999 Go to part B       0140       \$       .00       x        \$       .00       x        .00 <td< td=""><td></td><td>and f for each credit source</td><td></td><td></td><td></td><td>0120</td><td></td><td></td><td></td><td></td><td>\$</td><td>.00</td><td>х□</td><td>\$ .00</td><td>) ₀ □</td><td>    x□</td><td></td><td></td><td></td></td<>		and f for each credit source				0120					\$	.00	х□	\$ .00	) ₀ □	   x□			
Mark (X) box if there are no entries recorded in columns b-f.       part B       0140       \$       .00       x       x       I       I	3.	FIELD REPRESENTATIVE CHECK ITEM	1 21	10 3	¥	0130					\$	.00	х□	\$	0 0	   x□			
		Mark (X) box if there are no entries recorded in columns b–f.	0010 999	) □ Go pa	o to rt B	0140					\$	.00	х□	\$ .00	<b>)</b> o 🗆	. ×□			
0150       \$       .00 x □       \$       .00 o □       x □       □						0150					\$	.00	х□	\$ .00	<b>)</b> o 🗆	¦   x□			

# Section 21 – CREDIT LIABILITY – Continued

### FIELD REPRESENTATIVE – Complete columns b through f for each store, b

а			b		C			d			е		
		PROCESSING USE ONLY	ENTER ITEM CODE from column a	to which	he name of the you owed mon e of store, credit bank, credit unio etc.	ey? card, finance	Ask if "Yes" in t How much wa (credit source)	as owed to		What was th on the 1st of year ago)?	e total amou f (current mon	n <b>t owe</b>	∍d '
CREDIT SOURCE	ITEM CODE	PROC						ר ו ו	Don't know			None	Do kn
Revolving credit accounts ncluding store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa,		0010					\$	.00	х□	\$	.00	0 🗆	     X
MasterCard, etc	100	0020					\$	.00	х□	\$	.00	     0 🗌	     X
Stores for installment credit accounts	200	0030					\$	00	х□	\$	00	0	
Banks and savings and loan companies	300						• •	.00	X	<u></u>			X   
Credit unions	400	0040					\$	.00	x 🗆	\$	.00	0	x
Finance companies	500	0050					\$	.00	х□	\$	.00	0	i I X
nsurance companies (Do not include insurance oremium payments)	600	0060					\$	.00	х□	\$	.00	0	
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered		0070					\$	.00	х□	\$	.00	0	   x
by insurance	700 800	0080					\$	.00	х□	\$	.00	   0 □	     X
		0090					\$	.00	х□	\$	.00	¦ o □	
		0100					\$		x□			0 🗆	I I
		0110					\$			\$			
		0120					\$			\$		0	1
		0130					\$		x 🗆	\$			i I
		0140					\$			\$			   
							Ψ	.00		Ψ	.00		

,			eported in column a.
	1	:	NOTES
	Did any m your CU o money to (credit soul	we any any other	
	lf "No," go credit sourd column a.	to next ce in	
)on't now	YES	NO	
×П			
x 🗆			
x 🗆			
×П			
× 🗆			
<u> </u>			
×П			
×□			
×П			

	Section 21 – CREDIT LIABILITY – Continu	ied			FIELD REPRESENTATIVE – Ask items a through h and record the total amount of months for each item.
	Part B – Finance Charges – Fifth Quarter Only		1 21 20 2 🗸		
m in e>	uring the past 12 months, have you (or any embers of your CU) paid any finance charges, terest charges or late fees to any of the following ccept for mortgage, home equity loans, or nomobile loans?				NOTES
a	Revolving credit accounts including store, gasoline and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.?	0010	1		
	Do not include yearly fees. If YES – How much was paid for finance, interest and late charges?	0020	Ψ	.00	
			x 🗌 Don't know		
b	Stores for installment credit accounts?	0030	1 □ Yes 2 □ No		
	If YES – How much was paid for finance, interest and late charges?	0040	\$ x□Don't know	.00	
C.	Banks and Savings and Loans?	0050	1 □ Yes 2 □ No		
	If YES – How much was paid for finance, interest and late charges?	0060	\$ x □ Don't know	.00	
d.	Credit unions?	0070	1 🗌 Yes 2 🗌 No		
	If YES – How much was paid for finance, interest and late charges?	0080	\$ x □ Don't know	.00	
е.	Finance companies?	0090	1 🗌 Yes 2 🗌 No		
	If YES – How much was paid for finance, interest and late charges?	0100	\$ x □ Don't know	.00	
f.	Insurance companies?	0110	1		
	<i>If YES</i> – How much was paid for finance, interest and late charges?	0120	\$	.00	
			x 🗌 Don't know		
g	Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance?	0130	1		
	If YES – How much was paid for finance, interest and late charges?	0140	\$ x □ Don't know	.00	
h.	Other credit sources?	0150	1 🗌 Yes		
	<i>If YES</i> – How much was paid for finance, interest and late charges?	0160	2	.00	

FIELD REPRESENTATIVE – Ask items a through h and record the total amount of finance charges or interest paid during the past 12 months for each item.
NOTES

	Section 22 – WORK EXPERIENCE AND INCOME FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.													
	Part A – Second	Quarter, Fifth (	Quarter or New Consur	ner Units Only										
		PROCESSING USE ONLY	1 22 01 0 🗸	Ask if item 2 marked "Did not work" –		<b>6e.</b> Was there any money deducted from 's last pay for –								
	ITEM Enter the first name and line number of	a. NAME		5. What was the main reason did not work during the past 12 months? Was		If YES – How much?	0130 1 🗆 Yes 0140 💲 .00							
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010	CODE		(1) Federal income tax?	2 No							
2.	weeks did work ( part time, not count	ast 12 months, how many did work either full time or ne, not counting work around use? Include paid vacation and dia lase? Include paid vacation and Go to item 5		1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work?	0070Code	(2) State and local income tax?	0150 1 Yes 0160 \$							
3.	In the weeks that worked, how many hours did work per week?		0030 Hours per week	<b>5</b> – Unable to find work? <b>6</b> – Doing something else? – Specify $regimerations$		(3) Private pension fund?	0170 1 Yes 0180 \$ .00 2 No							
4.0	Information Booklet, p	-	Week	<b>6.</b> During the last 12 months,		(4) Government retirement?	0190 1 Tyes 0200 \$ .00							
40	<ul> <li><b>a.</b> The job in which received the most earnings during the past 12 months fits best in the following category: Manager, professional</li> <li><b>o1 - Administrator, manager</b></li> <li><b>o2 - Teacher</b></li> <li><b>o3 - Professional</b></li> <li>Administrative support, technical, sales</li> <li><b>o4 - Administrative support, including</b> clerical</li> <li><b>o5 - Sales, retail</b></li> <li><b>o6 - Sales, business goods and services</b></li> <li><b>o7 - Technician</b></li> <li>Service</li> <li><b>o8 - Protective service</b></li> <li><b>o9 - Private household service</b></li> <li><b>o1 - Other service</b></li> <li><b>Operator, assembler, laborer</b></li> <li><b>11 - Machine operator, assembler,</b> inspector</li> <li><b>12 - Transportation operator</b></li> </ul>			did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay,	0080 1 🗌 Yes – Go to item 6a 2 🗌 No – Go to item 7	(5) Railroad retirement?	0210 1 Yes 0220 \$ .00							
				much did receive in wages and	0090 \$	(6) Social Security including Medicare?	0230 1 □ Yes – Go to item 6g 2 □ No – Go to item 6f							
				salaries for ALL JOBS before any deductions?	Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.	f. Are Social Security payments NORMALLY deducted from's pay?	0240 1 🗌 Yes – Go to item 6g 2 🗌 No – Go to item 6h							
			0040 Code	Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.	0100 1	<b>g.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1 🗌 Yes 2 🗌 No							
				b. Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?	3	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for in the last 12 months?	0260 1 🗌 Yes 2 🗌 No							
	13 – Handler, helper, Precision production, c 14 – Mechanic, repai production	<b>, laborer</b> craft, repair			6 □ \$30,000-\$39,999 7 □ \$40,000-\$49,999 8 □ \$50,000-\$69,999 9 □ \$70,000-\$89,999	7. During the last 12 months, did have any income or loss from's own nonfarm business, partnership, or professional practice?	0270 1 □ Yes – Go to item 7a 2 □ No – Go to item 7c							
	15 – Construction, m Farming, forestry, fishi 16 – Farming 17 – Forestry, fishing	ing			10 □ \$90,000 -\$119,999 11 □ \$120,000 and over	<b>a.</b> What was the amount of income or loss after expenses?	0280       \$       .00       }       Go to item 7c         0290       1       Loss							
	Armed forces 18 - Armed forces			<b>C.</b> What was the amount of's last pay before deductions?	0110 \$00	Ask only if "Don't know" or "Refuse" to	If "Don't know" or "Refuse" – Go to item 7b.							
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, professional practice, or farm?</li> <li>6 - Working WITHOUT PAY in family business or farm?</li> </ul>		0050       Code         Ask if code 5 and not a farm - Is the business incorporated?         0060       1 □ Yes         2 □ No	<b>d.</b> What period of time did this cover?	0120 1 1 week 2 2 weeks 3 Month 4 Quarter 5 Year 6 Other – Specify 7 Twice a month	<ul> <li>b. Could you tell me which range on CARD A best reflects's income or loss from's own nonfarm business, partnership or professional practice during the last 12 months?</li> </ul>	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							



Page	1	2	1
------	---	---	---

Section 22 – WORK EXPERIENCE AND INCOME – Continued								
Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued								
<b>7c.</b> During the last 12 months, did have any income from's own farm?	0310 1 □ Yes – Go to item 7d 2 □ No – Go to item 8	<b>9f.</b> Is this amount AFTER the deduction for a Medicare premium?	0420 1 🗌 Yes 2 🗌 No	NOTES				
	0320 \$	<b>G.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number					
item 7d. Information Booklet, page 44.	If "Don't know" or "Refuse" - Go to item 7e         0340       0 □ Loss         1 □ \$0 -\$4,999         2 □ \$5,000-\$9,999	<ul> <li>10. During the last 12 months, did receive any -</li> <li>a. Supplemental Security Income (SSI) payments from the U.S. Government?</li> </ul>	0440 1 □ Yes 2 □ No					
Could you tell me which range on CARD A best reflects's income or loss from's own farm during the last 12 months?	$3 \square $10,000 - $14,999$ $4 \square $15,000 - $19,999$ $5 \square $20,000 - $29,999$ $6 \square $30,000 - $39,999$	<b>b.</b> Supplemental Security Income (SSI) payments from the STATE or LOCAL government?	0450 1 🗌 Yes 2 🗌 No					
	7 (1) \$40,000-\$49,999 8 (1) \$50,000-\$69,999 9 (1) \$70,000-\$89,999 10 (1) \$90,000-\$119,999 11 (1) \$120,000 and over	If "Yes" in items 10a and/or10b – C. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?	0460 \$ .00 Go to item 11 If "Don't know" or "Refuse" –Go to item 10d					
any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? <i>Do not include rollovers.</i>	0350 1 ☐ Yes 2 ☐ No 0360 \$00	item 10c. Information Booklet, page 46. d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
<b>9.</b> During the last 12 months, did receive from the U.S. Government any	0370 1 🗆 Yes 2 🗋 No	Income from all government sources during the last 12 months?	$5 \square $4,000-$4,999$ $6 \square $5,000-$9,999$ $7 \square $10,000-$14,999$ $8 \square $15,000-$19,999$ $9 \square $20,000-$29,999$ $10 \square $30,000-$39,999$					
D. Railroad Retirement checks?	0380 1 □ Yes 2 □ No		10 (1) \$30,000-\$39,999 11 (1) \$40,000-\$49,000 12 (1) \$50,000 and over					
<b>C.</b> FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?	0390 1 □ Yes – Go to item 9d 2 □ No – Go to item 10	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based	0480 1  ☐ Records 2  ☐ No records used					
<b>d.</b> What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$00 Go to item 9f	upon the respondent's use of records in providing responses to items 6–10						
Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.	If "Don't know" or "Refuse" – Go to item 9e           0410         1  Less than \$300							
e. Could you tell me which range on CARD B best reflects the amount of 's last Social Security or Railroad	2							
Retirement payment received?	5 🗌 \$600–\$699 6 🛄 \$700–\$799							
	7							
	9							





											0	
	Section 22 – WO	RK EXPERIENC	E AND INCOME – Cont	tinu	ed FIELD REPRE	SENTATIVE – Ask a separate j	page	e of part A for each CU member 14 years o	old and over.			
	Part A – Second	Quarter, Fifth (	Quarter or New Consur	ner	Units Only – Continued							
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 22 06 9 🖌		Ask if item 2 marked "Did not work" –		6	<b>6.</b> Was there any money deducted from's last pay for –				
	ITEM Enter the first name	a. NAME		5.	What was the main reason did not work during the past 12 months?			If YES – How much?				
	and line number of each CU member 14				Was				0130 1 🗌 Yes	0140 \$	.00	
2	years old and over.	<b>b.</b> LINE NUMBER	0010		CODE	0070 Code		(1) Federal income tax?	2 🗌 No			
2.	weeks did work part time, not count	ot counting work around		20     Umath Number of Line Alignment of		Code		(2) State and local income tax?	0150 1 🗌 Yes 2 🗌 No	0160 \$	.00	
3.	paid sick leave.		Go to item 5		<ul> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify -</li> </ul>			(3) Private pension fund?	0170 1 🗌 Yes 2 🗌 No	0180 \$	.00	
	many hours did		0030 Hours per week		$\mathbf{V}$ - Doing something else: - Spechy $\mathbf{k}$			(0)				
4.2	Information Booklet, p	-		6	During the last 12 months,			(4) Government retirement?	0190 1 🗌 Yes 2 🗌 No	0200 \$	.00	
40	<ul> <li>4a. The job in which received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager</li> </ul>	ST		did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay,	0080 1 □ Yes – Go to item 6a 2 □ No – Go to item 7	1	(5) Railroad retirement?	0210 1 🗆 Yes 2 🗆 No	0220 \$	.00		
	<ul> <li>O2 - Teacher</li> <li>O3 - Professional</li> <li>Administrative support, technical, sales</li> <li>O4 - Administrative support, including clerical</li> <li>O5 - Sales, retail</li> <li>O6 - Sales, business goods and service</li> <li>O7 - Technician</li> </ul>			teaching fellowships, and the like. <b>a.</b> During the last 12 months, how much did receive in wages and	0090 \$00		(6) Social Security including Medicare?	0230 1 🗌 Yes – 2 🗌 No – C	Go to item 6g Go to item 6f			
					salaries for ALL JOBS before any deductions?	Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.		f. Are Social Security payments NORMALLY deducted from's pay?	0240 1 🗌 Yes – 2 🗌 No – C	Go to item 6g Go to item 6h		
	Service 08 – Protective servi 09 – Private househo		O040     Code		Ask only if "Don't know" or "Refuse" item 6a. Information Booklet, page 4		o 0100 1 🗆 \$0-\$4.999		<b>g.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1 🗌 Yes 2 🗌 No		
	inspector	r, assembler, laborer chine operator, assembler, pector insportation operator ndler, helper, laborer n production, craft, repair chanic, repairer, precision		b. Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?		3 □ \$10,000-\$14,999 4 □ \$15,000-\$19,999 5 □ \$20,000-\$29,999		h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for in the last 12 months?	0260 1 🗌 Yes 2 🗌 No			
	<b>13 – Handler, helper</b> Precision production, o				6	7	During the last 12 months, did have any income or loss from's own nonfarm business, partnership, or professional practice?	0270 1 🗌 Yes – 2 🗌 No – C	Go to item 7a Go to item 7c			
	<ul> <li>15 - Construction, n</li> <li>Farming, forestry, fishing</li> <li>16 - Farming</li> </ul>	ing				10 □ \$90,000-\$119,999 11 □ \$120,000 and over		<b>a.</b> What was the amount of income or loss after expenses?	0280 \$	.00	Go to item 7c	
17 – Forestry, fishing, groundskee Armed forces		g, groundskeeping		c.	What was the amount of's last				0290 1 🗆 Loss If "Don't k	] now" or "Refuse	e" – Go to item 7b.	
b	18 – Armed forces		0050 Code	-	pay before deductions?	0110 \$ .00		Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.	0300 0 🗌 Loss 1 🗌 \$0 -\$4			
CODE 1 – An employee of a PR company, business, o working for wages of 2 – A Federal government 3 – A State government	of a PRIVATE ness, or individual ages or salary? ernment employee?	0050       Code       d.         Ask if code 5 and not a farm - Is the business incorporated?       0060       1 □ Yes 2 □ No		What period of time did this cover?	0120 1 1 1 week 2 2 weeks 3 Month 4 Quarter 5 Year		<b>b.</b> Could you tell me which range on CARD A best reflects's income or loss from's own nonfarm business, partnership or professional practice during the last 12 months?	4 🗌 \$15,00 5 🗌 \$20,00 6 🗌 \$30,00	00-\$14,999 00-\$19,999 00-\$29,999 00-\$39,999			
<ul> <li>4 – A local government employee</li> <li>5 – Self-employed in OWN busines professional practice, or farm</li> <li>6 – Working WITHOUT PAY in fan business or farm?</li> </ul>				OWN business, ctice, or farm? JT PAY in family		6  Other – <i>Specify</i> 7  Twice a month			7	)0–\$69,999 )0–\$89,999		

Section 22 - WORK EXPERIENCE AND INCOME - Continued								
Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued								
<b>7c.</b> During the last 12 months, did have any income from's own farm?	0310 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8	<b>9f.</b> Is this amount AFTER the deduction for a Medicare premium?	0420 1 □ Yes 2 □ No	NOTES				
d. What was the amount of income or loss after expenses?	0320     \$     .00       0330     1 □ Loss   Go to item 8	<b>G.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number					
Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44. Could you tell me which range on CARD A best reflects's income	<i>If "Don't know" or "Refuse" – Go to item 7e</i> 0340 0 □ Loss 1 □ \$0 -\$4,999 2 □ \$5,000-\$9,999	<ul> <li>10. During the last 12 months, did receive any –</li> <li>a. Supplemental Security Income (SSI) payments from the U.S. Government?</li> </ul>	0440 1 □ Yes 2 □ No					
CARD A best reflects's income or loss from's own farm during the last 12 months?	3 () \$10,000-\$14,999 4 () \$15,000-\$19,999 5 () \$20,000-\$29,999 6 () \$30,000-\$39,999	<b>b.</b> Supplemental Security Income (SSI) payments from the STATE or LOCAL government?	0450 1 □ Yes 2 □ No					
	6 □ \$30,000-\$33,999 7 □ \$40,000-\$49,999 8 □ \$50,000-\$69,999 9 □ \$70,000-\$89,999 10 □ \$90,000-\$119,999 11 □ \$120,000 and over	If "Yes" in items 10a and/or10b – C. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?	0460 \$00 Go to item 11 If "Don't know" or "Refuse" –Go to item 10d					
8. During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers. If YES – How much?		Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46. d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources	0470 1 □ \$0 -\$999 2 □ \$5,000-\$1,999 3 □ \$2,000-\$2,999 4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999					
<ul> <li>9. During the last 12 months, did receive from the U.S. Government any money from -</li> <li>a. Social Security checks?</li> </ul>	0370 1 □ Yes 2 □ No	during the last 12 months?	6 □ \$5,000-\$9,999 7 □ \$10,000-\$14,999 8 □ \$15,000-\$19,999 9 □ \$20,000-\$29,999 10 □ \$30,000-\$39,999					
b. Railroad Retirement checks?	0380 1 ☐ Yes 2 ☐ No		10 □ \$30,000-\$39,999 11 □ \$40,000-\$49,000 12 □ \$50,000 and over					
<b>C.</b> FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?	0390 1 □ Yes – Go to item 9d 2 □ No – Go to item 10	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based	0480 1 🗌 Records 2 🗌 No records used					
<b>d.</b> What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$	upon the respondent's use of records in providing responses to items 6–10						
Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.	0410 1 □ Less than \$300 2 □ \$300-\$399							
<b>e.</b> Could you tell me which range on CARD B best reflects the amount of 's last Social Security or Railroad Retirement payment received?	3 □ \$400-\$499 4 □ \$500-\$599 5 □ \$600-\$699							
	6 🗌 \$700–\$799 7 🗌 \$800–\$899							
	7 □ \$800-\$899 8 □ \$900-\$999 9 □ \$1,000-\$1,499 10 □ \$1,500 and over							

	0 120						1 490 120
	Section 22 – WO	RK EXPERIENC	E AND INCOME - Cont	<b>inued</b> FIELD REPRE	SENTATIVE – Ask a separate j	page of part A for each CU member 14 years o	old and over.
	Part A – Second	Quarter, Fifth (	Quarter or New Consu	ner Units Only – Continued			
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 22 11 9 🗸	Ask if item 2 marked "Did not work" –		<b>6e.</b> Was there any money deducted from 's last pay for –	
Enter the first name and line number of <b>a.</b> NAME		a. NAME		5. What was the main reason did not work during the past 12 months? Was		If YES – How much?	0130 1 □ Yes 0140 \$00
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010	eks     2 – Taking care of home/family?       k –     3 – Going to school?       9     4 – III, disabled, unable to work?       5 – Unable to find work?       6 – Doing something else? – Specify K		(1) Federal income tax?	
2.	In the last 12 month weeks did work part time, not count the house? Include p	either full time or ing work around	0020 Weeks ₀ □ Did not work - <i>Go to item 5</i>		0070Code	(2) State and local income tax?	0150 1 Ves 0160 \$ .00
3.	paid sick leave. In the weeks that many hours did		0030 Hours per			(3) Private pension fund?	0170 1 Ves 0180 \$ .00
4	Information Booklet, p		week			(4) Government retirement?	0190 1 🗆 Yes 0200 \$ .00 2 🗋 No
40	<ol> <li>The job in which earnings during the fits best in the follow Manager, professional 01 – Administrator, professional</li> </ol>	past 12 months wing category:		6. During the last 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay,	0080 1 □ Yes – Go to item 6a 2 □ No – Go to item 7	(5) Railroad retirement?	0210 1 Yes 0220 \$ .00 2 No
	02 – Teacher 03 – Professional Administrative suppor	- Teacher		teaching fellowships, and the like. <b>a.</b> During the last 12 months, how much did receive in wages and	0090 \$	(6) Social Security including Medicare?	0230 1 □ Yes – Go to item 6g 2 □ No – Go to item 6f
	clerical 05 – Sales, retail 06 – Sales, business 07 – Technician			salaries for ALL JOBS before any deductions?	Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.	f. Are Social Security payments NORMALLY deducted from's pay?	0240 1 □ Yes – Go to item 6g 2 □ No – Go to item 6h
	Service 08 – Protective service 09 – Private household service		0040 Code	Ask only if "Don't know" or "Refuse" item 6a. Information Booklet, page 44.		<b>9.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1 🗆 Yes 2 🗆 No
	10 – Other service Operator, assembler, I 11 – Machine operat inspector	or, assembler,		b. Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?	3	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for in the last 12 months?	0260 1 🗌 Yes 2 🗌 No
	<ul> <li>12 – Transportation operator</li> <li>13 – Handler, helper, laborer</li> <li>Precision production, craft, repair</li> <li>14 – Mechanic, repairer, precision</li> </ul>				6 □ \$30,000-\$39,999 7 □ \$40,000-\$49,999 8 □ \$50,000-\$69,999 9 □ \$70,000-\$89,999	7. During the last 12 months, did have any income or loss from 's own nonfarm business, partnership, or professional practice?	0270 1 □ Yes – Go to item 7a 2 □ No – Go to item 7c
production 15 – Constructio Farming, forestry, 16 – Farming		•			10 □ \$10,000-\$83,999 10 □ \$90,000-\$119,999 11 □ \$120,000 and over	<b>a.</b> What was the amount of income or loss after expenses?	0280     \$     .00       0290     1     Loss
	Armed forces 18 – Armed forces	g, groundskeeping		C. What was the amount of's last pay before deductions?	0110 \$ .00		If "Don't know" or "Refuse" – Go to item 7b.
b	<ul> <li>Was</li> <li>CODE</li> <li>1 - An employee of a company, busine working for wag</li> <li>2 - A Federal govern</li> <li>3 - A State governm</li> <li>4 - A local governm</li> <li>5 - Self-employed in professional prace</li> <li>6 - Working WITHOU</li> </ul>	ess, or individual es or salary? ment employee? ent employee? ent employee? OWN business, ctice, or farm? JT PAY in family	0050       Code         Ask if code 5 and not a farm - Is the business incorporated?         0060       1 □ Yes         2 □ No	d. What period of time did this cover?	0120 1 1 1 week 2 2 weeks 3 Month 4 Quarter 5 Year 6 Other – Specify	<ul> <li>Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.</li> <li>b. Could you tell me which range on CARD A best reflects's income or loss from's own nonfarm business, partnership or professional practice during the last 12 months?</li> </ul>	4 □ \$15,000-\$19,999 5 □ \$20,000-\$29,999 6 □ \$30,000-\$39,999 7 □ \$40,000-\$49,999 8 □ \$50,000-\$69,999 9 □ \$70,000-\$89,999
	business or farm	ſ			7 🗌 Twice a month		10

Section 22 - WORK EXPERIENCE AND INCOME - Continued								
Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued								
<b>7c.</b> During the last 12 months, did have any income from's own farm?	0310 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8	<b>9f.</b> Is this amount AFTER the deduction for a Medicare premium?	0420 1 🗌 Yes 2 🗌 No	NOTES				
<b>d.</b> What was the amount of income or loss after expenses?	0320       \$       .00       }       Go to item 8         0330       1       Loss	<b>g.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number					
Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44. <b>e. Could vou tell me which range on</b>	If "Don't know" or "Refuse" – Go to item 7e 0340 0 □ Loss 1 □ \$0 -\$4,999 2 □ \$5,000-\$9,999	<ul> <li>10. During the last 12 months, did receive any -</li> <li>a. Supplemental Security Income (SSI) payments from the U.S. Government?</li> </ul>	0440 1 □ Yes 2 □ No					
<b>e.</b> Could you tell me which range on CARD A best reflects's income or loss from's own farm during the last 12 months?	$3 \square \$10,000-\$14,999$ $4 \square \$15,000-\$19,999$ $5 \square \$20,000-\$29,999$ $6 \square \$30,000-\$39,999$	<b>b.</b> Supplemental Security Income (SSI) payments from the STATE or LOCAL government?	0450 1 □ Yes 2 □ No	-				
	7 □ \$40,000-\$49,999 8 □ \$50,000-\$69,999 9 □ \$70,000-\$89,999 10 □ \$90,000-\$119,999 11 □ \$120,000 and over	If "Yes" in items 10a and/or10b – C. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?	0460 \$					
8. During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers. If YES – How much?	0350 1 Yes 2 No 0360 \$00	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46. d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources	0470 1 □ \$0 -\$999 2 □ \$5,000-\$1,999 3 □ \$2,000-\$2,999 4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999					
<ul> <li>9. During the last 12 months, did receive from the U.S. Government any money from –</li> <li>a. Social Security checks?</li> </ul>	0370 1 □ Yes 2 □ No	during the last 12 months?	6					
b. Railroad Retirement checks?	0380 1		10 ☐ \$30,000-\$33,999 11 ☐ \$40,000-\$49,000 12 ☐ \$50,000 and over					
C. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?	0390 1 □ Yes – Go to item 9d 2 □ No – Go to item 10	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based	0480 1 🗌 Records 2 🗌 No records used					
<b>d.</b> What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$	upon the respondent's use of records in providing responses to items 6–10						
Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.	If "Don't know" or "Refuse" – Go to item 9e							
<b>e.</b> Could you tell me which range on CARD B best reflects the amount of 's last Social Security or Railroad Retirement payment received?	$2 \square $300-$399$ $3 \square $400-$499$ $4 \square $500-$599$ $5 \square $600-$699$ $6 \square $700-$799$							
	7 □ \$800–\$899 8 □ \$900–\$999							
	9 🗌 \$1,000-\$1,499 10 🗌 \$1,500 and over							

<ul> <li>prime de side des l'ences per services de la survey de l'ences ences de la survey ences de la survey ences ences de la survey ences de la survey ences de la survey ences ences de la survey ences ences de la survey ences de la survey ences de la survey ences en</li></ul>		Section 22 – WO	RK EXPERIENC	E AND INCOME		FIELD REPRE	SENTATIVE – Ask a separate (	page o	f part A for each CU member 14 years c	old and over.										
Implementation constrained a base of the constrained of th		Part A – Second	Quarter, Fifth (	Quarter or New Consur	ner	Units Only – Continued														
Event for the far a name in the second	1.	REPRESENTATIVE	PROCESSING USE ONLY	1 22 16 8 🗸				6e.	Was there any money deducted from's last pay for –											
<ul> <li>prime de sair de service months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hour months, hour months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hourmanne (010)</li> <li>ant huber stat de worked. heur months, hour months,</li></ul>		Enter the first name and line number of	a. NAME		5.	not work during the past 12 months?			If YES – How much?	0130 1 Ves	0140	.00								
weeks did works did with full time or prid and work?       0000		years old and over.		0010					(1) Federal income tax?		5140 \$									
In the weeks that	2.	weeks did work part time, not count the house? Include p	either full time or ing work around	0 Did not work –		2 – Taking care of home/family? 3 – Going to school?	Code		(2) State and local income tax?		0160 \$	.00								
Information Booklet, page 43         48. The job in which received the most fift besit in the following scalary: nectored and mager. patients or selectly include all wages, salaries, commissions, tips, allowances, including diversity, and the like.         49. The job in which received the most fift besit in the following scalary: include all wages, salaries, commissions, tips, allowances, including diversity, and the like.         01 - Administrator, manager of a Farty include all wages, salaries, commissions, tips, allowances, including diversity, and the like.         05 - Salar, including diversity, including diversity, and the like.         06 - Salar, including diversity, including diversity, and the like.         06 - Salar, including diversity, including diversity, and the like.         06 - Salar, including diversity, and the like.         07 - Salar, business goods and services of the most including diversity ditertity ditertity diversity diversity diversity ditere	3.	In the weeks that				5 – Unable to find work?		(3) <u>Priva</u>			0180 \$ _	.00								
<ul> <li>derninge during the past 12 months. The Solid receive any money in wase. An end solution and the Solid receive any money in wase. An end solution and the Solid</li></ul>	4a		-	week	6.	During the last 12 months.			(4) Government retirement?		0200 \$ _	.00								
02 - Tascher       03 - Protessional       0000		earnings during the fits best in the follow Manager, professional	e during the past 12 months in the following category: professional	did receive any mone or salary? Include all wag commissions, tips, allow Armed Forces pay, sever		ve any money in wages clude all wages, salaries, s, tips, allowances, es pay, severance pay,		(5) Railroad retirement?		0220 \$ _	.00									
<ul> <li>clarical</li> <li>clarical&lt;</li></ul>		02 – Teacher 03 – Professional Administrative suppor	t, technical, sales		a. [	a.	a.	a. During the last 12 months, how	0090 \$		(6) Social Security including Medicare?		0							
Service       004		clerical 05 – Sales, retail 06 – Sales, business goods and services						salaries for ALL JOBS before any	lf "Don't know" or		Are Social Security payments NORMALLY deducted from's pay?									
10 - Outer seembler, laborer         11 - Machine operator, assembler, laborer         12 - Machine operator, assembler, laborer         13 - Handler, helper, laborer         Precision production, creating control, repair         14 - Mechanic, repairer, precision production, forestry, fishing, forestry, fishing, forestry, fishing, forestry, fishing, groundskeeping         Armed forces         10 - An employee of a PRIVATE commune temployee?         2 - A Federal government employee?         3 - A federal government employee?         5 - Solf-employed in protection, or farm?         0000 1 □ Yes         00000 1 □ Yes         00000 1 □ Yes         00000 1 □ Yes         2 □ No		Service 08 – Protective servi 09 – Private househo		0040 Code			Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.	0100 1 🗌 \$0-\$4,999	<b>g</b> .	Security cover only the Medicare portion of Social Security?	2 🗌 No									
<ul> <li>12 - Trainsfortune of operation of the period with th</li></ul>		Operator, assembler, I 11 – Machine operat inspector	tor, assembler,				CARD A best reflects's total wages and salaries for all jobs	4 🗌 \$15,000–\$19,999	employer or union contribute to a pension or retirement plan for in	employer or union contribute to a pension or retirement plan for in										
15 - Construction, mining         Farming, forestry, fishing, groundskeeping         Armed forces         0050       Code         Ask if code 5 and not a farm - 1s the business, or individual working for wages or salary?       0050       Code         A State government employee?       Ask if code 5 and not a farm - 1s the business, incorporated?       0050       Code         0060       1 Yes       2 No       5 - Vear       5 - Vear         6 - Working WITHOUT HOWT business, professional practice, or farm?       0060       1 Yes       2 No		13 – Handler, helper Precision production, of 14 – Mechanic, repa	<b>, laborer</b> craft, repair		during the last 12 months?					6 □ \$30,000- 7 □ \$40,000- 8 □ \$50,000-					7 🗌 \$40,000–\$49,999 8 🗌 \$50,000–\$69,999	7.	have any income or loss from's own nonfarm business, partnership,			
Armed forces       IB - Armed forces       If "Don't know" or "Refuse" - Go to item 71         IB - Armed forces       IB - Armed forces       If "Don't know" or "Refuse" - Go to item 71         b. Was       CODE       Image: Code       Ask if code 5 and not a form - Is the business incorporated?       Image: Code         1 - An employee of a PRIVATE company, business, or individual working for wages or salary?       Code       Ask if code 5 and not a form - Is the business incorporated?       Image: Code       Ask if code 5 and not a form - Is the business incorporated?       Image: Code       Ask if code 5 and not a form - Is the business incorporated?       Image: Code       Ask if code 5 and not a form - Is the business incorporated?       Image: Code       Ask if code 5 and not a form - Is the business incorporated?       Image: Code       Ask if code 5 and not a form - Is the business incorporated?       Image: Code       Image: C		Farming, forestry, fish <b>16 – Farming</b>	ing				10 🗌 \$90,000–\$119,999	a.		· · · · · · · · · · · · · · · · · · ·		Go to item 7c								
<ul> <li>b. Was 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 - State government employee?</li> <li>5 - Self-employed in OWN business, professional practice, or farm??</li> <li>6 - Working WITHOUT PAY in family</li> </ul>		Armed forces	3, <u>3</u>		c		0110 \$ .00			If "Don't	know" or "Refus	e" – Go to item 7b.								
	b	CODE 1 – An employee of a company, busine working for wag 2 – A Federal governm 3 – A State governm 4 – A local governm 5 – Self-employed in professional prace 6 – Working WITHOU	ess, or individual es or salary? ment employee? ent employee? ent employee? o OWN business, ctice, or farm? JT PAY in family	Ask if code 5 and not a farm – Is the business incorporated?	d		0120 1 1 1 week 2 2 2 weeks 3 Month 4 Quarter 5 Year	b.	item 7a. Information Booklet, page 44. Could you tell me which range on CARD A best reflects 's income or loss from 's own nonfarm business, partnership or professional	1 □ \$0 2 □ \$5,0 3 □ \$10, 4 □ \$15, 5 □ \$20, 6 □ \$30, 7 □ \$40, 8 □ \$50, 9 □ \$70,	\$4,999 00-\$9,999 000-\$14,999 000-\$19,999 000-\$29,999 000-\$39,999 000-\$49,999 000-\$69,999 000-\$89,999									

S	Section 22 – WORK EXPERIENCE AND INCOME – Continued								
F	Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued								
7c	During the last 12 months, did have any income from's own farm?	0310 1 □ Yes – Go to item 7d 2 □ No – Go to item 8	<b>9f.</b> Is this amount AFTER the deduction for a Medicare premium?	0420 1 🗌 Yes 2 🗌 No	NOTES				
d	I. What was the amount of income or loss after expenses?       0320 \$		<b>G.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number					
	Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.	If "Don't know" or "Refuse" – Go to item 7e 0340 0 □ Loss 1 □ \$0 -\$4,999	<ul> <li>10. During the last 12 months, did receive any –</li> <li>a. Supplemental Security Income (SSI)</li> </ul>	0440 1 🗆 Yes					
е	. Could you tell me which range on CARD A best reflects's income or loss from's own farm during	2	payments from the U.S. Government?	2 🗌 No					
	the last 12 months?	4 □ \$15,000–\$19,999 5 □ \$20,000–\$29,999 6 □ \$30,000–\$39,999	b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?	0450 1 🗌 Yes 2 🗌 No					
		6	If "Yes" in items 10a and/or10b –	0460 \$ .00 Go to item 11					
		9 □ \$70,000-\$89,999 10 □ \$90,000-\$119,999 11 □ \$120,000 and over	C. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?	0460 \$ 00 Go to item 11 If "Don't know" or "Refuse" – Go to item 10d					
8.	During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA)		Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46. d. Could you tell me which range on	0470 1 □ \$0 -\$999 2 □ \$5,000-\$1,999					
	or Keogh? Do not include rollovers. If YES – How much?	0360 \$00	CARD C best reflects the amount received in Supplemental Security Income from all government sources during the last 12 months?	3 □ \$2,000-\$2,999 4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999					
9.	During the last 12 months, did receive from the U.S. Government any money from –	0370 1 🗆 Yes		6					
а	. Social Security checks?	2 🗆 No		9 🗌 \$20,000–\$29,999 10 🛄 \$30,000–\$39,999					
b	- Railroad Retirement checks?	0380 1 🗌 Yes 2 🗌 No		11 🗌 \$40,000–\$49,000 12 🗌 \$50,000 and over					
C	<ul> <li>FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</li> </ul>	0390 1 □ Yes – Go to item 9d 2 □ No – Go to item 10	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based</i>	0480 1  Records 2  No records used					
d	What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$00 Go to item 9f	upon the respondent's use of records in providing responses to items 6–10						
		lf "Don't know" or "Refuse" – Go to item 9e							
P	Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45. Could you tell me which range on	0410 1 □ Less than \$300 2 □ \$300-\$399							
	CARD B best reflects the amount of's last Social Security or Railroad Retirement payment received?	3 □ \$400-\$499 4 □ \$500-\$599 5 □ \$600-\$699							
	,	6 □ \$700-\$799 7 □ \$800-\$899							
		8 🗆 \$900–\$999 9 🗆 \$1,000–\$1,499							
		10 🗆 \$1,500 and over							

Part A – Second	Quarter, Fifth (	Quarter or New Consu	ner	Units Only – Continued		
<ul> <li>FIELD REPRESENTATIVE</li> </ul>	PROCESSING USE ONLY	1 22 21 8 🗸		Ask if item 2 marked "Did not work" –		6e. Was there any money deducted fr 's last pay for –
ITEM Enter the first name and line number of <b>a.</b> NAME	a. NAME		5.	What was the main reason did not work during the past 12 months?		If YES – How much?
each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010		Was		(1) Federal income tax?
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.		0020 Weeks 0 □ Did not work – <i>Go to item 5</i>		1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work?	0070Code	(2) State and local income tax?
In the weeks that many hours did		0030 Hours per week		5 – Unable to find work? 6 – Doing something else? – Specify $\vec{k}$		(3) Private pension fund?
Information Booklet, / a. The job in which earnings during the fits best in the follo Manager, professiona 01 – Administrator,	. received the most past 12 months wing category:		6.	During the last 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.	0080 1 🗌 Yes – Go to item 6a 2 🗌 No – Go to item 7	(4) Government retirement?
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		sional ve support, technical, sales strative support, including retail business goods and services cian tive service household service sembler, laborer te operator, assembler, tor ortation operator		During the last 12 months, how much did receive in wages and salaries for ALL JOBS before any deductions?	0090 \$00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6k	NORMALLY deducted from's
				Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44. <b>b.</b> Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?	0100 1 () \$0-\$4,999 2 () \$5,000-\$9,999 3 () \$10,000-\$14,999 4 () \$15,000-\$19,999 5 () \$20,000-\$29,999 6 () \$30,000-\$39,999	<ul> <li>becarity cover only the Medicare portion of Social Security?</li> <li>h. Other than Social Security, did are employer or union contribute to a pension or retirement plan for the last 12 months?</li> <li>7. During the last 12 months, did</li> </ul>
13 – Handler, helper Precision production, 14 – Mechanic, repa production 15 – Construction, I Farming, forestry, fish 16 – Farming	craft, repair <b>irer, precision</b> nining iing				7 \_ \$40,000-\$49,999 8 \_ \$50,000-\$69,999 9 \_ \$70,000-\$89,999 10 \_ \$90,000-\$119,999 11 \_ \$120,000 and over	<ul> <li>any income or loss from own nonfarm business, partnersh or professional practice?</li> <li>a. What was the amount of income loss after expenses?</li> </ul>
17 – Forestry, fishir Armed forces 18 – Armed forces	ig, groundskeeping		c.	What was the amount of's last pay before deductions?	0110 \$00	
<ul> <li>b. Was</li> <li>CODE</li> <li>1 - An employee of company, busin, working for wag</li> <li>2 - A Federal govern</li> <li>3 - A State governm</li> <li>4 - A local governm</li> <li>5 - Self-employed in professional pra</li> <li>6 - Working WITHO</li> </ul>	ess, or individual jes or salary? nment employee? nent employee? ent employee? 1 OWN business, ctice, or farm?	0050       Code         Ask if code 5 and not a farm - Is the business incorporated?         0060       1 □ Yes         2 □ No	d.	What period of time did this cover?	0120 1 1 1 week 2 2 2 weeks 3 Month 4 Quarter 5 Year 6 Other – Specify	<ul> <li>item 7a. Information Booklet, page 4.</li> <li>b. Could you tell me which range or CARD A best reflects's incom loss from's own nonfarm business, partnership or professi practice during the last 12 month</li> </ul>

years o	vears old and over.							
from								
	0130 1 🗆 Yes 0140 \$00							
•	0150 1 🗌 Yes 0160 \$00							
	0170 1 🗆 Yes 0180 \$00							
	0190 1 🗆 Yes 0200 \$00							
	0210 1 □ Yes 0220 \$00							
	0230 1 □ Yes – Go to item 6g 2 □ No – Go to item 6f							
s pay?	0240 1 □ Yes – Go to item 6g 2 □ No – Go to item 6h							
ocial re	0250 1 □ Yes 2 □ No							
any ba in	0260 1 □ Yes 2 □ No							
's ship,	0270 1 □ Yes – Go to item 7a 2 □ No – Go to item 7c							
e or	0280       \$       .00       }       Go to item 7c         0290       1 □ Loss       If "Don't know" or "Refuse" – Go to item 7b.							
e" to 44.	0300 0 □ Loss 1 □ \$0 -\$4,999							
on me or	2							
sional ths?	5							
	8  \$50,000-\$69,999 9  \$70,000-\$89,999 10  \$90,000-\$119,999							
	11 🗌 <b>\$120,000</b> and over							

S	Section 22 – WORK EXPERIENCE AND INCOME – Continued								
P	Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued								
7c.	During the last 12 months, did have any income from's own farm?	0310 1 □ Yes – Go to item 7d 2 □ No – Go to item 8	<b>9f.</b> Is this amount AFTER the deduction for a Medicare premium?	0420 1   Yes 2   No	NOTES				
d	What was the amount of income or loss after expenses?	0320       \$       .00       .00         0330       1 □ Loss       Go to item 8	<b>G.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number					
	Ask only if "Don't know" or "Refuse" to 0340 0 Loss	If "Don't know" or "Refuse" – Go to item 7e	10. During the last 12 months, did receive any –						
е	Could you tell me which range on CARD A best reflects's income	1 □ \$0 -\$4,999 2 □ \$5,000-\$9,999 3 □ \$10,000-\$14,999	a. Supplemental Security Income (SSI) payments from the U.S. Government?	0440 1 🗌 Yes 2 🗌 No	-				
	or loss from's own farm during the last 12 months?	4 □ \$15,000-\$19,999 5 □ \$20,000-\$29,999 6 □ \$30,000-\$39,999	b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?	0450 1 🗌 Yes 2 🗌 No					
		7 □ \$40,000-\$39,999 8 □ \$50,000-\$49,999 8 □ \$50,000-\$69,999	If "Yes" in items 10a and/or10b – C. During the last 12 months, how	0460 \$00 Go to item 11					
		9	much did receive in Supplemental Security Income checks form ALL government sources?	If "Don't know" or "Refuse" – Go to item 10d					
8.	During the last 12 months, did place any money in a retirement plan such as	0350 1 □ Yes 2 □ No	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.	0470 1 □ \$0 -\$999 2 □ \$5,000-\$1,999					
	an Individual Retirement Account (IRA) or Keogh? Do not include rollovers. If YES – How much?	0360 \$00	d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources during the last 12 months?	3 □ \$2,000-\$2,999 4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999					
9.	During the last 12 months, did receive from the U.S. Government any			6 🗌 \$5,000–\$9,999 7 🗌 \$10,000–\$14,999					
а	money from – . Social Security checks?	0370 1 🗆 Yes 2 🗆 No		8					
b	. Railroad Retirement checks?	0380 1 🗌 Yes 2 🗌 No		11 □ \$40,000–\$49,000 12 □ \$50,000 and over					
C	<ul> <li>FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</li> </ul>	0390 1 □ Yes – Go to item 9d 2 □ No – Go to item 10	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based</i>	0480 1 🗌 Records 2 🗌 No records used					
d	. What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$00 Go to item 9f	upon the respondent's use of records in providing responses to items 6–10						
		lf "Don't know" or "Refuse" – Go to item 9e	-						
_	Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.	0410 1 □ Less than \$300 2 □ \$300-\$399							
е	Could you tell me which range on CARD B best reflects the amount of 's last Social Security or Railroad	3							
	Retirement payment received?	5 🗌 \$600–\$699 6 🗌 \$700–\$799							
		7 □ \$800-\$899 8 □ \$900-\$999							
		9 □ \$1,000–\$1,499 10 □ \$1,500 and over							

Section 22 – WORK	<b>EXPERIENC</b>	E AND INCOME – Cont	inued FIELD REPRE	SENTATIVE – Ask a separate µ	page of part A for each CU member 14 years o	old and over.
Part A – Second Qu	uarter, Fifth C	Quarter or New Consur	ner Units Only – Continued			
REPRESENTATIVE	PROCESSING USE ONLY	1 22 26 7 🖌	Ask if item 2 marked "Did not work" –		<b>6e.</b> Was there any money deducted from 's last pay for –	
ITEM Enter the first name and line number of	. NAME		<ol> <li>What was the main reason did not work during the past 12 months? Was</li> </ol>		If YES – How much?	
each CU member 14 years old and over.	LINE NUMBER	0010	CODE		(1) Federal income tax?	0130 1 Tyes 0140 \$
2. In the last 12 months, H weeks did work eith part time, not counting the house? Include paid	her full time or work around	0020 Weeks 0 □ Did not work - <i>Go to item 5</i>	1 – Retired? 2 – Taking care of home/family? 3 – Going to school?	0070Code	(2) State and local income tax?	0150 1 🗆 Yes 0160 \$ .00
paid sick leave.         3. In the weeks that wo many hours did wo		0030 Hours per	<ul> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify k</li> </ul>		(3) Private pension fund?	0170 1 Yes 0180 \$
Information Booklet, page		week			(4) Government retirement?	0190 1 🗆 Yes 0200 \$ .00 2 🗋 No
<ul> <li>4a. The job in which received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 - Administrator, manager</li> </ul>			6. During the last 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.	0080 1 □ Yes – Go to item 6a 2 □ No – Go to item 7	(5) Railroad retirement?	0210 1 Yes 0220 \$
02 – Teacher 03 – Professional Administrative support, technical, sa 04 – Administrative support, inc	echnical, sales			0090 \$	(6) Social Security including Medicare?	0230 1 □ Yes – Go to item 6g 2 □ No – Go to item 6f
clerical 05 – Sales, retail	ical s, retail s, business goods and services inician sective service			Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.	f. Are Social Security payments NORMALLY deducted from's pay?	0240 1 □ Yes – Go to item 6g 2 □ No – Go to item 6h
Service 08 – Protective service 09 – Private household				Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.	0100 1	<b>g.</b> Does the money deducted for Social Security cover only the Medicare portion of Social Security?
10 – Other service Operator, assembler, labo 11 – Machine operator, inspector 12 – Transportation ope	assembler, laborer hine operator, assembler, ector		b. Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?	3	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for in the last 12 months?	0260 1 🗌 Yes 2 🗌 No
12 - Transportation opt 13 - Handler, helper, la Precision production, craf 14 - Mechanic, repairer production	l <b>borer</b> ft, repair			6 □ \$30,000-\$39,999 7 □ \$40,000-\$49,999 8 □ \$50,000-\$69,999 9 □ \$70,000-\$89,999	7. During the last 12 months, did have any income or loss from's own nonfarm business, partnership, or professional practice?	0270 1 □ Yes – Go to item 7a 2 □ No – Go to item 7c
15 – Construction, mini Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, g				10 □ \$90,000 =\$119,999 11 □ \$120,000 and over	<b>a.</b> What was the amount of income or loss after expenses?	0280       \$       .00       }       Go to item 7c         0290       1       Loss
Armed forces 18 – Armed forces			C. What was the amount of's last pay before deductions?	0110 \$		If "Don't know" or "Refuse" – Go to item 7b.
<ul> <li>b. Was CODE</li> <li>1 - An employee of a Pl company, business, working for wages of 2 - A Federal government</li> <li>3 - A State government</li> <li>4 - A local government</li> <li>5 - Self-employed in Ov professional practice</li> <li>6 - Working WITHOUT I business or farm?</li> </ul>	, or individual or salary? ent employee? t employee? t employee? WN business, ce. or farm?	0050       Code         Ask if code 5 and not a         farm - Is the business         incorporated?         0060       1 □ Yes         2 □ No	<b>d.</b> What period of time did this cover?	$ \begin{array}{c c} \hline 0120 \\ 1 \\ \hline 1 \\ \hline 1 \\ week \\ 2 \\ \hline 2 \\ weeks \\ 3 \\ \hline 0 \\ Month \\ 4 \\ \hline 0 \\ uarter \\ 5 \\ \hline Year \\ 6 \\ \hline 0 \\ Other - Specify \\ \hline 7 \\ \hline Twice a month \\ \end{array} $	<ul> <li>Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.</li> <li>b. Could you tell me which range on CARD A best reflects's income or loss from's own nonfarm business, partnership or professional practice during the last 12 months?</li> </ul>	0300 0 Loss 1 \$0 -\$4,999 2 \$5,000-\$9,999 3 \$10,000-\$14,999 4 \$15,000-\$19,999 5 \$20,000-\$29,999 6 \$30,000-\$39,999 7 \$40,000-\$49,999 8 \$50,000-\$69,999 9 \$70,000-\$89,999 10 \$90,000-\$119,999 11 \$120,000 and over

S	Section 22 – WORK EXPERIENCE AND INCOME – Continued									
P	Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued									
7c.	During the last 12 months, did have any income from's own farm?	0310 1 □ Yes – Go to item 7d 2 □ No – Go to item 8	<b>9f.</b> Is this amount AFTER the deduction for a Medicare premium?	0420 1 □ Yes 2 □ No	NOTES					
d	What was the amount of income or loss after expenses?	0320         \$         .00         }         Go to item 8           0330         1         Loss	<b>G.</b> During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number						
	Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.	If "Don't know" or "Refuse" – Go to item 7e 0340 0 □ Loss 1 □ \$0 -\$4,999	<ul> <li>10. During the last 12 months, did receive any –</li> <li>a. Supplemental Security Income (SSI)</li> </ul>	0440 1 🗆 Yes						
е	Could you tell me which range on CARD A best reflects's income or loss from's own farm during	2	payments from the U.S. Government?							
	the last 12 months?	4	payments from the STATE or LOCAL government?	0450 1 🗌 Yes 2 🗌 No						
		7 □ \$40,000-\$49,999 8 □ \$50,000-\$69,999	If "Yes" in items 10a and/or10b – C. During the last 12 months, how	0460 \$00 Go to item 11						
		9 🔲 \$70,000-\$89,999 10 🔲 \$90,000-\$119,999 11 🗌 \$120,000 and over	much did receive in Supplemental Security Income checks form ALL government sources?	If "Don't know" or "Refuse" –Go to item 10d						
8.	ring the last 12 months, did place y money in a retirement plan such as	0350 1 □ Yes 2 □ No	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$						
	an Individual Retirement Account (IRA) or Keogh? Do not include rollovers. If YES – How much?	0360 \$00	d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security							
0		<b>5</b>	Income from all government sources during the last 12 months?							
9.	During the last 12 months, did receive from the U.S. Government any money from –	0370 1 🗆 Yes		7 🗔 \$10,000–\$14,999 8 🗌 \$15,000–\$19,999						
а	Social Security checks?	2 🗌 No	_	9 — \$20,000-\$29,999 10 — \$30,000-\$39,999						
b	. Railroad Retirement checks?	0380 1 □ Yes 2 □ No		11						
C	<ul> <li>FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</li> </ul>	0390 1 □ Yes – Go to item 9d 2 □ No – Go to item 10	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based</i>	0480 1 🗌 Records 2 🗌 No records used						
d	. What was the amount of the last Social Security or Railroad	0400 \$00 Go to item 9f	upon the respondent's use of records in providing responses to items 6–10							
	Retirement payment received?	lf "Don't know" or "Refuse" – Go to item 9e								
	Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.	0410 1 □ Less than \$300 2 □ \$300-\$399								
е	Could you tell me which range on CARD B best reflects the amount of	3 □ \$400-\$499 4 □ \$500-\$599								
	's last Social Security or Railroad Retirement payment received?	5 □ \$600-\$699 6 □ \$700-\$799								
		7 🗌 \$800–\$899								
		8								

	Section 22 – WORK EXPERIENCE AND INCOME – Continued FIELD REPRESENTATIVE – Ask these items for entire CU as a group at the second quarter, the fifth quarter, or the 1st interview in a new consumer unit.										
	Part B – Second Quarter, Fifth Quarter or New Consumer Units ONLY – Ask for entire CU as a group.										
	Up until this point, we have discussed earnings for individual members. Now, I would like to talk to you about your CU as a whole.	PROCESSING USE ONLY 1 22 97 8 ↓	<ul> <li>During the last 12 months, did you (or any members of your CU) receive any income from -</li> <li>a. Retirement, disability and survivor pensions or annuities from private companies, military, government, IRA or Keogh?</li> </ul>	0070 1 □ Yes – Go to item 3b 2 □ No – Go to item 4	Ask only if "Don't know" or "Refuse" to item 5b. Information Booklet, page 46. C. Could you tell me which range on CARD C best reflects the total amount	0150 1 □ \$0 -\$999 2 □ \$1,000-\$1,999 3 □ \$2,000-\$2,999 4 □ \$3,000-\$3,999					
1.	During the last 12 months, did you (or any members of your CU) receive income from any of the following –	0010 1 🗌 Yes – Go to item 1b	b. What was the total amount received by all CU members?	0080 \$00 7 Go to item 4	of income from worker's compensation during the last 12 months?	5					
a.	Interest on bank accounts, money market funds, CD's, or bonds?	2 🗌 No – Go to item 2	Ask only if "Don't know" or "Refuse" to	If "Don't know" or "Refuse" – Go to item 3c. 0090 1 □ \$0 -\$999		8					
b.	. What was the total amount received by all CU members?	0020 \$	item 3b. Information Booklet, page 46.	2  \$1,000-\$1,999 3  \$2,000-\$2,999 4  \$3,000-\$3,999		11					
	Ask only if "Don't know" or "Refuse" to	"Refuse" – Go to item 1c.	during the last 12 months?	5	<ol> <li>During the last 12 months, did you (or any members of your CU) receive any income from –</li> </ol>						
C.	item 1b. Information Booklet, page 46. Could you tell me which range on CARD C best reflects the total amount of interest received by all CU members during the last 12	2 () \$1,000-\$1,999 3 () \$2,000-\$2,999 4 () \$3,000-\$3,999 5 () \$4,000-\$4,999		8 \[\$15,000-\$19,999 9 \[\$20,000-\$29,999 10 \[\$30,000-\$39,999 11 \[\$40,000-\$49,999	<b>a.</b> Public assistance or welfare such as AFDC and grants from Job Corps? Do not include non-monetary assistance such as food stamps.	0160 1 □ Yes – Go to item 6b 2 □ No – Go to item 7					
	months?	6	<ol> <li>During the last 12 months, did you (or any members of your CU) receive any income from –</li> </ol>	12 - \$50,000 and over	<b>b.</b> What was the total amount received by all CU members?	0170 \$					
		9	<ul> <li>a. Unemployment compensation or supplemental unemployment compensation?</li> </ul>	0100 1 🗆 Yes – Go to item 4b 2 🗌 No – Go to item 5	Ask only if "Don't know" or "Refuse" to	"Refuse" – Go to item 6c. 0180 1 □ \$0 -\$999					
2.	During the last 12 months, did you (or any members of your CU) receive any –	12 🗌 \$50,000 and over	<b>b.</b> What was the total amount received by all CU members?	0110 \$	<ul> <li>item 6b. Information Booklet, page 46.</li> <li>C. Could you tell me which range on CARD C best reflects the total amount of income from public assistance during the last 12 months?</li> </ul>	2 \[ \$1,000-\$1,999 3 \[ \$2,000-\$2,999 4 \[ \$3,000-\$3,999 5 \[ \$4,000-\$4,999					
a.	. REGULAR income from dividends, trusts, estates, or royalties?	0040 1 □ Yes - Go to item 2b 2 □ No - Go to item 3	Ask only if "Don't know" or "Refuse" to item 4b. Information Booklet, page 46. <b>C. Could you tell me which range on CARD C</b>	"Refuse" – Go to item 4c. 0120 1 □ \$0 -\$999 2 □ \$1,000-\$1,999 3 □ \$2,000-\$2,999		6					
b	. What was the total amount received by all CU members?	0050 \$	best reflects the total amount received in unemployment compensation during the last 12 months?	4 () \$3,000-\$3,999 5 () \$4,000-\$4,999 6 () \$5,000-\$9,999 7 () \$10,000-\$14,999		9					
	Ask only if "Don't know" or "Refuse" to item 2b. Information Booklet, page 46.	"Refuse" – Go to item 2c.		8 \[ \$15,000-\$19,999 9 \[ \$20,000-\$29,999 10 \[ \$30,000-\$39,999	7. During the last 12 months, did you (or any members of your CU) receive any –						
C.	Could you tell me which range on CARD C best reflects the total amount of income from dividends,	2 🗌 \$1,000-\$1,999 3 🗌 \$2,000-\$2,999 4 🗌 \$3,000-\$3,999	_	10 🗔 \$30,000-\$39,999 11 🗌 \$40,000-\$49,999 12 🗌 \$50,000 and over	<b>a.</b> Food stamps or electronic benefit transfers?	0190 1 □ Yes – Go to item 7b 2 □ No – Go to item 8					
	trusts, estates, or royalties during the last 12 months?	5	<ol> <li>During the last 12 months, did you (or any members of your CU) receive any income from –</li> <li>a. Worker's compensation or veteran's benefits</li> </ol>	0130 1 🗌 Yes – Go to item 5b	<b>b.</b> For how many months during the last 12 months, were food stamps or electronic benefit transfers received?	0200 Number					
		8	including the GI Bill but not including military retirement?	2 🗌 No – Go to item 6	<b>C.</b> What was the value of all food stamps	0210 s					
		10	<b>b.</b> What was the total amount received by all CU members?	0140 \$00 7 Go to item 6 If "Don't know" or "Refuse" – Go to item 5c.	or electronic benefits received?	Go to item 8 If "Don't know" or "Refuse" – Go to item 7d.					

Page 133

Section 22 – WORK EXPERIENCE AND INCOME – Continued									
Part B – Second Quarter, Fifth Quarter or New Consumer Units ONLY – Continued									
Ask only if "Don't know" or "Refuse" to item 7c. Information Booklet, page 46. 7d. Could you tell me which range on CARD C best reflects the total value of food stamps or electronic benefits received in the last 12	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	<ul> <li>9. During the last 12 months, did you (or any members of your CU) receive any income from –</li> <li>a. Child support?</li> </ul>	0300 1 □ Yes – Go to item 9b 2 □ No – Go to item 9f	Income from regular contribution from – f. <u>Alimony?</u> g. Other sources such as from persons	0370 1 □ Yes 2 □ No 0380 1 □ Yes 2 □ No				
months? 8. During the last 12 months, did you (or	7 $\square$ \$10,000-\$14,999 8 $\square$ \$15,000-\$19,999 9 $\square$ \$20,000-\$29,999 10 $\square$ \$30,000-\$39,999 11 $\square$ \$40,000-\$49,999 12 $\square$ \$50,000 and over	<ul> <li>b. Did you receive a one time lump sum payment for child support?</li> <li>If YES –</li> <li>What was the total amount of lump sum payments received by ALL CU</li> </ul>	0310       1 Yes       010 <t< th=""><th>0390 \$00 7 Go to item 10 If "Don't know" or</th></t<>		0390 \$00 7 Go to item 10 If "Don't know" or				
<ul> <li>8. During the last 12 months, did you (or any members of your CU) have any neincome or loss from any type of rental of rooms or living units?</li> <li>a. How much net income or loss was received from roomers or boarders?</li> </ul>		members in the last 12 months? Ask only if "Don't know" or "Refuse" to item 9b. Information Booklet, page 46.	If "Don't know" or "Refuse" – Go to item 9c. 0330 1 □ \$0 -\$999 2 □ \$1,000-\$1,999 3 □ \$2,000-\$2,999	Ask only if "Don't know" or "Refuse" to item 9h. Information Booklet, page 46. <b>i. Could you tell me which range on CARD C best reflects the total</b> amount received in alimony and	"Refuse" – Go to item 9i. 0400 1 □ \$0 -\$999 2 □ \$1,000-\$1,999 3 □ \$2,000-\$2,999 4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999				
Ask only if "Don't know" or "Refuse" to item 8a. Information Booklet, page 46. <b>b.</b> Could you tell me which range on CARD C best reflects your net income or loss from roomers or boarders?	If "Don't know" or "Refuse" - Go to item 8b.         0260       0 □ Loss         1 □ \$0 -\$999         2 □ \$1,000-\$1,999         3 □ \$2,000-\$2,999         4 □ \$3,000-\$3,999         5 □ \$4,000-\$4,999         6 □ \$5,000-\$9,999	C. Could you tell me which range on CARD C best reflects the total amount received in lump sum payments for child support by ALL CU members during the last 12 months?	4 \$3,000-\$3,999 5 \$4,000-\$4,999 6 \$5,000-\$9,999 7 \$10,000-\$14,999 8 \$15,000-\$19,999 9 \$20,000-\$29,999 10 \$30,000-\$39,999 11 \$40,000-\$49,999	other sources by ALL CU members during the last 12 months?	6 \$5,000-\$9,999 7 \$10,000-\$14,999 8 \$15,000-\$19,999 9 \$20,000-\$29,999 10 \$30,000-\$39,999 11 \$40,000-\$49,999 12 \$50,000 and over				
	7 \[ \$10,000-\$14,999 8 \[ \$15,000-\$19,999 9 \[ \$20,000-\$29,999 10 \[ \$30,000-\$39,999 11 \[ \$40,000-\$49,999 12 \[ \$50,000 and over	<b>d.</b> Did you receive any child support payments in other than a lump sum amount?	12 □ \$50,000 and over 0340 1 □ Yes 2 □ No - <i>Go to item 9f</i>	<ul> <li>10. During the last 12 months, did you (or any members of your CU) receive any –</li> <li>a. Lump sum payments from insurance, estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside your CU?</li> </ul>	0410 1 □ Yes – Go to item 10b 2 □ No – Go to item 11				
<b>C.</b> How much net income or loss was received from other rental units?	0270       \$00         0280       0         1       Loss         If "Don't know" or "Refuse" - Go to item 8d.	What was the total amount of non- lump sum payments received by ALL CU members in the last 12 months? Ask only if "Don't know" or "Refuse"	0350 \$00 If "Don't know" or "Refuse" – Go to item 9e.	<b>b.</b> What was the total amount received by ALL CU members?	0420 \$ .00 7 Go to item 11 If "Don't know" or "Refuse" – Go to item 10c.				
Ask only if "Don't know" or "Refuse" to item 8c. Information Booklet, page 46. d. Could you tell me which range on CARD C best reflects the net income or loss received from other rental units during the last 12 months?	0 $\Box$ Loss 1 $\Box$ \$0 -\$999 2 $\Box$ \$1,000-\$1,999 3 $\Box$ \$2,000-\$2,999 4 $\Box$ \$3,000-\$3,999 5 $\Box$ \$4,000-\$4,999 6 $\Box$ \$5,000-\$9,999 7 $\Box$ \$10,000-\$14,999 8 $\Box$ \$15,000-\$19,999 9 $\Box$ \$20,000-\$29,999 10 $\Box$ \$30,000-\$39,999 11 $\Box$ \$40,000-\$49,999 12 $\Box$ \$50,000 and over	<ul> <li>Ask only in Doin't know of Herdse to item 9d. Information Booklet, page 46.</li> <li>Could you tell me which range on Card C best reflects the total amount received in child support payments, other than lump sum amounts, by ALL CU members during the last 12 months?</li> </ul>	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Ask only if "Don't know" or "Refuse" to item 10b. Information Booklet, page 46. C. Could you tell me which range on CARD C best reflects the total lump sum payments during the last 12 months?	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$				

Section 22 – Part B (Continued)

Section 22 – WORK EXPERIENCE AND INCOME – Continued														
Part B – Second Quarter, Fifth	Part B – Second Quarter, Fifth Quarter or New Consumer Units ONLY – Continued													
<b>11.</b> During the last 12 months, did you (or any members of your CU) receive any –		<b>13.</b> During the last 12 months, did you (or any members of your CU) receive any REFUNDS from any of the following?			NOTES									
<b>a.</b> Money from the sale of household furnishings, equipment, clothing, jewelry, pets, or other belongings, not including the sale of vehicles or real estate?	0440 1 □ Yes – Go to item 11b 2 □ No – Go to item 12	If YES – What was the total amount received by ALL CU members? <b>a.</b> Federal income tax?	0500 1 🗌 Yes 2 🗌 No	0510 \$00										
<b>b.</b> What was the total amount received by ALL CU members?	0450 \$00 7 Go to item 12 If "Don't know" or	<b>b.</b> State and local income tax?	0520 1 ☐ Yes 2 ☐ No	0530 \$00										
Ask only if "Don't know" or "Refuse" to item 11b. Information Booklet, page 46.	"Refuse" – Go to item 11c. 0460 1 □ \$0 -\$999 2 □ \$1,000-\$1,999	C. Overpayment on Social Security?	0540 1 ☐ Yes 2 ☐ No	0550 \$00										
C. Could you tell me which range on CARD C best reflects the total amount received from these sales during the last 12 months?	3 2,000-\$2,999 4 3,000-\$3,999 5 \$4,000-\$4,999 6 \$5,000-\$9,999 7 \$10,000-\$14,999 8 \$15,000-\$19,999 9 \$20,000-\$29,999	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999 6 □ \$5,000-\$9,999 7 □ \$10,000-\$14,999 8 □ \$15,000-\$19,999 9 □ \$20,000-\$29,999	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999 6 □ \$5,000-\$9,999 7 □ \$10,000-\$14,999 8 □ \$15,000-\$19,999 9 □ \$20,000-\$29,999	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999 6 □ \$5,000-\$9,999 7 □ \$10,000-\$14,999 8 □ \$15,000-\$19,999 9 □ \$20,000-\$29,999	4 () \$3,000-\$3,999 5 () \$4,000-\$4,999 6 () \$5,000-\$9,999 7 () \$10,000-\$14,999 8 () \$15,000-\$19,999 9 () \$20,000-\$29,999	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999 6 □ \$5,000-\$9,999 7 □ \$10,000-\$14,999 8 □ \$15,000-\$19,999 9 □ \$20,000-\$29,999	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999 6 □ \$5,000-\$9,999 7 □ \$10,000-\$14,999 8 □ \$15,000-\$19,999 9 □ \$20,000-\$29,999	4 () \$3,000-\$3,999 5 () \$4,000-\$4,999 6 () \$5,000-\$9,999 7 () \$10,000-\$14,999 8 () \$15,000-\$19,999 9 () \$20,000-\$29,999	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999 6 □ \$5,000-\$9,999 7 □ \$10,000-\$14,999 8 □ \$15,000-\$19,999 9 □ \$20,000-\$29,999	4 🗌 \$3,000–\$3,999 5 🗌 \$4,000–\$4,999	d. Insurance policies?	0560 1 ☐ Yes 2 ☐ No	0570 \$00	
										e. Property taxes?	0580 1 ☐ Yes 2 ☐ No	0590 \$00		
	10	<b>f.</b> Other sources, including any other taxes – Specify	0600 1 □ Yes 2 □ No	.00										
12. During the last 12 months, did you (or any members of your CU) receive any –		<b>14.</b> During the last 12 months, did you (or any members of your CU) pay any of the following –												
<b>a.</b> Other money income, including money received from cash scholarships and fellowships, stipends not based on working, or from the care of foster children?	0470 1 □ Yes – Go to item 12b 2 □ No – Go to item 13	If YES – What was the total amount PAID by ALL CU members? a. Federal income tax in addition to that withheld from earnings?	0620 1 □ Yes 2 □ No	0630 \$00										
<b>b.</b> What was the total amount received by ALL CU members?	0480 \$	<b>b.</b> State and local income tax in addition to that withheld from earnings?	0640 1 □ Yes 2 □ No	0650 \$00										
Ask only if "Don't know" or "Refuse" to item 12b. Information Booklet, page 46.	If "Don't know" or "Refuse" – Go to item 12c. 0490 1 □ \$0 -\$999 2 □ \$1,000-\$1,999	<b>C.</b> Personal property taxes for vehicles?	0660 1 □ Yes 2 □ No	0670 \$00										
C. Could you tell me which range on CARD C best reflects the total amount of other money income received during the last 12 months?	3	3	3	4 🗌 \$3,000–\$3,999	<b>d.</b> Personal property taxes and other taxes not reported elsewhere? Do not include Social Security tax for the self-employed – Specify	0680 1 □ Yes	0690 \$00							
	7 () \$10,000-\$14,999 8 () \$15,000-\$19,999 9 () \$20,000-\$29,999 10 () \$30,000-\$39,999 11 () \$40,000-\$49,999 12 () \$50,000 and over		2 🗌 No											

NOTE: As of January, 1996, Section 22 Part C no longer exists.	
NOTES	
Page 126	Page 12

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

Section 22 – WORK EXPERIENCE AND INCOME – Continued

### Part E – Third and Fourth Quarter PROCESSING USE ONLY Ask if item 2 marked "Did not work" -6e. Was there any money deducted **1.** FIELD 1 23 25 7 🗸 REPRESENTATIVE 5. What was the main reason . . . did ITFM not work during the past 12 months? Enter the first name Was... **a.** NAME and line number of CODE each CU member 14 years old and over. 0010 **b.** LINE NUMBER 1 - Retired? 2 – Taking care of home/family? 2. 0070 In the last 12 months, how many Code 0020 weeks did . . . work either full time or Weeks 3 - Going to school? part time, not counting work around 0 Did not work the house? Include paid vacation and 4 - III, disabled, unable to work? Go to item 5 paid sick leave. 5 – Unable to find work? 6 - Doing something else? - Specify -3. In the weeks that . . . worked, how 0030 many hours did . . . usually work per Hours per week? week Information Booklet, page 43 6. During the past 12 months, did . . . 4a. The job in which . . . received the most receive any money in wages or 0080 1 🗌 Yes – Go to item 6a earnings during the past 12 months salary? Include all wages, salaries, fits best in the following category: 2 🗌 No – Go to item 7 commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like. Manager, professional 01 – Administrator, manager 02 – Teacher 03 - Professional **a.** During the last 12 months, how Administrative support, technical, sales .00 0090 ¢ much did . . . receive in wages and salaries for All JOBS before any 04 - Administrative support, including clerical Go to item 6c deductions? 05 Sales, retail If "Don't know" or - Sales, business goods and services 06 07 – Technician "Refuse" - Go to item 6b. Service 0040 08 – Protective service Code Ask only if "Don't know" or "Refuse" to 0100 1 🗌 \$0 -\$4,999 09 - Private household service item 6a. Information Booklet, page 44. 2 \$5,000-\$9,999 10 - Other service **b.** Could you tell me which range on 3 3 \$10,000-\$14,999 Operator, assembler, laborer CARD A best reflects . . . total wages and salaries for all jobs 11 - Machine operator, assembler, 4 \$15,000-\$19,999 inspector 5 320,000-\$29,999 during the last 12 months? 7. 12 - Transportation operator 6 🗌 \$30,000-\$39,999 13 - Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision 7 🗌 \$40,000-\$49,999 8 🗌 \$50,000-\$69,999 production 9 🗌 \$70,000–\$89,999 15 - Construction, mining 10 \$90,000-\$119,999 Farming, forestry, fishing 16 – Farming 11 3120,000 and over 17 - Forestry, fishing, groundskeeping Armed forces **C.** What was the amount of . . .'s last 18 - Armed forces 0110 \$ pay before deductions? .00 **b.** Was . . . 0050 CODE Code **d.** What period of time did this cover? 0120 1 1 week 1 – An employee of a PRIVATE 2 2 weeks Ask if code 5 and not a company, business, or individual farm – Is the business з 🗌 Month working for wages or salary? incorporated? 2 – A Federal government employee? 4 🗌 Quarter 3 - A State government employee? 5 🗌 Year 0060 1 🗌 Yes 4 – A local government employee? 5 - Self-employed in OWN business, 6 🗌 Other – Specify 2 🗌 No professional practice, or farm? - Working WITHOUT PAY in family 6 business or farm? 7 🗌 Twice a month

### FIELD REPRESENTATIVE - Complete a separate page of part E for each new member who turned 14 vears old since the last reported income in previous interviews.

J member 14 years old or older, for each CU rview, and for all CU members who have not
m 0130 1 □ Yes 0140 \$00
0150 1 □ Yes 0160 \$00
0170 1 Yes 0180 \$ 00
0190 1 Tyes 0200 \$ 00
0210 1 Yes 0220 \$00
0230 1 □ Yes – Go to item 6g 2 □ No – Go to item 6f
ay? 0240 1 🗆 Yes – Go to item 6g 2 🗆 No – Go to item 6h
0250 1 □ Yes 2 □ No
0260 1 🗌 Yes 2 🗌 No
<b>1</b> □ Yes – <i>Go to item 7a</i> 2 □ No – <i>Go to item 7c</i>
0280         \$
$\begin{array}{c c c c c c c c c c c c c c c c c c c $

Paga 139

Page 139				Page 139
Section 22 – WORK EXPERIEN	CE AND INCOME – Continued		Complete a separate page of part E for each new member who turned 14 years old since the last in reported income in previous interviews.	CU member 14 years old or older, for each CU terview, and for all CU members who have not
Part E – Third and Fourth Quar	ter – Continued			
<b>7c.</b> During the last 12 months, did have any income from's own farm?	0310 1 □ Yes – Go to item 7d 2 □ No – Go to item 8	<b>9f.</b> Is this amount AFTER the deduction for a Medicare premium?	0420 1 ☐ Yes 2 ☐ No	NOTES
<ul> <li>d. What was the amount of income or loss after expenses?</li> <li>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</li> <li>e. Could you tell me which range on CARD A best reflects's income or loss from's own farm during the last 12 months?</li> </ul>	$ \begin{array}{c} 0320 \\ \$ \\ 0330 \\ 1 \\ \Box \ Loss \\ If "Don't know" or "Refuse" - Go to item 8 \\ \hline 0340 \\ 0 \\ \Box \ Loss \\ 1 \\ \$ 0 \\ -\$4,999 \\ 2 \\ \$ 5,000 \\ \$ 9,999 \\ 2 \\ \$ 5,000 \\ \$ 10,000 \\ \$ 14,999 \\ 4 \\ \blacksquare \$ 15,000 \\ \$ 19,999 \\ 5 \\ \blacksquare \$ 20,000 \\ \$ 19,999 \\ 6 \\ \$ 30,000 \\ \$ 19,999 \\ 6 \\ \$ 30,000 \\ \$ 999 \\ 9 \\ \$ 550,000 \\ \$ 999 \\ 9 \\ \$ 550,000 \\ \$ 999 \\ 9 \\ \$ 550,000 \\ \$ 999 \\ 9 \\ \$ 550,000 \\ \$ 999 \\ 9 \\ \$ 50,000 \\ \$ 999 \\ 9 \\ 1 \\ 120,000 \text{ and over} \\ \end{array} $	<ul> <li>g. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?</li> <li>10. During the last 12 months, did receive any -</li> <li>a. Supplemental Security Income (SSI) payments from the U.S. Government?</li> <li>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</li> <li>If "Yes" in items 10a and/or10b -</li> <li>C. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?</li> </ul>	0440 1 🗆 Yes	
<ul> <li>8. During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers. If YES - How much?</li> <li>9. During the last 12 months, did receive from the U.S. Government any money from -</li> <li>a. Social Security checks?</li> <li>b. Railroad Retirement checks?</li> </ul>	<ul> <li>0350 1 Yes</li> <li>2 No</li> <li>0360 \$</li></ul>	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46. d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources during the last 12 months?	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
<ul> <li>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</li> <li>d. What was the amount of the last Social Security or Railroad Retirement payment received?</li> </ul>	0390       1 □ Yes - Go to item 9d         2 □ No - Go to item 10         0400         \$	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10	0480 1  Records 2  No records used	
Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45. <b>Could you tell me which range on CARD B best reflects the amount of</b> 's last Social Security or Railroad Retirement payment received?	If "Don't know" or "Refuse" – Go to item 9e         0410       1 $\Box$ Less than \$300         2 $\Box$ \$300-\$399         3 $\Box$ \$400-\$499         4 $\Box$ \$500-\$599         5 $\Box$ \$600-\$699         6 $\Box$ \$700-\$799         7 $\Box$ \$800-\$899         8 $\Box$ \$900-\$999         9 $\Box$ \$1,000-\$1,499         10 $\Box$ \$1,500 and over			

Section 22 – WORK EXPERIENCE AND INCOME – Continued

### Part E – Third and Fourth Quarter PROCESSING USE ONLY Ask if item 2 marked "Did not work" -6e. Was there any money deducted **1.** FIELD 1 23 30 7 🗸 REPRESENTATIVE 5. What was the main reason . . . did ITFM not work during the past 12 months? Enter the first name Was... a. NAME and line number of CODE each CU member 14 0010 years old and over. **b.** LINE NUMBER 1 - Retired? (2) State and local income tax 2 – Taking care of home/family? 2. 0070 In the last 12 months, how many Code 0020 weeks did . . . work either full time or Weeks 3 - Going to school? part time, not counting work around 0 Did not work -4 - III, disabled, unable to work? the house? Include paid vacation and Go to item 5 (3) Private pension fund? paid sick leave. 5 - Unable to find work? 6 - Doing something else? - Specify -3. In the weeks that . . . worked, how 0030 many hours did . . . usually work per Hours per week? (4) Government retirement? week Information Booklet, page 43 6. During the past 12 months, did . . . 4a. The job in which . . . received the most receive any money in wages or 0080 1 🗌 Yes – Go to item 6a (5) Railroad retirement? earnings during the past 12 months salary? Include all wages, salaries, fits best in the following category: 2 🗌 No – Go to item 7 commissions, tips, allowances, Manager, professional Armed Forces pay, severance pay, 01 – Administrator, manager teaching fellowships, and the like. (6) Social Security including 02 – Teacher 03 - Professional **a.** During the last 12 months, how Administrative support, technical, sales .00 **f.** Are Social Security payments 0090 ¢ much did . . . receive in wages and salaries for All JOBS before any 04 - Administrative support, including clerical Go to item 6c deductions? 05 Sales, retail If "Don't know" or - Sales, business goods and services 06 g. Does the money deducted for So 07 – Technician "Refuse" - Go to item 6b. Service 0040 **08 – Protective service** Code Ask only if "Don't know" or "Refuse" to 0100 1 🗌 \$0 -\$4,999 09 - Private household service item 6a. Information Booklet, page 44. h. Other than Social Security, did 2 \$5,000-\$9,999 10 - Other service **b.** Could you tell me which range on 3 3 \$10,000-\$14,999 Operator, assembler, laborer CARD A best reflects . . . total wages and salaries for all jobs 11 - Machine operator, assembler, 4 \$15,000-\$19,999 inspector 5 320,000-\$29,999 during the last 12 months? 7. 12 - Transportation operator 6 🗌 \$30,000-\$39,999 13 - Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision 7 🗌 \$40,000-\$49,999 8 🗌 \$50,000-\$69,999 production 9 🗌 \$70,000–\$89,999 15 – Construction, mining **a.** What was the amount of income 10 \$90,000-\$119,999 Farming, forestry, fishing 16 – Farming 11 3120,000 and over 17 - Forestry, fishing, groundskeeping Armed forces **C.** What was the amount of . . .'s last 18 - Armed forces 0110 \$ pay before deductions? .00 **b.** Was . . . 0050 **b.** Could you tell me which range CARD A best reflects . . . incom CODE Code **d.** What period of time did this cover? 0120 1 🗌 1 week 1 – An employee of a PRIVATE 2 2 weeks Ask if code 5 and not a company, business, or individual farm – Is the business з 🗌 Month working for wages or salary? incorporated? 2 – A Federal government employee? 4 🗌 Quarter 3 - A State government employee? 5 🗌 Year 0060 1 🗌 Yes 4 – A local government employee? 5 - Self-employed in OWN business, 6 🗌 Other – Specify 2 🗌 No professional practice, or farm? - Working WITHOUT PAY in family 6 business or farm? 7 🗌 Twice a month

	ember 14 years old or older, for each CU w, and for all CU members who have not
Was there any money deducted from 's last pay for – (1) Federal income tax?	0130 1 ☐ Yes 0140 \$00
(2) State and local income tax?	0150 1 🗌 Yes 0160 \$00 2 🗌 No
(3) Private pension fund?	0170 1 🗌 Yes 0180 \$00
(4) Government retirement?	0190 1 ☐ Yes 0200 \$00
(5) Railroad retirement?	0210 1 □ Yes 0220 \$00
(6) Social Security including Medicare?	0230 1 □ Yes – Go to item 6g 2 □ No – Go to item 6f
Are Social Security payments NORMALLY deducted from's pay?	0240 1 □ Yes – Go to item 6g 2 □ No – Go to item 6h
Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1 ☐ Yes 2 ☐ No
Other than Social Security, did any employer or union contribute to a pension or retirement plan for during the last 12 months?	0260 1 🗌 Yes 2 🗌 No
During the last 12 months, did have any income or loss from's own nonfarm business, partnership, or professional practice?	0270 1 □ Yes – Go to item 7a 2 □ No – Go to item 7c
What was the amount of income or loss after expenses?	0280         \$         .00           0290         1 □ Loss         }           If "Don't know" or "Refuse" - Go to item 7b
Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.	0300 0 □ Loss 1 □ \$0 -\$4,999
Could you tell me which range on CARD A best reflects income or loss from's own nonfarm business, partnership or professional practice during the last 12 months?	2 \$5,000-\$9,999 3 \$10,000-\$14,999 4 \$15,000-\$19,999 5 \$20,000-\$29,999 6 \$30,000-\$39,999 7 \$40,000-\$49,999 8 \$50,000-\$69,999 9 \$70,000-\$89,999 10 \$90,000-\$119,999 11 \$120,000 and over

Page 141				Page 141
Section 22 – WORK EXPERIEN	CE AND INCOME – Continued		Complete a separate page of part E for each new member who turned 14 years old since the last ir reported income in previous interviews.	CU member 14 years old or older, for each CU nterview, and for all CU members who have not
Part E – Third and Fourth Quar	ter – Continued			
<b>7c.</b> During the last 12 months, did have any income from's own farm?	0310 1 □ Yes – Go to item 7d 2 □ No – Go to item 8	<b>9f.</b> Is this amount AFTER the deduction for a Medicare premium?	0420 1 ☐ Yes 2 ☐ No	NOTES
<ul> <li>d. What was the amount of income or loss after expenses?</li> <li>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</li> <li>e. Could you tell me which range on CARD A best reflects's income or loss from's own farm during the last 12 months?</li> </ul>	$ \begin{array}{c} 0320 \\ \$ \\ 0330 \\ 1 \\ \Box \ Loss \\ If "Don't know" or "Refuse" - Go to item 8 \\ 0 \\ 1 \\ \Box \ So \\ So$	<ul> <li>g. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?</li> <li>10. During the last 12 months, did receive any -</li> <li>a. Supplemental Security Income (SSI) payments from the U.S. Government?</li> <li>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</li> <li>If "Yes" in items 10a and/or10b -</li> <li>C. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?</li> </ul>	0440 1 TYes	
<ul> <li>8. During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers. If YES - How much?</li> <li>9. During the last 12 months, did receive from the U.S. Government any money from -</li> <li>a. Social Security checks?</li> <li>b. Railroad Retirement checks?</li> </ul>	<ul> <li>0350 1 Yes 2 No</li> <li>0360 \$</li></ul>	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46. d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources during the last 12 months?	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
<ul> <li><b>C.</b> FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</li> <li><b>d.</b> What was the amount of the last Social Security or Railroad</li> </ul>	0390       1 □ Yes - Go to item 9d         2 □ No - Go to item 10         0400       \$	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10	0480 1 ☐ Records 2 ☐ No records used	
Retirement payment received? Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45. 6. Could you tell me which range on CARD B best reflects the amount of 's last Social Security or Railroad Retirement payment received?	If "Don't know" or "Refuse" – Go to item 9e         0410       1       Less than \$300         2       \$300-\$399         3       \$400-\$499         4       \$500-\$599         5       \$600-\$699         6       \$700-\$799         7       \$800-\$899         8       \$900-\$999         9       \$1,000-\$1,499         10       \$1,500 and over			

1	Section 22 – WORK EXPERIENCE AND INCOME – Continued FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.								
	Part E – Third and	d Fourth Quart	er						
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY <b>a.</b> NAME	1 23 35 6 ↓	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE		66	<ul> <li>Was there any money deducted from's last pay for –</li> <li>(1) Federal income tax?</li> </ul>	0130 1 🗌 Yes 0140 \$ .00 2 🗋 No
2.		<b>b.</b> LINE NUMBER	0010 0020 Weeks		1 – Retired? 2 – Taking care of home/family?	0070 Code		(2) State and local income tax?	0150 1 Ures 0160 \$ .00 2 Ures 0160 \$ .00
	part time, not counti the house? Include p paid sick leave.	ting work around	0020 Weeks 0 □ Did not work – <i>Go to item 5</i>		<ul> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> </ul>			(3) Private pension fund?	0170 1 🗌 Yes 0180 \$ .00
3.	In the weeks that many hours did u week?		0030 Hours per week		6 – Doing something else? – Specify <i>¥</i>			(4) Government retirement?	0190 1 🗆 Yes 0200 \$ .00
4a	Information Booklet, pa The job in which earnings during the p fits best in the follow	received the most ne past 12 months		eceived the most ast 12 months ng category:       0. During the past 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.		0080 1 □ Yes – Go to item 6a 2 □ No – Go to item 7		(5) Railroad retirement?	0210 1 🗆 Yes 0220 \$ .00 2 🗋 No
	Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail						_	(6) Social Security including Medicare?	0230 1 □ Yes – Go to item 6g 2 □ No – Go to item 6f
				a.	During the last 12 months, how nuch did receive in wages and salaries for All JOBS before any leductions?	0090 \$	1	f. Are Social Security payments NORMALLY deducted from's pay?	0240 1 □ Yes – Go to item 6g 2 □ No – Go to item 6h
	06 – Sales, business 07 – Technician Service 08 – Protective servi	-	0040 Code		Ask only if "Don't know" or "Refuse" to	If "Don't know" or "Refuse" – Go to item 6b.	g	J. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1 🗌 Yes 2 🗌 No
	09 – Private househo 10 – Other service Operator, assembler, la 11 – Machine operato inspector	laborer			item 6a. Information Booklet, page 44. <b>b.</b> Could you tell me which range on CARD A best reflects total wages and salaries for all jobs	0100 1 () \$0 -\$4,999 2 () \$5,000-\$9,999 3 () \$10,000-\$14,999 4 () \$15,000-\$19,999	7. a.	1. Other than Social Security, did any employer or union contribute to a pension or retirement plan for during the last 12 months?	0260 1 🗌 Yes 2 🗌 No
	12 – Transportation of 13 – Handler, helper, Precision production, c 14 – Mechanic, repai	r <b>, laborer</b> craft, repair		during the last 12 months?		5 \$20,000-\$29,999 6 \$30,000-\$39,999 7 \$40,000-\$49,999 8 \$50,000-\$69,999 9 \$70,000-\$89,999 10 \$90,000-\$119,999 11 \$120,000 and over		7. During the last 12 months, did have any income or loss from's own nonfarm business, partnership, or professional practice?	0270 1 □ Yes – Go to item 7a 2 □ No – Go to item 7c
	production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundsl							a. What was the amount of income or loss after expenses?	0280 \$
	Armed forces 18 – Armed forces	3, 3		c.	What was the amount of's last				If "Don't know" or "Refuse" –Go to item 7b
<ul> <li>b. Was</li> <li>CODE</li> <li>1 - An employee of company, busing working for wag</li> <li>2 - A Federal govern</li> <li>3 - A State governm</li> <li>4 - A local governm</li> <li>5 - Self-employed in professional pra</li> <li>6 - Working WITHOU</li> </ul>			0050 Code		pay before deductions?	0110 \$00		Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.	0300 0 □ Loss 1 □ \$0 -\$4,999
		ess, or individual les or salary? Iment employee? ent employee? I OWN business, ctice, or farm? JT PAY in family	Code         Ask if code 5 and not a         farm - Is the business         incorporated?         0060         1 □ Yes         2 □ No	d	. What period of time did this cover?	0120 1 1 1 week 2 2 weeks 3 Month 4 Quarter 5 Year 6 Other – <i>Specify</i> 7 Twice a month		<ul> <li>Could you tell me which range on CARD A best reflects income or loss from's own nonfarm business, partnership or professional practice during the last 12 months?</li> </ul>	$2 \begin{tabular}{ c c c c } $$5,000 - $$9,999 \\ $$3 \begin{tabular}{ c c c } $$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$
	professional prac 6 – Working WITHOU business or farm	JT PAY in family				7 🗌 Twice a month			9 🗌 \$70,000–\$89,999

S	Section 22 – WORK EXPERIENCE AND INCOME – Continued member who turned 14 years old since the last in reported income in previous interviews.								
P	art E – Third and Fourth Quart	ter – Continued							
7c.	During the last 12 months, did have any income from's own farm?	0310 1 □ Yes – Go to item 7d 2 □ No – Go to item 8	9f.	Is this amount AFTER the deduction for a Medicare premium?	0420 1 □ Yes 2 □ No				
d.	What was the amount of income or loss after expenses?	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number				
e.	Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44. Could you tell me which range on CARD A best reflects's income			During the last 12 months, did receive any – Supplemental Security Income (SSI) payments from the U.S. Government?	0440 1 □ Yes 2 □ No				
	or loss from's own farm during the last 12 months?			<b>b.</b> Supplemental Security Income (SSI) payments from the STATE or LOCAL government?	0450 1 □ Yes 2 □ No				
		6		If "Yes" in items 10a and/or10b –					
		8 🗆 \$50,000–\$69,999 9 🗆 \$70,000–\$89,999	C.	During the last 12 months, how much did receive in	0460 \$00 Go to item 11				
		10 □ \$90,000–\$119,999 11 □ \$120,000 and over		Supplemental Security Income checks form ALL government sources?	If "Don't know" or "Refuse" –Go to item 10d				
8.	During the last 12 months, did place any money in a retirement plan such as			Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.	0470 1 □ \$0 -\$999 2 □ \$5,000-\$1,999				
	an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.	2 🗌 No		Could you tell me which range on CARD C best reflects the amount	3 🗌 \$2,000–\$2,999				
	If YES – How much?	0360 \$ .00		received in Supplemental Security Income from all government sources	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999				
9.	During the last 12 months, did			during the last 12 months?	6				
	receive from the U.S. Government any money from –	0370 1 🗌 Yes			8 🗌 \$15,000–\$19,999				
a.	Social Security checks?	2 🗌 No			9 🗌 \$20,000–\$29,999 10 🗌 \$30,000–\$39,999				
b.	Railroad Retirement checks?	0380 1 ☐ Yes 2 ☐ No			11				
C.	FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?	0390 1 □ Yes – Go to item 9d 2 □ No – Go to item 10	11.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based	0480 1 ☐ Records 2 ☐ No records used				
d.	What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$00 Go to item 9f		upon the respondent's use of records in providing responses to items 6–10					
	Ask only if "Don't know" or "Refuse" to	If "Don't know" or "Refuse" – Go to item 9e							
_	item 9d. Information Booklet, page 45.	0410 1 □ Less than \$300 2 □ \$300-\$399							
e.	Could you tell me which range on CARD B best reflects the amount of 's last Social Security or Railroad Retirement payment received?	3 □ \$400-\$499 4 □ \$500-\$599 5 □ \$600-\$699 6 □ \$700-\$799							
		7 🗆 \$800–\$899 8 🗆 \$900–\$999							
		9							
		1							

Page	143
------	-----

	43
U member 14 years old or older, for each CU erview, and for all CU members who have not	
NOTES	
	_
	_

:	Section 22 – WO	RK EXPERIENC	E AND INCOME – Cont	tinu	ed FIELD F	member v	vho ṫ	parate page of part E for each new CU m turned 14 years old since the last intervie ne in previous interviews.	ember 14 years old or older, for each CU w, and for all CU members who have not			
	Part E – Third and	d Fourth Quart	er									
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY <b>a.</b> NAME	NG USE 1 23 40 6 ↓		Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE		66	<ul> <li>e. Was there any money deducted from's last pay for -</li> <li>(1) Federal income tax?</li> </ul>				
2.	<ul> <li>years old and over.</li> <li>b. LINE NUMBER</li> <li>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.</li> </ul>		0010 0020 Weeks 0 □ Did not work - <i>Go to item 5</i>		1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work?	0070 Code		(2) State and local income tax?	0150 1 Yes 0160 \$			
3.			0030 Hours per week		<ul> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify <i>k</i></li> </ul>			<ul> <li>(3) Private pension fund?</li> <li>(4) Government retirement?</li> </ul>	2 No 0190 1 Yes 2 No 0200 \$00			
<b>4</b> a	Information Booklet, page 43 <b>4a.</b> The job in which received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - 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			6.	During the past 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances,	0080 1 □ Yes – Go to item 6a 2 □ No – Go to item 7		(5) Railroad retirement?	0210 1 Yes 0220 \$ .00			
					Armed Forces pay, severance pay, teaching fellowships, and the like.			(6) Social Security including Medicare?	0230 1 □ Yes – Go to item 6g 2 □ No – Go to item 6f			
				a.	a. During the last 12 months, how much did receive in wages and salaries for All JOBS before any deductions?	0090 \$	77 <b>f</b> 6c	f. Are Social Security payments NORMALLY deducted from's pay?	0240 1 □ Yes – Go to item 6g 2 □ No – Go to item 6h			
			0040 Code		Ask only if "Don't know" or "Refuse" to	If "Don't know" or "Refuse" – Go to item 6b. 0100 1 □ \$0 -\$4,999	ę	J. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1 🗌 Yes 2 🗌 No			
				b.	item 6a. Information Booklet, page 44. Could you tell me which range on CARD A best reflects total wages and salaries for all jobs	2	ł	<ol> <li>Other than Social Security, did any employer or union contribute to a pension or retirement plan for during the last 12 months?</li> </ol>	0260 1 🗌 Yes 2 🗌 No			
					during the last 12 months?	5	7.	During the last 12 months, did have any income or loss from's own nonfarm business, partnership, or professional practice?	0270 1 □ Yes – Go to item 7a 2 □ No – Go to item 7c			
						9	Ð	A. What was the amount of income or loss after expenses?	0280     \$     .00       Go to item 7c       0290     1          Loss			
_	Armed forces 18 – Armed forces			c.	What was the amount of's last pay before deductions?	0110 \$00		Ask only if "Don't know" or "Refuse" to	If "Don't know" or "Refuse" –Go to item 7b			
<ul> <li>b. Was 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, professional practice, or farm?</li> <li>6 - Working WITHOUT PAY in family business or farm?</li> </ul>		0050       Code         Ask if code 5 and not a farm - Is the business incorporated?         0060       1 □ Yes         2 □ No	d.	. What period of time did this cover?	0120 1 □ 1 week 2 □ 2 weeks 3 □ Month 4 □ Quarter 5 □ Year 6 □ Other – <i>Specify</i> 7 □ Twice a month		item 7a. Information Booklet, page 44. <b>b.</b> Could you tell me which range on CARD A best reflects income or loss from's own nonfarm business, partnership or professional practice during the last 12 months?	1 □ \$0 -\$4,999 2 □ \$5,000-\$9,999 3 □ \$10,000-\$14,999 4 □ \$15,000-\$19,999				

Page 145				Page 145
Section 22 – WORK EXPERIEN	CE AND INCOME – Continued		Complete a separate page of part E for each new member who turned 14 years old since the last in reported income in previous interviews.	CU member 14 years old or older, for each CU terview, and for all CU members who have not
Part E – Third and Fourth Quar	rter – Continued			
<b>7c.</b> During the last 12 months, did have any income from's own farm?	0310 1 □ Yes – Go to item 7d 2 □ No – Go to item 8	<b>9f.</b> Is this amount AFTER the deduction for a Medicare premium?	0420 1 □ Yes 2 □ No	NOTES
<ul> <li>d. What was the amount of income or loss after expenses?</li> <li>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</li> <li>e. Could you tell me which range on CARD A best reflects's income or loss from's own farm during the last 12 months?</li> </ul>	$ \begin{array}{c} \begin{array}{c} 0320 \\ \$ \\ 0330 \\ 1 \\ \Box \ Loss \\ \hline \\ If "Don't know" or "Refuse" - Go to item 8 \\ \hline \\ 0340 \\ 0 \\ \Box \ \\ 0 \\ 1 \\ \$ \\ 0 \\ -\$ \\ 0 \\ 1 \\ \$ \\ 0 \\ -\$ \\ 0 \\ 1 \\ \$ \\ 0 \\ -\$ \\ 0 \\ 1 \\ \$ \\ 0 \\ -\$ \\ 0 \\ 1 \\ 1 \\ \$ \\ 0 \\ -\$ \\ 0 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$	<ul> <li>9. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?</li> <li>10. During the last 12 months, did receive any -</li> <li>a. Supplemental Security Income (SSI) payments from the U.S. Government?</li> <li>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</li> <li>If "Yes" in items 10a and/or10b -</li> <li>C. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?</li> </ul>	0430       Number         0440       1 □ Yes         2 □ No         0450       1 □ Yes         2 □ No         0460       \$         .00       Go to item 11         If "Don't know" or "Refuse" -Go to item 10d	
<ul> <li>8. During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers. If YES - How much?</li> <li>9. During the last 12 months, did receive from the U.S. Government any money from -</li> <li>a. Social Security checks?</li> </ul>	2 \[ No 2 \[ No 0360 \$00 0370 1 \[ Yes 2 \[ No 0380 1 \[ Yes	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46. d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources during the last 12 months?	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	
<ul> <li>b. Railroad Retirement checks?</li> <li>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</li> <li>d. What was the amount of the last Social Security or Railroad Retirement payment received?</li> </ul>	2 🗌 No 0390 1 🗌 Yes – Go to item 9d 2 🗌 No – Go to item 10 0400 \$00 Go to item 9f	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10	12 S50,000 and over	
Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45. Could you tell me which range on CARD B best reflects the amount of 's last Social Security or Railroad Retirement payment received?	If "Don't know" or "Refuse" - Go to item 9e         0410       1 $\Box$ Less than \$300         2 $\Box$ \$300-\$399         3 $\Box$ \$400-\$499         4 $\Box$ \$500-\$599         5 $\Box$ \$600-\$699         6 $\Box$ \$700-\$799         7 $\Box$ \$800-\$899         8 $\Box$ \$900-\$999         9 $\Box$ \$1,000-\$1,499         10 $\Box$ \$1,500 and over			

NOTE – As of April 2001 Section 22, Part	NOTES
2 146	Section 22 – Part F

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

Page	1	47
------	---	----

U as a group in the Fifth Quarter.	
NOTES	

Section 24 – TOTAL CU I	NCOME – For New Consumer Units O	nly FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask the question and read each income range category beginning with code 1.
TOTAL CU INCOME Information Booklet, page 47	1 24 01 6 ↓	NOTES
1. Which category represents the total combined income of this CU during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received by all CU members 14 years of age or older.	0010       1       Loss         2       Under \$3,000         3       \$3,000-\$5,999         4       \$6,000-\$7,499         5       \$7,500-\$9,999         6       \$10,000-\$12,999         7       \$13,000-\$14,999         8       \$15,000-\$19,999         9       \$20,000-\$24,999         10       \$25,000-\$29,999         11       \$30,000-\$34,999	
	12       \$35,000-\$49,999         13       \$50,000-\$74,999         14       \$75,000+         15       Refused         X       Don't know	





TOTAL CU INCOME	WORK EXPERIENCE AND INCOME	CREDIT LIABILITY	EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS	MISCELLANEOUS EXPENSES	TRIPS AND VACATIONS	SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES	EDUCATIONAL EXPENSES	MEDICAL AND HEALTH EXPENDITURES	HOSPITALIZATION AND HEALTH INSURANCE	INSURANCE OTHER THAN HEALTH	VEHICLE OPERATING EXPENSES	OWNED VEHICLES	RENTED AND LEASED VEHICLES	CLOTHING AND SEWING MATERIALS	HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS	HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING	APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS	CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY	UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES	OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE	RENTED LIVING QUARTERS	GENERAL SURVEY INFORMATION
1C noison2	CC doitoo2	10 aoiteo2	05 noitee2	al aging?	Sr goiten?	Tt noiteo2	at noitee2	-31- goitag2	AL noiteo2	St noiton?	Ct aoiteo2	11- 4011902	Of goiton?	0.noitee2	2 doitoo2	7 1011202	9 aoiteo 2	d noitee2	A noiteo2	S-noiteo2	C. noiton2	Luoitae2