

16a. INTERVIEWER CHECK ITEM FOR ASSIGNING CU NO. <ul style="list-style-type: none"> Enter "1" in item 4 on the lines for head of household, wife, never married children, and any other person listed who is considered part of that family. For all other individuals or closely related groups ask items 16b-d, as applicable. Fill a separate line for each. For separate CU's assign numbers in sequence, e.g., "2" for the second CU in the household. NOTE: If 6 or less CU's prepare a separate questionnaire for each CU after completing the questionnaire for CU No. 1. Enter in item 6 of the additional questionnaires the names of all persons in the CU, then fill item 17. If more than 6 CU's STOP the interview and call the area office for instructions. 	ASK FOR EACH INDIVIDUAL OR GROUP OF RELATED PERSONS NOT IDENTIFIED AS PART OF CU NO. "1"			<ul style="list-style-type: none"> ASK AT END OF PART A ON THE FIRST CE-106 PREPARED FOR THE HOUSEHOLD. If more than one CU in the household, ask: 19a. Does more than one person in this household regularly contribute to the expense of items such as food, cleaning supplies, or paper products? <input type="checkbox"/> YES - Ask b <input type="checkbox"/> NO - SKIP to Part B b. Does one person usually make the purchases? <input type="checkbox"/> YES - Who? Enter line No. _____ <input type="checkbox"/> NO NOTE: If YES, ask the person who usually makes the purchases to record the expenses for the shared items. 	NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
	LINE NO.	16b. Is ... financially independent that is, does ... pay for food shelter, and clothing with his own money? <input type="checkbox"/> YES - Assign separate CU No. in item 4. <input type="checkbox"/> NO - Ask item 16c.	16c. What items does he pay for himself? If two or more listed items marked, assign separate CU No. Otherwise, ask item 16d. <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> None			16d. Who pays for the remainder? <input type="checkbox"/> Other CU in HH - Enter some CU No. in item 4. <input type="checkbox"/> Person not in HH - Specify in Notes and assign separate CU No. in item 4.
		<input type="checkbox"/> YES - Assign separate CU No. in item 4. <input type="checkbox"/> NO - Ask item 16c.	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> None			<input type="checkbox"/> Other CU in HH - Enter some CU No. in item 4. <input type="checkbox"/> Person not in HH - Specify in Notes and assign separate CU No. in item 4.
		<input type="checkbox"/> YES - Assign separate CU No. in item 4. <input type="checkbox"/> NO - Ask item 16c.	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> None			<input type="checkbox"/> Other CU in HH - Enter some CU No. in item 4. <input type="checkbox"/> Person not in HH - Specify in Notes and assign separate CU No. in item 4.
		<input type="checkbox"/> YES - Assign separate CU No. in item 4. <input type="checkbox"/> NO - Ask item 16c.	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> None			<input type="checkbox"/> Other CU in HH - Enter some CU No. in item 4. <input type="checkbox"/> Person not in HH - Specify in Notes and assign separate CU No. in item 4.
After assigning CU Nos. in item 4 for all listed persons, go to item 17 above.						

~ 13 029 ↓ **Part B - CONSUMER UNIT CHARACTERISTICS - Ask at Week 1 Placement**

<ul style="list-style-type: none"> ASK ITEMS 1, 2, AND 3 FOR THE CU 1a. About how often do you (CU) shop at the grocery store? <input type="checkbox"/> (F01) Week } _____ Times per <input type="checkbox"/> (F02) Month } b. During the past 3 months, what has been the usual amount of your purchases at the grocery store? (Include purchases made with Food Stamps.) <input type="checkbox"/> (F03) Week } \$ _____ .00 per <input type="checkbox"/> (F04) Month } c. About how much of this amount was for food and nonalcoholic beverages? <input type="checkbox"/> (F05) \$ _____ .00 d. About how much of this amount was for tobacco? <input type="checkbox"/> (F06) \$ _____ .00 <input type="checkbox"/> None e. About how much of this amount was for alcoholic beverages? <input type="checkbox"/> (F07) \$ _____ .00 <input type="checkbox"/> None 2a. Did you purchase any Federal Food Stamps last month? <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - SKIP to 3a b. If YES - What did you pay for them? \$ _____ .00 c. What was the value of exchange for the stamps at the store? \$ _____ .00 <input type="checkbox"/> Don't know 3a. Do you (CU) own an automobile, truck, or other vehicle? Do not include any vehicle which is used entirely for business purposes. <input type="checkbox"/> (F08) 1 YES <input type="checkbox"/> 2 NO - SKIP to 4 b. How many? <input type="checkbox"/> (F09) _____ Number c. Is this (are any of these) vehicle(s) used partially for business? <input type="checkbox"/> (F10) 1 YES <input type="checkbox"/> 2 NO - SKIP to 4 d. How many? <input type="checkbox"/> (F11) _____ Number e. What percent of your total vehicle expense is counted as a business expense? <input type="checkbox"/> (F12) _____ Percent 	<ul style="list-style-type: none"> ASK ITEMS 4 AND 5 FOR HEAD AND SPOUSE OF CU ONLY 4a. What is the highest grade (year) of regular school ... (head, spouse) has ever attended? <input type="checkbox"/> (F13) Never attended - SKIP to 5 Elementary <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 High <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 or higher b. Did ... complete that grade (year)? <input type="checkbox"/> (F14) 1 YES 2 NO 5a. Has ... ever completed a vocational training program? (in high school; as an apprentice; in business, nursing, trade, technical, or Armed Forces school.) <input type="checkbox"/> (F15) 1 YES 2 NO - SKIP to 6 b. What was the main field of training? <input type="checkbox"/> (F16) _____ Code 1 - Business or office work 2 - Nursing, other health fields 3 - Trade or craft 4 - Engineering or science 5 - Agriculture or home economics 6 - Other (Specify) _____ 	HEAD <input type="checkbox"/> (F13) Never attended - SKIP to 5 Elementary <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 High <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 or higher	SPOUSE <input type="checkbox"/> (F21) 0 Never attended - SKIP to 5 Elementary <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 High <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 or higher	NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
		PROCESSING USE ONLY 19b. <input type="checkbox"/> (F17) _____ 2a. <input type="checkbox"/> (F18) 1 YES 2 NO 2b. <input type="checkbox"/> (F19) \$ _____ .00 2c. <input type="checkbox"/> (F20) \$ _____ .00 <input type="checkbox"/> Don't know	<input type="checkbox"/> (F22) 1 YES 2 NO <input type="checkbox"/> (F23) 1 YES 2 NO - SKIP to 6 <input type="checkbox"/> (F24) _____ Code	
6. What is your telephone number? Area code Number		7. What is the best time of day to call or visit? a.m. p.m.		NOTES <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
END INTERVIEW AT WEEK 1 PLACEMENT				

Part C - INCOME - Ask at Week 2 Pick-up

	~ 14 019 ↓	~ 14 027 ↓	~ 14 035 ↓	~ 14 043 ↓	~ 14 050 ↓
• Ask items 1-4 for each person 14 years old or over in this CU	(G01) Line No.	(G01) Line No.	(G01) Line No.	(G01) Line No.	(G01) Line No.
1. How many weeks during the past 12 months did . . . work, either full-time or part-time, not counting work around the house?	(G02) _____ Weeks OR 0 <input type="checkbox"/> Did not work - SKIP to 3	(G02) _____ Weeks OR 0 <input type="checkbox"/> Did not work - SKIP to 3	(G02) _____ Weeks OR 0 <input type="checkbox"/> Did not work - SKIP to 3	(G02) _____ Weeks OR 0 <input type="checkbox"/> Did not work - SKIP to 3	(G02) _____ Weeks OR 0 <input type="checkbox"/> Did not work - SKIP to 3
2a. In the job in which . . . received the most earnings during the past 12 months, for whom did he work?					
b. What kind of business or industry was it?	(G03)	(G03)	(G03)	(G03)	(G03)
c. What kind of work did he do?	(G04)	(G04)	(G04)	(G04)	(G04)
d. Was . . . 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A Government employee? (Federal, State, local) 3 - Self-employed in OWN business, professional practice, or farm? 4 - Working WITHOUT PAY in family business or farm?	(G05) _____ Code If code 3 and not a farm, ask - Is the business incorporated? (G06) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	(G05) _____ Code If code 3 and not a farm, ask - Is the business incorporated? (G06) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	(G05) _____ Code If code 3 and not a farm, ask - Is the business incorporated? (G06) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	(G05) _____ Code If code 3 and not a farm, ask - Is the business incorporated? (G06) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	(G05) _____ Code If code 3 and not a farm, ask - Is the business incorporated? (G06) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
• If "Did not work" during the past 12 months and over 50 years old, ask - 3. Is . . . retired?	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA	(G07) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> NA
4. During the past 12 months, how much did . . . earn in - a. Wages or salary before deductions? (Include commissions, tips, Armed Forces pay and allowances.) b. NET income from own business or professional practice? c. NET income from own farm?	(G08) \$ _____ .00 OR 0 <input type="checkbox"/> None (G09) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss (G10) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss	(G08) \$ _____ .00 OR 0 <input type="checkbox"/> None (G09) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss (G10) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss	(G08) \$ _____ .00 OR 0 <input type="checkbox"/> None (G09) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss (G10) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss	(G08) \$ _____ .00 OR 0 <input type="checkbox"/> None (G09) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss (G10) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss	(G08) \$ _____ .00 OR 0 <input type="checkbox"/> None (G09) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss (G10) \$ _____ .00 OR 0 <input type="checkbox"/> None <input type="checkbox"/> Loss
Office use only	(G11) 1 <input type="checkbox"/> (G12) 1	(G11) 1 <input type="checkbox"/> (G12) 1	(G11) 1 <input type="checkbox"/> (G12) 1	(G11) 1 <input type="checkbox"/> (G12) 1	(G11) 1 <input type="checkbox"/> (G12) 1

Part D - DIARY CHECK - Ask at Week 2 Pick-up

	~ 15 016 → ↓	~ 15 024 ↓
• Ask item 5 for the entire CU		INTERVIEWER - Review the completed diary for the items listed in col. a. If expenditures of \$1.00 or more are reported, mark the box in col. a. After reviewing the entire diary, ask the questions in col. b for each box that is NOT marked in col. a. If all boxes are marked, complete Part A, items 15d and 15e, then continue with Part C.
5. During the past 12 months did any members of this CU receive any money from -	YES NO If YES - How much altogether? ↓	Mark the box if expenditures of \$1.00 or more are reported. (a) We have found that certain types of expenses are often forgotten. I would like to ask a few questions concerning these items. (b)
a. Social Security or Railroad Retirement checks from the U.S. Government?	(H01) 1 <input type="checkbox"/> 2 <input type="checkbox"/> (H02) \$ _____ .00	
b. Estates, trusts, or dividends? Interest on savings accounts or bonds? Net rental income?	(H03) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> (H04) \$ _____ .00	1. <input type="checkbox"/> Meals eaten out: a. Does anyone in the family eat out - lunches, dinners, snacks, etc. - even occasionally? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item b. Did anyone in the family eat out at all during the past week? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item c. How much was spent for meals eaten out during this past week? (J01) \$ _____ .00
c. Welfare payments or other public assistance (aid to families with dependent children, old age assistance, or aid to the blind or totally disabled)?	(H05) 1 <input type="checkbox"/> 2 <input type="checkbox"/> (H06) \$ _____ .00	2. <input type="checkbox"/> Tobacco a. Does anyone in the family smoke - cigarettes, cigars, pipes - even occasionally? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item b. Did anyone in the family buy any cigarettes, cigars, or tobacco during this past week? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item c. How much was spent during this past week? (J02) \$ _____ .00
d. Unemployment compensation? Workmen's compensation? Government employee pensions? Veteran's payments?	(H07) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> (H08) \$ _____ .00	3. <input type="checkbox"/> Alcoholic beverages for HOME USE a. Does anyone in the family buy alcoholic beverages - beer, wine, liquor, etc. - for HOME USE, even occasionally? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item b. Did anyone buy any alcoholic beverages for HOME USE during this past week? <input type="checkbox"/> YES <input type="checkbox"/> NO - SKIP to next item c. How much was spent during this past week? (J03) \$ _____ .00
e. Private pensions or annuities? Alimony? Regular contributions from persons not living in this household? Anything else?	(H09) * 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> (H10) \$ _____ .00	4. <input type="checkbox"/> Alcoholic drinks purchased at a bar, café, etc. a. Does anyone in the family buy alcoholic drinks at a bar, café, etc., even occasionally? <input type="checkbox"/> YES <input type="checkbox"/> NO - Go to Part A, item 15d b. Did anyone buy any alcoholic drinks during this past week? <input type="checkbox"/> YES <input type="checkbox"/> NO - Go to Part A, item 15d c. How much was spent during this past week? (J04) \$ _____ .00
		Continue with Part A, items 15d and 15e AND Part C.