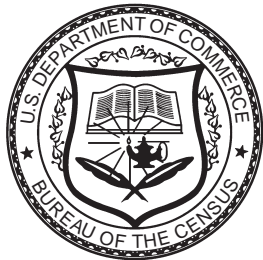


NOTE: Office staff should complete transcription items 1–4 below for interviewed CU's only.										
1. Regional Office code	2. CONTROL NUMBER							3a. HH No.	3b. CU No.	4. Interview No.
	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit			
				Q _____						<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 5

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



QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

Section 1 – GENERAL SURVEY INFORMATION

Part A – Field Representative Records

1. Regional Office code

2. Control number

PSU code

Segment No.

Segment number suffix

Sample designation

Serial No.

Serial suffix

Check digit

0

3a. HH No.

3b. CU No.

4. Interview No.

☐ 2

☐ 4

☐ 3

☐ 5

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT – Enter code for reason of telephone contact from list of codes below.

Call (a)	Reason (b)	Call (a)	Reason (b)	Call (a)	Reason (b)	REASON FOR TELEPHONE CONTACT	OFFICE USE ONLY
1	0020	5	0100	9	0180	1 Telephone call to collect data	0250
2	0040	6	0120	10	0200	2 Telephone call to schedule appointment	
3	0060	7	0140	11	0220	3 Other telephone call	
4	0080	8	0160	12	0240		

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT – Record travel time and enter code for reason of visit from list of codes at right.

Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
1	Began a.m. p.m.	0270	0280	5	Began a.m. p.m.	0390	0400	9	Began a.m. p.m.	0510	0520
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
2	Began a.m. p.m.	0300	0310	6	Began a.m. p.m.	0420	0430	10	Began a.m. p.m.	0540	0550
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
3	Began a.m. p.m.	0330	0340	7	Began a.m. p.m.	0450	0460	11	Began a.m. p.m.	0570	0580
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
4	Began a.m. p.m.	0360	0370	8	Began a.m. p.m.	0480	0490	12	Began a.m. p.m.	0600	0610
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		

NOTES

FORM CE-302 (4-1-99)

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

QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Activity	TIME		OFFICE USE ONLY
	Began	Ended	Total minutes
Interviewing	a.m. p.m.	a.m. p.m.	0620
Field Representative review	a.m. p.m.	a.m. p.m.	0630
Office edit	a.m. p.m.	a.m. p.m.	0640
Office transcription	a.m. p.m.	a.m. p.m.	0650

8. QUESTIONNAIRE DEBRIEFING – Complete at the conclusion of interview.

a. Enter the line number of the respondent who answered the most questionnaire sections – Enter code 99 for non CU member.

0660 Line number of main respondent

b. Enter the line number(s) of all other respondents – Enter code 99 for non CU member.

0670		0700		0730	
0680		0710		0740	
0690		0720		0750	

c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?
Mark (X) one.

0760 1 ☐ Always 3 ☐ Mostly 5 ☐ Almost never
 2 ☐ Almost always 4 ☐ Occasionally 6 ☐ Never

d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?
Mark (X) all that apply.

0770 1 ☐ Bills 0800 4 ☐ Receipts of purchase (sales slips) 0830 7 ☐ Bank statements
0780 2 ☐ Checkbook ledger or stubs 0810 5 ☐ Home file (provided by Census Bureau) 0840 8 ☐ Other
0790 3 ☐ Canceled checks 0820 6 ☐ Contracts or agreements

9. LAST SECTION COMPLETED
If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850 Section number

PROCESSING USE ONLY

0860 1 9 9 9

Section 1 – GENERAL SURVEY INFORMATION

Part A – Field Representative Records

1. Regional Office code

2. Control number

PSU code

Segment No.

Segment number suffix

Sample designation

Serial No.

Serial suffix

Check digit

0

3a. HH No.

3b. CU No.

4. Interview No.

☐ 2

☐ 4

☐ 3

☐ 5

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT – Enter code for reason of telephone contact from list of codes below.

Call (a)	Reason (b)	Call (a)	Reason (b)	Call (a)	Reason (b)	REASON FOR TELEPHONE CONTACT	OFFICE USE ONLY
1	0020	5	0100	9	0180	1 Telephone call to collect data	0250
2	0040	6	0120	10	0200	2 Telephone call to schedule appointment	
3	0060	7	0140	11	0220	3 Other telephone call	
4	0080	8	0160	12	0240		

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT – Record travel time and enter code for reason of visit from list of codes at right.

Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
1	Began a.m. p.m.	0270	0280	5	Began a.m. p.m.	0390	0400	9	Began a.m. p.m.	0510	0520
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
2	Began a.m. p.m.	0300	0310	6	Began a.m. p.m.	0420	0430	10	Began a.m. p.m.	0540	0550
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
3	Began a.m. p.m.	0330	0340	7	Began a.m. p.m.	0450	0460	11	Began a.m. p.m.	0570	0580
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
4	Began a.m. p.m.	0360	0370	8	Began a.m. p.m.	0480	0490	12	Began a.m. p.m.	0600	0610
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		

NOTES

FORM CE-302 (4-1-99)

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

QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Activity	TIME		OFFICE USE ONLY
	Began	Ended	Total minutes
Interviewing	a.m. p.m.	a.m. p.m.	0620
Field Representative review	a.m. p.m.	a.m. p.m.	0630
Office edit	a.m. p.m.	a.m. p.m.	0640
Office transcription	a.m. p.m.	a.m. p.m.	0650

8. QUESTIONNAIRE DEBRIEFING – Complete at the conclusion of interview.

a. Enter the line number of the respondent who answered the most questionnaire sections – Enter code 99 for non CU member.

0660 Line number of main respondent

b. Enter the line number(s) of all other respondents – Enter code 99 for non CU member.

0670		0700		0730	
0680		0710		0740	
0690		0720		0750	

c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?
Mark (X) one.

0760 1 ☐ Always 3 ☐ Mostly 5 ☐ Almost never
 2 ☐ Almost always 4 ☐ Occasionally 6 ☐ Never

d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?
Mark (X) all that apply.

0770 1 ☐ Bills 0800 4 ☐ Receipts of purchase (sales slips) 0830 7 ☐ Bank statements
0780 2 ☐ Checkbook ledger or stubs 0810 5 ☐ Home file (provided by Census Bureau) 0840 8 ☐ Other
0790 3 ☐ Canceled checks 0820 6 ☐ Contracts or agreements

9. LAST SECTION COMPLETED
If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850 Section number

PROCESSING USE ONLY

0860 1 9 9 9

Section 1 – GENERAL SURVEY INFORMATION

FORM **CE-302**
(4-1-99)

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

Part A – Field Representative Records

1 01 25 3 ↘

1. Regional Office code	2. Control number							3a. HH No.	3b. CU No.	4. Interview No. <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 5
	PSU code	Segment No.	Segment number suffix	Sample designation	Serial No.	Serial suffix	Check digit			
				a _____						

QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

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

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT – *Enter code for reason of telephone contact from list of codes below.*

Call (a)	Reason (b)	Call (a)	Reason (b)	Call (a)	Reason (b)	REASON FOR TELEPHONE CONTACT	OFFICE USE ONLY
1	0020	5	0100	9	0180	1 Telephone call to collect data	0250
2	0040	6	0120	10	0200	2 Telephone call to schedule appointment	
3	0060	7	0140	11	0220	3 Other telephone call	
4	0080	8	0160	12	0240		

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT – <i>Record travel time and enter code for reason of visit from list of codes at right.</i>	<p style="text-align: center;">REASON FOR VISIT</p> <p>4 Personal visit to collect data</p> <p>5 Personal visit to schedule appointment</p> <p>6 Other personal visit</p>
--	---

Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
1	Began a.m. p.m.	0270	0280	5	Began a.m. p.m.	0390	0400	9	Began a.m. p.m.	0510	0520
	Ended a.m. p.m.				Ended a.m. p.m.						
2	Began a.m. p.m.	0300	0310	6	Began a.m. p.m.	0420	0430	10	Began a.m. p.m.	0540	0550
	Ended a.m. p.m.				Ended a.m. p.m.						
3	Began a.m. p.m.	0330	0340	7	Began a.m. p.m.	0450	0460	11	Began a.m. p.m.	0570	0580
	Ended a.m. p.m.				Ended a.m. p.m.						
4	Began a.m. p.m.	0360	0370	8	Began a.m. p.m.	0480	0490	12	Began a.m. p.m.	0600	0610
	Ended a.m. p.m.				Ended a.m. p.m.						

NOTES

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Activity	TIME		OFFICE USE ONLY
	Began	Ended	Total minutes
Interviewing	a.m. p.m.	a.m. p.m.	0620
Field Representative review	a.m. p.m.	a.m. p.m.	0630
Office edit	a.m. p.m.	a.m. p.m.	0640
Office transcription	a.m. p.m.	a.m. p.m.	0650

8. QUESTIONNAIRE DEBRIEFING – *Complete at the conclusion of interview.*

a. Enter the line number of the respondent who answered the most questionnaire sections – Enter code 99 for non CU member.

0660 Line number of main respondent

b. Enter the line number(s) of all other respondents – Enter code 99 for non CU member.

0670		0700		0730	
0680		0710		0740	
0690		0720		0750	

c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?

Mark (X) one.

0760 1 ☐ Always 3 ☐ Mostly 5 ☐ Almost never
2 ☐ Almost always 4 ☐ Occasionally 6 ☐ Never

d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

Mark (X) all that apply.

0770 1 <input type="checkbox"/> Bills	0800 4 <input type="checkbox"/> Receipts of purchase (sales slips)	0830 7 <input type="checkbox"/> Bank statements
0780 2 <input type="checkbox"/> Checkbook ledger or stubs	0810 5 <input type="checkbox"/> Home file (provided by Census Bureau)	0840 8 <input type="checkbox"/> Other
0790 3 <input type="checkbox"/> Canceled checks	0820 6 <input type="checkbox"/> Contracts or agreements	

9. LAST SECTION COMPLETED	PROCESSING USE ONLY

If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850 Section number

0860

1	9	9	9
---	---	---	---

Section 1 – GENERAL SURVEY INFORMATION

Part A – Field Representative Records

1. Regional Office code

2. Control number

PSU code

Segment No.

Segment number suffix

Sample designation

Serial No.

Serial suffix

Check digit

0

3a. HH No.

3b. CU No.

4. Interview No.

☐ 2

☐ 4

☐ 3

☐ 5

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT – Enter code for reason of telephone contact from list of codes below.

Call (a)	Reason (b)	Call (a)	Reason (b)	Call (a)	Reason (b)	REASON FOR TELEPHONE CONTACT	OFFICE USE ONLY
1	0020	5	0100	9	0180	1 Telephone call to collect data	0250
2	0040	6	0120	10	0200	2 Telephone call to schedule appointment	
3	0060	7	0140	11	0220	3 Other telephone call	
4	0080	8	0160	12	0240		

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT – Record travel time and enter code for reason of visit from list of codes at right.

Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
1	Began a.m. p.m.	0270	0280	5	Began a.m. p.m.	0390	0400	9	Began a.m. p.m.	0510	0520
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
2	Began a.m. p.m.	0300	0310	6	Began a.m. p.m.	0420	0430	10	Began a.m. p.m.	0540	0550
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
3	Began a.m. p.m.	0330	0340	7	Began a.m. p.m.	0450	0460	11	Began a.m. p.m.	0570	0580
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
4	Began a.m. p.m.	0360	0370	8	Began a.m. p.m.	0480	0490	12	Began a.m. p.m.	0600	0610
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		

NOTES

FORM CE-302 (4-1-99)

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

QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Activity	TIME		OFFICE USE ONLY
	Began	Ended	Total minutes
Interviewing	a.m. p.m.	a.m. p.m.	0620
Field Representative review	a.m. p.m.	a.m. p.m.	0630
Office edit	a.m. p.m.	a.m. p.m.	0640
Office transcription	a.m. p.m.	a.m. p.m.	0650

8. QUESTIONNAIRE DEBRIEFING – Complete at the conclusion of interview.

a. Enter the line number of the respondent who answered the most questionnaire sections – Enter code 99 for non CU member.

0660 Line number of main respondent

b. Enter the line number(s) of all other respondents – Enter code 99 for non CU member.

0670		0700		0730	
0680		0710		0740	
0690		0720		0750	

c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?
Mark (X) one.

0760 1 Always 3 Mostly 5 Almost never
2 Almost always 4 Occasionally 6 Never

d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?
Mark (X) all that apply.

0770 1 Bills 0800 4 Receipts of purchase (sales slips) 0830 7 Bank statements
0780 2 Checkbook ledger or stubs 0810 5 Home file (provided by Census Bureau) 0840 8 Other
0790 3 Canceled checks 0820 6 Contracts or agreements

9. LAST SECTION COMPLETED
If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850 Section number

PROCESSING USE ONLY

0860 1 9 9 9

Section 1 – GENERAL SURVEY INFORMATION

Part A – Field Representative Records

1. Regional Office code

2. Control number

PSU code

Segment No.

Segment number suffix

Sample designation

Serial No.

Serial suffix

Check digit

0

3a. HH No.

3b. CU No.

4. Interview No.

☐ 2

☐ 4

☐ 3

☐ 5

5. RECORD OF TELEPHONE CONTACTS AND REASON FOR CONTACT – Enter code for reason of telephone contact from list of codes below.

Call (a)	Reason (b)	Call (a)	Reason (b)	Call (a)	Reason (b)	REASON FOR TELEPHONE CONTACT	OFFICE USE ONLY
1	0020	5	0100	9	0180	1 Telephone call to collect data	0250
2	0040	6	0120	10	0200	2 Telephone call to schedule appointment	
3	0060	7	0140	11	0220	3 Other telephone call	
4	0080	8	0160	12	0240		

6. RECORD OF TRAVEL TIME AND REASON FOR VISIT – Record travel time and enter code for reason of visit from list of codes at right.

Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
1	Began a.m. p.m.	0270	0280	5	Began a.m. p.m.	0390	0400	9	Began a.m. p.m.	0510	0520
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
2	Began a.m. p.m.	0300	0310	6	Began a.m. p.m.	0420	0430	10	Began a.m. p.m.	0540	0550
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
3	Began a.m. p.m.	0330	0340	7	Began a.m. p.m.	0450	0460	11	Began a.m. p.m.	0570	0580
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
4	Began a.m. p.m.	0360	0370	8	Began a.m. p.m.	0480	0490	12	Began a.m. p.m.	0600	0610
	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		

NOTES

FORM CE-302 (4-1-99)

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

QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Activity	TIME		OFFICE USE ONLY
	Began	Ended	Total minutes
Interviewing	a.m. p.m.	a.m. p.m.	0620
Field Representative review	a.m. p.m.	a.m. p.m.	0630
Office edit	a.m. p.m.	a.m. p.m.	0640
Office transcription	a.m. p.m.	a.m. p.m.	0650

8. QUESTIONNAIRE DEBRIEFING – Complete at the conclusion of interview.

a. Enter the line number of the respondent who answered the most questionnaire sections – Enter code 99 for non CU member.

0660 Line number of main respondent

b. Enter the line number(s) of all other respondents – Enter code 99 for non CU member.

0670		0700		0730	
0680		0710		0740	
0690		0720		0750	

c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records?
Mark (X) one.

0760 1 Always 3 Mostly 5 Almost never
2 Almost always 4 Occasionally 6 Never

d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?
Mark (X) all that apply.

0770 1 Bills 0800 4 Receipts of purchase (sales slips) 0830 7 Bank statements
0780 2 Checkbook ledger or stubs 0810 5 Home file (provided by Census Bureau) 0840 8 Other
0790 3 Canceled checks 0820 6 Contracts or agreements

9. LAST SECTION COMPLETED
If the respondent did not complete the interview to its conclusion, enter the last section completed.

0850 Section number

PROCESSING USE ONLY

0860 1 9 9 9

Section 1 – GENERAL SURVEY INFORMATION – Continued

Part A.1 – Consumer Unit and Reference Period Explanations

FIELD REPRESENTATIVE NOTE: *Read the following paragraphs (control card items 23f and 35b) ONLY if you have NOT read them already.*

[illegible]

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.		
Part B – General Housing Characteristics – For New Consumer Units Only (For Returning Consumer Units, Go to Section 2)		1 01 26 1 ↓		
<div>Ask if not apparent.</div> <div>1a. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?</div>	<div>0010</div> <div>1 <input type="checkbox"/> Yes – Go to item 2</div> <div>2 <input type="checkbox"/> No</div>	<div>5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?</div> <div>0060</div> <div>_____ Number</div>	<div>Information Booklet, page 5</div> <div>9. Does this unit have any of the following?</div> <div>Mark (X) all that apply.</div> <div>0130</div> <div>01 <input type="checkbox"/> Swimming pool</div> <div>0140</div> <div>02 <input type="checkbox"/> Off street parking</div> <div>0150</div> <div>03 <input type="checkbox"/> Porch, terrace, patio, or balcony</div> <div>0160</div> <div>04 <input type="checkbox"/> Apartment or guest house</div> <div>0170</div> <div>05 <input type="checkbox"/> Central air conditioning</div> <div>0180</div> <div>06 <input type="checkbox"/> Window air conditioning</div>	
<div>b. If NO – Are your housing costs lower because the Federal, State, or local government is paying part of the cost?</div>	<div>0020</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>6. How many bedrooms are there in this unit?</div> <div>Count all rooms used MAINLY for sleeping, even if also used for other purposes.</div> <div>0070</div> <div>_____ Number</div> <div>0 <input type="checkbox"/> None</div>		
<div>Ask if not apparent.</div> <div>2. Are these living quarters presently used as student housing by a college or university?</div>	<div>0030</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>7a. How many complete bathrooms are there in this unit?</div> <div>A COMPLETE BATHROOM has a flush toilet, a bathtub or shower, and a wash basin with piped water.</div> <div>0080</div> <div>_____ Number</div> <div>0 <input type="checkbox"/> None</div>		
<div>Ask if not apparent by observation.</div> <div>Information Booklet, page 5</div> <div>3. Which best describes this building?</div>	<div>0040</div> <div>01 <input type="checkbox"/> Single family detached (detached structure with only one primary residence; however, the structure could include a rental unit(s) in the basement, attic, etc.)</div> <div>02 <input type="checkbox"/> Row 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 as part of the structure)</div> <div>03 <input type="checkbox"/> End row or end townhouse (one common wall)</div> <div>04 <input type="checkbox"/> Duplex (detached two unit structure with one common wall between the units)</div> <div>05 <input type="checkbox"/> 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – Go to item 5</div> <div>06 <input type="checkbox"/> 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</div> <div>07 <input type="checkbox"/> High-rise (a multi-unit structure which has 4 or more floors) – Go to item 5</div> <div>08 <input type="checkbox"/> 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</div> <div>09 <input type="checkbox"/> Mobile home or trailer – Go to item 5</div> <div>10 <input type="checkbox"/> College dormitory – Go to section 1, part C</div> <div>11 <input type="checkbox"/> Other – Specify and go to item 4 ↘</div>	<div>b. How many half bathrooms are there in this unit?</div> <div>A HALF BATHROOM has at least a flush toilet OR bathtub or shower, but does not have all the facilities of a complete bathroom.</div> <div>0090</div> <div>_____ Number</div> <div>0 <input type="checkbox"/> None</div>	<div>10. About when was this building originally built?</div> <div>Do not consider later remodelings.</div> <div>0450</div> <div>01 <input type="checkbox"/> 1990 or later</div> <div>02 <input type="checkbox"/> 1985–1989</div> <div>03 <input type="checkbox"/> 1980–1984</div> <div>04 <input type="checkbox"/> 1975–1979</div> <div>05 <input type="checkbox"/> 1970–1974</div> <div>06 <input type="checkbox"/> 1965–1969</div> <div>07 <input type="checkbox"/> 1960–1964</div> <div>08 <input type="checkbox"/> 1955–1959</div> <div>09 <input type="checkbox"/> 1950–1954</div> <div>10 <input type="checkbox"/> 1945–1949</div> <div>11 <input type="checkbox"/> 1940–1944</div> <div>12 <input type="checkbox"/> 1930–1939</div> <div>13 <input type="checkbox"/> 1920–1929</div> <div>14 <input type="checkbox"/> 1910–1919</div> <div>15 <input type="checkbox"/> 1900–1909</div> <div>16 <input type="checkbox"/> Before 1900</div> <div>x <input type="checkbox"/> Don’t know</div>	
		<div>8. What fuel is used most for – a. Heating this unit?</div>		<div>0100</div> <div>01 <input type="checkbox"/> Gas (underground piping)</div> <div>02 <input type="checkbox"/> Electricity</div> <div>03 <input type="checkbox"/> Fuel oil</div> <div>04 <input type="checkbox"/> Other – Specify ↘</div> <div>_____</div> <div>05 <input type="checkbox"/> No fuel used</div> <div>x <input type="checkbox"/> Don’t know</div>
		<div>b. Heating water in this unit?</div>		<div>0110</div> <div>01 <input type="checkbox"/> Gas (underground piping)</div> <div>02 <input type="checkbox"/> Electricity</div> <div>03 <input type="checkbox"/> Fuel oil</div> <div>04 <input type="checkbox"/> Other – Specify ↘</div> <div>_____</div> <div>05 <input type="checkbox"/> No fuel used</div> <div>x <input type="checkbox"/> Don’t know</div>
<div>4. What is the approximate size of the lot on which this unit is located?</div>	<div>0050</div> <div>Lot size (approximate acreage)</div> <div>01 <input type="checkbox"/> 1 acre or less – 43,560 sq. ft.</div> <div>02 <input type="checkbox"/> 2 acres – 87,120 sq. ft.</div> <div>03 <input type="checkbox"/> 3 to 5 acres</div> <div>04 <input type="checkbox"/> 6 to 10 acres</div> <div>05 <input type="checkbox"/> Greater than 10 acres</div> <div>06 <input type="checkbox"/> No lot</div> <div>x <input type="checkbox"/> Don’t know</div>	<div>c. Cooking?</div>	<div>0120</div> <div>01 <input type="checkbox"/> Gas (underground piping)</div> <div>02 <input type="checkbox"/> Electricity</div> <div>03 <input type="checkbox"/> Fuel oil</div> <div>04 <input type="checkbox"/> Other – Specify ↘</div> <div>_____</div> <div>05 <input type="checkbox"/> No fuel used</div> <div>x <input type="checkbox"/> Don’t know</div>	
NOTES				

Section 1 – GENERAL SURVEY INFORMATION – Continued											
▶ Part C – Major Household Appliances – For New Consumer Units Only						3 01 28 3 →					
PROCESSING USE ONLY	a			b	c					NOTES	
	Information Booklet, page 6 Does your CU have any of the following appliances?				Was this (Were any of these) – 1. Purchased for own use? 2. Included with own house? 3. Received as a gift? 4. Included with rental unit? 5. Rented separately? FIELD REPRESENTATIVE – Mark (X) first box that applies.						
		Yes	No								
	0010	Electric cooking stove, range, or oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		5 <input type="checkbox"/>
	0020	Gas cooking stove, range, or oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		5 <input type="checkbox"/>
	0030	Microwave oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		5 <input type="checkbox"/>
	0040	Other cooking stove, range, or oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		5 <input type="checkbox"/>
	0050	Refrigerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		5 <input type="checkbox"/>
	0060	Home-freezer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		5 <input type="checkbox"/>
	0070	Built-in dishwasher	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		5 <input type="checkbox"/>
0080	Portable dishwasher	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
0090	Garbage disposal	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
0100	Clothes washer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
0110	Clothes dryer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
0120	Color television	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
0130	Computer, not solely for games	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
0140	Sound components, component system, or compact disc sound system	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
0150	Video tape recorder, video disc player, or video cassette recorder (VCR)	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
GO TO SECTION 2											

NOTES

[illegible]

Section 2 – RENTED LIVING QUARTERS

FIELD REPRESENTATIVE – Complete part A, item 1, for all consumer units. For interviews 2 through 5, item 1a will already be filled. Complete part A, items 2a through 3f, for rented Sample Units only. Complete part A, items 4a through 6, for both rented Sample Units and Sample Units occupied without payment of cash rent. You will record housing expenses for college or university regulated living quarters in section 16 "Educational Expenses."

Part A – CU Tenure, Rental Payments, Facilities, and Services for the Sample Unit

102012↓

1. FIELD REPRESENTATIVE CHECK ITEM

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

0020

1 ☐ Yes – Go to item 6

2 ☐ No

ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX.

0030

1 ☐ Yes

2 ☐ No – Go to item 4a

c. Do you (or any members of your CU) pay rent for these living quarters?

RENTAL OF THE SAMPLE UNIT

2a. What is the rental charge to your CU for this unit, including any extra charge for garage or parking facilities? Do not include direct payments by local, state, or federal agencies.

0040

\$.00

x ☐ Don't know

b. What period of time does this cover?

0050

4 ☐ Month

9 ☐ Other – Specify ↗

c. Since the 1st of (month, 3 months ago), how many payments have been made?

0060

Number

d. Were all the payments in the amount of (rental charge reported in item 2a)?

0070

1 ☐ Yes – Go to item 2f

2 ☐ No

e. If NO – What was the amount of each payment and how many payments were made at that amount?

	Payment	Number
<div>0080</div>	\$.00	<div>0090</div>
<div>0100</div>	\$.00	<div>0110</div>
<div>0120</div>	\$.00	<div>0130</div>
<div>0140</div>	\$.00	<div>0150</div>

f. Were any payments made during the current month?

0200

1 ☐ Yes

2 ☐ No – Go to item 3

g. If YES – How much?

0210

\$.00

3. Does the rental payment include the cost of –

a. Electricity?

0220

1 ☐ Yes

2 ☐ No

b. Gas?

0230

1 ☐ Yes

2 ☐ No

c. Piped-in water?

0240

1 ☐ Yes

2 ☐ No

d. Heating?

0250

1 ☐ Yes

2 ☐ No

e. Trash/Garbage collection?

0260

1 ☐ Yes

2 ☐ No

f. Garage or parking facilities

0270

1 ☐ Yes

2 ☐ No

4a. 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 – Go to item 5a

b. What is the rental charge to another tenant for a similar unit?

0310

\$.00

x ☐ Don't know

c. What period of time does this cover?

0320

4 ☐ Month

9 ☐ Other – Specify ↗

x ☐ Don't know

5a. Is any portion of this unit used for your own business?

0540

1 ☐ Yes

2 ☐ No – Go to item 6

b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.

0550

.00

Percent

6. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.

0620

1 ☐ Yes – Complete part B for other rental property

2 ☐ No – Go to next section

NOTES

Page 6

Section 2 – Part A

Page 6

Section 2 – RENTED LIVING QUARTERS – Continued			FIELD REPRESENTATIVE – 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 ↓			
1a. What is the rental charge to your CU for the other unit, including any extra charge for garage or parking facilities?		0010 \$.00		3a. Did you or any members of your CU receive any free or reduced rent for the unit as a form of pay since the 1st of (month, 3 months ago)?			
		x Don't know		0250 1 Yes 2 No – Go to item 4			
		b. What period of time does this cover?		0020 4 Month 9 Other – Specify ↘		b. What is the rental charge to another tenant for a similar unit?	
				0260 \$.00			
				x Don't know			
c. Since the 1st of (month, 3 months ago), how many payments have been made?		0030 Number		c. What period of time does this cover?			
d. Were all the payments in the amount of (rental charge reported in item 1a)?		0040 1 Yes – Go to item 1f 2 No		0270 4 Month 9 Other – Specify ↘			
e. If NO – What was the amount of each payment and how many payments were made at that amount?		Payment Number		4a. Is any portion of the unit used for your own business?			
		0050 \$.00 0060		0280 1 Yes 2 No – Go to item 5			
		0070 \$.00 0080		b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.			
		0090 \$.00 0100		0290 .00 Percent			
		0110 \$.00 0120		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 quarters not used for business or vacation? Do not include college or university regulated housing.			
				0300 1 Yes – Complete part B for other rental property 2 No – Go to next section			
f. Were any payments made during the current month?		0170 1 Yes 2 No – Go to item 2					
g. If YES – How much?		0180 \$.00					
2. Does the rental payment include the cost of –		Yes No					
a. Electricity?		0190 1 2					
b. Gas?		0200 1 2					
c. Piped-in water?		0210 1 2					
d. Heating?		0220 1 2					
e. Trash/Garbage collection?		0230 1 2					
f. Garage or parking facilities?		0240 1 2					

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).

- FIELD REPRESENTATIVE INSTRUCTIONS
- After completing all screening items (Part A.1) fill the appropriate parts of section 3 for each property owned.
 - 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 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 property.
 - 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 appropriate.
 - 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.

8 03 00 7 →

PROPERTY INVENTORY CHART																												
PROCESSING USE ONLY	a	b		c	d	e	f	g		h		i	j				k		l		m	n		o	p			
		Property disposed of (part D completed)	Property description (part B, item 1c)					Property type 1. Condo 2. Co-op 3. Something else (part B, item 10)	ENTER PROPERTY CODE from part B, item 1b.	Code 300 time share (part B, item 13, box 2)	Do you still have (property description)? If "No," go to column j.		Are (Were) any of the expenses for this property deducted as business, farm, or rental expenses? If "No," go to column j.	If "Yes" in column h – What percent of the expenses for this property are (were) deducted? Enter to the nearest whole percent.	Mortgage or lump sum home equity loan Go to column l.	Mortgage or loan number	TYPE		Amount paid from part F, item 11 or part G, item 11	Has your mortgage (lump sum home equity loan) payment of (amount paid) changed? If paid off, mark "Yes."		Line of Credit Home Equity Loan (Part H) If "No," go to next property or loan.	Line of Credit Home Equity Loan number (Part H, item 1d)			Since the 1st of (last month), have you (or your CU) made any payments for your line of credit home equity loan? If "No," go to next property or loan.	If "Yes" – What was the amount of the last payment?	Prior to the last payment, what was the total amount owed?
																	Mortgage	Home equity loan										
0001		1 <input type="checkbox"/>	2 <input type="checkbox"/>				<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	\$ _____.00		
0021		1 <input type="checkbox"/>	2 <input type="checkbox"/>				<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	\$ _____.00		
0041		1 <input type="checkbox"/>	2 <input type="checkbox"/>				<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	\$ _____.00		
0061		1 <input type="checkbox"/>	2 <input type="checkbox"/>				<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	\$ _____.00		
0081		1 <input type="checkbox"/>	2 <input type="checkbox"/>				<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	\$ _____.00		
0101		1 <input type="checkbox"/>	2 <input type="checkbox"/>				<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	\$ _____.00		
0121		1 <input type="checkbox"/>	2 <input type="checkbox"/>				<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	\$ _____.00		
0141		1 <input type="checkbox"/>	2 <input type="checkbox"/>				<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	____ Percent	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____.00	\$ _____.00		

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

Part A.1 – Screening Questions – Continued

1 03 01 0 ↓

[illegible]








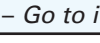
Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE					FIELD REPRESENTATIVE – Ask part A.2 questions 1 through 7 and then complete parts B through I as instructed.										
▶ Part A.2 – Screening Questions – For New Consumer Units Only															
1. Now I want to talk about owned living quarters and other currently owned real estate. I'll be asking separately about each of these types of property. (Hand respondent Information Booklet, 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.)	Property code	YES	NO	If YES ask – How many such properties do you (does your CU) own?	NOTES										
	100	0010 1 <input type="checkbox"/>	2 <input type="checkbox"/>												
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 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 3	0030 _____ Number											
3. Do you (Does your CU) own any property only for business or investment purposes?	600	0035 1 <input type="checkbox"/>	2 <input type="checkbox"/> 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 <input type="checkbox"/>	2 <input type="checkbox"/> 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 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 6	0070 _____ Number											
6. Do you (Does your CU) own any other real estate? – Specify ↴ _____	500	0080 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 7a	0090 _____ Number											
7a. Since the first of (month, 3 months ago), did you (your CU) own any real estate or land that you (your CU) no longer own(s)?	0100 1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> Go to item 8												
b. If YES – How many different properties?	0110 _____ Number														
c. Please look at page 7 in the Information Booklet. What kind of property(ies) was it (were they)? Enter property code(s) from below. 100 – The home in which you (your CU) currently live(s) 200 – A home in which you (your CU) used to live 600 – Property for business or investment purposes only 300 – A second home, vacation home, or recreational property 400 – Unimproved land with no buildings on it 500 – Other property – Specify ↴ _____	0120	<input type="text"/>	0130	<input type="text"/>	0140	<input type="text"/>									
	0150	<input type="text"/>	0160	<input type="text"/>	0170	<input type="text"/>									
	0180	<input type="text"/>	0190	<input type="text"/>	0200	<input type="text"/>									
	0210	<input type="text"/>	0220	<input type="text"/>	0230	<input type="text"/>									
8. FIELD REPRESENTATIVE INSTRUCTIONS – Refer to the chart to the right. Complete all appropriate parts for each property disposed of in the reference period and for each property currently owned before moving on to next property. Note – Do not fill any parts for property code 600.															
	<table><tr><td colspan="2">PROPERTY STATUS</td></tr><tr><td>Currently owned ("YES" in items 1–6)</td><td>Disposed of ("YES" in item 7a)</td></tr><tr><td>B, E, I</td><td>B, D, E, I</td></tr></table>									PROPERTY STATUS		Currently owned ("YES" in items 1–6)	Disposed of ("YES" in item 7a)	B, E, I	B, D, E, I
	PROPERTY STATUS														
	Currently owned ("YES" in items 1–6)	Disposed of ("YES" in item 7a)													
B, E, I	B, D, E, I														









Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued				FIELD REPRESENTATIVE – Complete a column in part B for this property and continue with all appropriate parts for this property before going to next property.					
Part B – Detailed Property Description									
1. FIELD REPRESENTATIVE CHECK ITEM New Consumer Units – Assign a property number to each property in consecutive order starting with 1. Enter the property number in item 1a, the property code in item 1b, a brief description of the property (such as "own home") in item 1c, and appropriate ownership status in item 1d.		PROCESSING USE ONLY		1 03 03 6 ↓		1 03 04 4 ↓		1 03 05 1 ↓	
		a. PROPERTY NUMBER		0010 _____ Number		0010 _____ Number		0010 _____ Number	
		b. PROPERTY CODE from part A.1, item 3b or part A.2, items 1–7		0020 <input type="text"/> <input type="text"/> <input type="text"/> Code		0020 <input type="text"/> <input type="text"/> <input type="text"/> Code		0020 <input type="text"/> <input type="text"/> <input type="text"/> Code	
		c. DESCRIPTION		Description		Description		Description	
d. CURRENT OWNERSHIP STATUS from part A.1 or part A.2		0030 1 <input type="checkbox"/> Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 <input type="checkbox"/> Disposed of (from part A.1, item 3c or part A.2, item 7)		0030 1 <input type="checkbox"/> Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 <input type="checkbox"/> Disposed of (from part A.1, item 3c or part A.2, item 7)		0030 1 <input type="checkbox"/> Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 <input type="checkbox"/> Disposed of (from part A.1, item 3c or part A.2, item 7)		0030 1 <input type="checkbox"/> Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 <input type="checkbox"/> Disposed of (from part A.1, item 3c or part A.2, item 7)	
2a. Now I'm going to ask you some questions about (property description). Are (Were) any of the expenses for this property deducted as business, farm, or rental expenses?		0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3		0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3		0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3		0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3	
b. What percent of the expenses for this property are (were) deducted?		0060 _____ .00 Percent – If 100%, delete this property.		0060 _____ .00 Percent – If 100%, delete this property.		0060 _____ .00 Percent – If 100%, delete this property.		0060 _____ .00 Percent – If 100%, delete this property.	
3a. 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 <input type="text"/> <input type="text"/> Month 0090 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year		0080 <input type="text"/> <input type="text"/> Month 0090 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year		0080 <input type="text"/> <input type="text"/> Month 0090 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year		0080 <input type="text"/> <input type="text"/> Month 0090 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	
b. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box for each property and follow appropriate skip pattern.		0100 1 <input type="checkbox"/> Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 <input type="checkbox"/> Item 3a is before the 1st of the month 3 months ago – Go to item 8		0100 1 <input type="checkbox"/> Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 <input type="checkbox"/> Item 3a is before the 1st of the month 3 months ago – Go to item 8		0100 1 <input type="checkbox"/> Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 <input type="checkbox"/> Item 3a is before the 1st of the month 3 months ago – Go to item 8		0100 1 <input type="checkbox"/> Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 <input type="checkbox"/> Item 3a is before the 1st of the month 3 months ago – Go to item 8	
4. How did you (your CU) acquire this property? Mark (X) the FIRST answer that applies.		0120 1 <input type="checkbox"/> A purchase, a contract with a builder, or a trade-in? 2 <input type="checkbox"/> A gift or inheritance? 3 <input type="checkbox"/> Other – Specify <input type="text"/> } Go to item 8		0120 1 <input type="checkbox"/> A purchase, a contract with a builder, or a trade-in? 2 <input type="checkbox"/> A gift or inheritance? 3 <input type="checkbox"/> Other – Specify <input type="text"/> } Go to item 8		0120 1 <input type="checkbox"/> A purchase, a contract with a builder, or a trade-in? 2 <input type="checkbox"/> A gift or inheritance? 3 <input type="checkbox"/> Other – Specify <input type="text"/> } Go to item 8		0120 1 <input type="checkbox"/> A purchase, a contract with a builder, or a trade-in? 2 <input type="checkbox"/> A gift or inheritance? 3 <input type="checkbox"/> Other – Specify <input type="text"/> } Go to item 8	
Hand the respondent Information Booklet, page 8.									
5. Closing costs include these kinds of things. Not including closing costs, what was the total price paid for the property?		0130 \$ _____ .00		0130 \$ _____ .00		0130 \$ _____ .00		0130 \$ _____ .00	
6. What was the amount of the down payment?		0140 \$ _____ .00		0140 \$ _____ .00		0140 \$ _____ .00		0140 \$ _____ .00	
7. About how much were the closing costs?		0160 \$ _____ .00		0160 \$ _____ .00		0160 \$ _____ .00		0160 \$ _____ .00	
8. About how much do you think this property would sell for on today's market?		0190 \$ _____ .00		0190 \$ _____ .00		0190 \$ _____ .00		0190 \$ _____ .00	
9. What are your (your CU's) annual property taxes for (property description)?		0200 \$ _____ .00		0200 \$ _____ .00		0200 \$ _____ .00		0200 \$ _____ .00	
10. Ask if not apparent. Do not ask for unimproved land (code 400). Is this property a condominium, cooperative, or something else?		0210 1 <input type="checkbox"/> A condominium 3 <input type="checkbox"/> Something else 2 <input type="checkbox"/> A cooperative		0210 1 <input type="checkbox"/> A condominium 3 <input type="checkbox"/> Something else 2 <input type="checkbox"/> A cooperative		0210 1 <input type="checkbox"/> A condominium 3 <input type="checkbox"/> Something else 2 <input type="checkbox"/> A cooperative		0210 1 <input type="checkbox"/> A condominium 3 <input type="checkbox"/> Something else 2 <input type="checkbox"/> A cooperative	
11. If vacation property/second home (code 300), ask questions 11–13. All other properties, go to part D or E as appropriate. Where is (property description) located?		City or place		State		City or place		State	
		Foreign country		Foreign country		Foreign country		Foreign country	
12. Do you (Does your CU) share ownership of this property with anyone else outside your CU?		OFFICE USE ONLY		0220 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		0220 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		0220 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
				0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part D or E as appropriate		0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part D or E as appropriate		0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part D or E as appropriate	
13. Do you (Does your CU) share ownership for the entire year, or is this a time-sharing arrangement where you have (your CU has) ownership of the property only for a specified time period each year?		0240 1 <input type="checkbox"/> Share ownership for entire year } Go to part D or E as appropriate 2 <input type="checkbox"/> Time-sharing arrangement		0240 1 <input type="checkbox"/> Share ownership for entire year } Go to part D or E as appropriate 2 <input type="checkbox"/> Time-sharing arrangement		0240 1 <input type="checkbox"/> Share ownership for entire year } Go to part D or E as appropriate 2 <input type="checkbox"/> Time-sharing arrangement		0240 1 <input type="checkbox"/> Share ownership for entire year } Go to part D or E as appropriate 2 <input type="checkbox"/> Time-sharing arrangement	

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

NOTES

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued				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 D – Disposed of Property									
1. FIELD REPRESENTATIVE ITEM <i>Complete at the 1st interview in which the property is reported as being disposed of. Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	PROCESSING USE ONLY	1 03 33 3 ↓		1 03 34 1 ↓		1 03 35 8 ↓		1 03 36 6 ↓	
	a. PROPERTY NUMBER	0010 _____ Number		0010 _____ Number		0010 _____ Number		0010 _____ Number	
	b. PROPERTY CODE	0020 [][] [][] Code		0020 [][] [][] Code		0020 [][] [][] Code		0020 [][] [][] Code	
	c. DESCRIPTION	Description		Description		Description		Description	
2. Did you (your CU) sell this property, give it to someone else (outside your CU), or do something else with it?		0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – Specify ↘ _____ Mark property traded-in as "sold."		0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – Specify ↘ _____ Mark property traded-in as "sold."		0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – Specify ↘ _____ Mark property traded-in as "sold."		0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – Specify ↘ _____ Mark property traded-in as "sold."	
3. In what month and year did you (your CU) (sell/response to item 2) this property?		Month Year 0040 [][] 0050 [][][][] If "sold" in item 2, go to item 4; otherwise go to part E.		Month Year 0040 [][] 0050 [][][][] If "sold" in item 2, go to item 4; otherwise go to part E.		Month Year 0040 [][] 0050 [][][][] If "sold" in item 2, go to item 4; otherwise go to part E.		Month Year 0040 [][] 0050 [][][][] If "sold" in item 2, go to item 4; otherwise go to part E.	
4. What was the selling price (trade-in value)?		0060 \$ _____ .00		0060 \$ _____ .00		0060 \$ _____ .00		0060 \$ _____ .00	
5. Hand the respondent Information Booklet, page 9. Here is a list of some of the costs people may have when selling (trading) property. Looking at the list may help you remember what your (your CU's) expenses were. What were the total expenses in selling (trading) this property?		0070 \$ _____ .00		0070 \$ _____ .00		0070 \$ _____ .00		0070 \$ _____ .00	
6a. Did you (your CU) finance any part of the sale (trade) for the buyer?		0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E		0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E		0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E		0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	
b. What was the amount of the mortgage that you (your CU) financed?		0090 \$ _____ .00		0090 \$ _____ .00		0090 \$ _____ .00		0090 \$ _____ .00	
NOTES									

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued				FIELD REPRESENTATIVE – Ask part E questions 1 through 6 and then complete parts F, G, and/or H as instructed.		
▶ Part E – Mortgage/Home Equity Loan Screening Questions						
1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>	a. PROPERTY NUMBER	_____ Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	b. PROPERTY CODE	<div><div></div><div></div><div></div></div> Code				F
	c. DESCRIPTION	Description				
2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description). FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) appropriate box based upon part B, item 10.</i>	1 <input type="checkbox"/> Co-op property – Go to item 4a 2 <input type="checkbox"/> Not co-op			b. Enter number of lump sum home equity loans for this property (from item 6a)		G
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 3b</div>		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)? _____ – Go to item 5 Number	c. Enter number of line of credit home equity loans for this property (from item 6b)		H
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5</div>		_____ – Go to item 5 Number	• After completing the appropriate parts F, G, and/or H, continue with part I • If no mortgages nor home equity loans on this property, go to part I		
4a. In addition to your (your CU’s) share of the cooperative’s total costs, do you (does your CU) make payments on a mortgage that was obtained from an outside lender for your (your CU’s) shares in the cooperative?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 4b</div>		_____ – Go to item 5 Number	NOTES		
b. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside lender for your (your CU’s) shares in the cooperative?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5</div>		_____ – Go to item 5 Number			
5. Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7</div>		_____ – Go to item 5 Number			
6. Now let’s talk about your (your CU’s) (loan description). There are two basic types of home equity loans. I’ll describe both types. Please tell me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or • 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.	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 6b</div>		_____ – Go to item 5 Number			
	a. Do you (Does your CU) have a lump sum home equity loan?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7</div>		_____ – Go to item 5 Number		
b. Do you (Does your CU) have a line of credit home equity loan?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7</div>		_____ – Go to item 5 Number			

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued				FIELD REPRESENTATIVE – Ask part E questions 1 through 6 and then complete parts F, G, and/or H as instructed.		
▶ Part E – Mortgage/Home Equity Loan Screening Questions – Continued						
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.	a. PROPERTY NUMBER	_____ Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	b. PROPERTY CODE	<div><div></div><div></div><div></div></div> Code				F
	c. DESCRIPTION	Description				
2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description). FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon part B, item 10.	1 <input type="checkbox"/> Co-op property – Go to item 4a 2 <input type="checkbox"/> Not co-op			b. Enter number of lump sum home equity loans for this property (from item 6a)		G
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 3b</div>		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)? _____ – Go to item 5 Number	c. Enter number of line of credit home equity loans for this property (from item 6b)		H
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5</div>		_____ – Go to item 5 Number	• After completing the appropriate parts F, G, and/or H, continue with part I • If no mortgages nor home equity loans on this property, go to part I		
4a. In addition to your (your CU’s) share of the cooperative’s total costs, do you (does your CU) make payments on a mortgage that was obtained from an outside lender for your (your CU’s) shares in the cooperative?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 4b</div>		_____ – Go to item 5 Number	NOTES		
b. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside lender for your (your CU’s) shares in the cooperative?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5</div>		_____ – Go to item 5 Number			
5. Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7</div>		_____ Number			
6. Now let’s talk about your (your CU’s) (loan description). There are two basic types of home equity loans. I’ll describe both types. Please tell me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or • 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.	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 6b</div>		_____ Number			
	a. Do you (Does your CU) have a lump sum home equity loan?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7</div>		_____ Number		
b. Do you (Does your CU) have a line of credit home equity loan?	<div><input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7</div>		_____ Number			

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued		FIELD REPRESENTATIVE – Complete a separate column for each mortgage at the first interview in which the mortgage is reported.		
Part F – Mortgages				
1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d, beginning with 101 and assigning loan numbers consecutively, regardless of property number.</i>	PROCESSING USE ONLY	1 03 43 2 ↓	1 03 44 0 ↓	1 03 45 7 ↓
	a. PROPERTY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. PROPERTY CODE	0020 [][] [][] Code	0020 [][] [][] Code	0020 [][] [][] Code
	c. DESCRIPTION	Description	Description	Description
	d. LOAN NUMBER	0030 1 [][] _____ Number	0030 1 [][] _____ Number	0030 1 [][] _____ Number
2. I'd like to ask some additional questions about your mortgage. In what month and year did you (your CU) make your (your CU's) first payment on this mortgage?	Month [][] Year [][][][]	Month [][] Year [][][][]	Month [][] Year [][][][]	Month [][] Year [][][][]
3. Is this a 30-year mortgage, a 15-year mortgage, or something else?	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years
4. What was the rate of interest at the time the mortgage was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0075 _____ . _____ Percent	0075 _____ . _____ Percent	0075 _____ . _____ Percent	0075 _____ . _____ Percent
5. What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.)	0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.	0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.	0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.	0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.
6a. Is this a fixed rate mortgage?	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No
b. There are many different kinds of mortgages. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know
7. Have you (Has your CU) refinanced or renegotiated this mortgage?	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No
8. What was the amount of the mortgage when you (your CU) obtained it, excluding any interest?	0130 \$ _____ .00	0130 \$ _____ .00	0130 \$ _____ .00	0130 \$ _____ .00
9. How often are (were) mortgage payments due?	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly
10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> 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	0235 \$ _____ .00
12. If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued				FIELD REPRESENTATIVE – Complete a separate column for each lump sum home equity loan at the first interview in which the loan is reported.			
Part G – Lump Sum Home Equity Loans							
1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d, beginning with 201 and assigning loan numbers consecutively, regardless of property number.</i>	PROCESSING USE ONLY	1 03 58 0 ↓		1 03 59 8 ↓		1 03 60 6 ↓	
	a. PROPERTY NUMBER	0010 _____ Number		0010 _____ Number		0010 _____ Number	
	b. PROPERTY CODE	0020 [][] Code		0020 [][] Code		0020 [][] Code	
	c. DESCRIPTION	Description		Description		Description	
	d. LOAN NUMBER	0030 2 [][] Number		0030 2 [][] Number		0030 2 [][] Number	
2. I'd like to ask some additional questions about your lump sum home equity loan. In what month and year did you (your CU) make your (your CU's) first payment on this loan?	0035 [][] Month 0045 [][][][] Year		0035 [][] Month 0045 [][][][] Year		0035 [][] Month 0045 [][][][] Year		
3. Is this a 30-year home equity loan, a 15-year home equity loan, or something else?	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 0065 [][] Number of years		0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 0065 [][] Number of years		0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 0065 [][] Number of years		
4. What was the rate of interest at the time the home equity loan was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0075 _____ . _____ Percent		0075 _____ . _____ Percent		0075 _____ . _____ Percent		
5. What is the current interest rate on your (your CU's) home equity loan? (Convert fractions to decimals.)	0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.		0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.		0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.		
6a. Is this a fixed rate home equity loan?	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No		0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No		0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No		
b. There are many different kinds of lump sum home equity loans. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know		0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know		0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know		
7. Have you (Has your CU) refinanced or renegotiated this lump sum home equity loan?	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current lump sum home equity loan. 2 <input type="checkbox"/> No		0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current lump sum home equity loan. 2 <input type="checkbox"/> No		0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current lump sum home equity loan. 2 <input type="checkbox"/> No		
8. What was the amount of the lump sum home 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 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly		0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly		0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly		
10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance		0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance		0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> 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 principal and interest?	0245 \$ _____ .00 x <input type="checkbox"/> Don't know		0245 \$ _____ .00 x <input type="checkbox"/> Don't know		0245 \$ _____ .00 x <input type="checkbox"/> Don't know		

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

FIELD REPRESENTATIVE – Complete a separate column for each line of credit home equity loan at the 1st interview in which the loan is reported.

Part H – Line of Credit Home Equity Loans

[illegible]

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.

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

1 03 77 0 ↓

a. PROPERTY NUMBER

0010 _____ Number

b. PROPERTY CODE

0020 Code

c. DESCRIPTION

Description

2. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) the appropriate box.

If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.

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 – Go to item 4a

b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?

0050 \$ _____ .00

c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?

0060 \$ _____ .00

d. Were there any penalty charges as a result of the extra payments?

0070 1 ☐ Yes
2 ☐ No – Go to item 4a

e. Since the 1st of (month, 3 months ago), how much were these penalty charges?

0080 \$ _____ .00

f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?

0090 \$ _____ .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 – Go to item 5

b. If YES – What was the total amount paid?

0110 \$ _____ .00

c. How much of the (amount in item 4b) was paid since the 1st of (current month)?

0120 \$ _____ .00

5. FIELD REPRESENTATIVE CHECK ITEM

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.

Refer to part B, item 10 or part A.1, item 1, column d

0130 1 ☐ Condominium – Go to item 7
2 ☐ Co-op – Go to item 8
3 ☐ Neither condo nor co-op – Continue with item 6

6. If property is not condo/co-op, ask – 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

7. If property is condo, ask – 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

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? 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.

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
0210 06 ☐ Improvements
0220 07 ☐ Recreational, including swimming, golf, and tennis facilities
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 ↴

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 payments? Mark (X) all that apply.

0270 21 ☐ Management
0280 22 ☐ Repairs and maintenance, including lawn care and snow removal
0290 23 ☐ Improvements
0300 24 ☐ Utilities: such as gas, electricity, water, heat
0310 25 ☐ Parking
0320 26 ☐ Recreational, including swimming, golf, and tennis facilities
0330 27 ☐ Security, including guards and alarm systems
0340 28 ☐ Maid service
0350 29 ☐ Medical services
0360 30 ☐ Trash collection
0370 31 ☐ Other – Specify ↴

10a. Are any of the costs included in your (your CU’s) mortgage payment?

0380 1 ☐ Yes
2 ☐ No – Go to item 10d

b. If YES – How much per month?

0390 \$ _____ .00

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 – Go to item 11a

d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?

0410 \$ _____ .00

e. How much of the (amount in item 10d) was paid since the 1st of (current month)?

0420 \$ _____ .00

11a. 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 items?

0430 1 ☐ Yes
2 ☐ No – Go to item 12a

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 ☐
0480 0 ☐ 0490 0 ☐
0500 0 ☐ 0510 0 ☐
0520 0 ☐ 0530 1 ☐
0540 1 ☐
SERVICES FOR CONDOS/ SOMETHING ELSE
0550 2 ☐ 0560 2 ☐
0570 2 ☐ 0580 2 ☐
0590 2 ☐ 0600 2 ☐
0610 2 ☐ 0620 2 ☐
0630 2 ☐ 0640 3 ☐
0650 3 ☐

c. Since the 1st of (month, 3 months ago), how much were these special payments?

0660 \$ _____ .00

d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?

0670 \$ _____ .00

12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?

0680 1 ☐ Yes
2 ☐ No – Go to item 13

b. What was the total amount paid?

0690 \$ _____ .00

c. How much of the (amount in item 12b) was paid since the 1st of (current month)?

0700 \$ _____ .00

13. Ask if code 100, 200, or 300 in 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

Page 18

Section 3 – Part I

Page 18

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.	
Part I – Ownership Costs – Continued				
1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i>		PROCESSING USE ONLY	1 03 78 8 ↓	
a. PROPERTY NUMBER		0010	_____ Number	
b. PROPERTY CODE		0020	____ Code	
c. DESCRIPTION		Description		
2. FIELD REPRESENTATIVE CHECK ITEM <i>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.</i>		0030	1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – Go to item 4a	
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	
b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?		0050	\$ _____ .00	
c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?		0060	\$ _____ .00	
d. Were there any penalty charges as a result of the extra payments?		0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	
e. Since the 1st of (month, 3 months ago), how much were these penalty charges?		0080	\$ _____ .00	
f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?		0090	\$ _____ .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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5	
b. If YES – What was the total amount paid?		0110	\$ _____ .00	
c. How much of the (amount in item 4b) was paid since the 1st of (current month)?		0120	\$ _____ .00	
5. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box. If property is condo, mark box 1. } Refer to part B, item 10 or If property is co-op, mark box 2. } part A.1, item 1, column d If property is neither, mark box 3.</i>		0130	1 <input type="checkbox"/> Condominium – Go to item 7 2 <input type="checkbox"/> Co-op – Go to item 8 3 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6	
6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner’s association?		0140	1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a	
7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?		0150	1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a	
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? 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.		0160	01 <input type="checkbox"/> Repayment of loans owed by cooperative	
		0170	02 <input type="checkbox"/> Property taxes	
		0180	03 <input type="checkbox"/> Property insurance	
		0190	04 <input type="checkbox"/> Management	
		0200	05 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal	
		0210	06 <input type="checkbox"/> Improvements	
		0220	07 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities	
		0230	08 <input type="checkbox"/> Security, including guards and alarm systems	
		0240	09 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat	
		0250	10 <input type="checkbox"/> Trash collection	
		0260	11 <input type="checkbox"/> Other – Specify _____	
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 payments? Mark (X) all that apply.		0270	21 <input type="checkbox"/> Management	
		0280	22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal	
		0290	23 <input type="checkbox"/> Improvements	
		0300	24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat	
		0310	25 <input type="checkbox"/> Parking	
		0320	26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities	
		0330	27 <input type="checkbox"/> Security, including guards and alarm systems	
		0340	28 <input type="checkbox"/> Maid service	
		0350	29 <input type="checkbox"/> Medical services	
		0360	30 <input type="checkbox"/> Trash collection	
		0370	31 <input type="checkbox"/> Other – Specify _____	
10a. Are any of the costs included in your (your CU’s) mortgage payment?		0380	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10d	
b. If YES – How much per month?		0390	\$ _____ .00	
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a	
d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?		0410	\$ _____ .00	
e. How much of the (amount in item 10d) was paid since the 1st of (current month)?		0420	\$ _____ .00	
11a. 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 items?		0430	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a	
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 0480 0 0490 0 0500 0 0510 0 0520 0 0530 1 0540 1 SERVICES FOR CONDOS/ SOMETHING ELSE 0550 2 0560 2 0570 2 0580 2 0590 2 0600 2 0610 2 0620 2 0630 2 0640 3 0650 3		
c. Since the 1st of (month, 3 months ago), how much were these special payments?		0660	\$ _____ .00	
d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?		0670	\$ _____ .00	
12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?		0680	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13	
b. What was the total amount paid?		0690	\$ _____ .00	
c. How much of the (amount in item 12b) was paid since the 1st of (current month)?		0700	\$ _____ .00	
13. Ask if code 100, 200, or 300 in 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 <input type="checkbox"/> Don’t know	

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.

Part I – Ownership Costs – Continued

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

1 03 79 6 ↓

a. PROPERTY NUMBER

0010 _____ Number

b. PROPERTY CODE

0020 Code

c. DESCRIPTION

Description

2. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) the appropriate box.

If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.

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 – Go to item 4a

b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?

0050 \$ _____ .00

c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?

0060 \$ _____ .00

d. Were there any penalty charges as a result of the extra payments?

0070 1 ☐ Yes
2 ☐ No – Go to item 4a

e. Since the 1st of (month, 3 months ago), how much were these penalty charges?

0080 \$ _____ .00

f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?

0090 \$ _____ .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 – Go to item 5

b. If YES – What was the total amount paid?

0110 \$ _____ .00

c. How much of the (amount in item 4b) was paid since the 1st of (current month)?

0120 \$ _____ .00

5. FIELD REPRESENTATIVE CHECK ITEM

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.

Refer to part B, item 10 or part A.1, item 1, column d

0130 1 ☐ Condominium – Go to item 7
2 ☐ Co-op – Go to item 8
3 ☐ Neither condo nor co-op – Continue with item 6

6. If property is not condo/co-op, ask – 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

7. If property is condo, ask – 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

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? 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.

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

0210 06 ☐ Improvements

0220 07 ☐ Recreational, including swimming, golf, and tennis facilities

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 ↴

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 payments? Mark (X) all that apply.

0270 21 ☐ Management

0280 22 ☐ Repairs and maintenance, including lawn care and snow removal

0290 23 ☐ Improvements

0300 24 ☐ Utilities: such as gas, electricity, water, heat

0310 25 ☐ Parking

0320 26 ☐ Recreational, including swimming, golf, and tennis facilities

0330 27 ☐ Security, including guards and alarm systems

0340 28 ☐ Maid service

0350 29 ☐ Medical services

0360 30 ☐ Trash collection

0370 31 ☐ Other – Specify ↴

10a. Are any of the costs included in your (your CU’s) mortgage payment?

0380 1 ☐ Yes
2 ☐ No – Go to item 10d

b. If YES – How much per month?

0390 \$ _____ .00

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 – Go to item 11a

d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?

0410 \$ _____ .00

e. How much of the (amount in item 10d) was paid since the 1st of (current month)?

0420 \$ _____ .00

11a. 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 items?

0430 1 ☐ Yes
2 ☐ No – Go to item 12a

SERVICES FOR CO-OPS

0440 0 0450 0

0460 0 0470 0

0480 0 0490 0

0500 0 0510 0

0520 0 0530 1

0540 1

SERVICES FOR CONDOS/ SOMETHING ELSE

0550 2 0560 2

0570 2 0580 2

0590 2 0600 2

0610 2 0620 2

0630 2 0640 3

0650 3

b. Since the 1st of (month, 3 months ago), what services were provided?

0660 \$ _____ .00

c. Since the 1st of (month, 3 months ago), how much were these special payments?

0670 \$ _____ .00

d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?

0680 1 ☐ Yes
2 ☐ No – Go to item 13

12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?

0690 1 ☐ Yes
2 ☐ No – Go to item 13

b. What was the total amount paid?

0700 \$ _____ .00

c. How much of the (amount in item 12b) was paid since the 1st of (current month)?

0710 \$ _____ .00

13. Ask if code 100, 200, or 300 in 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

Page 18b

Section 3 – Part I (Continued)

Page 18b

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				
<div>1. FIELD REPRESENTATIVE ITEM</div> <div>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.</div> <div>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 (X) the appropriate type of loan in item 1e.</div>	PROCESSING USE ONLY	1 03 92 9 ↓		<div>6. How often are (were) mortgage (lump sum home equity loan) payments due?</div> <div>0090 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify ↴</div>
	a. PROPERTY NUMBER	0010 _____ Number		
	b. PROPERTY CODE	0020 <div><div></div><div></div><div></div></div> Code		
	c. DESCRIPTION	Description		<div>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</div> <div>Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</div> <div>0100 _____ . _____ Percent</div>
	d. MORTGAGE (LOAN) NUMBER	0030 _____ Number		
	e. TYPE OF LOAN	0035 1 <input type="checkbox"/> Mortgage 2 <input type="checkbox"/> Lump sum home equity loan		
<div>2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (property description)?</div> <div>1 – Change in escrow account payment 2 – Change in interest rate 3 – Paid off 4 – Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 – Mortgage (loan) renegotiated (rollover or renegotiable mortgage (loan)) 6 – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan)) 7 – Other reasons 8 – More than one of the above X – Don't know</div>		<div>0040 1 <input type="checkbox"/> Go to item 8 2 <input type="checkbox"/> Go to item 7 3 <input type="checkbox"/> Go to item 11 4 <input type="checkbox"/> Go to item 8 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> } Go to item 3 8 <input type="checkbox"/> X <input type="checkbox"/></div>		
<div>3. Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?</div>		<div>0045 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify ↴</div> <div>0050 <div><div></div><div></div></div> Number of years</div>		
<div>4a. Is this a fixed rate mortgage (lump sum home equity loan)?</div>		<div>0055 1 <input type="checkbox"/> Yes – Go to item 5 2 <input type="checkbox"/> No</div>		
<div>Hand respondent Information Booklet, page 10.</div> <div>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?</div>		<div>0060 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable interest rate 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify ↴</div> <div>x <input type="checkbox"/> Don't know</div>		
<div>5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?</div>		<div>0070 \$ _____ .00</div>		
		<div>6. How often are (were) mortgage (lump sum home equity loan) payments due?</div> <div>0090 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify ↴</div>		
		<div>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</div> <div>Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</div> <div>0100 _____ . _____ Percent</div>		
		<div>Hand respondent Information Booklet, page 11.</div> <div>8. On your (your CU's) last regular payment, which of these things were included?</div> <div>0125 1 <input type="checkbox"/> Principal and interest 0130 2 <input type="checkbox"/> Property taxes 0140 3 <input type="checkbox"/> Property insurance 0150 4 <input type="checkbox"/> Life insurance 0160 5 <input type="checkbox"/> Mortgage guarantee insurance 0170 6 <input type="checkbox"/> Any other payments – Specify ↴</div>		
		<div>9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?</div> <div>0175 \$ _____ .00</div>		
		<div>If any of Codes 2–6 marked in item 8 ask –</div> <div>10. How much of that amount was for principal and interest?</div> <div>0185 \$ _____ .00 x <input type="checkbox"/> Don't know</div>		
		<div>11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?</div> <div>0195 <div><div></div><div></div></div> Month } Go to next property or next section</div>		
NOTES				

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				
<div>1. FIELD REPRESENTATIVE ITEM</div> <div>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.</div> <div>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 (X) the appropriate type of loan in item 1e.</div>	PROCESSING USE ONLY	1 03 93 7 ↓		<div>6. How often are (were) mortgage (lump sum home equity loan) payments due?</div> <div>0090 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify ↗</div>
	a. PROPERTY NUMBER	0010 _____ Number		
	b. PROPERTY CODE	0020 <div><div></div><div></div><div></div></div> Code		
	c. DESCRIPTION	Description		
	d. MORTGAGE (LOAN) NUMBER	0030 _____ Number		
	e. TYPE OF LOAN	0035 1 <input type="checkbox"/> Mortgage 2 <input type="checkbox"/> Lump sum home equity loan		
<div>2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (property description)?</div> <div>1 – Change in escrow account payment 2 – Change in interest rate 3 – Paid off 4 – Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 – Mortgage (loan) renegotiated (rollover or renegotiable mortgage (loan)) 6 – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan)) 7 – Other reasons 8 – More than one of the above X – Don't know</div>		<div>0040 1 <input type="checkbox"/> Go to item 8 2 <input type="checkbox"/> Go to item 7 3 <input type="checkbox"/> Go to item 11 4 <input type="checkbox"/> Go to item 8 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> } Go to item 3 8 <input type="checkbox"/> X <input type="checkbox"/></div>		
<div>3. Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?</div>		<div>0045 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify ↗</div> <div>0050 <div><div></div><div></div></div> Number of years</div>		
<div>4a. Is this a fixed rate mortgage (lump sum home equity loan)?</div>		<div>0055 1 <input type="checkbox"/> Yes – Go to item 5 2 <input type="checkbox"/> No</div>		
<div>Hand respondent Information Booklet, page 10.</div> <div>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?</div>		<div>0060 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable interest rate 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify ↗</div> <div>X <input type="checkbox"/> Don't know</div>		
<div>5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?</div>		<div>0070 \$ _____ .00</div>		
		<div>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</div> <div>Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</div> <div>0100 _____ . _____ Percent</div>		
		<div>Hand respondent Information Booklet, page 11.</div> <div>8. On your (your CU's) last regular payment, which of these things were included?</div> <div>0125 1 <input type="checkbox"/> Principal and interest 0130 2 <input type="checkbox"/> Property taxes 0140 3 <input type="checkbox"/> Property insurance 0150 4 <input type="checkbox"/> Life insurance 0160 5 <input type="checkbox"/> Mortgage guarantee insurance 0170 6 <input type="checkbox"/> Any other payments – Specify ↗</div>		
		<div>9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?</div> <div>0175 \$ _____ .00</div>		
		<div>If any of Codes 2–6 marked in item 8 ask –</div> <div>10. How much of that amount was for principal and interest?</div> <div>0185 \$ _____ .00 X <input type="checkbox"/> Don't know</div>		
		<div>11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?</div> <div>0195 <div><div></div><div></div></div> Month } Go to next property or next section</div>		
NOTES				

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				
<div>1. FIELD REPRESENTATIVE ITEM</div> <div>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.</div> <div>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 (X) the appropriate type of loan in item 1e.</div>	PROCESSING USE ONLY	1 03 94 5 ↓		<div>6. How often are (were) mortgage (lump sum home equity loan) payments due?</div> <div>0090 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify ↗</div>
	a. PROPERTY NUMBER	0010 _____ Number		
	b. PROPERTY CODE	0020 <input type="text"/> <input type="text"/> <input type="text"/> Code		
	c. DESCRIPTION	Description		
	d. MORTGAGE (LOAN) NUMBER	0030 _____ Number		
	e. TYPE OF LOAN	0035 1 <input type="checkbox"/> Mortgage 2 <input type="checkbox"/> Lump sum home equity loan		
<div>2. What was the reason for the change in the amount of your mortgage (lump sum home equity loan) payment for (property description)?</div> <div>1 – Change in escrow account payment 2 – Change in interest rate 3 – Paid off 4 – Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 – Mortgage (loan) renegotiated (rollover or renegotiable mortgage (loan)) 6 – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan)) 7 – Other reasons 8 – More than one of the above X – Don’t know</div>	<div>0040 1 <input type="checkbox"/> Go to item 8 2 <input type="checkbox"/> Go to item 7 3 <input type="checkbox"/> Go to item 11 4 <input type="checkbox"/> Go to item 8 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> } Go to item 3 8 <input type="checkbox"/> X <input type="checkbox"/></div>			<div>7. What is the current interest rate for this mortgage (lump sum home equity loan)?</div> <div>Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</div> <div>0100 _____ . _____ Percent</div>
	<div>8. On your (your CU’s) last regular payment, which of these things were included?</div> <div>0125 1 <input type="checkbox"/> Principal and interest 0130 2 <input type="checkbox"/> Property taxes 0140 3 <input type="checkbox"/> Property insurance 0150 4 <input type="checkbox"/> Life insurance 0160 5 <input type="checkbox"/> Mortgage guarantee insurance 0170 6 <input type="checkbox"/> Any other payments – Specify ↗</div>			
<div>3. Is this a 30-year mortgage (lump sum home equity loan), a 15-year mortgage (home equity loan), or something else?</div>	<div>0045 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify ↗</div>			<div>9. On your (your CU’s) last regular payment, what was the total amount you (your CU) paid for these things?</div> <div>0175 \$ _____ .00</div>
	<div>0050 <input type="text"/> <input type="text"/> Number of years</div>			<div>10. How much of that amount was for principal and interest?</div> <div>0185 \$ _____ .00 x <input type="checkbox"/> Don’t know</div>
<div>4a. Is this a fixed rate mortgage (lump sum home equity loan)?</div>	<div>0055 1 <input type="checkbox"/> Yes – Go to item 5 2 <input type="checkbox"/> No</div>			<div>11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?</div> <div>0195 <input type="text"/> <input type="text"/> Month } Go to next property or next section</div>
<div>Hand respondent Information Booklet, page 10.</div> <div>b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU’s)?</div>	<div>0060 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable interest rate 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify ↗</div>			
	<div>X <input type="checkbox"/> Don’t know</div>			
	<div>5. What was the amount of the mortgage (lump sum home equity loan) when you (your CU) obtained it, excluding any interest?</div> <div>0070 \$ _____ .00</div>			
NOTES				

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES

Part A – Telephone Expenses

1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any bills for telephone services? Do not include bills for telephones used entirely for business purposes.

PROCESSING USE ONLY

1 04 01 8 ↴

☐ Yes

☐ No – Go to part B

PROCESSING USE ONLY

1 04 02 6 ↴

NOTES

2. What property(ies) was (were) the telephone bills for?

• Owned properties – Enter a description of the property and enter a property number for –
Property previously reported in section 3, part A.1, item 1, column a
Property reported at this interview in section 3, part B, item 1a

• All other properties – Mark (X) appropriate box and enter a description of the property.

0020

Property number

96 ☐ Mobile (car) phone

97 ☐ Rented sample unit

98 ☐ Other rented unit

99 ☐ Property not owned or rented by CU

Description

0020

Property number

96 ☐ Mobile (car) phone

97 ☐ Rented sample unit

98 ☐ Other rented unit

99 ☐ Property not owned or rented by CU

Description

3. What is the name of the company which provides telephone services for (property description)?

OFFICE USE ONLY

0030

Name of telephone company

OFFICE USE ONLY

0030

Name of telephone company

4. How many telephone bills were received for (property description) from (company name)?

0040

Number

0040

Number

5a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.

Bill 1

Bill 2

Bill 3

Bill 4

0060

0 ☐ None

00120

0 ☐ None

00180

0 ☐ None

00240

0 ☐ None

\$

.00

\$

.00

\$

.00

\$

.00

0060

0 ☐ None

00120

0 ☐ None

00180

0 ☐ None

00240

0 ☐ None

\$

.00

\$

.00

\$

.00

\$

.00

b. In what month was the bill received?

Month

Month

Month

Month

0070

00130

00190

00250

0070

00130

00190

00250

6. Does the total amount of the bill include –

a. A basic service charge?

b. Long distance call charges?

c. Equipment purchases such as the purchase of a telephone?

d. FIELD REPRESENTATIVE CHECK ITEM
Was a bill or checkbook used or was an estimate given?

0080

1 ☐ Yes
2 ☐ No

00140

1 ☐ Yes
2 ☐ No

00200

1 ☐ Yes
2 ☐ No

00260

1 ☐ Yes
2 ☐ No

0080

1 ☐ Yes
2 ☐ No

00140

1 ☐ Yes
2 ☐ No

00200

1 ☐ Yes
2 ☐ No

00260

1 ☐ Yes
2 ☐ No

0090

1 ☐ Yes
2 ☐ No

00150

1 ☐ Yes
2 ☐ No

00210

1 ☐ Yes
2 ☐ No

00270

1 ☐ Yes
2 ☐ No

0090

1 ☐ Yes
2 ☐ No

00150

1 ☐ Yes
2 ☐ No

00210

1 ☐ Yes
2 ☐ No

00270

1 ☐ Yes
2 ☐ No

0095

1 ☐ Yes
2 ☐ No

00155

1 ☐ Yes
2 ☐ No

00215

1 ☐ Yes
2 ☐ No

00275

1 ☐ Yes
2 ☐ No

0095

1 ☐ Yes
2 ☐ No

00155

1 ☐ Yes
2 ☐ No

00215

1 ☐ Yes
2 ☐ No

00275

1 ☐ Yes
2 ☐ No

0110

1 ☐ Bills
2 ☐ Estimate
3 ☐ Check-book ↗

00170

1 ☐ Bills
2 ☐ Estimate
3 ☐ Check-book ↗

00230

1 ☐ Bills
2 ☐ Estimate
3 ☐ Check-book ↗

00290

1 ☐ Bills
2 ☐ Estimate
3 ☐ Check-book ↘

0110

1 ☐ Bills
2 ☐ Estimate
3 ☐ Check-book ↗

00170

1 ☐ Bills
2 ☐ Estimate
3 ☐ Check-book ↗

00230

1 ☐ Bills
2 ☐ Estimate
3 ☐ Check-book ↗

00290

1 ☐ Bills
2 ☐ Estimate
3 ☐ Check-book ↘

7a. Is any of the total charge to be deducted as a business expense?

0420

1 ☐ Yes
2 ☐ No – Go to item 8

b. If YES – What percentage will be deducted?

0430

.00

Percent

0420

1 ☐ Yes
2 ☐ No – Go to item 8

0430

.00

Percent

8. Did you (or any members of your CU) receive any other telephone bills for telephones that are not used entirely for business purposes?

0440

1 ☐ Yes – Complete a separate column for each property and each telephone company
2 ☐ No – Go to part B

0440

1 ☐ Yes – Complete a separate column for each property and each telephone company
2 ☐ No – Go to part B

PRE

Property No. from item 2

Month bill received from item 5b

Total amount of bill from item 5a

\$.00

Name of telephone company

Outlet code

Property No. from item 2

Month bill received from item 5b

Total amount of bill from item 5a

\$.00

Name of telephone company

Outlet code

Property No. from item 2

Month bill received from item 5b

Total amount of bill from item 5a

\$.00

Name of telephone company

Outlet code

Page 20

Section 4 – Part A

Page 20

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued																
Part A – Telephone Expenses – Continued																
	PROCESSING USE ONLY			1 04 03 4 ↴			PROCESSING USE ONLY			1 04 04 2 ↴			NOTES			
2. What property(ies) was (were) the telephone bills for? • Owned properties – Enter a description of the property and enter a property number for – <i>Property previously reported in section 3, part A.1, item 1, column a</i> <i>Property reported at this interview in section 3, part B, item 1a</i> • All other properties – Mark (X) appropriate box and enter a description of the property.	0020 _____ Property number		Description				0020 _____ Property number		Description							
	96 <input type="checkbox"/> Mobile (car) phone						96 <input type="checkbox"/> Mobile (car) phone									
	97 <input type="checkbox"/> Rented sample unit						97 <input type="checkbox"/> Rented sample unit									
	98 <input type="checkbox"/> Other rented unit						98 <input type="checkbox"/> Other rented unit									
	99 <input type="checkbox"/> Property not owned or rented by CU						99 <input type="checkbox"/> Property not owned or rented by CU									
3. What is the name of the company which provides telephone services for (property description)?	OFFICE USE ONLY			Name of telephone company				OFFICE USE ONLY			Name of telephone company					
	0030 [][][][][][][][]							0030 [][][][][][][][]								
4. How many telephone bills were received for (property description) from (company name)?	0040 _____ Number							0040 _____ Number								
5a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.	Bill 1		Bill 2		Bill 3		Bill 4		Bill 1		Bill 2		Bill 3		Bill 4	
	0060 0 <input type="checkbox"/> None		0120 0 <input type="checkbox"/> None		0180 0 <input type="checkbox"/> None		0240 0 <input type="checkbox"/> None		0060 0 <input type="checkbox"/> None		0120 0 <input type="checkbox"/> None		0180 0 <input type="checkbox"/> None		0240 0 <input type="checkbox"/> None	
	\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00	
b. In what month was the bill received?	Month		Month		Month		Month		Month		Month		Month		Month	
	0070 [][]		0130 [][]		0190 [][]		0250 [][]		0070 [][]		0130 [][]		0190 [][]		0250 [][]	
6. Does the total amount of the bill include – a. A basic service charge? b. Long distance call charges? c. Equipment purchases such as the purchase of a telephone? d. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or checkbook used or was an estimate given?</i>	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	0095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0155 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0215 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0275 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0155 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0215 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0275 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗		0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗		0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗		0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗		0110 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗		0170 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗		0230 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗		0290 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Check-book ↗	
7a. Is any of the total charge to be deducted as a business expense?	0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8							0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8								
	0430 _____ .00 Percent							0430 _____ .00 Percent								
8. Did you (or any members of your CU) receive any other telephone bills for telephones that are not used entirely for business purposes?	0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B							0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company 2 <input type="checkbox"/> No – Go to part B								
													PRE			
													Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a	
															\$.00	
													Name of telephone company			
													Outlet code			
													Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a	
															\$.00	
													Name of telephone company			
													Outlet code			
													Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a	
															\$.00	
													Name of telephone company			
													Outlet code			

1. 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 properties used entirely for business.

	UTILITY CODE	YES	NO
Electricity	100		
Natural or utility gas	110		
<i>Combined gas and electricity</i> . . .	120		
Fuel oil	130		
Kerosene	140		
Bottled or tank gas	150		
Wood	160		
Coal	170		
Other fuels	180		
<i>Combined expenses for items 130–180</i>	190		
Piped-in water	200		
Trash/Garbage collection	210		
Sewerage maintenance	220		
<i>Combined trash/garbage/ water/sewerage</i>	230		
<i>Combined trash/garbage/water</i> . . .	240		
<i>Combined trash/garbage/sewerage</i>	250		
<i>Combined water/sewerage</i>	260		
Water softening service	270		
Septic tank cleaning	280		
Cable TV, satellite services, or community antenna	290		
<i>Combined electric/water/sewerage</i>	310		

d. What was the total amount of the charges? *Enter amount below for each bill reported.*

PROCESSING USE ONLY	Utility code			Month		Amount		PRE			
								Utility code	Month	Amount	
						\$	.00			\$	.00
0020						\$	.00			\$	.00
0030						\$	.00			\$	.00
0040						\$	.00			\$	.00
0050						\$	.00			\$	.00

[illegible][illegible][illegible]

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued																										
Part C – Detailed Questions																										
1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM <i>Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.</i>	PROCESSING USE ONLY		1 04 51 3 ↓ ↗								1 04 52 1 ↓ ↗															
	a. UTILITY CODE		0010				Code			0010				Code												
	b. DESCRIPTION OF UTILITY OR FUEL		Description								Description															
2. What property were the charges for? • Owned properties – <i>Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a</i> • All other properties – <i>Mark (X) appropriate box and enter a description of the property.</i>			0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description											
3. What is the name of the company or government agency which provides (utility or fuel description)? <i>Ask for utility codes 100–120, 200–260, and 290 only.</i>			Name								Name															
OFFICE USE ONLY			0030								0030															
4. How many bills were received for (utility or fuel) for (property description)?			0045 _____ Number								0045 _____ Number															
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.			0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____								0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____															
6. Do you have any of these bills or other records showing these (utility or fuel) charges?			0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No															
7a. What was the amount of bill (bill number)? b. In what month was the bill received? <i>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</i> <i>Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.</i> c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms?			Bill 1		Bill 2		Bill 3		Bill 4		Bill 1		Bill 2		Bill 3		Bill 4									
			0070 _____ .00		0140 _____ .00		0210 _____ .00		0280 _____ .00		0070 _____ .00		0140 _____ .00		0210 _____ .00		0280 _____ .00									
			\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00									
			Month		Month		Month		Month		Month		Month		Month		Month									
			0080 _____		0150 _____		0220 _____		0290 _____		0080 _____		0150 _____		0220 _____		0290 _____									
			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 for bill (bill number)?			Quantity		Quantity		Quantity		Quantity		Quantity		Quantity		Quantity		Quantity									
			0105		0175		0245		0315		0105		0175		0245		0315									
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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									
			\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00		\$ _____ .00									
g. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i>			0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗									
8. Was any part of the charge deducted as a business expense?			0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No															
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?			0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No								0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No															

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued																										
Part C – Detailed Questions																										
1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM <i>Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.</i>	PROCESSING USE ONLY		1 04 53 9 ↴								1 04 54 7 ↴															
	a. UTILITY CODE		0010				Code				0010					Code										
	b. DESCRIPTION OF UTILITY OR FUEL		Description								Description															
2. What property were the charges for? • Owned properties – <i>Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a</i> • All other properties – <i>Mark (X) appropriate box and enter a description of the property.</i>			0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description											
3. What is the name of the company or government agency which provides (utility or fuel description)? <i>Ask for utility codes 100–120, 200–260, and 290 only.</i>			Name								Name															
OFFICE USE ONLY			0030								0030															
4. How many bills were received for (utility or fuel) for (property description)?			0045 _____ Number								0045 _____ Number															
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.			0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____								0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____															
6. Do you have any of these bills or other records showing these (utility or fuel) charges?			0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No															
7a. What was the amount of bill (bill number)? <i>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</i>			Bill 1		Bill 2		Bill 3		Bill 4		Bill 1		Bill 2		Bill 3		Bill 4									
			0070 _____ \$ _____ .00		0140 _____ \$ _____ .00		0210 _____ \$ _____ .00		0280 _____ \$ _____ .00		0070 _____ \$ _____ .00		0140 _____ \$ _____ .00		0210 _____ \$ _____ .00		0280 _____ \$ _____ .00									
b. In what month was the bill received?			Month		Month		Month		Month		Month		Month		Month		Month									
			0080 _____		0150 _____		0220 _____		0290 _____		0080 _____		0150 _____		0220 _____		0290 _____									
c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? <i>Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.</i>			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 for bill (bill number)?			Quantity		Quantity		Quantity		Quantity		Quantity		Quantity		Quantity		Quantity									
			0105 _____		0175 _____		0245 _____		0315 _____		0105 _____		0175 _____		0245 _____		0315 _____									
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 ITEM <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i>			0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗									
8. Was any part of the charge deducted as a business expense?			0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No															
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?			0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No								0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No															

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued																										
Part C – Detailed Questions																										
1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM <i>Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.</i>	PROCESSING USE ONLY		1 04 55 4 ↓ ↗								1 04 56 2 ↓ ↗															
	a. UTILITY CODE		0010				Code				0010				Code											
	b. DESCRIPTION OF UTILITY OR FUEL		Description								Description															
2. What property were the charges for? • Owned properties – <i>Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a</i> • All other properties – <i>Mark (X) appropriate box and enter a description of the property.</i>			0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description											
3. What is the name of the company or government agency which provides (utility or fuel description)? <i>Ask for utility codes 100–120, 200–260, and 290 only.</i>			Name								Name															
OFFICE USE ONLY			0030								0030															
4. How many bills were received for (utility or fuel) for (property description)?			0045 _____ Number								0045 _____ Number															
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.			0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____								0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____															
6. Do you have any of these bills or other records showing these (utility or fuel) charges?			0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No															
7a. What was the amount of bill (bill number)? b. In what month was the bill received? <i>Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.</i> c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms?			Bill 1		Bill 2		Bill 3		Bill 4		Bill 1		Bill 2		Bill 3		Bill 4									
			0070 _____ .00		0140 _____ .00		0210 _____ .00		0280 _____ .00		0070 _____ .00		0140 _____ .00		0210 _____ .00		0280 _____ .00									
			Month		Month		Month		Month		Month		Month		Month		Month									
			0080 _____		0150 _____		0220 _____		0290 _____		0080 _____		0150 _____		0220 _____		0290 _____									
			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 for bill (bill number)?			Quantity		Quantity		Quantity		Quantity		Quantity		Quantity		Quantity		Quantity									
			0105		0175		0245		0315		0105		0175		0245		0315									
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 ITEM <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i>			0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗									
8. Was any part of the charge deducted as a business expense?			0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No															
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?			0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No								0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No															

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

FIELD REPRESENTATIVE – In this section, **all** expenditures should be collected except where renters have been or will be totally reimbursed by someone outside of the CU (such as landlords or insurance companies).

Part A – Screening Questions

<div>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –?</div>		JOB CODE	YES	NO	PROCESSING USE ONLY	1 05 00 7 ↱
	Dwellings under construction including a vacation or second home	100			4a. Have there been any expenses for any other property (property that you do not own or rent) by you (or any members of your CU)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5</div>	
<div>2. Have there been any expenses for property you owned or rented since the 1st of (month, 3 months ago), for any of the following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)</div>	Building an addition to the house or a new structure, such as a porch, garage, or new wing	110			b. Which jobs were those expenses for? Enter job code(s) from items 1 through 3. <div><div>0010</div><div></div><div></div><div></div><div>0020</div><div></div><div></div><div></div></div>	
	Finishing a basement or an attic or enclosing a porch . . .	120				
	Remodeling one or more rooms in the house	130			5. FIELD REPRESENTATIVE CHECK ITEM Job codes items 1, 2, 3, and 4 <div>0050 1 <input type="checkbox"/> All "No" 2 <input type="checkbox"/> At least one "Yes" marked</div>	
	Landscaping the ground or planting new shrubs or trees	140				
	Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools . .	150				6a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies for jobs not yet started? <div>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</div>
<div>3a. Have there been any expenses that deal with the upkeep or improvement of this 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 anyone outside of their CU.) <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a</div> <div>b. Which of the following?</div>	Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools	160			b. If YES – What kind of job will the materials be used for? Enter a job code. <div>0070 <div></div><div></div><div></div> Job code</div>	Description
	Inside painting or papering	170				
	Outside painting	180				
	Plastering or paneling	190			c. What was the total cost of these materials and supplies? <div>0080 \$ <div></div> .00</div>	
	Plumbing or water heating installations and repairs . . .	200			7a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies not for any specific job? <div>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8</div>	
	Electrical work	210				
	Heating or air-conditioning jobs	220			b. If YES – What was the total cost? <div>0100 \$ <div></div> .00</div>	
	Flooring repair or replacement, including inlaid linoleum or vinyl tile	230				
	Insulation	240			8. FIELD REPRESENTATIVE INSTRUCTION – If any box marked "Yes" in item 1, 2, 3, or 4, fill section 5B.	
	Roofing, gutters, or downspouts	260			PRE	
	Siding	270			1 2 3 4 5	
	Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like	280			Job code from part B, item 1 Property description from part B, item 2a Property description code from part B, item 2b Description from part B, item 3a Total cost from part B, item 4	
	Masonry, brick, or stucco work	290				
	Other improvements or repairs	300				
	Use only if unable to itemize above – Combined expenses . . .	310				

Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY – Continued															
Part B – Job Description															
1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 05 50 2 ↓			7. Which of these items did it include and what was the cost of each?	1	OFFICE USE ONLY		Description	NOTES				
		JOB NUMBER	1					0130							
Enter the job code from part A. (For combined jobs use code 310.)		0010				Code	2	OFFICE USE ONLY		Description					
2a. On which property was the (job description) done?		Description					0140		\$	.00	x <input type="checkbox"/> Don't know			
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.		0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU					0150								
							0160		\$	.00	x <input type="checkbox"/> Don't know			
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.		Description					8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?		0250		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a				
FIELD REPRESENTATIVE CHECK ITEM b. Job classification – Mark (X) one.		0030 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction					b. What was the total cost for all items purchased for this job in –		0260		\$	.00	o <input type="checkbox"/> None	
							(month, 3 months ago)?								
							(month, 2 months ago)?								
							(last month)?								
OFFICE USE ONLY – Enter detail job codes.		0040													
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.		0050					\$		.00					
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?		0060 1 <input type="checkbox"/> Self only – Go to item 8a 2 <input type="checkbox"/> Paid or contracted with someone else					9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?		0300		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a				
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)?		0070 \$.00 o <input type="checkbox"/> None					b. What was the total cost for all items rented for this job in –		0310		\$	.00	o <input type="checkbox"/> None	
							(month, 2 months ago)?								
							(last month)?								
							(the current month)?								
		0080 \$.00 o <input type="checkbox"/> None							0320		\$	.00	o <input type="checkbox"/> None	
		0090 \$.00 o <input type="checkbox"/> None							0330		\$	.00	o <input type="checkbox"/> None	
		0100 \$.00 o <input type="checkbox"/> None							0340		\$	.00	o <input type="checkbox"/> None	
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?		0110 \$.00 o <input type="checkbox"/> None – Go to item 8a					10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?		0350		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a				
If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. Information Booklet, page 15		0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a					b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?		0370			.00	Percent		
							11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?		0380		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next job				
6. Did the charge(s) include the cost of any appliances or equipment?							b. What percent was (will be) deducted?		0390			.00	Percent		

Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY – Continued											
Part B – Job Description – Continued											
1. FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 05 51 0 ↓		7. Which of these items did it include and what was the cost of each?	1	OFFICE USE ONLY		Description	NOTES		
	JOB NUMBER	2				0130					
Enter the job code from part A. (For combined jobs use code 310.)		0010		Code		0140	\$		.00	x <input type="checkbox"/> Don't know	
2a. On which property was the (job description) done?	Description				2	OFFICE USE ONLY		Description			
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.	0020		Property number			0150					
		97 <input type="checkbox"/> Rented sample unit				0160	\$		.00	x <input type="checkbox"/> Don't know	
		98 <input type="checkbox"/> Other rented unit									
		99 <input type="checkbox"/> Property not owned or rented by CU									
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.	Description			8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?			0250	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a			
FIELD REPRESENTATIVE CHECK ITEM b. Job classification – Mark (X) one.	0030	1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction		b. What was the total cost for all items purchased for this job in –			0260	\$		.00	o <input type="checkbox"/> None
				(month, 3 months ago)?							
				(month, 2 months ago)?			0270	\$		.00	o <input type="checkbox"/> None
				(last month)?			0280	\$		.00	o <input type="checkbox"/> None
OFFICE USE ONLY – Enter detail job codes.		0040		(the current month)?			0290	\$		.00	o <input type="checkbox"/> None
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.	0050	\$		9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?			0300	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a			
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?	0060	1 <input type="checkbox"/> Self only – Go to item 8a 2 <input type="checkbox"/> Paid or contracted with someone else		b. What was the total cost for all items rented for this job in –			0310	\$		.00	o <input type="checkbox"/> None
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN –	0070	\$		(month, 3 months ago)?			0320	\$		.00	o <input type="checkbox"/> None
	0080	\$		(month, 2 months ago)?			0330	\$		.00	o <input type="checkbox"/> None
	0090	\$		(last month)?			0340	\$		.00	o <input type="checkbox"/> None
	0100	\$		(the current month)?							
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?	0110	\$		10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?			0350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a			
If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. Information Booklet, page 15 6. Did the charge(s) include the cost of any appliances or equipment?	0120	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?			0370		.00	Percent	
				11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?			0380	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next job			
				b. What percent was (will be) deducted?			0390		.00	Percent	

Section 5 – CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY – Continued													
Part B – Job Description – Continued													
1. FIELD REPRESENTATIVE ITEM <i>Enter the job code from part A. (For combined jobs use code 310.)</i>		PROCESSING USE ONLY	1 05 52 8 ↓			7. Which of these items did it include and what was the cost of each?	1	OFFICE USE ONLY		Description	NOTES		
		JOB NUMBER	3										
		0010							Code				
2a. On which property was the (job description) done?		Description					2	OFFICE USE ONLY		Description			
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.		0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU											
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.		Description						0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a					
FIELD REPRESENTATIVE CHECK ITEM		0030 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction					0260 \$ _____ .00 0 <input type="checkbox"/> None						
b. Job classification – Mark (X) one.													
OFFICE USE ONLY – Enter detail job codes.							0040						0270 \$ _____ .00 0 <input type="checkbox"/> None
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.							0050		\$	_____	.00	0 <input type="checkbox"/> None	
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?		0060 1 <input type="checkbox"/> Self only – Go to item 8a 2 <input type="checkbox"/> Paid or contracted with someone else					9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?		0300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a				
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)?		0070 \$ _____ .00 0 <input type="checkbox"/> None					b. What was the total cost for all items rented for this job in – (month, 3 months ago)?		0310 \$ _____ .00 0 <input type="checkbox"/> None				
(month, 2 months ago)?		0080 \$ _____ .00 0 <input type="checkbox"/> None					(month, 2 months ago)?		0320 \$ _____ .00 0 <input type="checkbox"/> None				
(last month)?		0090 \$ _____ .00 0 <input type="checkbox"/> None					(last month)?		0330 \$ _____ .00 0 <input type="checkbox"/> None				
(the current month)?		0100 \$ _____ .00 0 <input type="checkbox"/> None					(the current month)?		0340 \$ _____ .00 0 <input type="checkbox"/> None				
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?		0110 \$ _____ .00 0 <input type="checkbox"/> None – Go to item 8a					10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?		0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a				
6. Did the charge(s) include the cost of any appliances or equipment?		0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a					b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?		0370 _____ .00 Percent				
							11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?		0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next job				
							b. What percent was (will be) deducted?		0390 _____ .00 Percent				

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

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the list of items as you proceed. Ask column a, question 1 and read the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through j as each item is reported.

Part A – Purchase of Household Appliances

8 06 02 6 →

a				b			c		d		e	f		g		h		i		j		PRE			
Information Booklet, page 16 1. 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 as a gift to 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.				What type did you purchase or rent? Enter a brand name or a brief description of item.		PROCESSING USE ONLY	ENTER ITEM CODE from column a.		Was this – 1 – Purchased for own use? 2 – Rented? Go to column g. 3 – Purchased as gift to others?		When did you purchase it?	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?		Did this include sales tax?		Were there any extra charges for installation? If "Yes" – How much?		Did you purchase or rent any other . . . ? If "No" go to next item in column a.		1 Description from column b and section 5B item 6	2 Month from column e	3 Cost from column f or column g and section 5B item 6	
ITEM CODE	YES	NO										YES	NO	NO		YES	NO		Month						
COOKING STOVE, RANGE, OR OVEN . . .																									
	Electric	100							1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
	Gas	110							1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
	Microwave	120							1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
	Other	130							1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
REFRIGERATOR	140								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
HOME-FREEZER	150								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
DISHWASHER									1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
Built-in	160								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
Portable	170								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
GARBAGE DISPOSAL	180								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
CLOTHES WASHER	190								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
CLOTHES DRYER	200								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
RANGE HOOD	210								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
Combination of any of the above items	220								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–j.	1 06 01 3 ↓								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
	0010 999 Go to Part B								1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
NOTES									1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
									1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
									1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
									1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
									1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00
									1 2 3			\$.00	\$.00	1 2 0	\$.00										\$.00

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

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.

Part B – Purchase of Household Appliances and Other Selected Items

6 06 04 6 →

a						b	PROCESSING USE ONLY	c	d	e	f	g	h		i	NOTES	PRE					
<div>Information Booklet, pages 16–18</div> <div>1. 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 as a gift to someone outside your CU?</div>						What type did you purchase or rent? <div>Enter brand name or a brief description of the item.</div>		ENTER ITEM CODE from column a.	Was this – 1 – Purchased for own use? 2 – Rented? Go to column g 3 – Purchased as gift to others? Mark (X) box	When did you purchase it?	What did it cost? (Include delivery charges, exclude installation charges.)	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	Did this include sales tax?		Did you purchase or rent any other . . . ? <div>If "No," go to next item in column a.</div>		Description from column b	1	2	3		
													YES	NO	YES						NO	
										ITEM CODE			YES	NO	Month						Go to column h.	
SMALL HOUSEHOLD APPLIANCES	/																					
Small electrical kitchen appliances	230										\$	.00	\$	.00	1					\$	.00
Electric personal care appliances	240										\$	.00	\$	.00	1					\$	.00
Smoke detectors	250										\$	.00	\$	.00	1					\$	.00
Electric floor cleaning equipment	260										\$	.00	\$	.00	1					\$	.00
OTHER HOUSEHOLD APPLIANCES	270										\$	.00	\$	.00	1					\$	.00
SEWING MACHINES	280										\$	.00	\$	.00	1					\$	.00
CALCULATORS	590										\$	.00	\$	.00	1					\$	.00
TELEPHONE AND ACCESSORIES	660										\$	.00	\$	.00	1					\$	.00
TELEPHONE ANSWERING DEVICES	610										\$	.00	\$	.00	1					\$	.00
TYPEDWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE	620										\$	.00	\$	.00	1					\$	.00
COMPUTERS, COMPUTER SYSTEMS AND RELATED HARDWARE FOR NON-BUSINESS USE	640										\$	.00	\$	.00	1					\$	.00
COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE	650										\$	.00	\$	.00	1					\$	.00
PHOTOGRAPHIC EQUIPMENT	300										\$	.00	\$	.00	1					\$	.00
LAWN MOWING MACHINERY AND OTHER YARD EQUIPMENT	310										\$	.00	\$	.00	1					\$	.00
TOOLS FOR HOME USE	/										\$	.00	\$	.00	1					\$	.00
Power tools	320										\$	.00	\$	.00	1					\$	.00
Non-power tools	330										\$	.00	\$	.00	1					\$	.00
HEATING AND COOLING EQUIPMENT	/										\$	.00	\$	.00	1					\$	.00
Window air conditioners	340										\$	.00	\$	.00	1					\$	.00
Portable cooling and heating equipment	350										\$	.00	\$	.00	1					\$	.00
Use only if unable to itemize above – Combined expenses	800	/	/	/							\$	.00	\$	.00	1					\$	.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 06 03 9 ↓											\$.00	\$.00	1					\$.00
Mark (X) box if there are no entries recorded in columns b–i.	[0010] 999 [] Go to next page											\$.00	\$.00	1					\$.00
												\$.00	\$.00	1					\$.00

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

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.

Part B – Purchase of Household Appliances and Other Selected Items – Continued

6 06 06 1 →

[illegible]

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.

6 06 08 7 →

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.

[illegible]

NOTES

Section 7 – HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING – Continued										FIELD REPRESENTATIVE – Read part C screening question and complete a line in part D for each job.													
Part C – Screening Question										PRE						NOTES							
Did you (or any members of your CU) have any expenses for repairing, refinishing or reupholstering furniture, including the costs for fabric?					<input type="checkbox"/> Yes – Go to part D <input type="checkbox"/> No – Go to next section					1		2		3									
										Description from column a		Month from column c		Cost from column d									
Part D – Furniture Repair or Reupholstering										4		07		04		9 →							
Item No.	a What item of furniture was repaired or reupholstered? <i>Describe type of furniture.</i>	PROCESSING USE ONLY	b OFFICE USE ONLY	c		d		e															
				In what month did you have it repaired or reupholstered?																			
				Month		YES	NO																
1		0010	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					
2		0020	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					
3		0030	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					
4		0040	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					
5		0050	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					
6		0060	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					
7		0070	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					
8		0080	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					
9		0090	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					
10		0100	220			\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00					

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.

Part A – Purchases

5 08 01 0 →

[illegible]

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS – Continued

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

Part A – Purchases – Continued				5 08 02 8 →																						
a				b		PROCESSING USE ONLY	c		d		e		f		g		h		NOTES		PRE					
																					1		2		3	
Information Booklet, pages 23 and 24 Have you (or any members of your CU) purchased for your CU or as a gift to someone outside of your CU any of the following?				What did you purchase? Enter a brief description of the item purchased.		PROCESSING USE ONLY	ENTER ITEM CODE from column a.		In what month did you purchase it?		Was this purchased for your CU or as a gift to someone outside the CU? 1 – For use by the CU. 2 – As a gift to someone outside CU.		What was the purchase price?		Did this include sales tax?		Did you purchase any other . . . ? If "No," go to next item in column a.				Description from column b		Month from column d		Cost from column f	
											Month		Mark box				YES	NO	YES	NO			Month			
CLOSET STORAGE AND TRAVEL ITEMS																										
Storage items																										
Travel items																										
DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE																										
Plastic dinnerware																										
China and other dinnerware																										
Stainless, silver, and other flatware																										
Glassware																										
Serving pieces other than silver																										
Non-electric cookware																										
Use only if unable to itemize above – Combined kitchenware (Codes 190–196)																										
Silver serving pieces																										
HOUSEHOLD LINENS																										
Bedroom linens																										
Bathroom linens																										
Kitchen and dining room linens																										
Other linens																										
Use only if unable to itemize above – Combined linens (Codes 200–203)																										
Slipcovers, decorative pillows and cushions																										
FLOOR AND WINDOW COVERINGS																										
Original wall-to-wall carpet																										
Replacement wall-to-wall carpet																										
Room size rugs and other non-permanent floor coverings, including carpet squares																										
Curtains and drapes																										
Venetian blinds, window shades, other window coverings																										
Use only if unable to itemize above – Combined expenses																										
Part B – Rental or Leasing of Furniture				1 08 03 5 ↓		NOTES																				
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented or leased any furniture?				0010 1 Yes 2 No –Go to next section																						
b. If YES – What was the total expense for renting or leasing furniture, excluding any expenses for the current month?				0020 \$.00																						

Section 9 – CLOTHING AND SEWING MATERIALS

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

Part A – Clothing

6 09 02 4 →

a				b		PROCESSING USE ONLY	c			d			e		f		g		h		i		PRE								
Information Booklet, page 25 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?				What did you buy? Describe briefly the item purchased.			ENTER ITEM CODE from column a.			For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15			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		2		3		4		
ITEM CODE	YES	NO																		YES	NO	YES	NO	Description from column b		Person from column d		Month from column f		Cost from column g	
Coats, jackets, and furs	100																														
Sport coats and tailored jackets	110																														
Suits	120																														
Vests	130																														
Sweaters and sweater sets	140																														
Pants, slacks, and jeans	150																														
Shorts and short sets Exclude all athletic shorts	160																														
Dresses	170																														
Skirts	180																														
Shirts, blouses, and tops	190																														
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.	1 09 01 7 ↓																														
	0010	999																													
NOTES																															

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part A – Clothing – Continued

6 09 04 0 →

a				b	PROCESSING USE ONLY	c			d			e	f		g		h		i		PRE						
<div>Information Booklet, page 26</div> <div>1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?</div>				What did you buy? Describe briefly the item purchased.		ENTER ITEM CODE from column a.	For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15			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	2	3	4							
																	Description from column b	Person from column d	Month from column f	Cost from column g							
																YES	NO	YES	NO		Name	Month					
Undergarments				200											\$		.00	1		2					\$		.00
Hosiery				210											\$		.00	1		2					\$		.00
					0030										\$		.00	1		2					\$		.00
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.					0040										\$		.00	1		2					\$		.00
					0050												\$.00	1		2					\$
					0060										\$		.00	1		2					\$		.00
NOTES					0070										\$		.00	1		2					\$		.00
					0080												\$.00	1		2					\$
					0090										\$.00	1		2					\$.00
					0100										\$		.00	1		2					\$		.00
					0110										\$		.00	1		2					\$		.00
					0120										\$		.00	1		2					\$		.00
					0130										\$		.00	1		2					\$		.00
					0140										\$		.00	1		2					\$		.00
					0150										\$		.00	1		2					\$		.00
					0160										\$		.00	1		2					\$		.00
					0170										\$		.00	1		2					\$		.00
					0180										\$		.00	1		2					\$		.00

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part A – Clothing – Continued

6 09 06 5 →

a				b		PROCESSING USE ONLY	c			d			e		f		g		h		i		PRE				
Information Booklet, page 26				What did you buy?			ENTER ITEM CODE from column a.	For whom was it purchased? If CU member, enter name and line number from Control Card.		How many did you purchase?		In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ?		1		2		3		4	
1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?				Describe briefly the item purchased.				If someone outside CU, enter name and appropriate code as follows:		Enter number of identical items purchased.		Month				YES NO		YES NO		Description from column b		Person from column d		Month from column f		Cost from column g	
ITEM CODE YES NO																											
Nightwear and loungewear				220																							
Accessories				230																							
Active sportswear				240																							
Uniforms, for which the cost is not reimbursed				250		0010																					
Costumes				260		0020																					
Combined clothing – This should be used only if the respondent cannot itemize clothing purchases. Specify (in the Notes) the types of clothing combined				270		0030																					
Footwear (Include here athletic shoes not specifically purchased for sports related use.)				280		0040																					
2. Have you (or any members of your CU) purchased any other clothing which you have not previously mentioned? Do not include infants clothing. If YES – probe and assign an item code.						0050																					
						0060																					
						0070																					
						0080																					
						0090																					
						0100																					
						0110																					
3. FIELD REPRESENTATIVE CHECK ITEM				1 09 05 8 ↓		0120																					
Mark (X) box if there are no entries recorded in columns b–i.				0010 999 ☐ Go to part B		0130																					
NOTES						0140																					
						0150																					
						0160																					
						0170																					
						0180																					

Section 9 – CLOTHING AND SEWING MATERIALS – Continued																							
▶ Part A – Clothing – Continued					6 09 07 3 →																		
b			c			d			e	f		g		h		i		NOTES	PRE				
What did you buy? <i>Describe briefly the item purchased.</i>		PROCESSING USE ONLY	ENTER ITEM CODE from column a from the preceding pages. For whom was it purchased? <i>If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15</i>			How many did you purchase? <i>Enter number of identical items purchased.</i>			In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>			1	2	3	4		
Description from column b	Person from column d																	Month from column f	Cost from column g				
Name	Line No. or code	Month	YES	NO	YES	NO		Name	Month														
	0010									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0020									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0030									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0040									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0050									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0060									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0070									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0080									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0090									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0100									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0110									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0120									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0130									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0140									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0150									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0160									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0170									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
	0180									\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part B – Infants Clothing, Watches, Jewelry, and Hairpieces

6 09 12 3 →

a				b		PROCESSING USE ONLY	c			d		e	f		g		h		i		PRE						
1a. Have you (or any members of your CU) purchased clothing for infants under 2 years of age either for members of your CU or for someone outside your CU?				What did you buy? <i>Describe briefly the item purchased.</i>			ENTER ITEM CODE from column a.			Was this purchased for your CU or for someone outside of your CU?		How many did you purchase? <i>Enter number of identical items purchased.</i>	In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		1						
																			2		3						
Such as –				ITEM CODE		YES	NO														Description from column b		Month from column f		Cost from column g		
Coats, jackets, or snowsuits				290																							
Dresses and other outerwear				300																							
Underwear and diapers, including disposable				310							CU member		Non-CU member				YES		NO								
Sleeping garments				320							1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
Layettes				330							1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
Accessories				340							1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
Combined clothing for infants – This should be used only if the respondent cannot itemize clothing purchases. Specify (in the Notes) the types of clothing combined.				360							1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
b. Have you (or any members of your CU) purchased any other infants clothing which you have not previously mentioned? <i>If YES – probe and assign an item code.</i>											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
2. Have you (or any members of your CU) purchased any of the following items, either for members of your CU or for someone outside your CU?											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
Watches				370							1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
Jewelry				380							1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
Hairpieces, wigs, or toupees				390							1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
3. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–i.</i>				1 09 11 6 ↓							1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
				0010 999 <input type="checkbox"/> Go to part C							1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		
											1 <input type="checkbox"/>		2 <input type="checkbox"/>		\$.00		1 <input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$.00		

Section 9 – CLOTHING AND SEWING MATERIALS – Continued																		
▶ Part B – Infants Clothing, Watches, Jewelry, and Hairpieces – Continued										6 09 13 1 →								
b What did you buy? <i>Describe briefly the item purchased.</i>	PROCESSING USE ONLY	c <i>ENTER ITEM CODE from column a from the preceding page.</i>	d Was this purchased for your CU or for someone outside of your CU?		e How many did you purchase? <i>Enter number of identical items purchased.</i>	f In what month did you purchase it?		g How much did it cost?		h Did this include sales tax?		i Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		NOTES	PRE			
			CU member	Non-CU member		Month		YES	NO	YES	NO	1 Description from column b	2 Month from column f		3 Cost from column g			
	0010		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0020		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0030		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0040		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0050		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0060		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0070		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0080		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0090		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0100		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0110		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0120		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0130		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0140		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0150		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0160		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0170		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	0180		1 <input type="checkbox"/>	2 <input type="checkbox"/>				\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a and complete columns b through 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 Materials

5 09 22 4 →

a				b		PROCESSING USE ONLY	c		d		e		f		g		h		PRE					
<div>Information Booklet, page 27</div> <div>1. Have you (or any members of your CU) purchased any sewing materials, either for members of your CU or for someone outside your CU?</div> <div><div><div><div><div></div>YES</div><div><div></div>NO – Go to item 2</div></div><div>If YES , read the list of individual items below. Complete columns b–h for each item purchased.</div><div>Were these –</div><div><div><div>ITEM CODE</div><div>YES</div><div>NO</div></div><div><div>Sewing materials for making slipcovers, curtains, etc., and for handwork in the home including yarn?</div><div>400</div></div><div><div>Sewing materials for making clothes?</div><div>410</div></div><div><div>Sewing notions?</div><div>420</div></div><div><div>Other sewing materials? . . .</div><div>430</div></div><div><div>Use only if unable to itemize separately – Combined sewing materials</div><div>440</div></div></div></div></div>				What did you buy? <i>Describe briefly the item purchased.</i>			ENTER ITEM CODE from column a.		Was this purchased for your CU or for someone outside of your CU?		In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		1 Description from column b		2 Month from column e		3 Cost from column f	
									CU member	Non-CU member															Month	YES	NO	YES	NO
						0010			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0020			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0030			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0040			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0050			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0060			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0070			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0080			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0090			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0100			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0110			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0120			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0130			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0140			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0150			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0160			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0170			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		
						0180			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00		

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a and complete columns b through 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 Services

5 09 32 3 →

a				b		PROCESSING USE ONLY	c		d		e		f		g		h		PRE					
<div>Information Booklet, page 27</div> <div>1. Have you (or any members of your CU) had expenses for any of the following, either for members of your CU or for someone outside your CU?</div> <div><div>Repair, alteration, and tailoring for clothing and accessories</div><div>Shoe repair and other shoe services</div><div>Watch or jewelry repair</div><div>Clothing rental</div><div>Clothing storage</div></div> <div><div>2. FIELD REPRESENTATIVE CHECK ITEM</div><div>Mark (X) box if there are no entries in columns b–h.</div></div>				What did you buy? <i>Describe briefly the item purchased.</i>			ENTER ITEM CODE from column a.		Was this purchased for your CU or for someone outside of your CU?		In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		1 Description from column b		2 Month from column e		3 Cost from column f	
ITEM CODE YES NO								CU member Non-CU member		Month				YES NO		YES NO								
450								1 2				\$.00		1 2				\$.00						
460						0010		1 2				\$.00		1 2				\$.00						
470						0020		1 2				\$.00		1 2				\$.00						
480						0030		1 2				\$.00		1 2				\$.00						
490						0040		1 2				\$.00		1 2				\$.00						
1 09 31 4 ↓						0050		1 2				\$.00		1 2				\$.00						
0010 999 <input type="checkbox"/> Go to section 10						0060		1 2				\$.00		1 2				\$.00						
						0070		1 2				\$.00		1 2				\$.00						
NOTES						0080		1 2				\$.00		1 2				\$.00						
						0090		1 2				\$.00		1 2				\$.00						
						0100		1 2				\$.00		1 2				\$.00						
						0110		1 2				\$.00		1 2				\$.00						
						0120		1 2				\$.00		1 2				\$.00						
						0130		1 2				\$.00		1 2				\$.00						
						0140		1 2				\$.00		1 2				\$.00						
						0150		1 2				\$.00		1 2				\$.00						
						0160		1 2				\$.00		1 2				\$.00						
						0170		1 2				\$.00		1 2				\$.00						
						0180		1 2				\$.00		1 2				\$.00						

Section 10 – RENTED AND LEASED VEHICLES

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask question 1 for all items and then complete a column for questions 2–5 for each vehicle rented. For like vehicles rented more than once during the reference period for the same purpose, combine entries into one column. Otherwise, complete a separate column for each vehicle rented. Complete item 6 for each leased vehicle listed.

Part A.1 – Screening Questions (If New Consumer Unit, Go to Part A.2.)

Information Booklet, page 28

1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.

☐ Yes

☐ No – Go to item 6

If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.

b. If YES to an individual item ask – How many?

	VEHICLE CODE	YES	NO	HOW MANY?
Automobile . . .	100			
Truck, including vans	110			
Motorized camper-coach . .	120			
Trailer-type camper	130			
Other attachable-type camper . . .	140			
Motorcycle, motor scooter, or moped (motorized bicycle)	150			
Boat, with a motor	160			
Boat, without a motor	170			
Trailer, other than camper type, such as for a boat or cycle	180			
Private plane . .	190			
Any other vehicle	200			

2. FIELD REPRESENTATIVE ITEM

PROCESSING USE ONLY

VEHICLE NUMBER

1 10 01 5 ↓

1

1 10 02 3 ↓

2

1 10 03 1 ↓

3

1 10 04 9 ↓

4

a. Describe briefly the type of vehicle rented, such as "auto" or "boat."

Description

Description

Description

Description

b. Enter vehicle code from item 1b.

0010

Code

0010

Code

0010

Code

0010

Code

3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?

0030

1 ☐ Yes – Go to next rented vehicle or item 6

2 ☐ No

0030

1 ☐ Yes – Go to next rented vehicle or item 6

2 ☐ No

0030

1 ☐ Yes – Go to next rented vehicle or item 6

2 ☐ No

0030

1 ☐ Yes – Go to next rented vehicle or item 6

2 ☐ No

4. Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle?

If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.

0080

\$

.00

0080

\$

.00

0080

\$

.00

0080

\$

.00

5a. Were (Will) any of the rental expenses (be) deducted as business expenses, reimbursed, or paid by someone else?

0130

1 ☐ Yes

2 ☐ No – Go to next rented vehicle or item 6

0130

1 ☐ Yes

2 ☐ No – Go to next rented vehicle or item 6

0130

1 ☐ Yes

2 ☐ No – Go to next rented vehicle or item 6

0130

1 ☐ Yes

2 ☐ No – Go to next rented vehicle or item 6

b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.

0140

.00

Percent

0140

.00

Percent

0140

.00

Percent

0140

.00

Percent

LEASED VEHICLES

☐ If this box is marked, no vehicles were previously reported – Go to item 7a.

6. Ask column f for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b below).

7 10 10 3 →

LEASED VEHICLE INVENTORY CHART

PROCESSING USE ONLY

a

b

Vehicle identification

e

f

g

h

i

j

c

d

Enter vehicle code from part B, item 1b.

Do you still have vehicle? If NO – mark box and go to item 6h.

How many miles are on the vehicle? Enter and go to next vehicle or to item 7a.

What month was the lease terminated?

Were any fees incurred at the termination of the lease?

If YES – How much? Enter and go to next vehicle or item 7a.

Vehicle identification from part B, item 2

Vehicle used for business from part B, item 6a

YES

NO

YES

NO

YES

NO

Month

YES

NO

0010

1

1 ☐

2 ☐

1 ☐

2 ☐

\$

.00

0020

2

1 ☐

2 ☐

1 ☐

2 ☐

\$

.00

0030

3

1 ☐

2 ☐

1 ☐

2 ☐

\$

.00

0040

4

1 ☐

2 ☐

1 ☐

2 ☐

\$

.00

0050

5

1 ☐

2 ☐

1 ☐

2 ☐

\$

.00

0060

6

1 ☐

2 ☐

1 ☐

2 ☐

\$

.00

0070

7

1 ☐

2 ☐

1 ☐

2 ☐

\$

.00

NOTES

Page 46

Section 10 – Part A.1

Page 46

Section 10 – RENTED AND LEASED VEHICLES – Continued

FIELD REPRESENTATIVE – Ask item 7 for all respondents.

Part A.1 – Screening Questions – Continued

[illegible]

[illegible]

Section 10 – RENTED AND LEASED VEHICLES – Continued										
Part B – Detailed Questions for Leased Vehicles										
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.	PROCESSING USE ONLY	1 10 21 3 ↓							NOTES	
	a. VEHICLE NUMBER	0010	Number							
	b. VEHICLE CODE	0020				Code				
2. What is the year, make, and model?		Year		Make	Model					
		0030								
		OFFICE USE ONLY Enter auto code	0040							
3. How many cylinders does it have?		0050 Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)								
4. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?		Yes		No						
		0060	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0070	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0080	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0090	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0100	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0110	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0120	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0121	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
(Ask for vehicle code 100) 5a. How many doors does it have?		0122 Doors								
b. Is it a . . . ?		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?								
6a. Is it used for business?		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 7								
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.								
7. How many miles are currently on the vehicle?		0150 Miles (Enter to nearest whole mile)								
8. Was it new or used when first leased?		0160 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used								
9. Was this vehicle leased from a –		0170 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – Specify								
10a. What was the number of payments contracted for?					0190 Payments					
b. In what month and year was the first payment made?					0200 Month 0210 Year					
c. What is the amount of each payment?					0220 \$.00					
d. What period is covered by each payment?					0230 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarter					
e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?					0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to item 11					
f. If YES – How much of the payment is for these extra charges?					0250 \$.00 x <input type="checkbox"/> Don't know					
11. Is any of the (period reported in item 10d) leasing cost paid by an employer?					0260 1 <input type="checkbox"/> Yes – If YES – How much? 2 <input type="checkbox"/> No 0270 \$.00					
12. Was a trade-in allowance received?					0280 1 <input type="checkbox"/> Yes – If YES – How much? 2 <input type="checkbox"/> No 0290 \$.00					
13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)					0300 1 <input type="checkbox"/> Yes – If YES – How much? 2 <input type="checkbox"/> No – Go to item 14a 0310 \$.00					
b. Was any portion of the cash down payment paid by an employer?					0320 1 <input type="checkbox"/> Yes – If YES – How much? 2 <input type="checkbox"/> No 0330 \$.00					
14a. Do you still have this vehicle?					0340 1 <input type="checkbox"/> Yes – Go to next vehicle or section 11 2 <input type="checkbox"/> No					
b. In what month was the lease terminated?					0350 Month					
c. Were any fees incurred at the termination of the lease?					0360 1 <input type="checkbox"/> Yes – If YES – How much? 2 <input type="checkbox"/> No – Go to next vehicle or section 11 0370 \$.00					

Section 10 – RENTED AND LEASED VEHICLES – Continued									
Part B – Detailed Questions for Leased Vehicles – Continued									
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY		1 10 24 7 ↓				NOTES	
		a. VEHICLE NUMBER		0010 _____ Number					
		b. VEHICLE CODE		0020 <div><div></div><div></div><div></div></div> Code					
2. What is the year, make, and model?		Year		Make		Model			
		0030 <div><div></div><div></div><div></div><div></div></div>							
		OFFICE USE ONLY Enter auto code		0040 <div><div></div><div></div><div></div><div></div></div>					
3. How many cylinders does it have?		0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)							
4. Does it have –									
a. Automatic transmission?		0060		Yes		No			
b. Power steering?		0070		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
c. Power brakes?		0080		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
d. Air conditioning?		0090		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
e. Sun roof?		0100		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
f. Turbo charged engine?		0110		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
g. Diesel engine?		0120		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
h. Four wheel drive?		0121		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
(Ask for vehicle code 100)									
5a. How many doors does it have?		0122 _____ Doors							
b. Is it a . . . ?		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?							
6a. Is it used for business? _____		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 7							
b. If used for business – What percent of the mileage is counted as a business expense?		0140 _____ Percent <div>If 100%, delete this vehicle and go to next vehicle.</div>							
7. How many miles are currently on the vehicle?		0150 _____ Miles (Enter to nearest whole mile)							
8. Was it new or used when first leased?		0160 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used							
9. Was this vehicle leased from a –		0170 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – Specify ↘ _____							
10a. What was the number of payments contracted for?				0190 _____ Payments					
b. In what month and year was the first payment made?				0200 <div><div></div><div></div></div> 0210 <div><div></div><div></div><div></div><div></div></div>					
c. What is the amount of each payment?				0220 \$ _____ .00					
d. What period is covered by each payment?				0230 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↘ 4 <input type="checkbox"/> Quarter _____					
e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?				0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to item 11					
f. If YES – How much of the payment is for these extra charges?				0250 \$ _____ .00 x <input type="checkbox"/> Don't know					
11. Is any of the (period reported in item 10d) leasing cost paid by an employer?				0260 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No 0270 \$ _____ .00					
12. Was a trade-in allowance received?				0280 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No 0290 \$ _____ .00					
13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)				0300 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to item 14a 0310 \$ _____ .00					
b. Was any portion of the cash down payment paid by an employer?				0320 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No 0330 \$ _____ .00					
14a. Do you still have this vehicle?				0340 1 <input type="checkbox"/> Yes – Go to next vehicle or section 11 2 <input type="checkbox"/> No					
b. In what month was the lease terminated?				0350 <div><div></div><div></div></div>					
c. Were any fees incurred at the termination of the lease?				0360 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to next vehicle or section 11 0370 \$ _____ .00					

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles – Continued

1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY		1 10 27 0 ↓	
a. VEHICLE NUMBER		0010 _____ Number			
b. VEHICLE CODE		0020 [][][] Code			
2. What is the year, make, and model?		Year [][][][]		Make []	Model []
		0030 [][][][]			
		OFFICE USE ONLY Enter auto code		0040 [][][][]	
3. How many cylinders does it have?		0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)			
4. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?		Yes No 0060 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0080 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0090 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0100 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0110 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0120 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0121 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
(Ask for vehicle code 100) 5a. How many doors does it have?		0122 _____ Doors			
b. Is it a . . . ?		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?			
6a. Is it used for business? _____		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 7			
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.			
7. How many miles are currently on the vehicle?		0150 _____ Miles (Enter to nearest whole mile)			
8. Was it new or used when first leased?		0160 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used			
9. Was this vehicle leased from a –		0170 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – Specify _____			

10a. What was the number of payments contracted for?	0190 _____ Payments	NOTES
b. In what month and year was the first payment made?	Month Year 0200 [][] 0210 [][][]	
c. What is the amount of each payment?	0220 \$ _____ .00	
d. What period is covered by each payment?	0230 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter	
e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to item 11	
f. If YES – How much of the payment is for these extra charges?	0250 \$ _____ .00 x <input type="checkbox"/> Don't know	
11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 <input type="checkbox"/> Yes – If YES – How much? _____ 2 <input type="checkbox"/> No 0270 \$ _____ .00	
12. Was a trade-in allowance received?	0280 1 <input type="checkbox"/> Yes – If YES – How much? _____ 2 <input type="checkbox"/> No 0290 \$ _____ .00	
13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300 1 <input type="checkbox"/> Yes – If YES – How much? _____ 2 <input type="checkbox"/> No – Go to item 14a 0310 \$ _____ .00	
b. Was any portion of the cash down payment paid by an employer?	0320 1 <input type="checkbox"/> Yes – If YES – How much? _____ 2 <input type="checkbox"/> No 0330 \$ _____ .00	
14a. Do you still have this vehicle?	0340 1 <input type="checkbox"/> Yes – Go to next vehicle or section 11 2 <input type="checkbox"/> No	
b. In what month was the lease terminated?	Month 0350 [][]	
c. Were any fees incurred at the termination of the lease?	0360 1 <input type="checkbox"/> Yes – If YES – How much? _____ 2 <input type="checkbox"/> No – Go to next vehicle or section 11 0370 \$ _____ .00	

Section 11 – OWNED VEHICLES

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.

Part A.1 – Screening Questions *(If New Consumer Unit, Go to Part A.2)*

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

1. Ask column *h* for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column *b*).

For each vehicle code 100 through 120 and 150 listed which has not been disposed of, ask column i.

4 11 00 9 →

OWNED VEHICLE INVENTORY CHART

PROCESSING USE ONLY	a	b		Vehicle identification					f	g			h		i	
	Vehicle number	Vehicle disposed of (part C completed)		c	d			e		Codes 100–120 and 150 only Enter mileage from part B, item 10b or part A.1, column i	Enter vehicle code from part B, item 1b.			Do you still have (vehicle)? If NO – complete part C for all vehicles disposed of.		Codes 100–120 and 150 only How many miles are currently on the vehicle? Enter to nearest whole mile.
				Vehicle description from part B, item 2	Vehicle identification from part B, item 3			Vehicle used for business from part B, item 7a						YES | NO		
														YEAR	MAKE		MODEL	YES	NO	YES	NO
0010	1	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0020	2	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0030	3	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0040	4	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0050	5	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0060	6	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0070	7	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0080	8	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0090	9	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0100	10	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0110	11	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0120	12	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0130	13	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0140	14	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0150	15	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0160	16	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0170	17	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	
0180	18	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	

Information Booklet, page 28

2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or acquired any vehicle not used exclusively for business? Include those vehicles purchased for your own use or as a gift to others.

1 11 01 3 ↓

0010 1 ☐ Yes

2 ☐ No – Go to next part or section

b. If YES – What kind of vehicle was it?

Enter vehicle code from item 3 below.

0020			
------	--	--	--

0030			
------	--	--	--

0040			
------	--	--	--

0050

0060			
------	--	--	--

0070			
------	--	--	--

0080			
------	--	--	--

0090			
------	--	--	--

0100			
------	--	--	--

0110			
------	--	--	--

3. FIELD REPRESENTATIVE INSTRUCTION

Complete part B for each new vehicle.

Automobile

Truck, including vans

Motorized camper-coach

Trailer type camper

Other attachable type camper

Motorcycle, motor scooter, or moped (motorized bicycle)

Boat, purchased with a motor

Boat, purchased without a motor

Trailer other than camper type, such as for a boat or cycle

Private plane

Any other vehicle (snowmobile, dune buggy, riding golf cart, etc.)

VEHICLE

100

110

120

130

140

150

160

170

180

190

200

NOTES

Section 11 – OWNED VEHICLES – Continued

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask part A.2 questions 1 through 3 for all vehicles and then complete part B for each vehicle reported. Also complete part C for each vehicle disposed of.

Part A.2 – Screening Questions – *FOR NEW CONSUMER UNITS ONLY*

1 11 02 1 ↘ ↗

Information Booklet, page 28			
<div><div>1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?</div><div><div><div>a. Automobile</div><div>b. Truck, including vans</div><div>c. Motorized camper-coach</div><div>d. Trailer type camper</div><div>e. Other attachable type camper</div><div>f. Motorcycle, motor scooter, or moped (motorized bicycle)</div><div>g. Boat, purchased with a motor</div><div>h. Boat, purchased without a motor</div><div>i. Trailer other than camper type, such as for a boat or cycle</div><div>j. Private plane</div><div>k. Any other vehicle</div></div><div><div>2a. 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?</div><div><div>b. If YES – How many?</div><div>c. What kind of vehicle(s) did you purchase? Enter a separate code for each vehicle.</div></div></div></div></div>	<div><div><div>VEHICLE CODE</div><div>YES</div><div>NO</div><div>If YES – How many?</div></div><div><div>100</div><div>0010</div><div>1</div><div>2</div><div>0020</div></div><div><div>110</div><div>0030</div><div>1</div><div>2</div><div>0040</div></div><div><div>120</div><div>0050</div><div>1</div><div>2</div><div>0060</div></div><div><div>130</div><div>0070</div><div>1</div><div>2</div><div>0080</div></div><div><div>140</div><div>0090</div><div>1</div><div>2</div><div>0100</div></div><div><div>150</div><div>0110</div><div>1</div><div>2</div><div>0120</div></div><div><div>160</div><div>0130</div><div>1</div><div>2</div><div>0140</div></div><div><div>170</div><div>0150</div><div>1</div><div>2</div><div>0160</div></div><div><div>180</div><div>0170</div><div>1</div><div>2</div><div>0180</div></div><div><div>190</div><div>0190</div><div>1</div><div>2</div><div>0200</div></div><div><div>200</div><div>0210</div><div>1</div><div>2</div><div>0220</div></div></div> <div><div><div>0230</div><div>1</div><div>Yes – Ask items 2b and 2c</div></div><div><div>2</div><div>No – Go to item 3a</div></div></div> <div><div><div>0240</div><div>Number</div></div></div> <div><div><div>0250</div><div></div><div></div><div></div><div></div><div>0260</div><div></div><div></div><div></div><div></div><div>0270</div><div></div><div></div><div></div><div></div></div><div><div><div>0280</div><div></div><div></div><div></div><div></div><div>0290</div><div></div><div></div><div></div><div></div><div>0300</div><div></div><div></div><div></div><div></div></div><div><div><div>0310</div><div></div><div></div><div></div><div></div><div>0320</div><div></div><div></div><div></div><div></div><div>0330</div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>3a. Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)?</div><div><div>b. If YES – How many?</div><div>c. What kind of vehicle(s) did you dispose of? Enter a separate code for each vehicle.</div></div></div></div></div>	<div><div><div>0340</div><div>1</div><div>Yes – Ask items 3b and 3c</div></div><div><div>2</div><div>No – Go to item 4</div></div></div> <div><div><div>0350</div><div>Number</div></div></div> <div><div><div>0360</div><div></div><div></div><div></div><div></div><div>0370</div><div></div><div></div><div></div><div></div><div>0380</div><div></div><div></div><div></div><div></div></div><div><div><div>0390</div><div></div><div></div><div></div><div></div><div>0400</div><div></div><div></div><div></div><div></div><div>0410</div><div></div><div></div><div></div><div></div></div><div><div><div>0420</div><div></div><div></div><div></div><div></div><div>0430</div><div></div><div></div><div></div><div></div><div>0440</div><div></div><div></div><div></div><div></div></div><div><div><div>0450</div><div></div><div></div><div></div><div></div><div>0460</div><div></div><div></div><div></div><div></div><div>0470</div><div></div><div></div><div></div><div></div></div></div></div></div></div>	<div><div>4. FIELD REPRESENTATIVE INSTRUCTIONS</div><div>Complete part B for each vehicle reported in items 1 and 2.</div><div>Complete parts B and C for each vehicle reported in item 3.</div><div>NOTES</div></div>

Section 11 – OWNED VEHICLES – Continued										
▶ Part B – Detailed Questions										
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY	1 11 03 9 ↓							
		a. VEHICLE NUMBER	0010	_____ Number						
		b. VEHICLE CODE	0020	<div></div>	<div></div>	<div></div>	<div></div>	Code		
2. Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle).			Description							
3. Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). What is the year, make, and model?			Year		Make		Model			
			0030	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
OFFICE USE ONLY Enter auto code			0040	<div></div>	<div></div>	<div></div>	<div></div>			
4. How many cylinders does it have?			0050	_____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)						
5. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?			Yes	No						
			0060	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0070	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0080	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0090	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0100	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0110	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0120	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
0121			1 <input type="checkbox"/>	2 <input type="checkbox"/>						
Ask for vehicle code 100.										
6a. How many doors does it have?			0122	_____ Doors						
b. Is it a . . . ?			0123	1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?						
7a. Is it used for business?			0130	1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> 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.						
8. Was it new or used when acquired?			0150	1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used						
9. Was this vehicle purchased from –			0160	1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____						
10a. Was this vehicle –			0170	1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?						
Ask for item codes 100–120 and 150 only.										
b. How many miles are currently on the vehicle?			0180	_____ Miles – If item 10a is code 3, go to next vehicle ↗						
11. In what month and year was it purchased?				0190	<div></div>	<div></div>	0200	<div></div>	<div></div>	<div></div>
12a. Was any portion of the purchase price financed?				0210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.					
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 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments					
13a. Was a trade-in allowance received?				0230	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c					
b. If YES – How much?				0240	\$ _____ .00					
c. What was the amount paid for it after trade-in allowance and discount?				0250	\$ _____ .00					
d. Did this price include sales tax?				0260	1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No					
e. Was any of the amount or price paid by an employer?				0270	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14					
f. If YES – How much?				0280	\$ _____ .00					
Ask items 14 and 15 for credit payments only, "2" marked in item 12b.										
14. What was the amount of the cash down payment?				0290	\$ _____ .00					
15a. What was the source of credit?				0300	1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Credit Union					
Ask if codes "2," "3," or "4" marked in item 15a.										
b. Was this a home equity loan?				0305	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
c. How much was borrowed, excluding any interest?				0310	\$ _____ .00					
d. What was the number of payments contracted for?				0320	_____ Payments					
e. In what month and year was the first payment made?				0330	<div></div>	<div></div>	0340	<div></div>	<div></div>	<div></div>
f. What is the amount of each payment?				0350	\$ _____ .00					
g. What period is covered by each payment?				0360	1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter					
h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?				0370	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section					
i. If YES – How much of the payment is for these extra charges?				0380	\$ _____ .00 x <input type="checkbox"/> 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. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY		1 11 04 7 ↓					
		a. VEHICLE NUMBER		0010 _____ Number					
		b. VEHICLE CODE		0020 <table><tr><td></td><td></td><td></td><td></td></tr></table> Code					
Do not ask for vehicle codes 100 or 110.				Description					
2. Briefly describe the (vehicle).		Year		Make	Model				
		0030 <table><tr><td></td><td></td><td></td><td></td></tr></table>							
3. What is the year, make, and model?		OFFICE USE ONLY Enter auto code		0040 <table><tr><td></td><td></td><td></td><td></td></tr></table>					
4. How many cylinders does it have?		0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)							
5. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?		Yes No 0060 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0080 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0090 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0100 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0110 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0120 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0121 1 <input type="checkbox"/> 2 <input type="checkbox"/>							
Ask for vehicle code 100.									
6a. How many doors does it have?		0122 _____ Doors							
b. Is it a . . . ?		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?							
7a. Is it used for business?		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> 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.							
8. Was it new or used when acquired?		0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used							
9. Was this vehicle purchased from –		0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____							
10a. Was this vehicle –		0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?							
Ask for item codes 100–120 and 150 only.									
b. How many miles are currently on the vehicle?		0180 _____ Miles – If item 10a is code 3, go to next vehicle							

11. In what month and year was it purchased?		Month Year 0190 <table><tr><td></td><td></td></tr></table> 0200 <table><tr><td></td><td></td><td></td><td></td></tr></table>							
12a. Was any portion of the purchase price financed?		0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.							
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 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments							
13a. Was a trade-in allowance received?		0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c							
b. If YES – How much?		0240 \$ _____ .00							
c. What was the amount paid for it after trade-in allowance and discount?		0250 \$ _____ .00							
d. Did this price include sales tax?		0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No							
e. Was any of the amount or price paid by an employer?		0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14							
f. If YES – How much?		0280 \$ _____ .00							
Ask items 14 and 15 for credit payments only, "2" marked in item 12b.									
14. What was the amount of the cash down payment?		0290 \$ _____ .00							
15a. What was the source of credit?		0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify ↴ 4 <input type="checkbox"/> Credit Union							
Ask if codes "2," "3," or "4" marked in item 15a.		0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
b. Was this a home equity loan?									
c. How much was borrowed, excluding any interest?		0310 \$ _____ .00							
d. What was the number of payments contracted for?		0320 _____ Payments							
e. In what month and year was the first payment made?		Month Year 0330 <table><tr><td></td><td></td></tr></table> 0340 <table><tr><td></td><td></td><td></td><td></td></tr></table>							
f. What is the amount of each payment?		0350 \$ _____ .00							
g. What period is covered by each payment?		0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↴ 4 <input type="checkbox"/> Quarter							
h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?		0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part x <input type="checkbox"/> Don't know } or section							
i. If YES – How much of the payment is for these extra charges?		0380 \$ _____ .00 x <input type="checkbox"/> 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. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY		1 11 05 4 ↓							
		a. VEHICLE NUMBER		0010		Number					
		b. VEHICLE CODE		0020				Code			
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).				Description							
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							
OFFICE USE ONLY Enter auto code				0040							
4. How many cylinders does it have?				0050		Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)					
5. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?				Yes		No					
				0060		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0070		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0080		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0090		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0100		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0110		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0120		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
Ask for vehicle code 100. 6a. How many doors does it have?				0122		Doors					
				0123		1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?					
7a. Is it used for business?				0130		1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> 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.					
8. Was it new or used when acquired?				0150		1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used					
9. Was this vehicle purchased from –				0160		1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify					
10a. Was this vehicle –				0170		1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?					
Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle?				0180		Miles – If item 10a is code 3, go to next vehicle					
11. In what month and year was it purchased?				0190		Month		Year			
12a. Was any portion of the purchase price financed?				0210		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.					
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 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments					
13a. Was a trade-in allowance received?				0230		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c					
b. If YES – How much?				0240		\$.00					
c. What was the amount paid for it after trade-in allowance and discount?				0250		\$.00					
d. Did this price include sales tax?				0260		1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No					
e. Was any of the amount or price paid by an employer?				0270		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14					
f. If YES – How much?				0280		\$.00					
Ask items 14 and 15 for credit payments only, "2" marked in item 12b. 14. What was the amount of the cash down payment?				0290		\$.00					
15a. What was the source of credit?				0300		1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Credit Union					
Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?				0305		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
c. How much was borrowed, excluding any interest?				0310		\$.00					
d. What was the number of payments contracted for?				0320		Payments					
e. In what month and year was the first payment made?				0330		Month		Year			
f. What is the amount of each payment?				0350		\$.00					
g. What period is covered by each payment?				0360		1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarter					
h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?				0370		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section					
i. If YES – How much of the payment is for these extra charges?				0380		\$.00 x <input type="checkbox"/> Don't know					

Section 11 – OWNED VEHICLES – Continued																						
Part B – Detailed Questions – Continued																						
<div>1. FIELD REPRESENTATIVE ITEM</div> <div>a. New CU’s – Assign vehicle numbers in consecutive order beginning with 1.</div> <div>2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.</div> <div>b. Enter a vehicle code from part A.1 or A.2.</div>		PROCESSING USE ONLY	1 11 06 2 ↓			11. In what month and year was it purchased?				Month	Year											
		a. VEHICLE NUMBER	0010 _____ Number			12a. Was any portion of the purchase price financed?				0190			0200									
		b. VEHICLE CODE	0020								Code		1 1 Yes 2 1 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.			Description			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 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 1 Remaining payments											
2. Briefly describe the (vehicle).			Year							Make		Model										
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).			0030									13a. Was a trade-in allowance received?				0230	1 1 Yes 2 1 No – Go to item 13c					
			OFFICE USE ONLY Enter auto code			0040																
4. How many cylinders does it have?			0050			_____ Cylinders			0 1 No cylinders (rotary, turbine, or electric)			b. If YES – How much?				0240	\$ _____ .00					
5. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?			Yes			No			c. What was the amount paid for it after trade-in allowance and discount?							0250	\$ _____ .00					
			0060			1 1 2 1							d. Did this price include sales tax?				0260	1 1 Yes x 1 Don’t know 2 1 No				
			0070			1 1 2 1			e. Was any of the amount or price paid by an employer?								0270	1 1 Yes 2 1 No – Go to item 14				
			0080			1 1 2 1							f. If YES – How much?				0280	\$ _____ .00				
			0090			1 1 2 1			Ask items 14 and 15 for credit payments only, "2" marked in item 12b.								0290	\$ _____ .00				
			0100			1 1 2 1							14. What was the amount of the cash down payment?									
			0110			1 1 2 1			15a. What was the source of credit?								0300	1 1 Auto dealer 5 1 Insurance company 2 1 Finance company 6 1 Individual 3 1 Bank 7 1 Other – Specify 4 1 Credit Union				
			0120			1 1 2 1							Ask if codes "2," "3," or "4" marked in item 15a.				0305	1 1 Yes 2 1 No				
0121			1 1 2 1			b. Was this a home equity loan?				0310	\$ _____ .00											
6a. How many doors does it have?			0122							_____ Doors			c. How much was borrowed, excluding any interest?				0320	_____ Payments				
b. Is it a . . . ?			0123			1 1 Station wagon? 2 1 Convertible? 3 1 Hatchback? 4 1 Other?			d. What was the number of payments contracted for?								0330	Month Year 0340				
7a. Is it used for business?			0130			1 1 Yes, used for business 2 1 Personal use only – Go to item 8							e. In what month and year was the first payment made?				0350	\$ _____ .00				
b. If used for business – What percent of the mileage is counted as a business expense?			0140			_____ Percent			f. What is the amount of each payment?								0360	1 1 Week 5 1 Semiannually 2 1 2 weeks 6 1 Annually 3 1 Month 7 1 Other – Specify 4 1 Quarter				
8. Was it new or used when acquired?			0150			1 1 New 2 1 Used							g. What period is covered by each payment?				0370	1 1 Yes 2 1 No x 1 Don’t know				
9. Was this vehicle purchased from –			0160			1 1 Vehicle dealership? 2 1 Private individual? 3 1 Other? – Specify			h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?								0380	\$ _____ .00 x 1 Don’t know				
10a. Was this vehicle –			0170			1 1 Purchased for own use? 2 1 Purchased as a gift to others? – Go to item 11 3 1 Received as gift?							i. If YES – How much of the payment is for these extra charges?									
Ask for item codes 100–120 and 150 only.			0180			_____ Miles – If item 10a is code 3, go to next vehicle																
b. How many miles are currently on the vehicle?																						

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. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY		1 11 07 0 ↓							
		a. VEHICLE NUMBER		0010		Number					
		b. VEHICLE CODE		0020				Code			
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).				Description							
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							
OFFICE USE ONLY Enter auto code				0040							
4. How many cylinders does it have?				0050		Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)					
5. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?				Yes		No					
				0060		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0070		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0080		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0090		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0100		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0110		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0120		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
Ask for vehicle code 100. 6a. How many doors does it have?				0122		Doors					
				0123		1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?					
7a. Is it used for business? _____				0130		1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> 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.					
8. Was it new or used when acquired?				0150		1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used					
9. Was this vehicle purchased from – _____				0160		1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____					
10a. Was this vehicle – _____				0170		1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?					
Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle?				0180		Miles – If item 10a is code 3, go to next vehicle ↗					
11. In what month and year was it purchased?				0190		Month		Year			
12a. Was any portion of the purchase price financed?				0210		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.					
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 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments					
13a. Was a trade-in allowance received?				0230		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c					
b. If YES – How much?				0240		\$ _____ .00					
c. What was the amount paid for it after trade-in allowance and discount?				0250		\$ _____ .00					
d. Did this price include sales tax?				0260		1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No					
e. Was any of the amount or price paid by an employer?				0270		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14					
f. If YES – How much?				0280		\$ _____ .00					
Ask items 14 and 15 for credit payments only, "2" marked in item 12b. 14. What was the amount of the cash down payment?				0290		\$ _____ .00					
15a. What was the source of credit?				0300		1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Credit Union					
Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?				0305		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
c. How much was borrowed, excluding any interest?				0310		\$ _____ .00					
d. What was the number of payments contracted for?				0320		_____ Payments					
e. In what month and year was the first payment made?				0330		Month		Year			
f. What is the amount of each payment?				0350		\$ _____ .00					
g. What period is covered by each payment?				0360		1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter					
h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?				0370		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section					
i. If YES – How much of the payment is for these extra charges?				0380		\$ _____ .00 x <input type="checkbox"/> Don't know					

Section 11 – OWNED VEHICLES – Continued																	
Part B – Detailed Questions – Continued																	
<div>1. FIELD REPRESENTATIVE ITEM</div> <div>a. New CU’s – Assign vehicle numbers in consecutive order beginning with 1.</div> <div>2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.</div> <div>b. Enter a vehicle code from part A.1 or A.2.</div>		PROCESSING USE ONLY	1 11 08 8 ↓			11. In what month and year was it purchased?				Month	Year						
		a. VEHICLE NUMBER	0010 _____ Number			12a. Was any portion of the purchase price financed?				0190			0200				
		b. VEHICLE CODE	0020								Code		0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.			Description			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 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments						
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).			Year		Make	Model	13a. Was a trade-in allowance received?				0230	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c					
3. What is the year, make, and model?			0030						b. If YES – How much?				0240	\$ _____ .00			
OFFICE USE ONLY Enter auto code			0040										0250 \$ _____ .00				
4. How many cylinders does it have?			0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)			c. What was the amount paid for it after trade-in allowance and discount?				0260	\$ _____ .00						
5. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?			Yes		No		d. Did this price include sales tax?				0270	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
			0060 1 <input type="checkbox"/>		2 <input type="checkbox"/>		e. Was any of the amount or price paid by an employer?				0280	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14					
			0070 1 <input type="checkbox"/>		2 <input type="checkbox"/>		f. If YES – How much?				0290	\$ _____ .00					
			0080 1 <input type="checkbox"/>		2 <input type="checkbox"/>		Ask items 14 and 15 for credit payments only, "2" marked in item 12b.				0300	1 <input type="checkbox"/> Auto dealer 2 <input type="checkbox"/> Finance company 3 <input type="checkbox"/> Bank 4 <input type="checkbox"/> Credit Union 5 <input type="checkbox"/> Insurance company 6 <input type="checkbox"/> Individual 7 <input type="checkbox"/> Other – Specify					
			0090 1 <input type="checkbox"/>		2 <input type="checkbox"/>		14. What was the amount of the cash down payment?				0305	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
			0100 1 <input type="checkbox"/>		2 <input type="checkbox"/>		15a. What was the source of credit?				0310	\$ _____ .00					
			0110 1 <input type="checkbox"/>		2 <input type="checkbox"/>		Ask if codes "2," "3," or "4" marked in item 15a.				0320	_____ Payments					
			0120 1 <input type="checkbox"/>		2 <input type="checkbox"/>		b. Was this a home equity loan?				0330	Month _____ Year _____					
6a. How many doors does it have?			0122 _____ Doors			c. How much was borrowed, excluding any interest?				0340							
b. Is it a . . . ?			0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?			d. What was the number of payments contracted for?				0350	\$ _____ .00						
7a. Is it used for business?			0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8			e. In what month and year was the first payment made?				0360	1 <input type="checkbox"/> Week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify						
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.			f. What is the amount of each payment?				0370	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don’t know } Go to next vehicle or part or section						
8. Was it new or used when acquired?			0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used			g. What period is covered by each payment?				0380	\$ _____ .00 x <input type="checkbox"/> Don’t know						
9. Was this vehicle purchased from –			0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify			h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?											
10a. Was this vehicle –			0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?			i. If YES – How much of the payment is for these extra charges?											
Ask for item codes 100–120 and 150 only.			0180 _____ Miles – If item 10a is code 3, go to next vehicle														
b. How many miles are currently on the vehicle?																	

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

Section 11 – OWNED VEHICLES – Continued																								
▶ Part C – Disposed of Vehicles – Continued																								
1. FIELD REPRESENTATIVE ITEM <i>Complete a column in the 1st interview in which the vehicle is disposed of. Enter vehicle number and vehicle code.</i>	PROCESSING USE ONLY	1 11 55 9 ↓			1 11 56 7 ↓			1 11 57 5 ↓			1 11 58 3 ↓													
	a. VEHICLE NUMBER	0010 _____ Number			0010 _____ Number			0010 _____ Number			0010 _____ Number													
	b. VEHICLE CODE	0020 <table><tr><td></td><td></td><td></td></tr></table> Code						0020 <table><tr><td></td><td></td><td></td></tr></table> Code						0020 <table><tr><td></td><td></td><td></td></tr></table> Code						0020 <table><tr><td></td><td></td><td></td></tr></table> Code				
2a. How did you dispose of the vehicle? <i>Mark (X) one box.</i>		0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____			0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____			0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____			0030 1 <input type="checkbox"/> Sold? 2 <input type="checkbox"/> Traded in? 3 <input type="checkbox"/> Given away to someone outside the CU, including students away at school? 4 <input type="checkbox"/> Damaged beyond repair? 5 <input type="checkbox"/> Stolen? 6 <input type="checkbox"/> Other – Specify _____													
b. In what month was it (read answer from item 2a)?		0040 <table><tr><td></td><td></td></tr></table> Month – If code 3 in item 2a, go to item 5a					0040 <table><tr><td></td><td></td></tr></table> Month – If code 3 in item 2a, go to item 5a					0040 <table><tr><td></td><td></td></tr></table> Month – If code 3 in item 2a, go to item 5a					0040 <table><tr><td></td><td></td></tr></table> Month – If code 3 in item 2a, go to item 5a							
3. How much did you sell it for? <i>If sold (code 1, item 2a).</i>		0050 \$ _____ .00 Go to item 5a			0050 \$ _____ .00 Go to item 5a			0050 \$ _____ .00 Go to item 5a			0050 \$ _____ .00 Go to item 5a													
4a. Were you reimbursed for the value of the vehicle? <i>If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a).</i>		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c			0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c			0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c			0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c													
b. How much did you receive for the vehicle?		0070 \$ _____ .00 Go to item 5a			0070 \$ _____ .00 Go to item 5a			0070 \$ _____ .00 Go to item 5a			0070 \$ _____ .00 Go to item 5a													
c. Do you expect to be reimbursed for the value of the vehicle?		0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know			0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know			0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know			0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a x <input type="checkbox"/> Don't know													
d. How much will you receive for the vehicle?		0090 \$ _____ .00 x <input type="checkbox"/> Don't know			0090 \$ _____ .00 x <input type="checkbox"/> Don't know			0090 \$ _____ .00 x <input type="checkbox"/> Don't know			0090 \$ _____ .00 x <input type="checkbox"/> Don't know													
5a. Were there any outstanding loans on the vehicle when it was disposed of?		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle			0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle			0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle			0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle													
b. Were any final payments made on the loan?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next vehicle													
c. If YES – How much was the final payment?		0120 \$ _____ .00			0120 \$ _____ .00			0120 \$ _____ .00			0120 \$ _____ .00													
NOTES																								

Section 12 – VEHICLE OPERATING EXPENSES

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

Part A – Vehicle Maintenance and Repair, Parts, and Equipment

8 12 02 4 →

a				PROCESSING USE ONLY	b	c	d		e			f		g		h		i		j		k		PRE						
<div>Information Booklet, pages 29 and 30</div> <div>I will now ask about expenses for vehicle services, parts, and equipment. Please do not include expenses for vehicles used entirely for business.</div> <div>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?</div>					What was the expense for? Enter a brief description.	ENTER ITEM CODE from column a.	Did this expense include labor?		Which vehicle was it for? Describe briefly and enter the vehicle code from the vehicle code list.			In what month did you have this expense?		What was the total cost?		Did this include sales tax?		Has any of this expense or will any of it be reimbursed? If "No", go to column k.		IF YES – How much?		Did you have any other expenses for . . . ? If "No", go to next item in column a.		Description from column b	Month from column f	Cost from column g				
							YES	NO	Description	Vehicle code		Month	YES	NO	YES	NO	YES	NO	YES	NO										
<div>Oil change, lubrication, and oil filter</div> <div>Motor tune-up</div> <div>Brake work</div> <div>Battery purchases and installation</div> <div>Tire purchases and mounting</div> <div>Tire repair</div> <div>Front end alignment, wheel balancing and wheel rotation</div> <div>Steering or front-end work</div> <div>Electrical system work</div> <div>Engine repair or replacement</div> <div>Air conditioning work</div> <div>Engine cooling system work</div>					0010				1	2					\$.00	1	2	1	2	\$.00								
					0020				1	2					\$.00	1	2	1	2	\$.00								
					0030				1	2					\$.00	1	2	1	2	\$.00								
					0040				1	2					\$.00	1	2	1	2	\$.00								
					0050				1	2					\$.00	1	2	1	2	\$.00								
					0060				1	2					\$.00	1	2	1	2	\$.00								
				0070				1	2					\$.00	1	2	1	2	\$.00									
				0080				1	2					\$.00	1	2	1	2	\$.00									
				0090				1	2					\$.00	1	2	1	2	\$.00									
				0100				1	2					\$.00	1	2	1	2	\$.00									
				0110				1	2					\$.00	1	2	1	2	\$.00									
				0120				1	2					\$.00	1	2	1	2	\$.00									
				0130				1	2					\$.00	1	2	1	2	\$.00									
				0140				1	2					\$.00	1	2	1	2	\$.00									
				0150				1	2					\$.00	1	2	1	2	\$.00									
<div>2. FIELD REPRESENTATIVE CHECK ITEM</div> <div>Mark (X) box if there are no entries recorded in columns b–k.</div>				NOTES																			VEHICLE CODES							
1 12 01 1 ↓																							Automobile			100				
																							Truck			110				
																							Motorized camper			120				
																							Trailer camper			130				
																							Other attachable-type camper			140				
0010 999 Go to next page																							Motorcycle, scooter, or moped			150				
																							Boat, with motor			160				
																							Boat, without motor			170				
																							Trailer, other than camper such as for boat			180				
																							Private plane			190				
																							Any other vehicle			200				

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.

8 12 04 0 →

Section 12 – Part A

Section 12 – VEHICLE OPERATING EXPENSES – Continued

FIELD REPRESENTATIVE – Ask column a and complete columns b–f for each expense reported before going to next item in column a.

Part B – Licensing, Registration, and Inspection of Vehicles

3 12 26 4 →

[illegible]

Section 12 – VEHICLE OPERATING EXPENSES – Continued			
▶ Part C – Other Vehicle Operating Expenses		1 12 51 6 ↓	
1a. 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 \$.00 0 <input type="checkbox"/> None – Go to item 2a	4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for – a. 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 entirely for business. b. If YES – How much was paid, excluding any payments made this month? c. Towing charges, excluding contracted or pre-paid towing charges? d. If YES – How much was paid, excluding any payments made in the current month? e. Docking and landing fees for boats and planes? f. If YES – How much was paid, excluding any payments made in the current month?	0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c
b. Was any of this expense for the purchase of diesel fuel?	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1d		
c. If YES – How much?	0030 \$.00		0130 \$.00 0 <input type="checkbox"/> None
d. Was any of the average monthly cost counted as a business expense?	0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a		0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4e
e. How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$.00		0150 \$.00 0 <input type="checkbox"/> None
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any oil for operating vehicles, other than oil included with the purchase of an oil change? Do not include purchases for vehicles used entirely for business.	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a	5a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for auto repair service policies? Do not include service policies for vehicles used entirely for business. b. If YES – How much?	0160 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a
b. What was the total cost?	0070 \$.00		0170 \$.00 0 <input type="checkbox"/> None
c. Was any of this purchased this month?	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a		0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a
d. If YES – How much was purchased this month?	0090 \$.00		0190 \$.00
3a. 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a		0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section
b. What was the total cost of these purchases?	0110 \$.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? b. If YES – How much?	0210 \$.00
NOTES			

Section 13 – INSURANCE OTHER THAN HEALTH – Continued					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 CONSUMER UNITS ONLY				1 13 02 7 ↓ →		
Information Booklet, page 32		Insurance code	YES	NO	If YES – How many policies or plans does your CU have?	NOTES
1. Do you (or any members of your CU) have any –						
a. Life insurance or other policies which provide benefits in case of death or disability?		100	0010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0020 _____ Number	
b. Automobile or other vehicle insurance?		200	0030 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0040 _____ Number	
c. Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –						
(1) Homeowner’s insurance?		300	0050 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0060 _____ Number	
(2) Tenant’s insurance?		400	0070 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0080 _____ Number	
d. Other types of nonhealth insurance?		500	0090 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0100 _____ Number	
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?		0130 1 <input type="checkbox"/> Yes – Ask items 2b and 2c 2 <input type="checkbox"/> No – Go to item 3a				
b. What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a–d for each policy reported.		Insurance code		How many?		
c. How many?		0140			0150 _____ Number	
		0160			0170 _____ Number	
		0180			0190 _____ Number	
		0200			0210 _____ Number	
		0220			0230 _____ Number	
3a. 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 <input type="checkbox"/> Yes – Ask items 3b and 3c 2 <input type="checkbox"/> No – Go to item 4				
b. What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a–d for each policy reported.		Insurance code		How many?		
c. How many?		0310			0320 _____ Number	
		0330			0340 _____ Number	
		0350			0360 _____ Number	
		0370			0380 _____ Number	
		0390			0400 _____ Number	
4. FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each policy reported. Complete a column in part B for each discontinued policy. Be sure to mark the discontinued box, part B, item 1b.						

Section 13 – INSURANCE OTHER THAN HEALTH – Continued		<i>FIELD REPRESENTATIVE – Combine payments if more than one policy is held through the same company for the same type of insurance (for example: automobile insurance) and for the same time period.</i>			
Part B – Detailed Questions					
1. FIELD REPRESENTATIVE ITEM New CU's – Enter policy numbers in consecutive order beginning with 1. 2nd through 5th interviews – Enter the next available policy number from chart in part A.1.	PROCESSING USE ONLY	1 13 03 5 ↘	1 13 04 3 ↘	1 13 05 0 ↘	1 13 06 8 ↘
	a. POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
2a. What type of insurance is (was) it?		Description	Description	Description	Description
b. Enter insurance code from part A.1 or part A.2.		0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code	0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code	0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code	0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code
3. What is the name of the insurance company? Enter name of insurance company, not the insurance agent.		Insurance company name	Insurance company name	Insurance company name	Insurance company name
4. Ask only for insurance code 200 from item 2b. Describe briefly what vehicles are covered.		Description	Description	Description	Description
5a. Ask only for insurance code 300 from item 2b. Describe briefly the property this policy covers.		Description	Description	Description	Description
b. Enter property number from section 3, part B.		0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____
6a. Are the policy premiums paid . . . ?		0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy
b. Are any premiums paid through payroll deductions?		0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7. How often are premiums on this policy paid? Mark (X) the appropriate box.		0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘
8a. Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy? Enter the actual amount the CU paid, do not include any expenses paid for the CU by others.		0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy
b. Were any payments made this month?		0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
c. If YES – How much was paid this month?		0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00

Section 13 – INSURANCE OTHER THAN HEALTH – Continued		<i>FIELD REPRESENTATIVE – Combine payments if more than one policy is held through the same company for the same type of insurance (for example: automobile insurance) and for the same time period.</i>																			
Part B – Detailed Questions – Continued																					
1. FIELD REPRESENTATIVE ITEM New CU's – Enter policy numbers in consecutive order beginning with 1. 2nd through 5th interviews – Enter the next available policy number from chart in part A.1.	PROCESSING USE ONLY	1 13 07 6 ↘ ↗	1 13 08 4 ↘ ↗	1 13 09 2 ↘ ↗	1 13 10 0 ↘ ↗																
	a. POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number																
	b. DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>																
2a. What type of insurance is (was) it?		Description	Description	Description	Description																
b. Enter insurance code from part A.1 or part A.2.		0030 <table><tr><td></td><td></td><td></td><td></td></tr></table> Code					0030 <table><tr><td></td><td></td><td></td><td></td></tr></table> Code					0030 <table><tr><td></td><td></td><td></td><td></td></tr></table> Code					0030 <table><tr><td></td><td></td><td></td><td></td></tr></table> Code				
3. What is the name of the insurance company? Enter name of insurance company, not the insurance agent.		Insurance company name	Insurance company name	Insurance company name	Insurance company name																
4. Ask only for insurance code 200 from item 2b. Describe briefly what vehicles are covered.		Description	Description	Description	Description																
5a. Ask only for insurance code 300 from item 2b. Describe briefly the property this policy covers.		Description	Description	Description	Description																
b. Enter property number from section 3, part B.		0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____																
6a. Are the policy premiums paid . . . ?		0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy																
b. Are any premiums paid through payroll deductions?		0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																
7. How often are premiums on this policy paid? Mark (X) the appropriate box.		0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘ _____	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘ _____	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘ _____	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘ _____																
8a. Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy? Enter the actual amount the CU paid, do not include any expenses paid for the CU by others.		0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy																
b. Were any payments made this month?		0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy																
c. If YES – How much was paid this month?		0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00																

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE

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

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

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

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

814004→

HEALTH INSURANCE POLICY INVENTORY CHART

PROCESSING USE ONLY	a	b	c	d	e		f		g			h		i		j		k		l		m							
	Policy number	Insurance description from part B, item 4a	Type code from part B, item 4a	Name of insurance company from part B, item 2	Payroll deductions from part B, item 7.		Policy discontinued from part B, item 1b		Expenses reported in previous interview			Premium paid entirely by someone outside the CU from part B, item 6 (code 3 or 4)		Do you still have (policy)?		Since the 1st of (month, 3 months ago), were any payments made on this policy by any member of your CU? (Include those made by payroll deductions.) If NO – Go to next policy		Since the 1st of (month, 3 months ago), what was the total amount paid by CU members for this policy?		Were any payments made during the current month? If NO – Go to next policy or if last policy go to item 2a		If YES – How much was paid this month?							
					YES	NO	YES	NO	Enter payment from part B, item 8a or item 10 or 14A.1 column k	Enter time period covered from part B, item 8b	Enter payments made this month from part B, item 11b or 14A.1 column m	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO								
																							YES	NO					
0010	1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0020	2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0030	3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0040	4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0050	5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0060	6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0070	7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0080	8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0090	9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0100	10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0110	11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0120	12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00		\$		.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00

2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any (additional) health or hospitalization insurance?

b. If YES – How many policies did you buy? 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) made any payments for health insurance plans for persons outside of your CU?

b. If YES – How many policies did you buy? Complete a column in part B for each policy.

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.

114017↓

00101☐ Yes2☐ No – Go to item 3a

0020_____ Number

00301☐ Yes2☐ No – Go to next part

0040_____ Number

NOTES

Page 70

Section 14 – Part A.1

Page 70

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

FIELD REPRESENTATIVE – Ask items 1, 2, and 3 and complete part B for each policy reported. Complete part C for all CU's.

Part A.2 – Screening Questions – *FOR NEW CONSUMER UNITS ONLY* – Continued

1 14 02 5 ↓

[illegible]

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued						
Part B – Detailed Questions						
1. FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive order beginning with 1. 2nd thru 5th interviews – Enter policy number in consecutive order using the next available number in policy chart in part A.1.	PROCESSING USE ONLY	1 14 03 3 ↓	1 14 04 1 ↓	1 14 05 8 ↓	1 14 06 6 ↓	1 14 07 4 ↓
	a. POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
2. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. —————→ If Blue Cross/Blue Shield, Mark (X) box.	Insurance company name	Insurance company name	Insurance company name	Insurance company name	Insurance company name	Insurance company name
	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield
3. How many CU members are covered by this policy?	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None
4a. Information Booklet, page 32a What type of insurance plan is it? 1 – Health Maintenance Organization 3 – Commercial Medicare Supplement 2 – Fee for Service Plan 4 – Other special purpose plan	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5
b. If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses? Ask only if item 4a is "1."	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }
c. Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan Ask only if item 4a is "4."	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }
d. Is this special purpose insurance plan– 1 – Dental insurance? 4 – Mental health insurance? 2 – Vision insurance? 5 – Dread disease policy? 3 – Prescription drug insurance? 6 – Other type of special purpose health insurance?	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗ _____	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗ _____	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗ _____	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗ _____	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗ _____	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗ _____
5. Was the policy obtained on an individual or group basis? 1 – Individually obtained 3 – Group through other organization 2 – Group through place of employment	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
6. Are premiums paid – 1 – Entirely by CU members? 4 – Entirely by another group or person outside of the CU? 2 – Partially by CU members? 3 – Entirely by an employer or union?	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }
7. Are any of the premiums paid through payroll deductions?	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. What is your part of the regular health insurance payment, (including all payroll deductions)?	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00
b. What period of time is covered by the regular payment?	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter
9a. Since the 1st of (month, 3 months ago), were any payments made on this policy?	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
b. Was each payment in the amount of (regular payment amount reported in item 8a)?	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10
c. How many payments were made?	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a
Ask only if item 9b is "NO." 10. What was the total expense paid for this policy?	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00
11a. Were any payments made during the current month?	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
b. If YES – How much was paid during the current month?	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued						
Part B – Detailed Questions						
1. FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive order beginning with 1. 2nd thru 5th interviews – Enter policy number in consecutive order using the next available number in policy chart in part A.1.	PROCESSING USE ONLY	1 14 08 2 ↓	1 14 09 0 ↓	1 14 10 8 ↓	1 14 11 6 ↓	1 14 12 4 ↓
	a. POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
2. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. _____ If Blue Cross/Blue Shield, Mark (X) box.	Insurance company name	Insurance company name	Insurance company name	Insurance company name	Insurance company name	Insurance company name
	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	0030 1 <input type="checkbox"/> Blue Cross/Blue Shield
3. How many CU members are covered by this policy?		0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None
4a. Information Booklet, page 32a What type of insurance plan is it? 1 – Health Maintenance Organization 3 – Commercial Medicare Supplement 2 – Fee for Service Plan 4 – Other special purpose plan Ask only if item 4a is "1". b. If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses? Ask only if item 4a is "2." c. Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan Ask only if item 4a is "4." d. Is this special purpose insurance plan– 1 – Dental insurance? 4 – Mental health insurance? 2 – Vision insurance? 5 – Dread disease policy? 3 – Prescription drug insurance? 6 – Other type of special purpose health insurance?		0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b 4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5
		0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }
		0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }
		0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify ↗
5. Was the policy obtained on an individual or group basis? 1 – Individually obtained 3 – Group through other organization 2 – Group through place of employment		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
6. Are premiums paid – 1 – Entirely by CU members? 4 – Entirely by another group or person outside of the CU? 2 – Partially by CU members? 3 – Entirely by an employer or union?		0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }
7. Are any of the premiums paid through payroll deductions?		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. What is your part of the regular health insurance payment, including all payroll deductions?		0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00
b. What period of time is covered by the regular payment?		0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter
9a. Since the 1st of (month, 3 months ago), were any payments made on this policy?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
b. Was each payment in the amount of (regular payment amount reported in item 8a)?		0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10
c. How many payments were made?		0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a
Ask only if item 9b is "NO." 10. What was the total expense paid for this policy?		0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00
11a. Were any payments made during the current month?		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
b. If YES – How much was paid during the current month?		0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

FIELD REPRESENTATIVE – Ask part C for all CU's.

Part C – Medicare, Medicaid, and Other Health Insurance Plans Not Directly Paid For By The CU

1 14 51 2 ↓

[illegible]

NOTES

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.

[illegible]

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.

[illegible]

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

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

Part C – Screening Questions for Reimbursements				Part D – Reimbursements For Medical Expenses										4 15 07 5 →							
<div>Hand respondent Information Booklet, pages 33 and 34.</div> <div>Now I am going to ask you some questions about your reimbursements.</div> <div>By reimbursements I mean money received for any members of your CU from an insurance company, medical care provider, or non CU member, for medical expenses which you previously paid or will pay.</div> <div>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following? Read all bold items below.</div>				PROCESSING USE ONLY	a ENTER ITEM CODE from part C.	b				c		d		e		PRE					
						Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?				Always ask – In what month was (were) the reimbursement(s) received?		What was the amount of the reimbursements?		Did you receive any other reimbursement(s) for ...? If "No," go to next item in part C.		1	2	3	4		
						Care/service or item	Person's name	CU member YES | NO		Month			Care/service or item from column b	Name from column b	Month from column c Month		Total from column d				
<div>EYE CARE, such as</div> <div>Eye examinations, treatment, or surgery</div> <div>Purchase of eye glasses or contact lenses</div> <div>Combined eye care services</div> <div>DENTAL CARE</div> <div>INPATIENT HOSPITAL CARE, such as</div> <div>Hospital room</div> <div>Hospital services</div> <div>Combined hospital room and services</div> <div>SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS</div> <div>PHYSICIAN SERVICES</div> <div>Combined hospital care and physicians' services</div>	ITEM CODE	Reimburse-ments YES | NO		0010					1	2			\$		.00				\$		.00
				0020					1	2			\$		.00				\$		.00
				0030					1	2			\$		.00				\$		.00
				0040					1	2			\$		.00				\$		.00
				0050					1	2			\$		.00				\$		.00
				0060					1	2			\$		.00				\$		.00
				0070					1	2			\$		.00				\$		.00
				0080					1	2			\$		.00				\$		.00
				0090					1	2			\$		.00				\$		.00
				0100					1	2			\$		.00				\$		.00
				0110					1	2			\$		.00				\$		.00
				0120					1	2			\$		.00				\$		.00
				0130					1	2			\$		.00	NOTES					
				0140					1	2			\$		.00						
				0150					1	2			\$		.00						
			0160					1	2			\$		.00							
			0170					1	2			\$		.00							

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

FORM CE-302

Section 16 – EDUCATIONAL EXPENSES

7 16 02 7 →

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.

a				PROCESSING USE ONLY	b	c	d		e	f	g		h		i	j		PRE					
Information Booklet, page 36.			ITEM CODE		YES	NO	ENTER ITEM CODE from column a.	What was the expense for? <i>Describe briefly the expense.</i>	Who was it for? <i>If CU member, enter name and line number from Control Card. If someone outside CU, enter 99.</i>	Complete without asking if information is known. What kind of school was it? 1 – College or university 2 – Elementary or high school 3 – Child day care center 4 – Nursery school or preschool 5 – Other school <i>Mark (X) box</i>	In what month was the payment made?	How much was paid?	Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person?		If "Yes" in column h – How much was or will be reimbursed?	Did you make any other payments for . . . ? <i>If "No," go to next item in column a.</i>	1	2	3	4			
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					Name	Line No. or code				YES	NO							YES	NO	Item code from column b	Name from column d	Month from column f	Cost from column g
2. Have you (or any members of your CU) paid for nursery school or child day care centers for members of this CU or other persons?			200							Month													
3a. Have you (or any members of your CU) paid for any (other) school related expenses for members of this CU or other persons? b. If YES – Did you pay for – Tuition? Housing while attending school? Food or board while attending school? <i>Use only if unable to separate – Combined room and board (Codes 310 and 320) . . .</i>			300			0010																	
						0020																	
						0030																	
						0040																	
						0050																	
			0060																				
			0070																				
			0080																				
			0090																				
			0100																				
			0110																				
4. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–j.</i>	1 16 01 2 ↓			0120																			
	0010 999 <input type="checkbox"/> Go to next page			0130																			
				0140																			
				0150																			

Section 16 – EDUCATIONAL EXPENSES – Continued

7 16 04 3 →

[illegible]

NOTES

NOTES

Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS,
AND ENTERTAINMENT EXPENSES

FIELD REPRESENTATIVE – Ask column a and complete columns b–g for each item before going to the next item.

Part A – Subscriptions and Memberships

4 17 02 2 →

a				PROCESSING USE ONLY	b		c		d		e		f			g		PRE				NOTES	
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following for your own use?					ENTER ITEM CODE from column a.	What is the name of the (subscription, club, or organization reported in column a)?		Mark (X) the appropriate box.		What was the total cost during this period? (Include shipping and handling fees.)		How much of this amount was paid this month?			Did you purchase any other. . . ? If "No," go to next item in column a.		1	2	3	4			
FIELD REPRESENTATIVE – Read each item listed below.						Enter name such as "Daily News," "Redbook," "Columbia Record Club," and "Book of the Month Club."											COST		Description from column c	Item code from column b	Total from column e		This month from column f
ITEM CODE	YES	NO																None						YES	NO	None
Newspaper delivery . . .				100					OWN USE	GIFT													
Books purchased from a book club				200	0010				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
Compact discs, tapes, videos, or records purchased from a mail-order club				300	0020				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
					0030				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
Magazine or periodical subscriptions				400	0040				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
					0050				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
Theater, concert, opera, or other musical series, season tickets				500	0060				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
					0070				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
Season tickets to sporting events				600	0080				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
Reference books NOT in sets				900	0090				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
					0100				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
Encyclopedias or other sets of reference books				700	0110				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
2a. Have you (or any members of your CU) purchased any of these as a gift to someone outside the CU? ☐ YES ☐ NO – Go to item 3					0120				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
					0130				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
If YES –					0140				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
b. What was purchased?					0150				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
Complete a separate line for each gift purchased.					0160				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
					0170				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
3. FIELD REPRESENTATIVE CHECK ITEM					0180				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
Mark (X) box if there are no entries recorded in columns b–g.					0190				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	
					0200				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00	

Page 84

Section 17 – Part A

Page 84

Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS,
AND ENTERTAINMENT EXPENSES – Continued

FIELD REPRESENTATIVE – Ask column a and complete columns b–g for each item before going to the next item.

Part A – Subscriptions and Memberships – Continued

4 17 04 8 →

a				PROCESSING USE ONLY	b			c			d		e		f			g		PRE				NOTES
4. Have you (or any members of your CU) had any membership costs or other expenses related to any of the following? <i>Do not include contributions to or membership in religious, professional, business, or other tax deductible organizations.</i>					ENTER ITEM CODE from column a.	What is the name of the (subscription, club, or organization reported in column a)? <i>Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor Club."</i>			Mark (X) the appropriate box.	What was the total cost during this period?	How much of this amount was paid this month?			Did you purchase any other. . . ? <i>If "No," go to next item in column a.</i>	1	2	3		4					
FIELD REPRESENTATIVE – Read each item listed below.						OWN USE	GIFT	None			YES	NO	Description from column c				Item code from column b	COST						
ITEM CODE	YES	NO	Total from column e															This month from column f						
Country clubs, health clubs, swimming pools, tennis clubs, social or other recreational organizations	800			0010					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0020					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
Civic, service, or fraternal organizations	810			0030					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0040					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
Credit card memberships	820			0050					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0060					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
Automobile service clubs	830			0070					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
5a. Have you (or any members of your CU) purchased any memberships as a gift to someone outside the CU? <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 6				0080					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0090					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
If YES –				0100					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
b. What memberships were purchased? <i>Complete a separate line for each gift membership.</i>				0110					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0120					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0130					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
6. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–g.</i>				0140					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0150					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0160					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
NOTES				0170					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0180					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0190					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0200					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	\$	.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	

Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES – Continued

Part B – Books and Entertainment Expenses

1 17 26 7 ↓

[illegible]

NOTES

Section 18 – TRIPS AND VACATIONS

FIELD REPRESENTATIVE – Ask part A items 1–7, filling in item 8 for each trip or set of identical trips reported. Identical trips are trips taken in the SAME month to the SAME destination which are reimbursed to the SAME degree (i.e., entirely vs. partially paid for by CU).

Part A – Screening Questions

1 18 00 0 ↓

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 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?

b. If YES – How many trips like this did you have?

0010

1 ☐ Yes
2 ☐ No – Go to item 2

2. Last interview you reported _____ trip(s) which had not yet ended. I’d like to ask about that trip (those trips) now.

0020

_____ Trips
Go to item 2

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?

b. If YES – How many trips were taken to visit relatives or friends?

0030

1 ☐ Yes
2 ☐ No – Go to item 4a

4a. (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?

b. If YES – How many trips were taken for business?

0050

1 ☐ Yes
2 ☐ No – Go to item 5a

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?

b. If YES – How many trips were taken for these reasons?

0070

1 ☐ Yes
2 ☐ No – Go to item 6a

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?

b. If YES – How many trips were taken for these reasons?

0090

1 ☐ Yes
2 ☐ No – Go to item 7a

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?

b. If YES – How many such trips were taken?

0110

1 ☐ Yes
2 ☐ No – Go to item 9

0120

_____ Trips
Ask items 8c–8i for each trip reported

1 18 01 8 ↓ ↗

8. Ask columns c–i for each trip reported in items 2–7b. Do not record any trip more than once. Trips reported in item 1b will be recorded in part D.

a	b	c	d	e	f	g	h	i
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 (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?
<input type="checkbox"/>	1	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> 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.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
		1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State					
		Foreign country						
<input type="checkbox"/>	2	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> 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.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
		1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State					
		Foreign country						
<input type="checkbox"/>	3	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> 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.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
		1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State					
		Foreign country						
<input type="checkbox"/>	4	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> 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.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
		1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	State					
		Foreign country						

9. TRIP TALLY CHART

• For trips ENTIRELY paid for by someone outside the CU, complete one part D.

• For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip.

Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)
1	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	5	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
2	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	6	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
3	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	7	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
4	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	8	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C

PRE

1	2
Destination	Month ended

Page 88

Section 18 – Part A

Page 88

Section 18 – TRIPS AND VACATIONS – Continued										
▶ Part A – Screening Questions – Continued			1 18 02 6 ↴							
NOTES		8. Ask columns c–i for each trip reported in items 2–7b. Do not record any trip more than once. Trips reported in item 1b will be recorded in part D.								
		a	b	c	d	e	f	g	h	i
		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 (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?
		<input type="checkbox"/>	5	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<div><input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip</div> <div><input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</div>	_____ 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 – Enter trip I.D. No. below _____ Trip identification No.
1 <input type="checkbox"/> 3b (relatives or friends)										
2 <input type="checkbox"/> 4b (business)										
3 <input type="checkbox"/> 5b (sightseeing, sports, etc.)										
		<input type="checkbox"/>	6	4 <input type="checkbox"/> 6b (any others)	State	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<div><input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip</div> <div><input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</div>	_____ 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 – Enter trip I.D. No. below _____ Trip identification No.
5 <input type="checkbox"/> 7b (day trips)										
		<input type="checkbox"/>	7	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<div><input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip</div> <div><input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</div>	_____ 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 – Enter trip I.D. No. below _____ Trip identification No.
1 <input type="checkbox"/> 3b (relatives or friends)										
2 <input type="checkbox"/> 4b (business)										
3 <input type="checkbox"/> 5b (sightseeing, sports, etc.)										
		<input type="checkbox"/>	8	4 <input type="checkbox"/> 6b (any others)	State	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<div><input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip</div> <div><input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</div>	_____ 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 – Enter trip I.D. No. below _____ Trip identification No.
5 <input type="checkbox"/> 7b (day trips)										
		9. TRIP TALLY CHART – Continued							NOTES	
		<div>• For trips ENTIRELY paid for by someone outside the CU, complete one part D.</div> <div>• For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip.</div>								
		Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)			
		9	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	13	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			
		10	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	14	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			
		11	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	15	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			
		12	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	16	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part B for trips paid for entirely by CU. (Ask all questions in part B first for one trip or set of identical trips before asking questions in this part about other trips.)

Part B – Trips Paid Entirely By CU

1. FIELD REPRESENTATIVE ITEM

In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.

f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.

g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?

PROCESSING USE ONLY

1 18 34 9 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . .

0080 Lodging

0090 Transportation

0100 Anything else ➤

Specify

Yes

No

DK

1

2

x

1

2

x

1

2

x

1

2

x

c. How much did you (or any members of your CU) pay for the package deal?

0110 \$.00

NOTES

Hand respondent Information Booklet, page 37.

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.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

3b. 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

0290 01 \$.00 0 None

0300 02 \$.00 0 None

0310 03 \$.00 0 None

0320 04 \$.00 0 None

0330 05 \$.00 0 None

RENTED

0340 06 \$.00 0 None

0350 07 \$.00 0 None

0360 08 \$.00 0 None

0370 09 \$.00 0 None

0380 10 \$.00 0 None

0390 11 \$.00 0 None

0400 12 \$.00 0 None

4. 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 90

Section 18 – Part B

Page 90

Section 18 – TRIPS AND VACATIONS – Continued																																		
▶ Part B – Trips Paid Entirely by CU – Continued			1 18 35 6 ↓				NOTES																											
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?			0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.)					0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
b. How much did you (or any members of your CU) spend for that?			0020 \$.00		If YES – b. How much did you (or any members of your CU) pay?			0200 \$.00																										
c. While on the trip, did you (or any members of your CU) spend anything for tolls?			0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)			0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																										
If YES – d. How much did you (or any members of your CU) spend for tolls?			0040 \$.00		If YES – b. How much did you (or any members of your CU) spend?			0220 \$.00																										
e. Did you (or any members of your CU) have any parking fees?			0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?			0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																										
If YES – f. How much were they?			0060 \$.00		If YES – b. How much were these expenses?			0240 \$.00																										
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 covered)?			0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		13a. You’ve told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?			0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																										
If YES – b. What was the cost, including taxes and tips?			0080 \$.00		b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.			<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>0260 Food and beverages . . .</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0270 Lodging</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0280 Transportation</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0290 Other expenses</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr></table>			YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>					
	YES	NO	DK																															
0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																															
0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																															
0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																															
0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																															
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?			0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		c. How much of the total expenses for this trip were for persons outside your CU?			0300 \$.00																										
If YES – b. What was the cost, including taxes and tips?			0100 \$.00		14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.			0310 \$.00																										
c. Was any of the (amount in item 7b) for alcoholic beverages?			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		b. Does this (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.			<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>0320 Food and beverages . . .</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0330 Lodging</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0340 Transportation</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0350 Other expenses</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0360 Expenses for others . . .</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr></table>			YES	NO	DK	0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
	YES	NO	DK																															
0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																															
0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																															
0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																															
0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																															
0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																															
If YES – d. What was the cost for alcoholic beverages, including taxes and tips?			0120 \$.00		GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																													
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?			0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																															
If YES – b. What were the expenses, including taxes?			0140 \$.00																															
c. Was any of the (amount in item 8b) for alcoholic beverages?			0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																															
If YES – d. What was the cost for alcoholic beverages, including taxes?			0160 \$.00																															
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.)			0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																															
If YES – b. How much did you (or any members of your CU) pay to rent sports equipment?			0180 \$.00																															

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part B for trips paid for entirely by CU. (Ask all questions in part B first for one trip or set of identical trips before asking questions in this part about other trips.)

Part B – Trips Paid Entirely By CU – Continued

1. FIELD REPRESENTATIVE ITEM

In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.

f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.

g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?

PROCESSING USE ONLY

1 18 36 4 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . .

0080 Lodging

0090 Transportation

0100 Anything else ➤

Specify_____

Yes

No

DK

1

2

x

1

2

x

1

2

x

1

2

x

c. How much did you (or any members of your CU) pay for the package deal?

0110 \$.00

NOTES

Hand respondent Information Booklet, page 37.

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.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

4. 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.

3b. 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

0290 01 \$.00 0 None

0300 02 \$.00 0 None

0310 03 \$.00 0 None

0320 04 \$.00 0 None

0330 05 \$.00 0 None

RENTED

0340 06 \$.00 0 None

0350 07 \$.00 0 None

0360 08 \$.00 0 None

0370 09 \$.00 0 None

0380 10 \$.00 0 None

0390 11 \$.00 0 None

0400 12 \$.00 0 None

Page 91a

Section 18 – Part B (Continued)

Page 91a

Section 18 – TRIPS AND VACATIONS – Continued									
▶ Part B – Trips Paid Entirely by CU – Continued		1 18 37 2 ↓						NOTES	
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?		0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.)				0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a	
b. How much did you (or any members of your CU) spend for that?		0020 \$.00		If YES – b. How much did you (or any members of your CU) pay?				0200 \$.00	
c. While on the trip, did you (or any members of your CU) spend anything for tolls?		0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)				0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a	
If YES – d. How much did you (or any members of your CU) spend for tolls?		0040 \$.00		If YES – b. How much did you (or any members of your CU) spend?				0220 \$.00	
e. Did you (or any members of your CU) have any parking fees?		0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?				0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a	
If YES – f. How much were they?		0060 \$.00		If YES – b. How much were these expenses?				0240 \$.00	
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 covered)?		0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		13a. You’ve told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?				0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D	
If YES – b. What was the cost, including taxes and tips?		0080 \$.00		b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.				YES NO DK 0260 Food and beverages . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0270 Lodging 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0280 Transportation 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0290 Other expenses 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		c. How much of the total expenses for this trip were for persons outside your CU?				0300 \$.00	
If YES – b. What was the cost, including taxes and tips?		0100 \$.00		14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.				0310 \$.00	
c. Was any of the (amount in item 7b) for alcoholic beverages?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		b. Does this (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.				YES NO DK 0320 Food and beverages . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0330 Lodging 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0340 Transportation 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0350 Other expenses 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0360 Expenses for others . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>	
If YES – d. What was the cost for alcoholic beverages, including taxes and tips?		0120 \$.00		GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.					
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a							
If YES – b. What were the expenses, including taxes?		0140 \$.00							
c. Was any of the (amount in item 8b) for alcoholic beverages?		0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a							
If YES – d. What was the cost for alcoholic beverages, including taxes?		0160 \$.00							
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.)		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a							
If YES – b. How much did you (or any members of your CU) pay to rent sports equipment?		0180 \$.00							

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part B for trips paid for entirely by CU. (Ask all questions in part B first for one trip or set of identical trips before asking questions in this part about other trips.)

Part B – Trips Paid Entirely By CU – Continued

1. FIELD REPRESENTATIVE ITEM

In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.

f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.

g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?

PROCESSING USE ONLY

1 18 38 0 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . .

0080 Lodging

0090 Transportation

0100 Anything else ➤

Specify_____

Yes

No

DK

1

2

x

1

2

x

1

2

x

1

2

x

c. How much did you (or any members of your CU) pay for the package deal?

0110 \$.00

NOTES

Hand respondent Information Booklet, page 37.

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.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

4. 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.

3b. 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

0290 01 \$.00 0 None

0300 02 \$.00 0 None

0310 03 \$.00 0 None

0320 04 \$.00 0 None

0330 05 \$.00 0 None

RENTED

0340 06 \$.00 0 None

0350 07 \$.00 0 None

0360 08 \$.00 0 None

0370 09 \$.00 0 None

0380 10 \$.00 0 None

0390 11 \$.00 0 None

0400 12 \$.00 0 None

Page 91c

Section 18 – Part B (Continued)

Page 91c

Section 18 – TRIPS AND VACATIONS – Continued												
▶ Part B – Trips Paid Entirely by CU – Continued			1 18 39 8 ↓				NOTES					
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?			0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.)					0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a		
b. How much did you (or any members of your CU) spend for that?			0020 \$.00		If YES – b. How much did you (or any members of your CU) pay?					0200 \$.00		
c. While on the trip, did you (or any members of your CU) spend anything for tolls?			0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)					0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a		
If YES – d. How much did you (or any members of your CU) spend for tolls?			0040 \$.00		If YES – b. How much did you (or any members of your CU) spend?					0220 \$.00		
e. Did you (or any members of your CU) have any parking fees?			0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?					0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a		
If YES – f. How much were they?			0060 \$.00		If YES – b. How much were these expenses?					0240 \$.00		
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 covered)?			0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		13a. You’ve told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?					0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D		
If YES – b. What was the cost, including taxes and tips?			0080 \$.00		b. Did these expenses include anything for . . .? FIELD REPRESENTATIVE – Read each item listed.					YES NO DK 0260 Food and beverages . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0270 Lodging 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0280 Transportation 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0290 Other expenses 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>		
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?			0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		c. How much of the total expenses for this trip were for persons outside your CU?					0300 \$.00		
If YES – b. What was the cost, including taxes and tips?			0100 \$.00		14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.			0310 \$.00				
c. Was any of the (amount in item 7b) for alcoholic beverages?			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		b. Does this (amount) include anything for . . .? FIELD REPRESENTATIVE – Read each item listed.			YES NO DK 0320 Food and beverages . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0330 Lodging 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0340 Transportation 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0350 Other expenses 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0360 Expenses for others . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>				
If YES – d. What was the cost for alcoholic beverages, including taxes and tips?			0120 \$.00		GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.							
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?			0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a									
If YES – b. What were the expenses, including taxes?			0140 \$.00									
c. Was any of the (amount in item 8b) for alcoholic beverages?			0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a									
If YES – d. What was the cost for alcoholic beverages, including taxes?			0160 \$.00									
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.)			0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a									
If YES – b. How much did you (or any members of your CU) pay to rent sports equipment?			0180 \$.00									

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part B for trips paid for entirely by CU. (Ask all questions in part B first for one trip or set of identical trips before asking questions in this part about other trips.)

Part B – Trips Paid Entirely By CU – Continued

1. FIELD REPRESENTATIVE ITEM

In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

PROCESSING USE ONLY

1 18 40 6 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.

f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.

g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?

0050 Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

0060 1 Yes 2 No – Go to item 3a

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . .

0080 Lodging

0090 Transportation

0100 Anything else ➤

Specify_____

Yes

No

DK

1

2

x

1

2

x

1

2

x

1

2

x

c. How much did you (or any members of your CU) pay for the package deal?

0110 \$.00

NOTES

Hand respondent Information Booklet, page 37.

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.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

4. 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.

3b. 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

0290 01 \$.00 0 None

0300 02 \$.00 0 None

0310 03 \$.00 0 None

0320 04 \$.00 0 None

0330 05 \$.00 0 None

RENTED

0340 06 \$.00 0 None

0350 07 \$.00 0 None

0360 08 \$.00 0 None

0370 09 \$.00 0 None

0380 10 \$.00 0 None

0390 11 \$.00 0 None

0400 12 \$.00 0 None

Page 91e

Section 18 – Part B (Continued)

Page 91e

Section 18 – TRIPS AND VACATIONS – Continued												
▶ Part B – Trips Paid Entirely by CU – Continued			1 18 41 4 ↓							NOTES		
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?			0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.)					0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a	
b. How much did you (or any members of your CU) spend for that?			0020 \$.00			If YES – b. How much did you (or any members of your CU) pay?					0200 \$.00	
c. While on the trip, did you (or any members of your CU) spend anything for tolls?			0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e			11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)					0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a	
If YES – d. How much did you (or any members of your CU) spend for tolls?			0040 \$.00			If YES – b. How much did you (or any members of your CU) spend?					0220 \$.00	
e. Did you (or any members of your CU) have any parking fees?			0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a			12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?					0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a	
If YES – f. How much were they?			0060 \$.00			If YES – b. How much were these expenses?					0240 \$.00	
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 covered)?			0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a			13a. You’ve told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?					0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D	
If YES – b. What was the cost, including taxes and tips?			0080 \$.00			b. Did these expenses include anything for . . .? FIELD REPRESENTATIVE – Read each item listed.					YES NO DK 0260 Food and beverages . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0270 Lodging 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0280 Transportation 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0290 Other expenses 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?			0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a			c. How much of the total expenses for this trip were for persons outside your CU?					0300 \$.00	
If YES – b. What was the cost, including taxes and tips?			0100 \$.00			14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.				0310 \$.00		
c. Was any of the (amount in item 7b) for alcoholic beverages?			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a			b. Does this (amount) include anything for . . .? FIELD REPRESENTATIVE – Read each item listed.				YES NO DK 0320 Food and beverages . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0330 Lodging 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0340 Transportation 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0350 Other expenses 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0360 Expenses for others . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>		
If YES – d. What was the cost for alcoholic beverages, including taxes and tips?			0120 \$.00			GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.						
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?			0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a									
If YES – b. What were the expenses, including taxes?			0140 \$.00									
c. Was any of the (amount in item 8b) for alcoholic beverages?			0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a									
If YES – d. What was the cost for alcoholic beverages, including taxes?			0160 \$.00									
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.)			0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a									
If YES – b. How much did you (or any members of your CU) pay to rent sports equipment?			0180 \$.00									

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.)

1. FIELD REPRESENTATIVE ITEM

In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

PROCESSING USE ONLY

1 77 01 4 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.

f. You told me that someone outside your CU paid for part of the trip(s) you (your CU) took to (trip destination). In the next questions I’m interested only in the costs you (your CU) had to pay, not those paid or to be paid by a business or employer. If day trip, go to item 2a.

g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . .

0080 Lodging

0090 Transportation

0100 Anything else

Specify_____

Yes

No

DK

1

2

x

1

2

x

1

2

x

1

2

x

c. How much did you (or any members of your CU) pay for the package deal?

0110 \$.00

NOTES

Hand respondent Information Booklet, page 37.

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.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

3b. 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

0290 01 \$.00 0 None

0300 02 \$.00 0 None

0310 03 \$.00 0 None

0320 04 \$.00 0 None

0330 05 \$.00 0 None

RENTED

0340 06 \$.00 0 None

0350 07 \$.00 0 None

0360 08 \$.00 0 None

0370 09 \$.00 0 None

0380 10 \$.00 0 None

0390 11 \$.00 0 None

0400 12 \$.00 0 None

4. 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 92

Section 18 – Part C

Page 92

Section 18 – TRIPS AND VACATIONS – Continued																																	
▶ Part C – Partially Reimbursed Trips – Continued		1 77 02 2 ↓						NOTES																									
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?		0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.)				0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																									
b. What costs for gasoline or other fuels won't be reimbursed?		0020 \$ _____ .00 0 <input type="checkbox"/> None		If YES – b. What costs for playing sports won't be reimbursed?				0200 \$ _____ .00 0 <input type="checkbox"/> None																									
c. While on the trip, did you (or any members of your CU) spend anything for tolls?		0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)				0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																									
If YES – d. What costs for tolls won't be reimbursed?		0040 \$ _____ .00 0 <input type="checkbox"/> None		If YES – b. What costs for entertainment and admissions won't be reimbursed?				0220 \$ _____ .00 0 <input type="checkbox"/> None																									
e. Did you (or any members of your CU) have any parking fees?		0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?				0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																									
If YES – f. What costs for parking fees won't be reimbursed?		0060 \$ _____ .00 0 <input type="checkbox"/> None		If YES – b. What costs for these things won't be reimbursed?				0240 \$ _____ .00 0 <input type="checkbox"/> None																									
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 covered)?		0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?				0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																									
If YES – b. What costs for lodging, including taxes and tips, won't be reimbursed?		0080 \$ _____ .00 0 <input type="checkbox"/> None		b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.				<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>0260 Food and beverages . . .</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0270 Lodging</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0280 Transportation</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0290 Other expenses</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr></table>			YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
	YES	NO	DK																														
0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																														
0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																														
0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																														
0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																														
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?				0300 \$ _____ .00																									
If YES – b. What costs for these things won't be reimbursed?		0100 \$ _____ .00 0 <input type="checkbox"/> None		14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here.				0310 \$ _____ .00																									
c. Was any of the (amount in item 7b) for alcoholic beverages?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		b. Does this (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.				<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>0320 Food and beverages . . .</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0330 Lodging</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0340 Transportation</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0350 Other expenses</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr><tr><td>0360 Expenses for others . . .</td><td>1 <input type="checkbox"/></td><td>2 <input type="checkbox"/></td><td>x <input type="checkbox"/></td></tr></table>			YES	NO	DK	0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
	YES	NO	DK																														
0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																														
0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																														
0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																														
0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																														
0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																														
If YES – d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?		0120 \$ _____ .00 0 <input type="checkbox"/> None		GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																													
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																															
If YES – b. What costs, including taxes, won't be reimbursed?		0140 \$ _____ .00 0 <input type="checkbox"/> None																															
c. Was any of the (amount in item 8b) for alcoholic beverages?		0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																															
If YES – d. What cost for alcoholic beverages, including taxes, won't be reimbursed?		0160 \$ _____ .00 0 <input type="checkbox"/> None																															
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.)		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																															
If YES – b. What costs for renting sports equipment won't be reimbursed?		0180 \$ _____ .00 0 <input type="checkbox"/> None																															

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.)

Part C – Partially Reimbursed Trips – Continued

1. FIELD REPRESENTATIVE ITEM

In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.

PROCESSING USE ONLY

1 77 03 0 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.

f. You told me that someone outside your CU paid for part of the trip(s) you (your CU) took to (trip destination). In the next questions I’m interested only in the costs you (your CU) had to pay, not those paid or to be paid by a business or employer. If day trip, go to item 2a.

g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?

0050 Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

0060 1 ☐ Yes
2 ☐ No – Go to item 3a

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . .

1 ☐ 2 ☐ x ☐

0080 Lodging

1 ☐ 2 ☐ x ☐

0090 Transportation

1 ☐ 2 ☐ x ☐

0100 Anything else ☒

1 ☐ 2 ☐ x ☐

Specify_____

c. How much did you (or any members of your CU) pay for the package deal?

0110 \$.00

NOTES

Hand respondent Information Booklet, page 37.

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.

PROBE – Any other kinds of transportation on this trip?

If no codes 1–12 marked, go to item 4.

COMMERCIAL

0120 01 ☐ Local (taxi, etc.)

0130 02 ☐ Airplane

0140 03 ☐ Train

0150 04 ☐ Bus

0160 05 ☐ Ship

RENTED

0170 06 ☐ Car, jeep

0180 07 ☐ Truck, van

0190 08 ☐ Motorcycle, moped

0200 09 ☐ Private plane

0210 10 ☐ Boat, trailer

0220 11 ☐ Camper

0230 12 ☐ Other vehicles

PRIVATE

0240 13 ☐ Car owned by CU

0250 14 ☐ Vehicle leased by CU

0260 15 ☐ Other vehicle owned by CU

0270 16 ☐ Vehicle owned by someone else

0280 17 ☐ Other transport

4. 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.

3b. 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

0290 01 \$.00 0 ☐ None

0300 02 \$.00 0 ☐ None

0310 03 \$.00 0 ☐ None

0320 04 \$.00 0 ☐ None

0330 05 \$.00 0 ☐ None

RENTED

0340 06 \$.00 0 ☐ None

0350 07 \$.00 0 ☐ None

0360 08 \$.00 0 ☐ None

0370 09 \$.00 0 ☐ None

0380 10 \$.00 0 ☐ None

0390 11 \$.00 0 ☐ None

0400 12 \$.00 0 ☐ None

Page 93a

Section 18 – Part C (Continued)

Page 93a

Section 18 – TRIPS AND VACATIONS – Continued									
▶ Part C – Partially Reimbursed Trips – Continued		1 77 04 8 ↓						NOTES	
5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?		0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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.)				0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a	
b. What costs for gasoline or other fuels won't be reimbursed?		0020 \$.00 0 <input type="checkbox"/> None		If YES – b. What costs for playing sports won't be reimbursed?				0200 \$.00 0 <input type="checkbox"/> None	
c. While on the trip, did you (or any members of your CU) spend anything for tolls?		0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)				0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a	
If YES – d. What costs for tolls won't be reimbursed?		0040 \$.00 0 <input type="checkbox"/> None		If YES – b. What costs for entertainment and admissions won't be reimbursed?				0220 \$.00 0 <input type="checkbox"/> None	
e. Did you (or any members of your CU) have any parking fees?		0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?				0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a	
If YES – f. What costs for parking fees won't be reimbursed?		0060 \$.00 0 <input type="checkbox"/> None		If YES – b. What costs for these things won't be reimbursed?				0240 \$.00 0 <input type="checkbox"/> None	
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 covered)?		0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?				0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D	
If YES – b. What costs for lodging, including taxes and tips, won't be reimbursed?		0080 \$.00 0 <input type="checkbox"/> None		b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.				YES NO DK 0260 Food and beverages . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0270 Lodging 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0280 Transportation 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0290 Other expenses 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>	
7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?				0300 \$.00	
If YES – b. What costs for these things won't be reimbursed?		0100 \$.00 0 <input type="checkbox"/> None		14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here.				0310 \$.00	
c. Was any of the (amount in item 7b) for alcoholic beverages?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		b. Does this (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.				YES NO DK 0320 Food and beverages . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0330 Lodging 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0340 Transportation 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0350 Other expenses 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/> 0360 Expenses for others . . . 1 <input type="checkbox"/> 2 <input type="checkbox"/> x <input type="checkbox"/>	
If YES – d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?		0120 \$.00 0 <input type="checkbox"/> None		GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.					
8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a							
If YES – b. What costs, including taxes, won't be reimbursed?		0140 \$.00 0 <input type="checkbox"/> None							
c. Was any of the (amount in item 8b) for alcoholic beverages?		0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a							
If YES – d. What cost for alcoholic beverages, including taxes, won't be reimbursed?		0160 \$.00 0 <input type="checkbox"/> None							
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.)		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a							
If YES – b. What costs for renting sports equipment won't be reimbursed?		0180 \$.00 0 <input type="checkbox"/> None							

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Complete item 1 for all CU's.

Part D – 100% Reimbursed Trips

1 77 67 5 ↓

NOTES

1. FIELD REPRESENTATIVE CHECK ITEM
Enter number of trips ENTIRELY paid for by
NON-CU member from part A, item 1a or 1b.

0010 _____ Trips
o ☐ None – Go to part E

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 – *Go to part E*

b. Did these expenses include anything for – ?

FIELD REPRESENTATIVE – Read each item listed.

0030 Food and beverages . . .

YES	NO	DK
-----	----	----

1 | 2 | x

0040 Lodging

1 | 2 | x

0050 Transportation

1 | 2 | x

0060 Anything else – Specify 

1 | 2 | x

C. What was the total amount for these expenses?

0070 \$.00

GO TO PART E

Section 18 – TRIPS AND VACATIONS – Continued				FIELD REPRESENTATIVE – Ask part E for all CU’s.			
▶ Part E – Trip Expenses for Non-CU Members		1 77 68 3 ↓					
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?		<div>0010</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part F					
If Yes –		<div>0020</div> _____ Trips					
b. How many trips was that?							
c. Did these expenses include anything for – ? FIELD REPRESENTATIVE – Read each item listed.		YES		NO		DK	
		<div>0030</div> Food and beverages . . .		1 <input type="checkbox"/> 2 <input type="checkbox"/>		x <input type="checkbox"/>	
		<div>0040</div> Lodging		1 <input type="checkbox"/> 2 <input type="checkbox"/>		x <input type="checkbox"/>	
		<div>0050</div> Transportation		1 <input type="checkbox"/> 2 <input type="checkbox"/>		x <input type="checkbox"/>	
		<div>0060</div> Anything else – Specify ↴ _____		1 <input type="checkbox"/> 2 <input type="checkbox"/>		x <input type="checkbox"/>	
d. What was the total amount that you (your CU) paid for that trip (those trips)?		<div>0070</div> \$ _____ <div>.00</div>					
GO TO PART F							

Section 18 – TRIPS AND VACATIONS – Continued

FIELD REPRESENTATIVE – Ask part F for all CU’s.
(Ask all questions in this part for one stay before asking about other stays.)

Part F – Local Overnight Stays

177691↓

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?

00101☐ Yes
2☐ No – Go to next section

2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?

0020_____Nights

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?

00301☐ Yes
2☐ No – Go to item 4a

b. Ask for each item – Did the package deal include anything for . . .?

FIELD REPRESENTATIVE – Read each item listed.

0040Food and beverages

0050Lodging

0060Entertainment

0070Anything else – Specify *z*

YES

NO

DK

c. How much did you (or any members of your CU) pay for the package deal?

0080\$.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)?

00901☐ Yes
2☐ No – Go to item 5a

b. What was the cost, including taxes and tips?

0100\$.00

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)?

01101☐ Yes
2☐ No – Go to item 6a

b. What was the cost, including taxes and tips?

0120\$.00

c. Was any of the (amount in item 5b) for alcoholic beverages?

01301☐ Yes
2☐ No – Go to item 6a

d. What was the cost for alcoholic beverages, including taxes and tips?

0140\$.00

6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?

01501☐ Yes
2☐ No – Go to item 7a

b. What were the expenses, including taxes?

0160\$.00

c. Was any of the (amount in item 6b) for alcoholic beverages?

01701☐ Yes
2☐ No – Go to item 7a

d. What was the cost for alcoholic beverages, including taxes?

0180\$.00

7a. (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)?

01901☐ Yes
2☐ No – Go to item 8

b. How much did you (or any members of your CU) pay?

0200\$.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

Did the (amount) include anything for . . .?

FIELD REPRESENTATIVE – Read each item listed.

0220Food and beverages

0230Lodging

0240Entertainment

0250Other expenses

YES

NO

DK

9. Did you (or any members of your CU) have any other stays at local hotels or motels?

02601☐ Yes – Complete part F for each stay
2☐ No – Go to next section

NOTES

Page 96

Section 18 – Part F

Page 96

Section 18 – TRIPS AND VACATIONS – Continued					FIELD REPRESENTATIVE – Ask part F for all CU’s. (Ask all questions in this part for one stay before asking about other stays.)				
Part F – Local Overnight Stays – Continued			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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section						
2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?			0020 _____Nights						
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a						
b. Ask for each item – Did the package deal include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.					YES	NO	DK		
0040 Food and beverages			1 <input type="checkbox"/>		2 <input type="checkbox"/>	x <input type="checkbox"/>			
0050 Lodging			1 <input type="checkbox"/>		2 <input type="checkbox"/>	x <input type="checkbox"/>			
0060 Entertainment			1 <input type="checkbox"/>		2 <input type="checkbox"/>	x <input type="checkbox"/>			
0070 Anything else – Specify ↗ _____			1 <input type="checkbox"/>		2 <input type="checkbox"/>	x <input type="checkbox"/>			
c. How much did you (or any members of your CU) pay for the package deal?			0080 \$ _____ .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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a						
b. What was the cost, including taxes and tips?			0100 \$ _____ .00						
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a						
b. What was the cost, including taxes and tips?			0120 \$ _____ .00						
c. Was any of the (amount in item 5b) for alcoholic beverages?			0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a						
d. What was the cost for alcoholic beverages, including taxes and tips?			0140 \$ _____ .00						
6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?			0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a						
b. What were the expenses, including taxes?			0160 \$ _____ .00						
c. Was any of the (amount in item 6b) for alcoholic beverages?			0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a						
d. What was the cost for alcoholic beverages, including taxes?			0180 \$ _____ .00						
7a. (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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8						
b. How much did you (or any members of your CU) pay?			0200 \$ _____ .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						
Did the (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.					YES	NO	DK		
0220 Food and beverages			1 <input type="checkbox"/>		2 <input type="checkbox"/>	x <input type="checkbox"/>			
0230 Lodging			1 <input type="checkbox"/>		2 <input type="checkbox"/>	x <input type="checkbox"/>			
0240 Entertainment			1 <input type="checkbox"/>		2 <input type="checkbox"/>	x <input type="checkbox"/>			
0250 Other expenses			1 <input type="checkbox"/>		2 <input type="checkbox"/>	x <input type="checkbox"/>			
9. Did you (or any members of your CU) have any other stays at local hotels or motels?			0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section						
NOTES									

Section 19 – MISCELLANEOUS EXPENSES

4 19 02 8 →

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.

a				b	PROCESSING USE ONLY	c			d		e		f		g		NOTES	PRE		
Information Booklet, pages 41 and 42 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?				What was the expense for? Describe briefly.		ENTER ITEM CODE from column a.	In what month did you have this expense? If it is a continuous expense throughout the reference period, mark box.		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? For continuing expenses, do not include expenses for the current month.		Did you have any other expenses for . . . ?		1	2		3		
															Description from column b	Month or code from column d		Expense from column f		
																Month				
ITEM CODE	YES	NO				Month	Continuous expense	CU	Outside CU			YES	NO							
FUNERALS, BURIALS, OR CREMATION	100																			
PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS	110						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
COMBINATIONS OF THE ABOVE Use only if cannot itemize the above	120						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
CATERED AFFAIRS	130						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
FRESH FLOWERS OR POTTED PLANTS	140						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
LEGAL FEES Do not include legal fees related to real estate closing costs which were reported in section 3.	150						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
ACCOUNTING FEES	160						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
HOME SERVICES	170						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Gardening or lawn care services	180						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Housekeeping services	210						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Other home services and small repair jobs around the house, not previously reported	190						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Babysitting or other child care in your own home	220						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Babysitting or other child care in someone else's home	200						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Care for invalids, convalescents, handicapped or elderly persons in the home	350						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
ADULT DAY CARE CENTERS	360						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
PROFESSIONAL PHOTOGRAPHY FEES	370						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
HOME SECURITY SYSTEM SERVICE FEES							1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM	1 19 01 6 ↓						1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Mark (X) box if there are no entries recorded in columns b – g.	0010	999	<input type="checkbox"/>	Go to next page			1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
							1 3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	

Section 19 – MISCELLANEOUS EXPENSES – Continued																											
										4 19 04 4 →																	
a				b		PROCESSING USE ONLY	c		d		e		f		g		NOTES	PRE									
<div>Information Booklet, page 42</div> <div>3. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?</div>				What was the expense for? <i>Describe briefly.</i>			ENTER ITEM CODE from column a.		In what month did you have this expense? <i>If it is a continuous expense throughout the reference period, mark box.</i>		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? <i>For continuing expenses, do not include expenses for the current month.</i>		Did you have any other expenses for . . . ?			1									
																		2									
																		3									
								Month		Continuous expense		CU		Outside CU		YES		NO		Description from column b				Month or code from column d		Expense from column f	
COMPUTER INFORMATION SERVICES				280		0010				1 3		1		2		\$.00										\$.00	
TV COMPUTER GAMES AND COMPUTER GAME SOFTWARE				290		0020				1 3		1		2		\$.00										\$.00	
						0030				1 3		1		2		\$.00										\$.00	
HAND HELD COMPUTER GAMES AND COMPUTER BOARD GAMES						0040				1 3		1		2		\$.00										\$.00	
						0050				1 3		1		2		\$.00										\$.00	
TOYS AND GAMES				330		0060				1 3		1		2		\$.00										\$.00	
						0070				1 3		1		2		\$.00										\$.00	
HOBBIES				340		0080				1 3		1		2		\$.00										\$.00	
MOVING, STORAGE, AND FREIGHT EXPRESS				230		0090				1 3		1		2		\$.00										\$.00	
						0100				1 3		1		2		\$.00										\$.00	
PURCHASE OF PETS, PET SUPPLIES, AND MEDICINE FOR PETS				240		0110				1 3		1		2		\$.00										\$.00	
						0120				1 3		1		2		\$.00										\$.00	
PET SERVICES				250		0130				1 3		1		2		\$.00										\$.00	
VETERINARIAN EXPENSES FOR PETS				260		0140				1 3		1		2		\$.00										\$.00	
ALIMONY				310		0150				1 3		1		2		\$.00										\$.00	
CHILD SUPPORT				320		0160				1 3		1		2		\$.00										\$.00	
MONEY GIVEN TO NON-CU MEMBERS, CHARITIES, AND OTHER ORGANIZATIONS						0170				1 3		1		2		\$.00										\$.00	
						0180				1 3		1		2		\$.00										\$.00	
						0190				1 3		1		2		\$.00										\$.00	
4. FIELD REPRESENTATIVE CHECK ITEM				1 19 03 2 ↓		0200				1 3		1		2		\$.00										\$.00	
Mark (X) box if there are no entries recorded in columns b–g.				0010 999 □ Go to section 20		0210				1 3		1		2		\$.00										\$.00	
						0220				1 3		1		2		\$.00										\$.00	

Section 20 – EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS

▶ Part A – Food and Beverages

1a. Since the 1st of (month, 3 months ago), what has been your usual WEEKLY expense at the grocery store or supermarket?

0010

\$

.00

0

☐ None – Go to item 2a

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

0020

\$

.00

0

☐ None

2a. Have you (or any members of your CU) purchased any food or nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience stores, dairy stores, vegetable stands, or farmers’ markets? Include any large purchases made for freezing or canning.

0030

1 ☐ Yes

2 ☐ No – Go to item 3a

b. What was your usual WEEKLY expense at these places?

0040

\$

.00

3a. Do you (or any members of your CU) ever buy alcoholic beverages to be served at home?

0050

1 ☐ Yes

2 ☐ No – Go to item 4a

b. What was your usual MONTHLY expense for beer and wine?

0060

\$

.00

0

☐ None

c. What was your usual MONTHLY expense for other alcoholic beverages?

0070

\$

.00

0

☐ None

4a. Have you (or any members of your CU) purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges?

0080

1 ☐ Yes

2 ☐ No – Go to item 5a

b. What was the usual MONTHLY expense?

0090

\$

.00

5a. Have you (or any members of your CU) purchased dinners, other meals or snacks in restaurants, cafeterias, cafes, drive-ins, or other such places?

0100

1 ☐ Yes

2 ☐ No – Go to item 6a

b. What was the usual MONTHLY expense for these purchases?

0110

\$

.00

6a. Have you (or any members of your CU) paid for board not received in a boarding house?

0120

1 ☐ Yes

2 ☐ No – Go to item 7a

b. What was the usual MONTHLY expense?

0130

\$

.00

7a. Have you (or any members of your CU) received any food stamps?

0140

1 ☐ Yes

2 ☐ No – Go to item 8

b. For how many months since the 1st of (month, 3 months ago), were food stamps received?

0150

1 ☐ 1 month

2 ☐ 2 months

3 ☐ 3 months

4 ☐ 4 months

c. What was the value of all food stamps received?

0160

\$

.00

1 20 01 4 ↓

8. Have you (or any members of your CU) received any free food, beverages, or meals through public or private welfare agencies, including religious organizations? Do not include free meals in school or preschool programs.

0170

1 ☐ Yes

2 ☐ No

9a. Have you (or any members of your CU) received any free meals at work as part of your pay?

0180

1 ☐ Yes

2 ☐ No – Go to item 10a

b. About what was the WEEKLY dollar value of such meals?

0190

\$

.00

c. Since the 1st of (month, 3 months ago), how many weeks did members of your CU receive such meals?

0200

Number of weeks

10a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or members of your CU) purchased any meals at school or in a preschool program for preschool or school age children?

0210

1 ☐ Yes

2 ☐ No – Go to part B

b. If YES – What are the names of all CU members who purchased meals at school?

Enter the name of each CU member purchasing meals at school in column a, then ask columns b through d for each name entered.

PROCESSING USE ONLY

a

b

c

d

Name

Enter line number from Control Card.

What is the usual WEEKLY expense for the meals . . . purchased at school?

How many weeks did . . . purchase meals?

3 20 02 8 →

Enter number of weeks.

0010

\$

.00

0020

\$

.00

0030

\$

.00

0040

\$

.00

0050

\$

.00

0060

\$

.00

0070

\$

.00

0080

\$

.00

0090

\$

.00

Page 100

Section 20 – Part A

Page 100

Section 20 – EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS – Continued

Part 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) used public pay phone service?		0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a	6a. Do you (or any members of your CU) rent a safe deposit box located in a bank or a similar financial institution? b. What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago)?	
b. What was the total expense?		0020 \$.00 0 <input type="checkbox"/> None		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a
2a. Have you (or any members of your CU) used coin-operated laundry or dry cleaning machines?		0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a		0180 \$.00 0 <input type="checkbox"/> None
b. What was the total cost for these machines?		0040 \$.00	7a. Do you (or any members of your CU) have any expenses for checking accounts or other banking services? b. What is the usual MONTHLY charge?	
c. Was any of this amount for items other than clothes?		0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a		0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a
d. How much?		0060 \$.00 x <input type="checkbox"/> Don’t know	0200 \$.00	
3a. Have you (or any members of your CU) sent clothes or other items to the dry cleaners or laundry?		0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	8a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) used taxis or limousines for nonbusiness purposes, except those used while on a trip? b. If YES – What was the total expense?	
b. What was the total cost for dry cleaning or laundry services?		0080 \$.00		0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a
c. Was any of this amount for items other than clothes?		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a		0220 \$.00
d. How much?		0100 \$.00 x <input type="checkbox"/> Don’t know	9a. Do you (or any members of your CU) use mass transportation services such as a bus, subway, mini-bus or train, including commuter bus and train service? b. What is the usual MONTHLY cost to use mass transit to go to – (1) Work? (2) School? (3) Other places? NOTES	
4. Do any members of your CU use tobacco products, such as –		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c		0300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section
a. Cigarettes?				
b. If YES – What is the usual WEEKLY expense for cigarettes?		0120 \$.00		
c. Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5		
d. If YES – What is the usual WEEKLY expense for cigars, pipe tobacco, or other tobaccos?		0140 \$.00		
5. What is the usual MONTHLY expense for haircutting, styling, and other related services for all members of your CU?		0150 \$.00 0 <input type="checkbox"/> None		

Section 21 – CREDIT LIABILITY												FIELD REPRESENTATIVE – Complete columns b through e for each store, bank, credit account, etc., reported in column a.															
Part A.1 – Credit Balances – Second Quarter Only												1 21 02 0 ↴															
a				PROCESSING USE ONLY	b			c				d			e		NOTES										
1. On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans. Read each item listed below. Complete a separate line for each individual store, credit card, etc.					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 company, bank, credit union, insurance company, etc.				How much was owed to (credit source)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.												
CREDIT SOURCE		ITEM CODE	YES		NO											YES		NO									
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.		100				0010								\$	.00	x										
Stores for installment credit accounts		200				0020								\$	.00	x										
Banks and savings and loan companies.		300				0030								\$	.00	x										
Credit unions		400				0040								\$	.00	x										
Finance companies		500				0050								\$	.00	x										
Insurance companies (Do not include insurance premium payments)		600				0060								\$	.00	x										
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance		700				0070								\$	.00	x										
Other credit sources		800				0080								\$	.00	x										
						0090								\$	.00	x										
						0100								\$	.00	x										
						0110								\$	.00	x										
						0120								\$	.00	x										
2. FIELD REPRESENTATIVE CHECK ITEM		1 21 01 2 ↴			0130								\$	.00	x											
Mark (X) box if there are no entries recorded in columns b–e.		0010 999 ☐ Go to next section			0140								\$	.00	x											
					0150								\$	.00	x											

Section 21 – CREDIT LIABILITY – Continued				FIELD REPRESENTATIVE – Complete columns b through e for each store, bank, credit account, etc., reported in column a.												
Part A.1 – Credit Balances – Continued – Second Quarter Only				1 21 03 8 ↴												
a		PROCESSING USE ONLY	b			c		d			e		NOTES			
			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 company, bank, credit union, insurance company, etc.		How much was owed to (credit source)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.					
CREDIT SOURCE	ITEM CODE									Don't know	YES	NO				
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100	0010					\$	.00	x						
Stores for installment credit accounts	200	0020					\$	.00	x						
Banks and savings and loan companies	300	0030					\$	.00	x						
Credit unions	400	0040					\$	.00	x						
Finance companies	500	0050					\$	.00	x						
Insurance companies (Do not include insurance premium payments)	600	0060					\$	.00	x						
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	700	0070					\$	.00	x						
Other credit sources	800	0080					\$	.00	x						
		0090					\$	.00	x						
		0100					\$	.00	x						
		0110					\$	.00	x						
		0120					\$	.00	x						
		0130					\$	.00	x						
		0140					\$	.00	x						
		0150					\$	.00	x						

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 Quarter Only													1 21 11 1 ↓															
a					PROCESSING USE ONLY	b			c			d			e			f		NOTES								
1. On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans. Read each item listed below. Complete a separate line for each individual store, credit card, etc.						ENTER ITEM CODE from column a			What is the name of the (credit source) to which you owed money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.			Ask if "Yes" in item 1. How much was owed to (credit source)?			What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.										
CREDIT SOURCE				ITEM CODE		YES	NO																					
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.				100				0010																				
Stores for installment credit accounts.				200				0020																				
Banks and savings and loan companies.				300				0030																				
Credit unions.				400				0040																				
Finance companies.				500																								
Insurance companies (Do not include insurance premium payments)				600				0050																				
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance.				700			0060																					
Other credit sources.				800			0070																					
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 on the 1st day of (the current month, the current year)? <input type="checkbox"/> YES <input type="checkbox"/> NO								0080																				
								0090																				
								0100																				
b. What was the source of the credit? Complete columns b, c, e, and f for each credit source reported.				Item code(s)					0110																			
							0120																					
3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–f.					1 21 10 3 ↓					0130																		
					0010 999 <input type="checkbox"/> Go to part B					0140																		
										0150																		

Section 21 – CREDIT LIABILITY – Continued										FIELD REPRESENTATIVE – Complete columns b through f for each store, bank, credit account, etc., reported in column a.									
Part A.2 – Credit Balances – Continued – Fifth Quarter Only										1 21 12 9 ↴									
a		PROCESSING USE ONLY	b			c		d			e			f		NOTES			
			ENTER ITEM CODE from column a			What is the name of the (credit source) to which you owed money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.		Ask if "Yes" in item 1. How much was owed to (credit source)?			What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.					
CREDIT SOURCE		ITEM CODE							Don't know		None	Don't know	YES	NO					
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.		100	0010					\$	.00	x		\$	.00	0	x		
Stores for installment credit accounts		200	0020					\$	.00	x		\$	.00	0	x		
Banks and savings and loan companies		300	0030					\$	.00	x		\$	.00	0	x		
Credit unions		400	0040					\$	.00	x		\$	.00	0	x		
Finance companies		500	0050					\$	.00	x		\$	.00	0	x		
Insurance companies (Do not include insurance premium payments)		600	0060					\$	.00	x		\$	.00	0	x		
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance		700	0070					\$	.00	x		\$	.00	0	x		
Other credit sources		800	0080					\$	.00	x		\$	.00	0	x		
			0090					\$	.00	x		\$	.00	0	x		
			0100					\$	.00	x		\$	.00	0	x		
			0110					\$	.00	x		\$	.00	0	x		
			0120					\$	.00	x		\$	.00	0	x		
			0130					\$	.00	x		\$	.00	0	x		
			-140					\$	.00	x		\$	.00	0	x		
			0150					\$	.00	x		\$	.00	0	x		

Section 21 – CREDIT LIABILITY – Continued		FIELD REPRESENTATIVE – Ask items a through h and record the total amount of finance charges or interest paid during the past 12 months for each item.
Part B – Finance Charges – Fifth Quarter Only	1 21 20 2 ↓	
During the past 12 months, have you (or any members of your CU) paid any finance charges, interest charges or late fees to any of the following except for mortgage, home equity loans, or automobile loans? a. Revolving credit accounts including store, gasoline and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.? <i>Do not include yearly fees.</i> <i>If YES – How much was paid for finance, interest and late charges?</i>	<div>00101<input type="checkbox"/> Yes 2<input type="checkbox"/> No</div> <div>0020\$.00 x<input type="checkbox"/> Don't know</div>	NOTES
b. Stores for installment credit accounts? <i>If YES – How much was paid for finance, interest and late charges?</i>	<div>00301<input type="checkbox"/> Yes 2<input type="checkbox"/> No</div> <div>0040\$.00 x<input type="checkbox"/> Don't know</div>	
c. Banks and Savings and Loans? <i>If YES – How much was paid for finance, interest and late charges?</i>	<div>00501<input type="checkbox"/> Yes 2<input type="checkbox"/> No</div> <div>0060\$.00 x<input type="checkbox"/> Don't know</div>	
d. Credit unions? <i>If YES – How much was paid for finance, interest and late charges?</i>	<div>00701<input type="checkbox"/> Yes 2<input type="checkbox"/> No</div> <div>0080\$.00 x<input type="checkbox"/> Don't know</div>	
e. Finance companies? <i>If YES – How much was paid for finance, interest and late charges?</i>	<div>00901<input type="checkbox"/> Yes 2<input type="checkbox"/> No</div> <div>0100\$.00 x<input type="checkbox"/> Don't know</div>	
f. Insurance companies? <i>If YES – How much was paid for finance, interest and late charges?</i>	<div>01101<input type="checkbox"/> Yes 2<input type="checkbox"/> No</div> <div>0120\$.00 x<input type="checkbox"/> Don't know</div>	
g. Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance? <i>If YES – How much was paid for finance, interest and late charges?</i>	<div>01301<input type="checkbox"/> Yes 2<input type="checkbox"/> No</div> <div>0140\$.00 x<input type="checkbox"/> Don't know</div>	
h. Other credit sources? <i>If YES – How much was paid for finance, interest and late charges?</i>	<div>01501<input type="checkbox"/> Yes 2<input type="checkbox"/> No</div> <div>0160\$.00 x<input type="checkbox"/> Don't know</div>	

NOTES

[illegible]

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 Consumer Units Only

1. FIELD REPRESENTATIVE ITEM

PROCESSING USE ONLY

1 22 01 0 ↓

a. NAME

b. LINE NUMBER

0010

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 – Go to item 5

3. In the weeks that . . . worked, how many hours did . . . usually work per week?

0030

_____ Hours per week

4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:

Information Booklet, page 44

Manager, professional

01 – Administrator, manager

02 – Teacher

03 – Professional

Administrative support, technical, sales

04 – Administrative support, including clerical

05 – Sales, retail

06 – Sales, business goods and services

07 – Technician

Service

08 – Protective service

09 – Private household service

10 – Other service

Operator, assembler, laborer

11 – Machine operator, assembler, inspector

12 – Transportation operator

13 – Handler, helper, laborer

Precision production, craft, repair

14 – Mechanic, repairer, precision production

15 – Construction, mining

Farming, forestry, fishing

16 – Farming

17 – Forestry, fishing, groundskeeping

Armed forces

18 – Armed forces

b. Was . . .

CODE

1 – An employee of a PRIVATE company, business, or individual working for wages or salary?

2 – A Federal government employee?

3 – A State government employee?

4 – A local government employee?

5 – Self-employed in OWN business, professional practice, or farm?

6 – Working WITHOUT PAY in family business or farm?

0070

_____ Code

0080

_____ Code

Ask if code 5 and not a farm – Is the business incorporated?

0090

1 ☐ Yes

2 ☐ No

5. What was the main reason . . . did not work during the past 12 months? Was . . .

CODE

1 – Retired?

2 – Taking care of home/family?

3 – Going to school?

4 – Ill, disabled, unable to work?

5 – Unable to find work?

6 – Doing something else? – Specify

0100

_____ Code

6. During the past 12 months, did . . . receive any money in –

a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.

What was the amount of income received before any deductions?

0200

1 ☐ Yes

2 ☐ No – Go to item 6b

0210

\$ _____

.00

b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice?

What was the amount of income or loss after expenses?

0220

1 ☐ Yes

2 ☐ No – Go to item 6c

0230

\$ _____

.00

0240

3 ☐ Loss

c. Income or loss from . . .’s own farm?

What was the amount of income or loss after expenses?

0250

1 ☐ Yes

2 ☐ No – Go to item 7

0260

\$ _____

.00

0270

3 ☐ Loss

7. During the past 12 months, did . . . receive from the U.S. Government any money –

a. From Social Security checks?

0280

1 ☐ Yes

2 ☐ No

b. From Railroad Retirement checks?

0290

1 ☐ Yes

2 ☐ No

c. FIELD REPRESENTATIVE CHECK ITEM

Is "Yes" marked in items 7a and/or 7b?

0300

1 ☐ Yes – Go to item 7d

2 ☐ No – Go to item 8a

d. What was the amount of the last Social Security or Railroad Retirement payment received?

0310

\$ _____

.00

e. Is this amount AFTER the deduction for a Medicare premium?

0320

1 ☐ Yes

2 ☐ No

f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?

0330

_____ Number

8. During the past 12 months, did . . . receive –

a. Any Supplemental Security Income checks from the U.S. Government?

0340

1 ☐ Yes

2 ☐ No

b. Any Supplemental Security Income checks from the State or local Government?

If YES in items 8a and/or 8b –

How much did . . . receive in Supplemental Security Income checks altogether?

0350

1 ☐ Yes

2 ☐ No

0360

\$ _____

.00

Ask items 9–12 only if item 6a is YES (code 1).

9. What was the gross amount of . . .’s last pay and what period of time did this cover?

0370

\$ _____

.00

0380

1 ☐ Week

5 ☐ Year

2 ☐ 2 Weeks

6 ☐ Other – Specify

3 ☐ Month

4 ☐ Quarter

7 ☐ Twice a month

10. Was there any money deducted from . . .’s last pay for –

If YES – How much was deducted?

a. Federal income tax?

0390

1 ☐

2 ☐

0400

\$ _____

.00

b. State and local income tax?

0410

1 ☐

2 ☐

0420

\$ _____

.00

c. Social Security including Medicare?

0430

1 ☐

2 ☐

d. Railroad Retirement?

0440

1 ☐

2 ☐

0450

\$ _____

.00

e. Government Retirement?

0460

1 ☐

2 ☐

0470

\$ _____

.00

f. Private pension fund?

0480

1 ☐

2 ☐

0490

\$ _____

.00

g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?

0500

1 ☐

2 ☐

Ask if "Yes" in item 10c or 10g

11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?

0501

1 ☐ Yes

2 ☐ No

12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?

0510

1 ☐ Yes

2 ☐ No

13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.

0520

1 ☐ Yes

2 ☐ No – Go to item 14

b. If YES – How much?

0530

\$ _____

.00

14. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13.

0540

1 ☐ Records

2 ☐ No records used

Page 108

Section 22 – Part A

Page 108

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.		
Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued					
<div>1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i></div>		<div>PROCESSING USE ONLY</div> <div>1 22 06 9 ↓</div>	<div>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗</div>		<div>0100 _____ Code</div>
<div>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.</div>		<div>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</div>			
<div>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</div>		<div>0030 _____ Hours per week</div>			
<div>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 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</div>		<div>0070 _____ Code</div>	<div>6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? 0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00 b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? 0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss c. Income or loss from . . .’s own farm? What was the amount of income or loss after expenses? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</div>		
<div>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</div>		<div>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>	<div>7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a d. What was the amount of the last Social Security or Railroad Retirement payment received? 0310 \$ _____ .00 e. Is this amount AFTER the deduction for a Medicare premium? 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 0330 _____ Number</div>		
			<div>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether? 0360 \$ _____ .00</div>		
			<div>9. What was the gross amount of . . .’s last pay and what period of time did this cover? Ask items 9–12 only if item 6a is YES (code 1). 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↗ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</div>		
			<div>10. Was there any money deducted from . . .’s last pay for – If YES – How much was deducted? a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/> d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></div>		
			<div>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? Ask if "Yes" in item 10c or 10g 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>		
			<div>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>		
			<div>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 b. If YES – How much? 0530 \$ _____ .00</div>		
			<div>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13. 0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</div>		

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.

Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued

1. FIELD REPRESENTATIVE ITEM

PROCESSING USE ONLY

1 22 11 9 ↓

a. NAME

b. LINE NUMBER

0010

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 – Go to item 5

3. In the weeks that . . . worked, how many hours did . . . usually work per week?

0030

_____ Hours per week

4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:

Information Booklet, page 44

Manager, professional

01 – Administrator, manager

02 – Teacher

03 – Professional

Administrative support, technical, sales

04 – Administrative support, including clerical

05 – Sales, retail

06 – Sales, business goods and services

07 – Technician

Service

08 – Protective service

09 – Private household service

10 – Other service

Operator, assembler, laborer

11 – Machine operator, assembler, inspector

12 – Transportation operator

13 – Handler, helper, laborer

Precision production, craft, repair

14 – Mechanic, repairer, precision production

15 – Construction, mining

Farming, forestry, fishing

16 – Farming

17 – Forestry, fishing, groundskeeping

Armed forces

18 – Armed forces

0070

_____ Code

b. Was . . .

CODE

1 – An employee of a PRIVATE company, business, or individual working for wages or salary?

2 – A Federal government employee?

3 – A State government employee?

4 – A local government employee?

5 – Self-employed in OWN business, professional practice, or farm?

6 – Working WITHOUT PAY in family business or farm?

0080

_____ Code

Ask if code 5 and not a farm – Is the business incorporated?

0090 1 ☐ Yes

2 ☐ No

5. What was the main reason . . . did not work during the past 12 months? Was . . .

CODE

1 – Retired?

2 – Taking care of home/family?

3 – Going to school?

4 – Ill, disabled, unable to work?

5 – Unable to find work?

6 – Doing something else? – Specify ↘

0100

_____ Code

6. During the past 12 months, did . . . receive any money in –

a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances.

What was the amount of income received before any deductions?

0200 1 ☐ Yes

2 ☐ No – Go to item 6b

0210 \$ _____ .00

b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice?

What was the amount of income or loss after expenses?

0220 1 ☐ Yes

2 ☐ No – Go to item 6c

0230 \$ _____ .00

0240 3 ☐ Loss

c. Income or loss from . . .’s own farm?

What was the amount of income or loss after expenses?

0250 1 ☐ Yes

2 ☐ No – Go to item 7

0260 \$ _____ .00

0270 3 ☐ Loss

7. During the past 12 months, did . . . receive from the U.S. Government any money –

a. From Social Security checks?

0280 1 ☐ Yes

2 ☐ No

b. From Railroad Retirement checks?

0290 1 ☐ Yes

2 ☐ No

c. FIELD REPRESENTATIVE CHECK ITEM

Is "Yes" marked in items 7a and/or 7b?

0300 1 ☐ Yes – Go to item 7d

2 ☐ No – Go to item 8a

d. What was the amount of the last Social Security or Railroad Retirement payment received?

0310 \$ _____ .00

e. Is this amount AFTER the deduction for a Medicare premium?

0320 1 ☐ Yes

2 ☐ No

f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?

0330 _____ Number

8. During the past 12 months, did . . . receive –

a. Any Supplemental Security Income checks from the U.S. Government?

0340 1 ☐ Yes

2 ☐ No

b. Any Supplemental Security Income checks from the State or local Government?

If YES in items 8a and/or 8b –

How much did . . . receive in Supplemental Security Income checks altogether?

0350 1 ☐ Yes

2 ☐ No

0360 \$ _____ .00

Ask items 9–12 only if item 6a is YES (code 1).

9. What was the gross amount of . . .’s last pay and what period of time did this cover?

0370 \$ _____ .00

0380 1 ☐ Week 5 ☐ Year

2 ☐ 2 Weeks 6 ☐ Other – Specify ↘

3 ☐ Month

4 ☐ Quarter 7 ☐ Twice a month

10. Was there any money deducted from . . .’s last pay for –

If YES – How much was deducted?

a. Federal income tax?

0390 1 ☐ 2 ☐ 0400 \$ _____ .00

b. State and local income tax?

0410 1 ☐ 2 ☐ 0420 \$ _____ .00

c. Social Security including Medicare?

0430 1 ☐ 2 ☐

d. Railroad Retirement?

0440 1 ☐ 2 ☐ 0450 \$ _____ .00

e. Government Retirement?

0460 1 ☐ 2 ☐ 0470 \$ _____ .00

f. Private pension fund?

0480 1 ☐ 2 ☐ 0490 \$ _____ .00

g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?

0500 1 ☐ 2 ☐

Ask if "Yes" in item 10c or 10g

11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?

0501 1 ☐ Yes

2 ☐ No

12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?

0510 1 ☐ Yes

2 ☐ No

13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.

0520 1 ☐ Yes

2 ☐ No – Go to item 14

b. If YES – How much?

0530 \$ _____ .00

14. FIELD REPRESENTATIVE CHECK ITEM

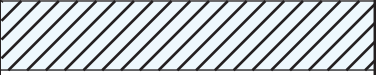
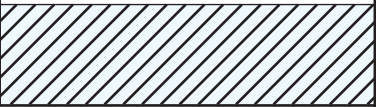
Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13.

0540 1 ☐ Records

2 ☐ No records used

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.		
▶ Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued					
<div>1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i></div>		PROCESSING USE ONLY	<div>1 22 16 8 ↓</div>		
		a. NAME			
		b. LINE NUMBER	0010		
<div>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.</div>		0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5			
<div>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</div>		0030 _____ Hours per week			
<div>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 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</div>		0070 _____ Code			
<div>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</div>		0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
		<div>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗</div>		0100 _____ Code	
		<div>6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? c. Income or loss from . . .’s own farm? What was the amount of income or loss after expenses?</div>		0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00 0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss	
		<div>7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? b. From Railroad Retirement checks? c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction for a Medicare premium? f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</div>		0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ _____ .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0330 _____ Number	
		<div>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <i>If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</i></div>		0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00	
		<div>9. What was the gross amount of . . .’s last pay and what period of time did this cover? <i>Ask items 9–12 only if item 6a is YES (code 1).</i></div>		0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↗ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	
		<div>10. Was there any money deducted from . . .’s last pay for – <i>If YES – How much was deducted?</i> a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. <i>If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</i></div>		Yes | No | Amount 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> Ask if "Yes" in item 10c or 10g 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? <i>Exclude rollovers.</i> 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 b. <i>If YES – How much?</i> 0530 \$ _____ .00	
		<div>14. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13.</i></div>		0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used	

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.		
▶ Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued					
<div>1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i></div>		<div>PROCESSING USE ONLY</div> <div>1 22 21 8 ↓</div>	<div>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</div>		<div>0100 _____ Code</div>
<div>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.</div>		<div>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</div>	<div>6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? c. Income or loss from . . .’s own farm? What was the amount of income or loss after expenses?</div>		<div>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00 0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</div>
<div>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</div>		<div>0030 _____ Hours per week</div>	<div>7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? b. From Railroad Retirement checks? c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "Yes" marked in items 7a and/or 7b?</i> d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction for a Medicare premium? f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</div>		<div>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ _____ .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0330 _____ Number</div>
<div>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 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</div>		<div>0070 _____ Code 0080 _____ Code <i>Ask if code 5 and not a farm – Is the business incorporated?</i> 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>	<div>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <i>If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</i> <i>Ask items 9–12 only if item 6a is YES (code 1).</i> 9. What was the gross amount of . . .’s last pay and what period of time did this cover? 10. Was there any money deducted from . . .’s last pay for – <i>If YES – How much was deducted?</i> a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. <i>If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</i> <i>Ask if "Yes" in item 10c or 10g</i> 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. <i>If YES – How much?</i> 14. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13.</i></div>		<div>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month Yes No Amount 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 0530 \$ _____ .00 0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</div>

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.		
Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued					
1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i>	PROCESSING USE ONLY	1 22 26 7 ↓	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗	0100 _____ Code	8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <i>If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</i>
	a. NAME					0340 1 ☐ Yes 2 ☐ No
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 <input type="checkbox"/> Did not work – Go to item 5			0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. In the weeks that . . . worked, how many hours did . . . usually work per week?		0030 _____ Hours per week			0360 \$ _____ .00
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 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces	0070 _____ Code		6. During the past 12 months, did . . . receive any money in – a. Wages or salary? <i>Include commissions, tips, Armed Forces pay and allowances.</i> What was the amount of income received before any deductions?	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00	9. What was the gross amount of . . .’s last pay and what period of time did this cover? <i>Ask items 9–12 only if item 6a is YES (code 1).</i> 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↗ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month
			b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?	0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss	
			c. Income or loss from . . .’s own farm? What was the amount of income or loss after expenses?	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss	
			7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks?	0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
			b. From Railroad Retirement checks?	0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
			c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "Yes" marked in items 7a and/or 7b?</i>	0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a	
			d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$ _____ .00	
			e. Is this amount AFTER the deduction for a Medicare premium?	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
			f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?	0330 _____ Number	
			10. Was there any money deducted from . . .’s last pay for – <i>If YES – How much was deducted?</i> a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	Yes | No | Amount 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>  0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> 	
11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?	0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? <i>Exclude rollovers.</i>	0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14				
b. If YES – How much?	0530 \$ _____ .00				
14. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13.</i>	0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used				
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?	0080 _____ Code <i>Ask if code 5 and not a farm – Is the business incorporated?</i>				
	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				

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 – Ask for entire CU as a group.

<div>1. During the past 12 months, did you (or any members of your CU) receive income from any of the following –</div> <div><div>a. Income from unemployment compensation?</div><div>If YES – What was the total amount received by ALL CU members?</div></div> <div><div>b. Income from worker’s compensation or veteran’s benefits including education benefits, but excluding military retirement?</div><div>If YES – What was the total amount received by ALL CU members?</div></div> <div><div>c. Income from public assistance or welfare including money received from job training grants such as Job Corps?</div><div>If YES – What was the total amount received by ALL CU members?</div></div> <div><div>d. Income from interest on savings accounts or bonds?</div><div>If YES – What was the total amount received by ALL CU members?</div></div> <div><div>e. Regular income from dividends, royalties, estates, or trusts?</div><div>If YES – What was the total amount received by ALL CU members?</div></div> <div><div>f. Income from pensions or annuities from private companies, military, Government, IRA, or Keogh?</div><div>If YES – What was the total amount received by ALL CU members?</div></div> <div><div>g. Net income or loss from any type of rental of rooms or living units?</div><div>If YES –</div><div><div>(1) How much net income or loss was received from roomers or boarders?</div><div>(2) How much net income or loss was received from payments from other rental units?</div></div></div>	<div>PROCESSING USE ONLY</div> <div>1 22 97 8 ↓</div> <div><div>0005</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1b</div></div> <div><div>0020</div><div>\$.00</div></div> <div><div>0025</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1c</div></div> <div><div>0030</div><div>\$.00</div></div> <div><div>0035</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1d</div></div> <div><div>0040</div><div>\$.00</div></div> <div><div>0050</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1e</div></div> <div><div>0060</div><div>\$.00</div></div> <div><div>0070</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1f</div></div> <div><div>0080</div><div>\$.00</div></div> <div><div>0090</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1g</div></div> <div><div>0100</div><div>\$.00</div></div> <div><div>0110</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1h</div></div> <div><div>0120</div><div>\$.00</div></div> <div><div>0130</div><div>0 <input type="checkbox"/> None</div><div>1 <input type="checkbox"/> Loss</div></div> <div><div>0140</div><div>\$.00</div></div> <div><div>0150</div><div>0 <input type="checkbox"/> None</div><div>1 <input type="checkbox"/> Loss</div></div>	<div>1h. Income from child support?</div> <div><div>0155</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1i</div></div> <div><div>If YES –</div><div>(1) Did you receive a one time lump sum payment for child support?</div><div>If YES –</div><div>What was the total amount received by ALL CU members in last 12 months?</div><div>(2) Did you receive any child support payments in other than a lump sum amount?</div><div>If YES –</div><div>What was the total amount received by ALL CU members in last 12 months?</div></div> <div><div>0160</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1h(2)</div></div> <div><div>0165</div><div>\$.00</div></div> <div><div>0170</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 1i</div></div> <div><div>0175</div><div>\$.00</div></div> <div><div>i. Income from regular contributions from –</div><div>(1) Alimony?</div><div>(2) Other sources such as from persons outside the CU?</div><div>If YES – for item i(1) or i(2) – Altogether what was the total amount received by ALL CU members?</div></div> <div><div>0180</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div><div>0185</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div><div>0188</div><div>\$.00</div></div> <div><div>2. During the past 12 months, did you (or any members of your CU) receive any –</div><div>a. Lump sum payments from estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside of the CU?</div><div>If YES – What was the total amount received by ALL CU members?</div><div>b. Money from the sale of household furnishings, equipment, clothing, jewelry, pets, or other belongings, excluding the sale of vehicles or property?</div><div>If YES – What was the total amount received by ALL CU members?</div><div>c. Other money income, including money received from cash scholarships and fellowships, stipends not based on working, or from the care of foster children?</div><div>If YES – What was the total amount received by ALL CU members?</div></div> <div><div>0190</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 2b</div></div> <div><div>0200</div><div>\$.00</div></div> <div><div>0210</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 2c</div></div> <div><div>0220</div><div>\$.00</div></div> <div><div>0230</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No – Go to item 3</div></div> <div><div>0240</div><div>\$.00</div></div>	<div>3. During the past 12 months, did you (or any members of your CU) receive any refunds from the following –</div> <div><div>If YES – What was the total amount received by ALL CU members?</div><div>a. Federal income tax?</div><div>b. State and local income tax?</div><div>c. Overpayment on Social Security?</div><div>d. Insurance policies?</div><div>e. Property taxes?</div><div>f. Other sources, including any other taxes? Specify in notes.</div></div> <div><div>0250</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div><div>0260</div><div>\$.00</div></div> <div><div>0270</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div><div>0280</div><div>\$.00</div></div> <div><div>0290</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div><div>0300</div><div>\$.00</div></div> <div><div>0310</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div><div>0320</div><div>\$.00</div></div> <div><div>0330</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div><div>0340</div><div>\$.00</div></div> <div><div>0350</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div><div>0360</div><div>\$.00</div></div> <div><div>4. During the past 12 months, did you (or any members of your CU) pay any –</div><div><div>If YES – What was the total amount PAID by ALL CU members?</div><div>a. Federal income tax in addition to that withheld from earnings?</div><div>b. State and local income tax in addition to that withheld from earnings?</div><div>c. Personal property taxes not reported elsewhere?</div><div>d. Other taxes not reported elsewhere? Do not include Social Security tax for the self-employed – Specify in notes.</div></div><div><div>0370</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div><div><div>0380</div><div>\$.00</div></div><div><div>0390</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div><div><div>0400</div><div>\$.00</div></div><div><div>0410</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div><div><div>0420</div><div>\$.00</div></div><div><div>0430</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div><div><div>0440</div><div>\$.00</div></div></div>
--	---	---	---

NOTES

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

NOTES

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 CU members who previously reported not working.	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 ↓
	a. NAME						
	b. LINE NUMBER	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____
2. Since the 1st of (month, 3 months ago), did. . . earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____
• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.							
1. OFFICE TRANSCRIPTION ITEMS CU members who previously reported not working.	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 ↓
	a. NAME						
	b. LINE NUMBER	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____
2. Since the 1st of (month, 3 months ago), did. . . earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____
• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.							
NOTES							

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 Fourth Quarter						
1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i>	PROCESSING USE ONLY	1 23 25 7 ↓	5. <i>Ask if item 2 marked "Did not work" –</i> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘		8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <i>If YES in items 8a and/or 8b –</i> How much did . . . receive in Supplemental Security Income checks altogether?	
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.	a. NAME b. LINE NUMBER	0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5		0100 _____ Code	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00	
3. In the weeks that . . . worked, how many hours did . . . usually work per week?		0030 _____ Hours per week	6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? c. Income or loss from . . .’s own farm? What was the amount of income or loss after expenses?	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00 0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss	9. What was the gross amount of . . .’s last pay and what period of time did this cover? <i>Ask items 9–11 only if item 6a is YES (code 1).</i> 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	
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 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces			7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? b. From Railroad Retirement checks? c. FIELD REPRESENTATIVE CHECK ITEM <i>Is "Yes" marked in items 7a and/or 7b?</i> d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction for a Medicare premium? f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?	0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ _____ .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0330 _____ Number	10. Was there any money deducted from . . .’s last pay for – <i>If YES – How much was deducted?</i> a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. <i>If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</i>	
					Yes No Amount 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
					11. <i>Ask if "Yes" in item 10c or 10g</i> Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
					12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in? 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
					13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 b. <i>If YES – How much?</i> 0530 \$ _____ .00	
					14. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13.</i> 0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used	
	b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		0070 _____ Code 0080 _____ Code <i>Ask if code 5 and not a farm – Is the business incorporated?</i> 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

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 Fourth Quarter – Continued

<div><div>1. FIELD REPRESENTATIVE ITEM</div><div>Enter the first name and line number of each CU member 14 years old and over.</div></div>	<div>PROCESSING USE ONLY</div> <div>1 23 30 7 ↓</div>	<div>5. What was the main reason . . . did not work during the past 12 months? Was . . .</div> <div>CODE</div> <div>1 – Retired?</div> <div>2 – Taking care of home/family?</div> <div>3 – Going to school?</div> <div>4 – Ill, disabled, unable to work?</div> <div>5 – Unable to find work?</div> <div>6 – Doing something else? – Specify</div>	<div>8. During the past 12 months, did . . . receive –</div> <div>a. Any Supplemental Security Income checks from the U.S. Government?</div> <div>b. Any Supplemental Security Income checks from the State or local Government?</div> <div>If YES in items 8a and/or 8b –</div> <div>How much did . . . receive in Supplemental Security Income checks altogether?</div>	<div>0340 1 Yes 2 No</div> <div>0350 1 Yes 2 No</div> <div>0360 \$.00</div> <div>0370 \$.00</div> <div>0380 1 Week 2 2 Weeks 3 Month 4 Quarter 5 Year 6 Other – Specify 7 Twice a month</div>	
<div>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.</div>	<div>0020 Weeks</div> <div>0 Did not work – Go to item 5</div>	<div>6. During the past 12 months, did . . . receive any money in –</div> <div>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?</div> <div>b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?</div> <div>c. Income or loss from . . .’s own farm? What was the amount of income or loss after expenses?</div>	<div>0100 Code</div> <div>0200 1 Yes 2 No – Go to item 6b</div> <div>0210 \$.00</div> <div>0220 1 Yes 2 No – Go to item 6c</div> <div>0230 \$.00</div> <div>0240 3 Loss</div> <div>0250 1 Yes 2 No – Go to item 7</div> <div>0260 \$.00</div> <div>0270 3 Loss</div> <div>0280 1 Yes 2 No</div> <div>0290 1 Yes 2 No</div> <div>0300 1 Yes – Go to item 7d 2 No – Go to item 8a</div> <div>0310 \$.00</div> <div>0320 1 Yes 2 No</div> <div>0330 Number</div>	<div>9. What was the gross amount of . . .’s last pay and what period of time did this cover?</div> <div>10. Was there any money deducted from . . .’s last pay for –</div> <div>If YES – How much was deducted?</div> <div>a. Federal income tax?</div> <div>b. State and local income tax?</div> <div>c. Social Security including Medicare?</div> <div>d. Railroad Retirement?</div> <div>e. Government Retirement?</div> <div>f. Private pension fund?</div> <div>g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</div>	<div>0390 1 2 0400 \$.00</div> <div>0410 1 2 0420 \$.00</div> <div>0430 1 2</div> <div>0440 1 2 0450 \$.00</div> <div>0460 1 2 0470 \$.00</div> <div>0480 1 2 0490 \$.00</div> <div>0500 1 2</div> <div>0501 1 Yes 2 No</div> <div>0510 1 Yes 2 No</div> <div>0520 1 Yes 2 No – Go to item 14</div> <div>0530 \$.00</div> <div>0540 1 Records 2 No records used</div>
<div>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</div>	<div>0030 Hours per week</div>	<div>7. During the past 12 months, did . . . receive from the U.S. Government any money –</div> <div>a. From Social Security checks?</div> <div>b. From Railroad Retirement checks?</div> <div>c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</div> <div>d. What was the amount of the last Social Security or Railroad Retirement payment received?</div> <div>e. Is this amount AFTER the deduction for a Medicare premium?</div> <div>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</div>	<div>0280 1 Yes 2 No</div> <div>0290 1 Yes 2 No</div> <div>0300 1 Yes – Go to item 7d 2 No – Go to item 8a</div> <div>0310 \$.00</div> <div>0320 1 Yes 2 No</div> <div>0330 Number</div>	<div>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</div> <div>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?</div> <div>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.</div> <div>b. If YES – How much?</div> <div>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13.</div>	<div>0501 1 Yes 2 No</div> <div>0510 1 Yes 2 No</div> <div>0520 1 Yes 2 No – Go to item 14</div> <div>0530 \$.00</div> <div>0540 1 Records 2 No records used</div>
<div>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</div> <div>Manager, professional</div> <div>01 – Administrator, manager</div> <div>02 – Teacher</div> <div>03 – Professional</div> <div>Administrative support, technical, sales</div> <div>04 – Administrative support, including clerical</div> <div>05 – Sales, retail</div> <div>06 – Sales, business goods and services</div> <div>07 – Technician</div> <div>Service</div> <div>08 – Protective service</div> <div>09 – Private household service</div> <div>10 – Other service</div> <div>Operator, assembler, laborer</div> <div>11 – Machine operator, assembler, inspector</div> <div>12 – Transportation operator</div> <div>13 – Handler, helper, laborer</div> <div>Precision production, craft, repair</div> <div>14 – Mechanic, repairer, precision production</div> <div>15 – Construction, mining</div> <div>Farming, forestry, fishing</div> <div>16 – Farming</div> <div>17 – Forestry, fishing, groundskeeping</div> <div>Armed forces</div> <div>18 – Armed forces</div>	<div>0070 Code</div>	<div>b. Was . . .</div> <div>CODE</div> <div>1 – An employee of a PRIVATE company, business, or individual working for wages or salary?</div> <div>2 – A Federal government employee?</div> <div>3 – A State government employee?</div> <div>4 – A local government employee?</div> <div>5 – Self-employed in OWN business, professional practice, or farm?</div> <div>6 – Working WITHOUT PAY in family business or farm?</div>	<div>0080 Code</div> <div>Ask if code 5 and not a farm – Is the business incorporated?</div> <div>0090 1 Yes 2 No</div>		

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 Fourth Quarter – Continued					
<div>1. FIELD REPRESENTATIVE ITEM <i>Enter the first name and line number of each CU member 14 years old and over.</i></div>		PROCESSING USE ONLY	<div>1 23 35 6 ↓</div>		
		a. NAME			
		b. LINE NUMBER	0010		
<div>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.</div>		0020		Weeks	<div>0 <input type="checkbox"/> Did not work – Go to item 5</div>
<div>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</div>		0030		Hours per week	
<div>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 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</div>		0070		Code	
<div>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</div>		0080		Code	<div>Ask if code 5 and not a farm – Is the business incorporated?</div> <div>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
<div>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</div>		0100		Code	
<div>6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?</div>		0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b		0210 \$.00	
<div>b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?</div>		0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c		0230 \$.00 0240 3 <input type="checkbox"/> Loss	
<div>c. Income or loss from . . .’s own farm? What was the amount of income or loss after expenses?</div>		0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7		0260 \$.00 0270 3 <input type="checkbox"/> Loss	
<div>7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks?</div>		0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
<div>b. From Railroad Retirement checks?</div>		0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
<div>c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</div>		0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a			
<div>d. What was the amount of the last Social Security or Railroad Retirement payment received?</div>		0310 \$.00			
<div>e. Is this amount AFTER the deduction for a Medicare premium?</div>		0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
<div>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</div>		0330		Number	
<div>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether?</div>		0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
		0360 \$.00			
<div>Ask items 9–12 only if item 6a is YES (code 1).</div> <div>9. What was the gross amount of . . .’s last pay and what period of time did this cover?</div>		0370 \$.00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month			
<div>10. Was there any money deducted from . . .’s last pay for – If YES – How much was deducted? a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</div>		Yes	No	Amount	
		0390 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0400 \$.00	
		0410 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0420 \$.00	
		0430 1 <input type="checkbox"/>	2 <input type="checkbox"/>		
		0440 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0450 \$.00	
		0460 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0470 \$.00	
		0480 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0490 \$.00	
		0500 1 <input type="checkbox"/>	2 <input type="checkbox"/>		
<div>Ask if "Yes" in item 10c or 10g</div> <div>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</div>		0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
<div>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?</div>		0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
<div>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES – How much?</div>		0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14		0530 \$.00	
<div>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13.</div>		0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used			

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 Fourth Quarter – Continued

<div><div>1. FIELD REPRESENTATIVE ITEM</div><div>Enter the first name and line number of each CU member 14 years old and over.</div></div>	<div>PROCESSING USE ONLY</div> <div>1 23 40 6 ↓</div>	<div>5. What was the main reason . . . did not work during the past 12 months? Was . . .</div> <div>CODE</div> <div>1 – Retired?</div> <div>2 – Taking care of home/family?</div> <div>3 – Going to school?</div> <div>4 – Ill, disabled, unable to work?</div> <div>5 – Unable to find work?</div> <div>6 – Doing something else? – Specify</div>	<div>8. During the past 12 months, did . . . receive –</div> <div>a. Any Supplemental Security Income checks from the U.S. Government?</div> <div>b. Any Supplemental Security Income checks from the State or local Government?</div> <div>If YES in items 8a and/or 8b –</div> <div>How much did . . . receive in Supplemental Security Income checks altogether?</div>	<div>0340 1 Yes 2 No</div> <div>0350 1 Yes 2 No</div> <div>0360 \$.00</div> <div>0370 \$.00</div> <div>0380 1 Week 5 Year 2 2 Weeks 6 Other – Specify 3 Month 4 Quarter 7 Twice a month</div>	
<div>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.</div>	<div>0020 Weeks</div> <div>0 Did not work – Go to item 5</div>	<div>6. During the past 12 months, did . . . receive any money in –</div> <div>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?</div> <div>b. Income or loss from . . .’s own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?</div> <div>c. Income or loss from . . .’s own farm? What was the amount of income or loss after expenses?</div>	<div>0100 Code</div> <div>0200 1 Yes 2 No – Go to item 6b</div> <div>0210 \$.00</div> <div>0220 1 Yes 2 No – Go to item 6c</div> <div>0230 \$.00</div> <div>0240 3 Loss</div> <div>0250 1 Yes 2 No – Go to item 7</div> <div>0260 \$.00</div> <div>0270 3 Loss</div> <div>0280 1 Yes 2 No</div> <div>0290 1 Yes 2 No</div> <div>0300 1 Yes – Go to item 7d 2 No – Go to item 8a</div> <div>0310 \$.00</div> <div>0320 1 Yes 2 No</div> <div>0330 Number</div>	<div>9. What was the gross amount of . . .’s last pay and what period of time did this cover?</div> <div>10. Was there any money deducted from . . .’s last pay for –</div> <div>If YES – How much was deducted?</div> <div>a. Federal income tax?</div> <div>b. State and local income tax?</div> <div>c. Social Security including Medicare?</div> <div>d. Railroad Retirement?</div> <div>e. Government Retirement?</div> <div>f. Private pension fund?</div> <div>g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</div>	<div>0390 1 2 0400 \$.00</div> <div>0410 1 2 0420 \$.00</div> <div>0430 1 2</div> <div>0440 1 2 0450 \$.00</div> <div>0460 1 2 0470 \$.00</div> <div>0480 1 2 0490 \$.00</div> <div>0500 1 2</div> <div>0501 1 Yes 2 No</div> <div>0510 1 Yes 2 No</div> <div>0520 1 Yes 2 No – Go to item 14</div> <div>0530 \$.00</div> <div>0540 1 Records 2 No records used</div>
<div>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</div>	<div>0030 Hours per week</div>	<div>7. During the past 12 months, did . . . receive from the U.S. Government any money –</div> <div>a. From Social Security checks?</div> <div>b. From Railroad Retirement checks?</div> <div>c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?</div> <div>d. What was the amount of the last Social Security or Railroad Retirement payment received?</div> <div>e. Is this amount AFTER the deduction for a Medicare premium?</div> <div>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</div>	<div>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</div> <div>12. Other than Social Security, did any employer or union that . . . worked for during the last 12 months contribute to a pension or retirement plan that . . . was enrolled in?</div> <div>13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.</div> <div>b. If YES – How much?</div> <div>14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent’s use of records in providing responses to items 6–13.</div>	<div>0070 Code</div> <div>0080 Code</div> <div>0090 1 Yes 2 No</div> <div>0000 Yes 0001 No</div>	
<div>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</div> <div>Manager, professional</div> <div>01 – Administrator, manager</div> <div>02 – Teacher</div> <div>03 – Professional</div> <div>Administrative support, technical, sales</div> <div>04 – Administrative support, including clerical</div> <div>05 – Sales, retail</div> <div>06 – Sales, business goods and services</div> <div>07 – Technician</div> <div>Service</div> <div>08 – Protective service</div> <div>09 – Private household service</div> <div>10 – Other service</div> <div>Operator, assembler, laborer</div> <div>11 – Machine operator, assembler, inspector</div> <div>12 – Transportation operator</div> <div>13 – Handler, helper, laborer</div> <div>Precision production, craft, repair</div> <div>14 – Mechanic, repairer, precision production</div> <div>15 – Construction, mining</div> <div>Farming, forestry, fishing</div> <div>16 – Farming</div> <div>17 – Forestry, fishing, groundskeeping</div> <div>Armed forces</div> <div>18 – Armed forces</div>	<div>b. Was . . .</div> <div>CODE</div> <div>1 – An employee of a PRIVATE company, business, or individual working for wages or salary?</div> <div>2 – A Federal government employee?</div> <div>3 – A State government employee?</div> <div>4 – A local government employee?</div> <div>5 – Self-employed in OWN business, professional practice, or farm?</div> <div>6 – Working WITHOUT PAY in family business or farm?</div>				

NOTES

[illegible]

Section 22 – WORK EXPERIENCE AND INCOME – Continued		FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.
Part F – Occupational Expenses and Contributions – Fifth Quarter Only		
1. During the past 12 months, did you (or any members of your CU) have any occupational expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits? If YES – What was the total amount of these occupational expenses?	1 22 98 6 ↓ 0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a 0020 \$.00	NOTES
2. During the past 12 months, did you (or any members of your CU) make any – a. Cash contributions for support of persons not in the CU, including alimony, child support, or students living away at college? If YES – How much?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2b 0040 \$.00	
(1) How much of this amount was for alimony?	0041 \$.00 x <input type="checkbox"/> Don't know	
(2) How much of this amount was for child support?	0042 \$.00 x <input type="checkbox"/> Don't know	
(3) How much of this amount was for the expenses of college or university students while attending school away from home? . .	0060 \$.00 x <input type="checkbox"/> Don't know	
b. Gifts of cash, bonds, or stocks to persons not in the CU? If YES – How much?	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2c 0080 \$.00	
c. Contributions to charities, such as United Way, Red Cross, etc.? If YES – How much?	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2d 0100 \$.00	
d. Contributions to church and other religious organizations, excluding parochial school expenses? If YES – How much?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2e 0120 \$.00	
e. Contributions to educational organizations? . . . If YES – How much?	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2f 0140 \$.00	
f. Political contributions? If YES – How much?	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2g 0160 \$.00	
g. Other contributions? – Specify in "Notes" If YES – How much?	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next part 0180 \$.00	

Section 22 – WORK EXPERIENCE AND INCOME – Continued		FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.		
Part G – Changes In Assets – Fifth Quarter Only				
<div>1. On the last day of (last month), what was the total amount your CU had in –</div> <div>1 22 99 4 ↓</div> <div><div>a. Savings accounts in banks, savings and loans, credit unions and similar accounts?</div><div>0010 \$.00</div><div>0 <input type="checkbox"/> None</div></div> <div><div>b. Checking accounts, brokerage accounts and other similar accounts?</div><div>0020 \$.00</div><div>0 <input type="checkbox"/> None</div></div> <div><div>c. U.S. Savings bonds?</div><div>0030 \$.00</div><div>0 <input type="checkbox"/> None</div></div>		<div>5. During the past 12 months, did you (or any members of your CU) sell any stocks, mutual funds or bonds?</div> <div>0160 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 6</div> <div><div>If YES – What was the net amount received from sales after subtracting broker fees?</div><div>0170 \$.00</div></div>		NOTES
<div>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 –</div> <div>If more or less – How much more (less)?</div> <div><div>a. Savings accounts?</div><div>0040 1 <input type="checkbox"/> Same – Go to item 2b</div><div>2 <input type="checkbox"/> More</div><div>3 <input type="checkbox"/> Less</div><div>0050 \$.00</div></div> <div><div>b. Checking accounts?</div><div>0060 1 <input type="checkbox"/> Same – Go to item 2c</div><div>2 <input type="checkbox"/> More</div><div>3 <input type="checkbox"/> Less</div><div>0070 \$.00</div></div> <div><div>c. U.S. Savings bonds?</div><div>0080 1 <input type="checkbox"/> Same – Go to item 3a</div><div>2 <input type="checkbox"/> More</div><div>3 <input type="checkbox"/> Less</div><div>0090 \$.00</div></div>		<div>6. During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm?</div> <div>0180 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 7</div> <div><div>If YES – How much did you invest?</div><div>0190 \$.00</div></div>		
<div>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)?</div> <div>0100 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 4</div> <div><div>b. If YES – What was the estimated value of all such securities on the last day of (last month)?</div><div>0110 \$.00</div></div> <div><div>c. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?</div><div>0120 1 <input type="checkbox"/> Same – Go to item 4</div><div>2 <input type="checkbox"/> More</div><div>3 <input type="checkbox"/> Less</div><div>0130 \$.00</div></div>		<div>7. During the past 12 months, did you (or any members of your CU) withdraw any assets from your own business or farm?</div> <div>0200 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 8a</div> <div><div>If YES – What was the value of such assets?</div><div>0210 \$.00</div></div>		
<div>4. During the past 12 months, did you (or any members of your CU) purchase any stocks, mutual funds or bonds?</div> <div>If YES – What was the total purchase price including broker fees?</div> <div>0140 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 5</div> <div>0150 \$.00</div>		<div>8a. During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use?</div> <div>0220 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 9a</div> <div><div>b. What was the value of these goods or services?</div><div>0230 \$.00</div></div>		
<div>3b. If YES – What was the estimated value of all such securities on the last day of (last month)?</div> <div>0110 \$.00</div> <div><div>c. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?</div><div>0120 1 <input type="checkbox"/> Same – Go to item 4</div><div>2 <input type="checkbox"/> More</div><div>3 <input type="checkbox"/> Less</div><div>0130 \$.00</div></div>		<div>9a. On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU?</div> <div>0240 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 10</div> <div><div>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)?</div><div>If more or less – How much more (less)?</div><div>0250 1 <input type="checkbox"/> Same – Go to item 10</div><div>2 <input type="checkbox"/> More</div><div>3 <input type="checkbox"/> Less</div><div>0260 \$.00</div></div>		
<div>3c. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?</div> <div>If more or less – How much more (less)?</div> <div>0120 1 <input type="checkbox"/> Same – Go to item 4</div> <div>2 <input type="checkbox"/> More</div> <div>3 <input type="checkbox"/> Less</div> <div>0130 \$.00</div>		<div>10. Did anyone outside of your CU owe money to you or any member of your CU on the last day of (last month, one year ago)?</div> <div>If YES – How much was owed?</div> <div>0270 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 11</div> <div>0280 \$.00</div>		
<div>3d. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?</div> <div>If more or less – How much more (less)?</div> <div>0120 1 <input type="checkbox"/> Same – Go to item 4</div> <div>2 <input type="checkbox"/> More</div> <div>3 <input type="checkbox"/> Less</div> <div>0130 \$.00</div>		<div>11a. During the past 12 months, did you (or any members of your CU) receive settlement on surrender of any insurance policies (life or annuity)?</div> <div>If YES – How much did you receive?</div> <div>0290 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>0300 \$.00</div>		

Section 24 – TOTAL CU INCOME – For New Consumer Units Only

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask the question and read each income range category beginning with code 1.

[illegible]

GENERAL SURVEY INFORMATION	Section 1
RENTED LIVING QUARTERS	Section 2
OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE	Section 3
UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES	Section 4
CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY	Section 5
APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS	Section 6
HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING	Section 7
HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS	Section 8
CLOTHING AND SEWING MATERIALS	Section 9
RENTED AND LEASED VEHICLES	Section 10
OWNED VEHICLES	Section 11
VEHICLE OPERATING EXPENSES	Section 12
INSURANCE OTHER THAN HEALTH	Section 13
HOSPITALIZATION AND HEALTH INSURANCE	Section 14
MEDICAL AND HEALTH EXPENDITURES	Section 15
EDUCATIONAL EXPENSES	Section 16
SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES	Section 17
TRIPS AND VACATIONS	Section 18
MISCELLANEOUS EXPENSES	Section 19
EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS	Section 20
CREDIT LIABILITY	Section 21
WORK EXPERIENCE AND INCOME	Section 22
TOTAL CU INCOME	Section 24