| | CF-302 | // 1 0 |
|-------|---------|---------|
| FURIN | L-F-5U/ | (4-1-9) |

| NOTE: Office s | taff should com | nplete transci | ription items 1–4 beld | ow for intervie | wed CU's o | nly. | | | | | |
|-------------------------------|------------------------|----------------|--------------------------------|--------------------|----------------------------|------------------|-------------|-------------------|-------------------|---------------------------|---------|
| 1. Regional Office code | 2. CONTROL PSU code | | Segment number suffix | Sample designation | Serial number | Serial suffix | Check digit | 3a. HH No. | 3b. CU No. | 4. Intervi ☐ 2 ☐ 3 | iew No. |

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

| S | ectior | tion 1 – GENERAL SURVEY INFORMATION | | | | | | | | | | | FORM CE-302 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS | | | | | | | |
|--------------|---------------------|-------------------------------------|--|--|--------------------|------------|-------------|-----------------------------|------------|-------------|-------------------|--------------------------------------|---|--------|--------------|----------|--|--|-----------------------------|---|
| Р | art A | - Field R | epres | enta | ative Rec | ords | | 1 01 25 | 3 ↓ | | | | | | | | (4-1-55) | | | ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR |
| 1. Re | gional fice code | 2. Contro PSU code | I numbe Segmen | r nt No. | Segment numl | oer suffix | Sample des | | | rial suffix | Check digit I I I | 3a. HH No. | 3b. cu | J No. | No. □ 2 □ | w 4 5 | | QUESTION UARTERLY INTER CONSUMER EXPENDE | RVIEW SURVEY | BUREAU OF LABOR STATISTICS |
| F 0 | | - TEL EDILO | NE CON | | | 2011 501 | | | | | | | | | | 一十 | NOTICE - Your report to the (| Census Bureau is confid | lential by law (title 13. l | J.S. Code). It may be seen |
| 5. R | -CORD (| Reason | NE CON | Call | | eason | | I <i>– Enter co</i> Call | de for rea | | ' - | ntact from list | | | SE ONLY | | only by sworn Census employ | yees and may be used or | nly for statistical purpose | es. |
| (a) | 2000 | (b) | | (a) | | (b) | | (a) | (b) | | | NE CONTACT | 0111 | ICE O | OL ONE! | | 7. RECORD OF INTERVIEW AND | OFFICE ACTIVITY TIME | | |
| ' | 0020 | | | 5 | 0100 | | | 9 0180 | | | | hone call lect data | 0250 | | | -1 | Activity | TI | IME | OFFICE USE ONLY |
| 2 | 0040 | | | 6 | 0120 | | | 10 0200 | | | 2 Telepl | hone call to | | | | | , | Began | Ended | Total minutes |
| 3 | 0060 | | | 7 | 0140 | | | 11 0220 | | | sched appoi | lule intment | | | | | Interviewing | a.m. p.m | | |
| 4 | 0800 | | | 8 | 0160 | | | 12 0240 | | | 3 Other call | telephone | | | | | Field Representative review | a.m. p.m | | |
| 6. R | ECORD C | F TRAVEL 1 | ΓIME AN | ID REA | ASON FOR V | | | el time and | | | Call | REAS | ON FOR V | /ISIT | | | Office edit | a.m. p.m. | | |
| | | | | | | r | eason of vi | isit from list | of codes | at right. | | Personal visit t Personal visit t | | | nintment | | Office transcription | a.m. p.m | | |
| | | | | | | | | | | | 6 | Other persona | l visit | с аррс | | | 8. QUESTIONNAIRE DEBRIEFING | G – Complete at the cond | clusion of interview. | • |
| Trip | | Time | | | OFFICE USE ONLY | Trip | | ime | Reason | OFFICE U | | Time | e | | OFFICE U | | a. Enter the line number of the code 99 for non CU member | the respondent who ansv | vered the most question | naire sections – Enter |
| (a) | Begai | (b) | | (c) | | (a) | Began | (b) | (c) | | (a) | Began (b) | | (c) | | | | | | |
| | | a. | .m. 0 | 270 | 0280 | | | a.m. p.m. | 0390 | 0400 | | | a.m. p.m. | 0510 | 0520 | \perp | Line number of r | | | |
| 1 | Ende | | | | | 5 | Ended | p.iii. | 1 | | 9 | Ended | p | | | \perp | b. Enter the line number(s) o | of all other respondents – | - Enter code 99 for non C | CU member. |
| | | | .m. .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | | 0670 | 0700 | 0730 | |
| | Begai | | m. 0: | 300 | 0310 | | Began | a.m. | 0420 | 0430 | | Began | a.m. | 0540 | 0550 | | | | I | <u> </u> |
| 2 | | | .m. | | | 6 | | p.m. | | | 10 | | p.m. | | | | 0680 | 0710 | 0740 | |
| _ | Ende | | .m. | | | | Ended | a.m. | | | '0 | Ended | a.m. | | | | | | | |
| | | p. | .m. | | | | _ | p.m. | | | | | p.m. | | | 4 | 0690 | 0720 | 0750 | |
| | Begai | | .m. 0 | 330 | 0340 | | Began | a.m. | 0450 | 0460 | | Began | a.m. | 0570 | 0580 | -1 | C. In answering questions ab expense books, tax returns | oout expenses, did the re is, or other records? | spondent consult bills, r | eceipts, check stubs, |
| 3 | Ende | | .m. | | | 7 | Ended | p.m. | - | | 11 | Ended | p.m. | | | -1 | Mark (X) one. | | | |
| | Lilaco | a. | m. | | | | Liidea | a.m. | | | | Lilaca | a.m. | | | | 0760 1 Always | ₃ ☐ Mostly | 5 ☐ Almost never | |
| | Begai | <u> </u> | .m. | 360 | 0270 | | Began | p.m. | 0490 | 0490 | | Began | p.m. | 0600 | 0610 | \dashv | 2 ☐ Almost always | 4 Occasionally | 6 ☐ Never | |
| | | a. | .m. [0. | 300 | 0370 | | | a.m. p.m. | 0480 | 0490 | | | a.m. p.m. | 0600 | 0610 | -1 | d. If any bills, receipts, or receipts cost information? | cords were used, which c | ones did the respondent | s) use to give |
| 4 | Ende | l . | | | | 8 | Ended | · | | | 12 | Ended | | | | -1 | Mark (X) all that apply. | | - | |
| | | | .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | | 0770 1 ☐ Bills 0780 2 ☐ Checkbook ledger | 0800 4 ☐ Receipts of p 0810 5 ☐ Home file (pr | | 7 Bank statements 8 Other |
| | | | | | | | | NOTES | | | | | | | | | or stubs | Census Burea | au) | |
| | | | | | | | | | | | | | | | | | | 0820 6 ☐ Contracts or | agreements | DDOCECCING HOE ONLY |
| | | | | | | | | | | | | | | | | | 9. LAST SECTION COMPLETED If the respondent did not com | | conclusion, enter | PROCESSING USE ONLY |
| | | | | | | | | | | | | | | | | | the last section completed. | , | | 1 9 9 9 |
| | | | | | | | | | | | | | | | | | 0850 Section nu | mber | | |

| S | ectior | tion 1 – GENERAL SURVEY INFORMATION | | | | | | | | | | | FORM CE-302 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS | | | | | | | |
|--------------|---------------------|-------------------------------------|--|--|--------------------|------------|-------------|-----------------------------|------------|-------------|-------------------|--------------------------------------|---|--------|--------------|----------|--|--|-----------------------------|---|
| Р | art A | - Field R | epres | enta | ative Rec | ords | | 1 01 25 | 3 ↓ | | | | | | | | (4-1-55) | | | ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR |
| 1. Re | gional fice code | 2. Contro PSU code | I numbe Segmen | r nt No. | Segment numl | oer suffix | Sample des | | | rial suffix | Check digit I I I | 3a. HH No. | 3b. cu | J No. | No. □ 2 □ | w 4 5 | | QUESTION UARTERLY INTER CONSUMER EXPENDE | RVIEW SURVEY | BUREAU OF LABOR STATISTICS |
| F 0 | | - TEL EDILO | NE CON | | | 2011 501 | | | | | | | | | | 一十 | NOTICE - Your report to the (| Census Bureau is confid | lential by law (title 13. l | J.S. Code). It may be seen |
| 5. R | -CORD (| Reason | NE CON | Call | | eason | | I <i>– Enter co</i> Call | de for rea | | ' - | ntact from list | | | SE ONLY | | only by sworn Census employ | yees and may be used or | nly for statistical purpose | es. |
| (a) | 2000 | (b) | | (a) | | (b) | | (a) | (b) | | | NE CONTACT | 0111 | ICE O | OL ONE! | | 7. RECORD OF INTERVIEW AND | OFFICE ACTIVITY TIME | | |
| ' | 0020 | | | 5 | 0100 | | | 9 0180 | | | | hone call lect data | 0250 | | | -1 | Activity | TI | IME | OFFICE USE ONLY |
| 2 | 0040 | | | 6 | 0120 | | | 10 0200 | | | 2 Telepl | hone call to | | | | | , | Began | Ended | Total minutes |
| 3 | 0060 | | | 7 | 0140 | | | 11 0220 | | | sched appoi | lule intment | | | | | Interviewing | a.m. p.m | | |
| 4 | 0800 | | | 8 | 0160 | | | 12 0240 | | | 3 Other call | telephone | | | | | Field Representative review | a.m. p.m | | |
| 6. R | ECORD C | F TRAVEL 1 | ΓIME AN | ID REA | ASON FOR V | | | el time and | | | Call | REAS | ON FOR V | /ISIT | | | Office edit | a.m. p.m. | | |
| | | | | | | r | eason of vi | isit from list | of codes | at right. | | Personal visit t Personal visit t | | | nintment | | Office transcription | a.m. p.m | | |
| | | | | | | | | | | | 6 | Other persona | l visit | с аррс | | | 8. QUESTIONNAIRE DEBRIEFING | G – Complete at the cond | clusion of interview. | • |
| Trip | | Time | | | OFFICE USE ONLY | Trip | | ime | Reason | OFFICE U | | Time | e | | OFFICE U | | a. Enter the line number of the code 99 for non CU member | the respondent who ansv | vered the most question | naire sections – Enter |
| (a) | Begai | (b) | | (c) | | (a) | Began | (b) | (c) | | (a) | Began (b) | | (c) | | | | | | |
| | | a. | .m. 0 | 270 | 0280 | | | a.m. p.m. | 0390 | 0400 | | | a.m. p.m. | 0510 | 0520 | - | Line number of r | | | |
| 1 | Ende | | | | | 5 | Ended | p.iii. | 1 | | 9 | Ended | p | | | \perp | b. Enter the line number(s) o | of all other respondents – | - Enter code 99 for non C | CU member. |
| | | | .m. .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | | 0670 | 0700 | 0730 | |
| | Begai | | m. 0: | 300 | 0310 | | Began | a.m. | 0420 | 0430 | | Began | a.m. | 0540 | 0550 | | | | I | <u> </u> |
| 2 | | | .m. | | | 6 | | p.m. | | | 10 | | p.m. | | | | 0680 | 0710 | 0740 | |
| _ | Ende | | .m. | | | | Ended | a.m. | | | '0 | Ended | a.m. | | | | | | | |
| | | p. | .m. | | | | _ | p.m. | | | | | p.m. | | | 4 | 0690 | 0720 | 0750 | |
| | Begai | | .m. 0 | 330 | 0340 | | Began | a.m. | 0450 | 0460 | | Began | a.m. | 0570 | 0580 | -1 | C. In answering questions ab expense books, tax returns | oout expenses, did the re is, or other records? | spondent consult bills, r | eceipts, check stubs, |
| 3 | Ende | | .m. | | | 7 | Ended | p.m. | - | | 11 | Ended | p.m. | | | -1 | Mark (X) one. | | | |
| | Lilaco | a. | m. | | | | Liidea | a.m. | | | | Lilaca | a.m. | | | | 0760 1 Always | ₃ ☐ Mostly | 5 ☐ Almost never | |
| | Begai | <u> </u> | .m. | 360 | 0270 | | Began | p.m. | 0490 | 0490 | | Began | p.m. | 0600 | 0610 | \dashv | 2 ☐ Almost always | 4 Occasionally | 6 ☐ Never | |
| | | a. | .m. [0. | 300 | 0370 | | | a.m. p.m. | 0480 | 0490 | | | a.m. p.m. | 0600 | 0610 | -1 | d. If any bills, receipts, or receipts cost information? | cords were used, which c | ones did the respondent | s) use to give |
| 4 | Ende | l . | | | | 8 | Ended | · | | | 12 | Ended | | | | -1 | Mark (X) all that apply. | | - | |
| | | | .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | | 0770 1 ☐ Bills 0780 2 ☐ Checkbook ledger | 0800 4 ☐ Receipts of p 0810 5 ☐ Home file (pr | | 7 Bank statements 8 Other |
| | | | | | | | | NOTES | | | | | | | | | or stubs | Census Burea | au) | |
| | | | | | | | | | | | | | | | | | | 0820 6 ☐ Contracts or | agreements | DDOCECCING HOE ONLY |
| | | | | | | | | | | | | | | | | | 9. LAST SECTION COMPLETED If the respondent did not com | | conclusion, enter | PROCESSING USE ONLY |
| | | | | | | | | | | | | | | | | | the last section completed. | , | | 1 9 9 9 |
| | | | | | | | | | | | | | | | | | 0850 Section nu | mber | | |

| S | ectior | tion 1 – GENERAL SURVEY INFORMATION | | | | | | | | | | | FORM CE-302 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS | | | | | | | |
|--------------|---------------------|-------------------------------------|--|--|--------------------|------------|-------------|-----------------------------|------------|-------------|-------------------|--------------------------------------|---|--------|--------------|----------|--|--|-----------------------------|---|
| P | art A | - Field R | epres | enta | ative Rec | ords | | 1 01 25 | 3 ↓ | | | | | | | | (4-1-55) | | | ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR |
| 1. Re | gional fice code | 2. Contro PSU code | I numbe Segmen | r nt No. | Segment numl | oer suffix | Sample des | | | rial suffix | Check digit I I I | 3a. HH No. | 3b. cu | J No. | No. □ 2 □ | w 4 5 | | QUESTION UARTERLY INTER CONSUMER EXPENDE | RVIEW SURVEY | BUREAU OF LABOR STATISTICS |
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| (a) | 2000 | (b) | | (a) | | (b) | | (a) | (b) | | | NE CONTACT | 0111 | ICE O | OL ONE! | | 7. RECORD OF INTERVIEW AND | OFFICE ACTIVITY TIME | | |
| ' | 0020 | | | 5 | 0100 | | | 9 0180 | | | | hone call lect data | 0250 | | | -1 | Activity | TI | IME | OFFICE USE ONLY |
| 2 | 0040 | | | 6 | 0120 | | | 10 0200 | | | 2 Telepl | hone call to | | | | | , | Began | Ended | Total minutes |
| 3 | 0060 | | | 7 | 0140 | | | 11 0220 | | | sched appoi | lule intment | | | | | Interviewing | a.m. p.m | | |
| 4 | 0800 | | | 8 | 0160 | | | 12 0240 | | | 3 Other call | telephone | | | | | Field Representative review | a.m. p.m | | |
| 6. R | ECORD C | F TRAVEL 1 | ΓIME AN | ID REA | ASON FOR V | | | el time and | | | Call | REAS | ON FOR V | /ISIT | | | Office edit | a.m. p.m. | | |
| | | | | | | r | eason of vi | isit from list | of codes | at right. | | Personal visit t Personal visit t | | | nintment | | Office transcription | a.m. p.m | | |
| | | | | | | | | | | | 6 | Other persona | l visit | с аррс | | | 8. QUESTIONNAIRE DEBRIEFING | G – Complete at the cond | clusion of interview. | • |
| Trip | | Time | | | OFFICE USE ONLY | Trip | | ime | Reason | OFFICE U | | Time | e | | OFFICE U | | a. Enter the line number of the code 99 for non CU member | the respondent who ansv | vered the most question | naire sections – Enter |
| (a) | Begai | (b) | | (c) | | (a) | Began | (b) | (c) | | (a) | Began (b) | | (c) | | | | | | |
| | | a. | .m. 0 | 270 | 0280 | | | a.m. p.m. | 0390 | 0400 | | | a.m. p.m. | 0510 | 0520 | - | Line number of r | | | |
| 1 | Ende | | | | | 5 | Ended | p.iii. | 1 | | 9 | Ended | p | | | \perp | b. Enter the line number(s) o | of all other respondents – | - Enter code 99 for non C | CU member. |
| | | | .m. .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | | 0670 | 0700 | 0730 | |
| | Begai | | m. 0: | 300 | 0310 | | Began | a.m. | 0420 | 0430 | | Began | a.m. | 0540 | 0550 | | | | I | <u> </u> |
| 2 | | | .m. | | | 6 | | p.m. | | | 10 | | p.m. | | | | 0680 | 0710 | 0740 | |
| _ | Ende | | .m. | | | | Ended | a.m. | | | '0 | Ended | a.m. | | | | | | | |
| | | p. | .m. | | | | _ | p.m. | | | | | p.m. | | | 4 | 0690 | 0720 | 0750 | |
| | Begai | | .m. 0 | 330 | 0340 | | Began | a.m. | 0450 | 0460 | | Began | a.m. | 0570 | 0580 | -1 | C. In answering questions ab expense books, tax returns | oout expenses, did the re is, or other records? | spondent consult bills, r | eceipts, check stubs, |
| 3 | Ende | | .m. | | | 7 | Ended | p.m. | - | | 11 | Ended | p.m. | | | -1 | Mark (X) one. | | | |
| | Lilaco | a. | m. | | | | Liidea | a.m. | | | | Lilaca | a.m. | | | | 0760 1 Always | ₃ ☐ Mostly | 5 ☐ Almost never | |
| | Begai | <u> </u> | .m. | 360 | 0270 | | Began | p.m. | 0490 | 0490 | | Began | p.m. | 0600 | 0610 | \dashv | 2 ☐ Almost always | 4 Occasionally | 6 ☐ Never | |
| | | a. | .m. [0. | 300 | 0370 | | | a.m. p.m. | 0480 | 0490 | | | a.m. p.m. | 0600 | 0610 | -1 | d. If any bills, receipts, or receipts cost information? | cords were used, which c | ones did the respondent | s) use to give |
| 4 | Ende | l . | | | | 8 | Ended | · | | | 12 | Ended | | | | -1 | Mark (X) all that apply. | | - | |
| | | | .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | | 0770 1 ☐ Bills 0780 2 ☐ Checkbook ledger | 0800 4 ☐ Receipts of p 0810 5 ☐ Home file (pr | | 7 Bank statements 8 Other |
| | | | | | | | | NOTES | | | | | | | | | or stubs | Census Burea | au) | |
| | | | | | | | | | | | | | | | | | | 0820 6 ☐ Contracts or | agreements | DDOCECCING HOE ONLY |
| | | | | | | | | | | | | | | | | | 9. LAST SECTION COMPLETED If the respondent did not com | | conclusion, enter | PROCESSING USE ONLY |
| | | | | | | | | | | | | | | | | | the last section completed. | , | | 1 9 9 9 |
| | | | | | | | | | | | | | | | | | 0850 Section nu | mber | | |

| S | ectior | tion 1 – GENERAL SURVEY INFORMATION | | | | | | | | | | | FORM CE-302 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS | | | | | | | |
|--------------|---------------------|-------------------------------------|--|--|--------------------|------------|-------------|-----------------------------|------------|-------------|-------------------|--------------------------------------|---|--------|--------------|----------|--|--|-----------------------------|---|
| Р | art A | - Field R | epres | enta | ative Rec | ords | | 1 01 25 | 3 ↓ | | | | | | | | (4-1-55) | | | ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR |
| 1. Re | gional fice code | 2. Contro PSU code | I numbe Segmen | r nt No. | Segment numl | oer suffix | Sample des | | | rial suffix | Check digit I I I | 3a. HH No. | 3b. cu | J No. | No. □ 2 □ | w 4 5 | | QUESTION UARTERLY INTER CONSUMER EXPENDE | RVIEW SURVEY | BUREAU OF LABOR STATISTICS |
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| (a) | 2000 | (b) | | (a) | | (b) | | (a) | (b) | | | NE CONTACT | 0111 | ICE O | OL ONE! | | 7. RECORD OF INTERVIEW AND | OFFICE ACTIVITY TIME | | |
| ' | 0020 | | | 5 | 0100 | | | 9 0180 | | | | hone call lect data | 0250 | | | -1 | Activity | TI | IME | OFFICE USE ONLY |
| 2 | 0040 | | | 6 | 0120 | | | 10 0200 | | | 2 Telepl | hone call to | | | | | , | Began | Ended | Total minutes |
| 3 | 0060 | | | 7 | 0140 | | | 11 0220 | | | sched appoi | lule intment | | | | | Interviewing | a.m. p.m | | |
| 4 | 0800 | | | 8 | 0160 | | | 12 0240 | | | 3 Other call | telephone | | | | | Field Representative review | a.m. p.m | | |
| 6. R | ECORD C | F TRAVEL 1 | ΓIME AN | ID REA | ASON FOR V | | | el time and | | | Call | REAS | ON FOR V | /ISIT | | | Office edit | a.m. p.m. | | |
| | | | | | | r | eason of vi | isit from list | of codes | at right. | | Personal visit t Personal visit t | | | nintment | | Office transcription | a.m. p.m | | |
| | | | | | | | | | | | 6 | Other persona | l visit | с аррс | | | 8. QUESTIONNAIRE DEBRIEFING | G – Complete at the cond | clusion of interview. | • |
| Trip | | Time | | | OFFICE USE ONLY | Trip | | ime | Reason | OFFICE U | | Time | e | | OFFICE U | | a. Enter the line number of the code 99 for non CU member | the respondent who ansv | vered the most question | naire sections – Enter |
| (a) | Begai | (b) | | (c) | | (a) | Began | (b) | (c) | | (a) | Began (b) | | (c) | | | | | | |
| | | a. | .m. 0 | 270 | 0280 | | | a.m. p.m. | 0390 | 0400 | | | a.m. p.m. | 0510 | 0520 | \perp | Line number of r | | | |
| 1 | Ende | | | | | 5 | Ended | p.iii. | 1 | | 9 | Ended | p | | | \perp | b. Enter the line number(s) o | of all other respondents – | - Enter code 99 for non C | CU member. |
| | | | .m. .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | | 0670 | 0700 | 0730 | |
| | Begai | | m. 0: | 300 | 0310 | | Began | a.m. | 0420 | 0430 | | Began | a.m. | 0540 | 0550 | | | | I | <u> </u> |
| 2 | | | .m. | | | 6 | | p.m. | | | 10 | | p.m. | | | | 0680 | 0710 | 0740 | |
| _ | Ende | | .m. | | | | Ended | a.m. | | | '0 | Ended | a.m. | | | | | | | |
| | | p. | .m. | | | | _ | p.m. | | | | | p.m. | | | 4 | 0690 | 0720 | 0750 | |
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| | Lilaco | a. | m. | | | | Liidea | a.m. | | | | Lilaca | a.m. | | | | 0760 1 Always | ₃ ☐ Mostly | 5 ☐ Almost never | |
| | Begai | <u> </u> | .m. | 360 | 0270 | | Began | p.m. | 0490 | 0490 | | Began | p.m. | 0600 | 0610 | \dashv | 2 ☐ Almost always | 4 Occasionally | 6 ☐ Never | |
| | | a. | .m. [0. | 300 | 0370 | | | a.m. p.m. | 0480 | 0490 | | | a.m. p.m. | 0600 | 0610 | -1 | d. If any bills, receipts, or receipts cost information? | cords were used, which c | ones did the respondent | s) use to give |
| 4 | Ende | l . | | | | 8 | Ended | · | | | 12 | Ended | | | | -1 | Mark (X) all that apply. | | - | |
| | | | .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | | 0770 1 ☐ Bills 0780 2 ☐ Checkbook ledger | 0800 4 ☐ Receipts of p 0810 5 ☐ Home file (pr | | 7 Bank statements 8 Other |
| | | | | | | | | NOTES | | | | | | | | | or stubs | Census Burea | au) | |
| | | | | | | | | | | | | | | | | | | 0820 6 ☐ Contracts or | agreements | DDOCECCING HOE ONLY |
| | | | | | | | | | | | | | | | | | 9. LAST SECTION COMPLETED If the respondent did not com | | s conclusion, enter | PROCESSING USE ONLY |
| | | | | | | | | | | | | | | | | | the last section completed. | , | | 1 9 9 9 |
| | | | | | | | | | | | | | | | | | 0850 Section nu | mber | | |

| S | ectior | tion 1 – GENERAL SURVEY INFORMATION | | | | | | | | | | | | FORM CE-302 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS | | | | |
|----------------|-----------------------|-------------------------------------|---------------------------------------|--|--------------------|-------------|-------------|---------------------------------------|----------------------|-------------|-------------------|--------------------------------------|---------------|---|------------------|---|------------------|---|
| Р | art A | - Field R | epres | senta | ative Rec | ords | | 1 01 25 | 3 ↓ | | | | | | | (4-1-33) | | ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR |
| 1. Re O | egional ffice code | 2. Contro | I numbe Segme | er ent No. | Segment numb | | Sample des | | | rial suffix | Check digit I I I | 3a. HH No. | 3b. cu | J No. | 4. Interview No. | | URVEY | BUREAU OF LABOR STATISTICS |
| . | | | | | | | | | | | | | | | | NOTICE – Your report to the Census Bureau is confidential by la | w (title 13 U | S Code) It may be seen |
| Call | ECORD (| Reason | INE COI | Call | | eason | | l <i>– Enter co</i> Call | de for rea Reasor | | ' - | ntact from list | | | SE ONLY | only by sworn Census employees and may be used only for statist | ical purposes | 6. |
| (a) | 0000 | (b) | | (a) | | (b) | | (a) | (b) | | | NE CONTACT | 0111 | ICL OC | JE ONE! | 7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME | | |
| 1 | 0020 | | | 5 | 0100 | | | 9 0180 | | | 1 Telepl | none call lect data | 0250 | | | Activity | | OFFICE USE ONLY |
| 2 | 0040 | | | 6 | 0120 | | ' | 10 0200 | | | | hone call to | | | | Began Ei | nded | Total minutes |
| 3 | 0060 | | | 7 | 0140 | | | 11 0220 | | | sched | | | | | Interviewing a.m. p.m. | a.m. p.m. | 0620 |
| 4 | 0800 | | | 8 | 0160 | | | 12 0240 | | | 3 Other call | telephone | | | | Field Representative review a.m. p.m. | a.m. p.m. | 0630 |
| 6. R | ECORD (| OF TRAVEL | TIME AI | ND REA | ASON FOR V | | | el time and | | | Can | REAS | ON FOR V | /ISIT | | Office edit a.m. p.m. | a.m. p.m. | 0640 |
| | | | | | | r | eason of vi | isit from list | of codes | at right. | | Personal visit t Personal visit t | | | ointment | Office transcription a.m. p.m. | a.m. p.m. | 0650 |
| | | | | | | | | | | | 6 | Other persona | l visit | - прро | | 8. QUESTIONNAIRE DEBRIEFING – Complete at the conclusion of in | terview. | • |
| Trip | | Time (b) | | eason (c) | OFFICE USE ONLY | Trip (a) | | ime (b) | Reason (c) | OFFICE U | | Time | е | Reaso (c) | on OFFICE US | a. Enter the line number of the respondent who answered the mocode 99 for non CU member. | st questionna | aire sections – Enter |
| (a) | Begai | | | 0270 | 0280 | (a) | Began | (b) | 0390 | 0400 | (a) | Began | | 0510 | _ | | | |
| _ | | | .m. 🖺 | 3270 | 0200 | _ | | a.m. p.m. | | 0.00 | | | a.m. p.m. | 00.10 | 0020 | b. Enter the line number(s) of all other respondents – Enter code | 00 for non Cl | I mambar |
| 1 | Ende | | m | | | 5 | Ended | 0 m | 1 | | 9 | Ended | 0 m | | | Enter the line number(s) of all other respondents – Enter code | 99 TOT HOH CO | member. |
| | | | .m. .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | 0670 | 0730 | ! |
| | Bega | | .m. | 0300 | 0310 | | Began | a.m. | 0420 | 0430 | | Began | a.m. | 0540 | 0550 | | | |
| 2 | | · · | .m. | | | 6 | | p.m. | _ | | 10 | | p.m. | | | 0680 | 0740 | i i |
| | Ende | a | .m. | | | | Ended | a.m. | | | | Ended | a.m. | | | 0690 | 0750 | i I |
| | Begai | <u> </u> | .m. | 2220 | 0240 | | Began | p.m. | 0450 | 0400 | | Began | p.m. | 0570 | 0500 | C. In answering questions about expenses, did the respondent co | | cainte chack stubs |
| _ | | a | .m. L .m. | 0330 | 0340 | _ | | a.m. p.m. | 0450 | 0460 | | | a.m. p.m. | 0570 | 0580 | expense books, tax returns, or other records? | nsuit bills, rec | ceipts, check stubs, |
| 3 | Ende | | | | | 7 | Ended | · · · · · · · · · · · · · · · · · · · | 1 | | 11 | Ended | | | | Mark (X) one. | | |
| | | | .m. .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | 1 Always 3 Mostly 5 Ali | most never | |
| | Bega | a | .111. | 0360 | 0370 | | Began | a.m. p.m. | 0480 | 0490 | | Began | a.m. p.m. | 0600 | 0610 | d. If any bills, receipts, or records were used, which ones did the cost information? | |) use to give |
| 4 | Ende | | .m. | | | 8 | Ended | p.iii. | | | 12 | Ended | р.пт. | | | Mark(X) all that apply. | | |
| | | | .m. .m. | | | | | a.m. p.m. | | | | | a.m. p.m. | | | 0770 1 ☐ Bills 0800 4 ☐ Receipts of purchase (sal 0780 2 ☐ Checkbook ledger 0810 5 ☐ Home file (provided by | | 7 ☐ Bank statements 840 8 ☐ Other |
| | | · | | | | | | NOTES | • | | | | | | | or stubs Census Bureau) | | oroginal |
| | | | | | | | | | | | | | | | | 0790 3 ☐ Canceled checks 0820 6 ☐ Contracts or agreements | | |
| | | | | | | | | | | | | | | | | 9. LAST SECTION COMPLETED If the respondent did not complete the interview to its conclusion, | | PROCESSING USE ONLY |
| | | | | | | | | | | | | | | | | the last section completed. | <i>-</i> | 0860 1 9 9 9 |
| | | | | | | | | | | | | | | | | 0850 Section number | | 0860 |

| Section 1 – GENERAL SURVEY INFORMATION – Continued | | | | | | | | | | | |
|--|---|--------------------|--|--|--|--|--|--|--|--|--|
| Part A.1 – Consumer Unit and Reference Period Explanations | | | | | | | | | | | |
| FIELD REPRESENTATIVE NOTE: Read the following paragr | raphs (control card items 23f and 35b) ONLY if you have NOT | read them already. | | | | | | | | | |
| 1. Consumer Unit During this interview, I will use the words consumer unit or CU. A consumer unit is the | 2. Reference Period Most questions that I will be asking refer to a specific time period. During this interview, the | NOTES | | | | | | | | | |
| During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses. | Most questions that I will be asking refer to a specific time period. During this interview, the time period, unless I state otherwise, is for the past three months, that is, from the first day of (Month, three months previous to this month) to today. | | | | | | | | | | |
| The person(s) I'm including in your CU (is/are): (READ NAMES OF ALL PERSONS LISTED IN CONTROL CARD ITEM 18 WITH THE SAME CU MARKED IN CONTROL CARD ITEM 23g.) | today. | | | | | | | | | | |
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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 Hous | ing Characteristics – For New Consum | er Units Only (For Returning | g Consumer Units, Go to Section | n 2) 1 01 26 1 ↓ | |
|-----|---|--|---|--|---|---|
| 1a. | Ask if not apparent. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency? | 0010 1 ☐ Yes – Go to item 2 2 ☐ No | 5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms? | 0060 Number | Information Booklet, page 5 9. Does this unit have any of the following? Mark (X) all that apply. | 0130 01 ☐ Swimming pool 0140 02 ☐ Off street parking 0150 03 ☐ Porch, terrace, patio, or balcony |
| b. | If NO – Are your housing costs lower because the Federal, State, or local government is paying part of the cost? | 0020 1 ☐ Yes 2 ☐ No | 6. How many bedrooms are there in this unit? Count all rooms used MAINLY for sleeping, even if also used for other purposes. | 0070 Number | | 0160 04 ☐ Apartment or guest house 0170 05 ☐ Central air conditioning 0180 06 ☐ Window air conditioning |
| 2. | Ask if not apparent. Are these living quarters presently used as student housing by a college or university? | 0030 1 ☐ Yes 2 ☐ No | 7a. How many complete bathrooms are there in this unit? A COMPLETE BATHROOM has a flush toilet, a bathtub or | 0080 Number | | |
| | Ask if not apparent by observation. Information Booklet, page 5 | on Single family detached (detached structure with only one primary residence; however, the structure could include a rental unit(s) in the basement, | shower, and a wash basin with piped water. b. How many half bathrooms are | | | |
| 3. | Which best describes this building? | attic, etc.) 02 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 | there in this unit? A HALF BATHROOM has at least a flush toilet OR bathtub or shower, but does not have all the facilities of a complete | 0090 Number 0 \square None | 10. About when was this | |
| | | as part of the structure) 03 End row or end townhouse (one common | bathroom. | | building originally built? Do not consider later | 0450 01 1990 or later 02 1985–1989 |
| | | wall) 04 Duplex (detached two unit structure with one common wall between the units) 05 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – Go to item 5 | 8. What fuel is used most for – a. Heating this unit? | 0100 01 ☐ Gas (underground piping) 02 ☐ Electricity 03 ☐ Fuel oil 04 ☐ Other - Specify | remodelings. | 03 |
| | | of Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the units not only have common walls but are also stacked on top of one another) – Go to item 5 | | 05 □ No fuel used x □ Don't know | | 08 |
| | | 07 ☐ High-rise (a multi-unit structure which has 4 or more floors) – Go to item 5 08 ☐ Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of one of the units described above) – Go to item 5 | b. Heating water in this unit? | 0110 01 ☐ Gas (underground piping) 02 ☐ Electricity 03 ☐ Fuel oil 04 ☐ Other – Specify ——————————————————————————————————— | | 13 |
| | | 09 ☐ Mobile home or trailer – Go to item 5 10 ☐ College dormitory – Go to section 1, part C | | 05 □ No fuel used x □ Don't know | | NOTES |
| | | 11 □ Other – Specify and go to item 4 , | C. Cooking? | 0120 01 Gas (underground piping) 02 Electricity | | |
| 4. | What is the approximate size of the lot on which this unit is located? | Lot size (approximate acreage) 0050 $01 \square 1$ acre or less – 43,560 sq. ft. $02 \square 2$ acres – 87,120 sq. ft. $03 \square 3$ to 5 acres | | 03 □ Fuel oil 04 □ Other – <i>Specify</i> | | |
| | | 04 ☐ 6 to 10 acres 05 ☐ Greater than 10 acres 06 ☐ No lot x ☐ Don't know | | 05 ☐ No fuel used x ☐ Don't know | | |

Section 1 - GENERAL SURVEY INFORMATION - Continued Part C - Major Household Appliances - For New Consumer Units Only 3 01 28 3 → **NOTES** Information Booklet, page 6 If YES -Was this (Were any of these) -Does your CU have any of the How following appliances? many? 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 Electric cooking stove, 0010 1 🗌 | 2 🔲 range, or oven Gas cooking stove, range, 0020 1 🗌 2 🔲 or oven 0030 1 🗌 | 2 🔲 Microwave oven Other cooking stove, range, 0040 1 🗌 2 🔲 or oven 0050 1 🗌 2 🔲 Refrigerator 0060 1 🗌 2 🔲 Home-freezer 0070 1 🗌 2 🔲 **Built-in dishwasher** 0080 Portable dishwasher 1 🗌 | 2 🔲 0090 1 🗌 2 🔲 **Garbage disposal** 0100 1 🗌 2 🔲 **Clothes washer** 0110 1 🗌 2 🔲 **Clothes dryer** 0120 1 2 2 **Color television** Computer, not solely for 0130 1 2 2 games Sound components, component system, or 1 2 2 compact disc sound system Video tape recorder, video disc player, or video cassette recorder (VCR) 1 🗌 2 🔲 GO TO SECTION 2

| Page 5 | | Page 5 |
|--------|-------|--------|
| | NOTES | |
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| Contina | 2 | RENTED | 1 11/1 | NIC | | DTI | EDC |
|---------|------------|--------|--------|-----|-----|--------|------|
| Section | Z - | KENTED | LIVI | ING | UUA | NK I I | EK 5 |

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 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."

| F | art A – CU Tenure, Rental Payı | ments, Facilities, and Se | rvices for the Sample Unit | 1 02 01 2 🗸 | |
|----------|---|---|---|--|-------|
| | FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon section 1, part B, item 2 for first interview or new consumer units. For subsequent interviews, this item will be prefilled. | 0010 1 Student housing – Go to item 6 2 Not student housing | 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 | NOTES |
| 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 | b. What is the rental charge to another tenant for a similar unit? | 0310 \$.00 x \(\subseteq \text{Don't know} \) | |
| c | ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX. Do you (or any members of your CU) | 0030 1 ☐ Yes 2 ☐ No – <i>Go to item 4a</i> | C. What period of time does this cover? | 0320 4 ☐ Month 9 ☐ Other – Specify ✓ | |
| <u> </u> | pay rent for these living quarters? | | _ | | |
| 2a. | RENTAL OF THE SAMPLE UNIT What is the rental charge to your CU for this unit, including any extra | 0040 \$ | | x ☐ Don't know | |
| | charge for garage or parking facilities? Do not include direct payments by local, state, or federal agencies. | | 5a. Is any portion of this unit used for your own business? | 0540 1 Yes | |
| b. | What period of time does this cover? | 0050 4 Month | | 2 □ No – Go to item 6 | |
| | | 9 □ Other – Specify ⊋ | b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent. | 0550 .00 Percent | |
| C. | Since the 1st of (month, 3 months ago), how many payments have been made? | 0060 Number | 6. Since the 1st of (month, 3 months ago), | | |
| d. | Were all the payments in the amount of (rental charge reported in item 2a)? | 1 ☐ Yes – Go to item 2f 2 ☐ No | | 0620 1 ☐ Yes – Complete part B for other rental property | |
| e. | If NO – What was the amount of each payment and how many payments were made at that amount? | Payment Number .00 0090 | vacation? Do not include college or university regulated housing. | 2 □ No − Go to next section | |
| | | 0100 \$.00 0110 | | | |
| | | 0120 \$.00 0130 | | | |
| | | 0140 \$.00 0150 | | | |
| f. | Were any payments made during the current month? | 0200 1 Yes 2 No - Go to item 3 | | | |
| g. | If YES – How much? | 0210 \$.00 | | | |
| 3. | Does the rental payment include the | Yes No | 1 | | |
| _ | cost of – Electricity? | 0220 1 2 | | | |
| | Gas? | 0230 1 2 D | | | |
| _ | Heating? | 0250 1 2 | | | |
| | Trash/Garbage collection? | 0260 1 2 D | | | |
| | | | | | |

Section 2 – RENTED LIVING QUARTERS – Continued

FIELD REPRESENTATIVE – Complete a separate page for each rented unit other than the sample unit.

| F | Part B - Rental Paym | ents, Facil | ities, and S | ervices | for Ot | ther Than Sample Unit | | |
|----|---|-------------------------|------------------------|-----------------------------|----------------|--|--|-------|
| | RENTAL OF OTHER THAN SAMPLE UNIT | PROCESSING USE ONLY | 1 02 | 2 02 0 ↓ | .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)? | 0250 1 ☐ Yes 2 ☐ No – Go to item 4 | NOTES |
| | for the other unit, including charge for garage or park facilities? | ng any extra | 0010 \$ x □ Dor | ı't know | | b. What is the rental charge to another tenant for a similar unit? | 0260 \$.00 x □ Don't know | |
| b. | What period of time does | this cover? | 0020 4 Moi 9 Oth | nth er – <i>Specif</i> y | V _₹ | C. What period of time does this cover? | 0270 4 ☐ Month 9 ☐ Other – Specify ✓ | |
| C. | Since the 1st of (month, 3 | months ago). | | | | | | |
| | how many payments have | e been made? | 0030 | Numbe | er | 4a. Is any portion of the unit used for your own business? | 0280 1 Yes | |
| d. | Were all the payments in to of (rental charge reported in | the amount item 1a)? | 0040 1 ☐ Yes 2 ☐ No | – Go to ite | em 1f | b. What percent of the rental payment is counted as a business expense? Enter | 2 □ No − Go to item 5 | |
| e. | If NO – What was the amore payment and how many p | | Payn | nent N | Number | to the nearest whole percent. | 029000 Percent | |
| | were made at that amoun | it? | 0050 \$ | .00 | 060 | 5. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, | 0300 1 \(\sum \) Yes – Complete part B for other rental | |
| | | | 0070 \$ | .00 | 080 | apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing. | property 2 □ No – Go to next section | |
| | | | 0090 \$ | .00 | 100 | | | |
| | | | 0110 \$ | .00 | 120 | | | |
| f. | Were any payments made current month? | during the | 0170 1 Yes 2 No | - Go to iter | m 2 | | | |
| g. | If YES – How much? | | 0180 \$ | | .00 | | | |
| 2. | Does the rental payment i cost of – | include the | Yes | No | | | | |
| a. | Electricity? | | 0190 1 🗆 | 2 🗌 | | | | |
| b. | Gas? | | 0200 1 | 2 🗌 | | | | |
| C. | Piped-in water? | | 0210 1 🗆 | 2 🗌 | | | | |
| d. | Heating? | | 0220 1 | 2 🗌 | 4 | | | |
| e. | Trash/Garbage collection | ? | 0230 1 | 2 🗌 | | | | |
| f. | Garage or parking facilities | es? | 0240 1 🗆 | 2 🗌 | / | | | |
| | | | | | | | | |

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 | 8 03 00 7 → PROPERTY INVENTORY CHART | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|--------------------------------------|--|--|--|---|---|-------------------------------------|---|---|---|-------------|---------|-------------|---|-------|---|-------------------------------------|-------------------|--|--------|--|--|--|
| | а | b | С | d | е | f | g | h | i | | | j | | | - | (| | I | m | ı | | 0 | р |
| PROCESSING USE ONLY | | 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) | still have (property descrip- | expenses for this property deducted as business, farm, or rental | column h – What percent of the expenses for this property are (were) deducted? | Mortgage No mortgage or lump sum home equity loan Go to column l. | reported in | TYPE | eduity loan | Amount paid from part F, item 11 or part G, item 11 | loan) | age sum equity ent of nt ed? | Home Loan (If "No, next p | Equity Part H) | Line of Credit Home Equity Loan number (Part H, item 1d) | 1st of | (last , ou (or U) any nts ur line lit equity | If "Yes" – What was the amount of the last payment? | Prior to the last payment, what was the total amount owed? |
| PRC | Prop | YES NO | | | | | YES NO | YES NO | | | | Mor | Home | | YES | NO | YES | l NO | | YES | NO NO | | |
| 000 | 1 | 1 | | | | | 1 | 1 | Percent | | | 1 | 2 🗆 | \$ | 1 🗆 | 2 🗆 | | | | 1 🗆 | 2 🗆 | \$ | \$00 |
| 002 | 1 | 1 | | | | | 1 | 1 | Percent | | | 1 | 2 🗆 | \$ | 1 🗆 | 2 🗌 | | - - | | 1 🗆 | 2 🗌 | \$ | \$ [.00] |
| 004 | 1 | 1 | | | | | 1 | 1 | Percent | | | 1 | 2 🗆 | \$ | 1 🗆 | 2 🗌 | | | | 1 🗆 | 2 🗌 | \$ | \$ |
| 006 | 1 | 1 | | | 1 1 | | 1 | 1 🗆 2 🗆 | Percent | | | 1 🗆 2 | 2 🗌 | \$ | 1 🗆 | 2 🗆 | | | | 1 🗆 | 2 🗆 | \$ | \$ |
| 008 | 1 | 1 | | | | | 1 | 1 | Percent | | | 1 🗆 2 | 2 🗆 | \$ | 1 🗆 | 2 🗆 | | - | | 1 🗆 | 2 🗆 | \$ | \$00 |
| 010 | 1 | 1 | | | 1 1 | | 1 | 1 | Percent | | | 1 🗆 2 | 2 🗌 | \$ | 1 🗆 | 2 🗌 | | | | 1 🗆 | 2 🗆 | \$ | \$00 |
| 012 | 1 | 1 | | | | | 1 2 | 1 | Percent | | | 1 🗆 2 | 2 🗆 | \$00 | 1 🗆 | 2 🗌 | | i ! ! | | 1 🗆 | 2 🗆 | \$ | \$00 |
| 014 | 1 | 1 | | | 1 1 | | 1 | 1 | Percent | | | 1 🗆 ¦ 2 | 2 🗌 | \$ | 1 🗆 | 2 🗌 | | | | 1 🗆 | 2 🗌 | \$00 | \$00 |

| P | art A.1 – Screenin | g Questions – C | ontinued | | 1 03 01 0 | ↓ | | | | | |
|-----|--|---|------------------------------|---|---|---|----|---|---|--|---|
| 2a. | Since the 1st of (month, any additional mortgage home equity loans for a | 3 months ago), have y es, including second | ou obtained mortgages or | 0010 1 \(\) \(2 \) \(\) \(\) | /es No – <i>Go to item 3</i> | a | 4. | FIELD REPRESENTATIVE INSTRUCT disposed of in the reference period a | nd for each new prope | rty currently owned bet | opropriate parts for each new property fore moving on to the next property. |
| b. | If YES – For which prope home equity loan obtain | erty was this addition ned? | al mortgage or | and µ from | property code(s) i | property number(s) in item 2g below entory chart (items | | | PROPERTY Currently owned ("Yes" in item 3b) | OSTATUS Disposed of ("No" in item 3b) | |
| | Ask for each property. Was this a mortgage or | a home equity loan? | | | colum | (X) "Yes" in mortgage nn in item 2g n – Continue with item 2d | | | B, E, I | B, D, E, I | 200 1 |
| d. | There are two basic types of home equity loans. I'll describe both types. Please tell me which type more closely describes your loan. O1 A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or O2 A line of credit loan where you (your CU) can increase the amount borrowed by simply writing check or using a special credit card? B. Is this new loan a lump sum home equity loan? | | | | | | | | (NOTE: Do not fill any | NOTES | 1 6UU.) |
| e. | ls this new loan a lump | sum home equity loa | in? | 0030 1 ☐ Yes – Mark (X) "Yes" in lump sum home equity loan column in item 2g 2 ☐ No – Continue with item 2f | | | | | | | |
| _ | Ask or verify. Is this new loan a line of credit home equity loan? | | | 0040 1 🗆 Y | es – Mark (X) "Y equity loan | es" in line of credit home column in item 2g | | | | | |
| g. | Complete the chart below for each additional mortgage/home ed | | | | | | | | | | |
| | Property number Property code Mortgag | | Mortgage (Complete a pa | out [] | imp sum home equity loan mplete a part G) | Line of credit home equity loan (Complete a part H) | | | | | |
| | | | □Yes | | ☐Yes | □Yes | | | | | |
| | | | □Yes | | ☐Yes | □Yes | | | | | |
| | | | □Yes | | ☐Yes | □Yes | | | | | |
| | | | □Yes | | ☐Yes | □Yes | | | | | |
| | | | □Yes | | □Yes | □Yes | | | | | |
| | Since the 1st of (month, members of your CU) puproperty or real estate? | urchased or otherwise | ou (or any e acquired any | | res – Ask items 3. No – Go to next p | | | | | | |
| | Please look at (page 7, Ir | | hat kind of | Prope | rty code | Still owned | | | | | |
| | property 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 | | live(s) | 0060 | | 0070 1 ☐ Yes 2 ☐ No | | | | | |
| | 600 Property for business 300 A second home, vacar | or investment purpose tion home or recreation | | 0080 | | 0090 1 ☐ Yes 2 ☐ No | | | | | |
| | 400 Unimproved land with 500 Other property – <i>Special</i> | cify | | | | 2 □ N0 0110 1 □ Yes | | | | | |
| | Do you still have this pr <i>Mark (X) the appropriate b</i> | = | ımn. | 0100 | | 2 No | | | | | |

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.

| F | Part A.2 – Screening Questions – <i>For Ne</i> | w Con | sumer Units C | | | |
|----------|--|-----------------|---------------|-------------------------|--|-------|
| _ | | | | 1 03 02 8 |) | NOTES |
| 1. | Now I want to talk about owned living quarters and other currently owned real estate. I'll be asking separately about each of these types of property. (Hand respondent Information Booklet, | Property code | YES | NO | If YES ask – How many such properties do you (does your CU) own? | |
| | page 7.) Do you (any members of your CU) own the home in which you (your CU) currently live(s)? (Treat land contracts as ownership.) | 100 | 0010 1 | 2 🗆 | | |
| 2. | Since the first of (month, 3 months ago), have you (has anyone in your CU) lived in any other home that you (any member of your CU) still own(s)? | 200 | 0020 1 | 2 ☐ Go to item 3 | 0030 Number | |
| 3. | Do you (Does your CU) own any property only for business or investment purposes? | 600 | 0035 1 🗆 | 2 ☐ Go to item 4 | | |
| | READ IF "YES" IN ITEM 3 – In the following questions, please do not include any of the properties you (your CU) own(s) only for business or investment purposes. | | | | | |
| 4. | Other than property you have already mentioned, do you (does your CU) own a second home, vacation home, or recreational property? | 300 | 0040 1 🗆 | 2 Go to item 5 | 0050 Number | |
| 5. | Other than property you have already mentioned, do you (does your CU) own any unimproved land, that is, land without buildings on it? | 400 | 0060 1 🗆 | 2 ☐ Go to item 6 | 0070 Number | |
| 6. | Do you (Does your CU) own any other real estate? – Specify | | | | | |
| | | 500 | 0080 1 | □ 2 ☐ Go to item 7a | 0090 Number | |
| 7a. | Since the first of (month, 3 months ago), did you (you own any real estate or land that you (your CU) no loown(s)? | ır CU) onger | 0100 1 ☐ Yes | □ □ 2 □ Go to item 8 | | |
| b. | If YES – How many different properties? | | 0110 | Number | | |
| C. | Please look at page 7 in the Information Booklet. Wind of property(ies) was it (were they)? Enter property code(s) from below. | /hat | 0120 | 0130 | 0140 | |
| | 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 | | 0150 | 0160 | 0170 | |
| | 300 – A second home, vacation home, or recreational pr 400 – Unimproved land with no buildings on it 500 – Other property – Specify ✓ | | 0180 | 0190 | 0200 | |
| | - Other property - opecity - | | 0210 | 0220 | 0230 | |
| 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 | | | PROPERTY STA | ATUS | |
| | for each property currently owned before moving on to next property. | | Cur | rently owned | Disposed of ES" in item 7a) | |
| | Note – Do not fill any parts for property code 600. | | (TES | B, E, I | B, D, E, I | |
| | | | | -, - , · | _, _, _, | |
| | | | | | | |

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.

| | appropriate parts for this property before going to flext property. | | | | | | | | | | | | | | | |
|-----|---|---|-----------|--|-----------------------------|--|---------|---------------------|--|--------------------|---------------------------------------|---------------|--|------------------------------|--------------|--|
| Pa | rt B – Detailed Property Des | cription | | | | | | | | | | | | | | |
| 1. | FIELD REPRESENTATIVE CHECK ITEM | PROCESSING USE ONLY | | 1 0 | 3 03 6 ↓ | | | | 1 03 0 | 04 4 ↓ | | | | 1 03 05 1 🗸 | | |
| | New Consumer Units – Assign a property number to each property in | a. PROPERTY NUMBER | 0010 | Number | r | | 0010 | | Number | | | 0010 | Nur | mber | | |
| | consecutive order starting with 1. Enter the property number in item | b. PROPERTY CODE from part A.1, item 3b or part A.2, items 1–7 | 0020 | Code | | | 0020 | | Code | | | 0020 | Co | ode | | |
| | 1a, the property code in item 1b, a brief description of the property (such as "own home") in item 1c, | C. DESCRIPTION | Descript | ion | | | Descrip | tion | | | | Description | | | | |
| | and annronriate ownership status in | d. CURRENT OWNERSHIP STATUS from part A.1 or | 0030 | 1 Currently owned | d (from part A.1, i 1–6) | tem 3c or | 0030 | 1 Curre | ently owned (1 A.2, items 1–6 | from part 6) | A.1, item 3c or | 0030 1 | Currently of part A.2, ite | wned (from pa ms 1–6) | ırt A.1, ite | em 3c or |
| | | part A.2 | 2 | ² □ Disposed of (from | n part A.1, item 3c o | r part A.2, item 7) | | 2 Dispo | sed of (from pa | art A.1, iter | m 3c or part A.2, item 7) | 2 🗆 | Disposed of | (from part A.1, i | em 3c or p | part A.2, item 7) |
| 2a. | Now I'm going to ask you some questic Are (Were) any of the expenses for th business, farm, or rental expenses? | ons about (property description). iis property deducted as | 0040 | 1 □Yes | 2 □ No – <i>Go</i> | to item 3 | 0040 | 1 □ Yes | | 2 □ No | – Go to item 3 | 0040 1 | Yes | 2 □ N | lo – Go to | item 3 |
| b. | What percent of the expenses for this deducted? | s property are (were) | 0060 | .00 _{Per} | rcent – <i>If 100%, del</i> | lete this property. | 0060 | | .00 Percei | nt – <i>If 100</i> | %, delete this property | 0060 | .00 | Percent – If 1 | 00%, delet | te this property. |
| 3a. | In what month and year did you (you property? If land contract – In what mo contract begin? | r CU) close or settle on this nth and year did the land | 0800 | Month | 0090 | Year | 0080 | | | 0090 | Year | 0800 | Month | 0000 | | Year |
| b. | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box for each proskip pattern. | operty and follow appropriate | | 1 ☐ Item 3a is after tl ago – <i>Go to item</i> 2 ☐ Item 3a is before ago – <i>Go to item</i> | o 4 the 1st of the mor | | | ago – 2 🗌 Item 3 | Go to item 4 | | month 3 months ne month 3 months | | ago – Go to | efore the 1st of | | |
| 4. | How did you (your CU) acquire this part (X) the FIRST answer that applies. | roperty? | 2 | 1 □ A purchase, a co 2 □ A gift or inherita 3 □ Other – <i>Specify</i> | nce? | er, or a trade-in? Go to item 8 | | 2 A gift | rchase, a contr t or inheritance r – Specify | | builder, or a trade-in? Go to item 8 | 2 🗆 | A purchase, A gift or inh Other – <i>Spe</i> | | a builder | Go to |
| 5. | Hand the respondent Information Bookle Closing costs include these kinds of costs, what was the total price paid to | , - | 0130 | \$ | .00 | | 0130 | \$ | | .00 | | 0130 \$ | | .00 | | |
| 6. | What was the amount of the down pa | ayment? | 0140 | \$ | .00 | | 0140 | \$ | | .00 | | 0140 \$ | | .00 | | |
| 7. | About how much were the closing co | osts? | 0160 | \$ | .00 | | 0160 | \$ | | .00 | | 0160 \$ | | .00 | | |
| 8. | About how much do you think this proday's market? | roperty would sell for on | 0190 | \$ | .00 | | 0190 | \$ | | .00 | | 0190 \$ | | .00 | | |
| 9. | What are your (your CU's) annual pro description)? | perty taxes for (property | 0200 | \$ | .00 | | 0200 | \$ | | .00 | | 0200 \$ | | .00 | | |
| 10. | Ask if not apparent. Do not ask for unimp | | | 1 A condominium | n 3 ☐ Somethir | ng else | | | ndominium | 3 □ Sor | nething else | | A condomii | | omething | ı else |
| | If vacation property/second home (code cother properties, go to part D or E as app | 300), ask questions 11–13. All | City or p | 2 A cooperative | | State | City or | | operative | | State | City or place | A cooperati | ve | | State |
| 11. | Where is (property description) located | • | Foreign | country | | | Foreign | country | | | | Foreign cou | untry | | | |
| | | OFFICE USE ONLY | 0220 | | | | 0220 | | | | | 0220 | | | \Box | |
| 12. | Do you (Does your CU) share owners property with anyone else outside yo | hip of this | | 1 | Go to part D or E a | as appropriate | | 1 □ Yes | 2□No – <i>Go</i> | to part D | or E as appropriate | | Yes 2□N | lo – Go to part | D or E as | appropriate |
| 13. | Do you (Does your CU) share ownership a time-sharing arrangement where you of the property only for a specified time | p for the entire year, or is this have (your CU has) ownership | 0240 | 1 □ Share ownershi 2 □ Time-sharing ar | p for entire year | Go to part D or E as appropriate | 0240 | 1 ☐ Share | e ownership f -sharing arrar | for entire | 0 / 1 / 1 | 0240 1 | Share own | ership for enting arrangemer | re year | Go to part D or E as appropriate |

| NOTE: As of Ap | ril 1999, Section 3 Part C no longer exists. | | |
|----------------|--|-------------------|---------|
| | | NOTES | |
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| Dogg 12 | | Continue 2 Post C | Dogo 10 |

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.

| P | Part D – Disposed of Property | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | FIELD REPRESENTATIVE ITEM | PROCESSING USE ONLY | 1 03 33 3 ↓ | 1 03 34 1 ↓ | 1 03 35 8 ↓ | 1 03 36 6 ↓ | | | | | | |
| | Complete at the 1st interview in which the | a. PROPERTY NUMBER | 0010 Number | 0010 Number | 0010 Number | 0010 Number | | | | | | |
| | property is reported as being disposed of. Enter the property number in item 1a, the property | b. PROPERTY CODE | 0020 Code | 0020 Code | 0020 Code | 0020 Code | | | | | | |
| | code in item 1b, and a brief description of the property in item 1c. | C. DESCRIPTION | Description | Description | Description | Description | | | | | | |
| 2. | Did you (your CU) sell this someone else (outside yo something else with it? | s property, give it to ur CU), or do | 1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – Specify → | 1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – Specify ✓ | 1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – Specify → | 1 ☐ Sold the property 2 ☐ Gave it to someone else 3 ☐ Something else – Specify ✓ | | | | | | |
| | | | Mark property traded-in as "sold." | | | | | | |
| 3. | In what month and year (sell/response to item 2) the | did you (your CU) his property? | Month Year 0050 | Month Year 0040 0050 | Month Year 0050 | Month Year 0040 0050 | | | | | | |
| | | | If "sold" in item 2, go to item 4; otherwise go to part E. | If "sold" in item 2, go to item 4; otherwise go to part E. | If "sold" in item 2, go to item 4; otherwise go to part E. | If "sold" in item 2, go to item 4; otherwise go to part E. | | | | | | |
| 4. | What was the selling pri | ce (trade-in value)? | 0060 \$ | 0060 \$ | 0060 \$.00 | 0060 \$ | | | | | | |
| | Hand the respondent Information Here is a list of some of have when selling (tradiat the list may help you your (your CU's) expens the total expenses in seproperty? | the costs people may ng) property. Looking remember what es were. What were | 0070 \$00 | 0070 \$.00 | 0070 \$ | 0070 \$.00 | | | | | | |
| 6a. | Did you (your CU) finance sale (trade) for the buye | ce any part of the r? | 0080 1 ☐ Yes 2 ☐ No – Go to part E | 0080 1 ☐ Yes 2 ☐ No – Go to part E | 0080 1 ☐ Yes 2 ☐ No – Go to part E | 0080 1 ☐ Yes 2 ☐ No – Go to part E | | | | | | |
| b. | What was the amount of that you (your CU) finan | f the mortgage ced? | 0090 \$ | 0090 \$.00 | 0090 \$ | 0090 \$ | | | | | | |
| | | | | NOTES | | | | | | | | |
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| Ì | Part E – Mortgage/Home Equity Loan S | Screening Questions | | | | |
|------------|--|--|---|---|---------------------------|--|
| 1. | FIELD REPRESENTATIVE ITEM a. PROPERTY NUMBER | Number | | 7. FIELD REPRESENTATIVE INSTRUCTIONS | Number of mortgages/loans | Complete the appropriate part for each loan/mortgage |
| | Enter the property number in item 1a, the property code in item 1b, and a brief description of | Code | | | | F |
| | the property in item 1c. C. DESCRIPTION | Description | | a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b) | | |
| 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 | 1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op | item 4a | b. Enter number of lump sum home equity loans for this property (from item 6a) | | G |
| | Mark (X) appropriate box based upon part B, item 10. | | | C. Enter number of line of credit home equity loans for this property (from item 6b) | | н |
| 3a. | Excluding home equity loans, do you (does your CU) presently have a mortgage on this property? | | If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)? | 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 | | |
| | | ☐ Yes ☐ No - Go to item 3b | – Go to item 5 Number | NOTES | | |
| b | Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)? | ☐ Yes ☐ No - <i>Go to item 5</i> | – Go to item 5 Number | | | |
| 4 a | 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? | ☐ Yes ☐ No - Go to item 4b | – Go to item 5 Number | | | |
| b | Since the lst 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? | ☐ Yes ☐ No - <i>Go to item 5</i> | – 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? | | If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)? | | | |
| | | ☐ Yes ☐ No – <i>Go to item</i> 7 | Number | | | |
| 6. | Now let's talk about your (your 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 | | | | | |
| a | increase the amount borrowed by simply writing a check or using a special credit card. Do you (Does your CU) have a lump sum home | □Yes | | | | |
| | equity loan? Do you (Does your CU) have a line of credit | □ No – Go to item 6b | Number | | | |
| IJ | home equity loan? | ☐ Yes ☐ No – <i>Go to item</i> 7 | Number | | | |
| | | | | | | |

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

| | Part E – Mortgage/I | Home Equity Loan S | Screening Questions – Co | ntinued | | | |
|------------|--|---|---|---|---|------------------------------|--|
| 1. | FIELD REPRESENTATIVE ITEM Enter the property | a. PROPERTY NUMBER | Number | | 7. FIELD REPRESENTATIVE INSTRUCTIONS | Number of mortgages/loans | Complete the appropriate part for each loan/mortgage |
| | number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. | b. PROPERTY CODE | Code Description | | The number of montages for this property /from item 20, 2h, 40, or 4h) | | F |
| | the property in item re. | C. DESCRIPTION | | | a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b) | | |
| 2. | I want to ask next abou (your CU) had in the las (property description). FIELD REPRESENTATIVE (| t three months on | 1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op | item 4a | b. Enter number of lump sum home equity loans for this property (from item 6a) | | G |
| | | based upon part B, item 10. | | | C. Enter number of line of credit home equity loans for this property (from item 6b) | | н |
| 3a | Excluding home equity your CU) presently have this property? | loans, do you (does e a mortgage on | | If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)? | | | |
| | | | ☐ Yes ☐ No – Go to item 3b | – Go to item 5 Number | NOTES | | |
| b | . Have you (Has your CU) property since the 1st o | had a mortgage on this of (month, 3 months ago)? | ☐ Yes ☐ No - Go to item 5 | – Go to item 5 Number | | | |
| 4 a | In addition to your (you cooperative's total cost CU) make payments on obtained from an outsic (your CU's) shares in th | a mortgage that was de lender for your | ☐ Yes ☐ No – Go to item 4b | – Go to item 5 Number | | | |
| b | Since the lst of (month, (has your CU) made any mortgage that was obtilender for your (your Cl cooperative? | / payments on a ained from an outside | ☐ Yes ☐ No - Go to item 5 | – Go to item 5 Number | | | |
| 5. | Do you (Does your CU) loan or any other loan v claim on this property i repaid? | which gives the lender | | If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, | | | |
| | | | □Yes | three months ago)? | | | |
| | | | □ No – Go to item 7 | Number | | | |
| 6. | Now let's talk about yo description). There are to equity loans. I'll describ me which more closely | wo basic types of home be both types. Please tell | | | | | |
| | A loan where you (you lump-sum borrowed w | ur CU) received the entire when you (your CU) took | | | | | |
| | out the loan; or • A line of credit loan w | here you (your CU) can | | | | | |
| а | writing a check or using the control of the control | porrowed by simply ng a special credit card. have a lump sum home | ☐ Yes ☐ No - Go to item 6b | Number | | | |
| b | Do you (Does your CU) home equity loan? | have a line of credit | □Yes | | | | |
| | | | ☐ No – Go to item 7 | Number | | | |

| | Part E – Mortgage/F | lome Equity Loan S | Screening Questions – Co | ntinued | | | |
|----|---|---|--|---|---|------------------------------|--|
| 1. | FIELD REPRESENTATIVE ITEM Enter the property | a. PROPERTY NUMBER | Number | | 7. FIELD REPRESENTATIVE INSTRUCTIONS | Number of mortgages/loans | Complete the appropriate part for each loan/mortgage |
| | number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. | b. PROPERTY CODE | Description Code | | a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b) | | F |
| | | C. DESCRIPTION | | | Linter Humber of mortgages for this property (non-item 3a, 3b, 4a, or 4b) | | |
| 2. | I want to ask next about (your CU) had in the last (property description). | t any mortgages you t three months on | 1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op | item 4a | b. Enter number of lump sum home equity loans for this property (from item 6a) | | G |
| | FIELD REPRESENTATIVE C Mark (X) appropriate box | CHECK ITEM based upon part B, item 10. | · | | C. Enter number of line of credit home equity loans for this property (from item 6b) | | н |
| 3a | Excluding home equity your CU) presently have this property? | loans, do you (does a mortgage on | | If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of | 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 | | |
| | | | | (month, three months ago)? | NOTES | | |
| | | | ☐ Yes ☐ No - <i>Go to item 3b</i> | – Go to item 5 | | | |
| b | Have you (Has your CU) property since the 1st o | had a mortgage on this f (month, 3 months ago)? | ☐ Yes ☐ No – <i>Go to item 5</i> | – Go to item 5 Number | | | |
| 4a | . In addition to your (you | r CU's) share of the | □ No - do to item 5 | rainbei | | | |
| | cooperative's total cost CU) make payments on obtained from an outside | s, do vou (does vour | □Vaa | – Go to item 5 | | | |
| | obtained from an outsid (your CU's) shares in the | le lender for your e cooperative? | □ Yes > □ No – Go to item 4b | Number | | | |
| b | Since the lst of (month, has your CU) made any | 3 months ago), have you payments on a | A | | | | |
| | mortgage that was obta lender for your (your CU | ined from an outside | ☐Yes | – Go to item 5 | | | |
| | cooperative? | | □ No – Go to item 5 | Number If YES ask – | - | | |
| 5. | Do you (Does your CU) I loan or any other loan working on this property in | hich gives the lender | | How many loans like this have you (has your CU) had on this property since the 1st of (month, | | | |
| | repaid? | | | three months ago)? | | | |
| | | | □Yes | | | | |
| | | | □ No – Go to item 7 | Number | | | |
| 6. | Now let's talk about you description). There are tweequity loans. I'll describ | vo basic types of home e both types. Please tell | | | | | |
| | me which more closely • A loan where you (you | describes your loan. r CU) received the entire hen you (your CU) took | | | | | |
| | out the loan; or • A line of credit loan w | here vou (vour CU) can | | | | | |
| | increase the amount b writing a check or usir | orrowed by simply ng a special credit card. | □Voo | | | | |
| а | Do you (Does your CU) I equity loan? | have a lump sum home | □ Yes ∕ □ No – <i>Go to item 6b</i> | Number | | | |
| b | Do you (Does your CU) I home equity loan? | have a line of credit | □Yes | | | | |
| | oquity iodii: | | ☐ No – Go to item 7 | Number | | | |

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

| | In which the mortgage is reported. | | | | | | | | | | |
|-----|--|--|--|---|--|--|--|--|--|--|--|
| Pa | art F – Mortgages | | | | | | | | | | |
| 1. | FIELD REPRESENTATIVE PROCESSING USE ONLY ITEM | 1 03 43 2 ↓ | 1 03 44 0 ↓ | 1 03 45 7 ↓ | | | | | | | |
| | Enter the property number in item 1a, the a. PROPERTY NUMBER | 0010 Number | 0010 Number | 0010 Number | | | | | | | |
| | property code in item 1b, a brief description of the property in item 1c. b. PROPERTY CODE | 0020 Code | 0020 Code | 0020 Code | | | | | | | |
| | Enter the 3-digit loan number in item 1d, beginning with 101 and C. DESCRIPTION | Description | Description | Description | | | | | | | |
| | assigning loan numbers consecutively, regardless of property number. 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 0035 | Month Year 0035 0045 | Month Year 0035 | | | | | | | |
| 3. | Is this a 30-year mortgage, a 15-year mortgage, or something else? | 1 30-year 3 Something else - Specify - Number of years | 1 30-year 3 Something else – Specify – 2 15-year 0065 Number of years | 0055 1 ☐ 30-year 3 ☐ Something else – Specify – 2 ☐ 15-year 0065 Number of years | | | | | | | |
| 4. | What was the rate of interest at the time 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 | | | | | | | |
| 5. | What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.) | If same as item 4, go to item O080 Percent 6a. If different, go to item 6b. | If same as item 4, go to item Ooso Percent 6a. If different, go to item 6b. | 0080 Percent 6a. If different, go to item 6b. | | | | | | | |
| 6a. | . Is this a fixed rate mortgage? | 0085 1 ☐ Yes – Go to item 7 2 ☐ No | 0085 1 ☐ Yes – Go to item 7 2 ☐ No | 0085 1 ☐ Yes – <i>Go to item 7</i> 2 ☐ 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)? | 1 ☐ Fixed rate of interest 5 ☐ Deferred interest 2 ☐ Variable or adjustable 6 ☐ Other – Specify rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable X ☐ Don't know | 1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable 5 ☐ Deferred interest 6 ☐ Other – Specify The property of the prop | 1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable Toological Property Appendix Appe | | | | | | | |
| 7. | Have you (Has your CU) refinanced or renegotiated this mortgage? | 0105 1 \(\text{Yes} - Read to respondent} - \text{The following question refers to this current mortgage.} \) | 0105 1 \(\text{Yes} - Read to respondent} - \text{The following question refers to this current mortgage.} \) | 0105 1 Yes - Read to respondent - The following question refers to this current mortgage. | | | | | | | |
| 8. | What was the amount of the mortgage when you (your CU) obtained it, excluding any interest? | 0130 \$.00 | 0130 \$ | 0130 \$ | | | | | | | |
| 9. | How often are (were) mortgage payments due? | 0170 1 Weekly 5 Semiannually 2 Biweekly 6 Annually 3 Monthly 7 Other - Specify 7 4 Quarterly | 0170 1 Weekly 5 Semiannually 2 Biweekly 6 Annually 3 Monthly 7 Other - Specify 4 Quarterly | 0170 1 Weekly 5 Semiannually 6 Annually 7 Other - Specify 4 Quarterly | | | | | | | |
| 10. | On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) | 0175 1 Principal and interest 5 Mortgage guarantee insurance 0190 2 Property taxes 0230 6 Any other payments – | 0175 1 Principal and interest 5 Mortgage guarantee insurance 0190 2 Property taxes 0230 6 Any other payments – | 0175 1 ☐ Principal and interest | | | | | | | |
| | Mark (X) all that apply. | 0200 3 Property insurance Specify Spe | 0200 3 Property insurance Specify Spe | 0200 3 ☐ Property insurance Specify Specify Specify Life insurance | | | | | | | |
| 11 | 0 | | V210 4 LITE HISUIANCE | 4 Life insurance | | | | | | | |
| 11. | On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things? | 0235 \$ | 0235 \$ | 0235 \$ | | | | | | | |
| 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 □ Don't know | 0245 \$00 × □ Don't know | 0245 \$00 x □ Don't know | | | | | | | |

FIELD REPRESENTATIVE – Complete a separate column for each lump sum home equity loan at the first interview in which the loan is reported.

| Pa | art G – Lump Sum Home Equ | uity Loans | } | | | | | | | |
|-----|--|---------------------------|---|---|---|-------------------------------------|---|---------------------------------|--|--|
| 1. | FIELD REPRESENTATIVE PROCESSING ITEM | G USE ONLY | 1 03 5 | 8 0 ↓ | | 1 03 59 | 8 ↓ | | 1 03 60 | 0 6 ↓ |
| | Enter the property number in item 1a, the a. PROPERT | TY NUMBER | 0010 Number | | 0010 N | lumber | | 0010 | Number | |
| | property code in item 1b, a brief description of the property in item 1c. b. PROPERT | TY CODE | 0020 Code | | 0020 | Code | | 0020 | Code | |
| | Enter the 3-digit loan number in item 1d, beginning with 201 and C. DESCRIPT | I . | Description | | Description | | | Description | | |
| | assigning loan numbers consecutively, regardless of property number. d. LOAN NU | UMBER | 0030 2 Number | | 0030 2 | Number | | 0030 2 | Number | |
| 2. | I'd like to ask some additional questio your lump sum home equity loan. In w month and year did you (your CU) mak (your CU's) first payment on this loan? | vhat ke your | Month 0035 0045 | Year | Month 0035 | 0045 | Year | Month | 0045 | Year |
| 3. | Is this a 30-year home equity loan, a home equity loan, or something else | a 15-year e? | 0055 1 30-year 2 15-year 0065 | 3 Something else – Specify – Number of years | 0055 1 30-year 2 15-year | 0065 | 3 ☐ Something else – Specify – Number of years | 0055 1 □ 30-ye 2 □ 15-ye | | 3 ☐ Something else – Specify – Number of years |
| 4. | What was the rate of interest at the home equity loan was obtained? Ent decimal places, such as 9.50% for 9 1/2% all FHA guarantee insurance if applicable | ter in two %. (Include | 0075 Percent | | 0075 | Percent | | 0075 | Percent | |
| 5. | What is the current interest rate on (your CU's) home equity loan? (Conv fractions to decimals.) | vert | 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 | 1? | 0085 1 ☐ Yes – <i>Go to item 7</i> | 2 🗆 No | 0085 1 ☐ Yes – <i>Go</i> | to item 7 | 2 □ No | 0085 1 ☐ Yes - | Go to item 7 | 2 \square No |
| b. | There are many different kinds of lu home equity loans. Which one of the respondent Information Booklet, page 1 closest to yours (your CU's)? | ese (hand | 1 Fixed rate of interest 2 Variable or adjustable rate of interest 3 Graduated payment 4 Rollover or renegotiable | 5 ☐ Deferred interest 6 ☐ Other – Specify x ☐ Don't know | 1 Fixed rate 2 Variable of rate of int 3 Graduate 4 Rollover of | or adjustable erest d payment | 5 ☐ Deferred interest 6 ☐ Other – <i>Specify</i> ✓ x ☐ Don't know | 2 □ Varia rate o 3 □ Grad | I rate of interest ble or adjustable of interest uated payment ver or renegotiable | 5 ☐ Deferred interest 6 ☐ Other – Specify ×☐ Don't know |
| 7. | Have you (Has your CU) refinanced or renegotiated this lump sum home ed loan? | | 0105 1 ☐ Yes – Read to responde | nt – The following question refers to this current lump sum home equity loan. | 0105 1 □ Yes – <i>Rea</i> | nd to respondent | t – The following question refers to this current lump sum home equity loan. | 0105 1 ☐ Yes - 2 ☐ No | Read to responde | nt – The following question refers to this current lump sum home equity loan. |
| 8. | What was the amount of the lump sun equity loan when you (your CU) obtain excluding any interest? | | 0130 \$.00 | | 0130 \$ | .00 | | 0130 \$ | .00 | |
| 9. | How often are (were) loan payments | s due? | 0170 1 Weekly 2 Biweekly 3 Monthly 4 Quarterly | 5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other – <i>Specify</i> ⊋ | 0170 1 Weekly 2 Biweekly 3 Monthly 4 Quarterly | | 5 □ Semiannually 6 □ Annually 7 □ Other – <i>Specify</i> _▼ | 0170 1 Wee 2 Biwe 3 Mon 4 Qual | ekly thly | 5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other – <i>Specify</i> _▼ |
| 10. | On your (your CU's) last regular pays which of these things were included respondent Information Booklet, page 1 Mark (X) all that apply. | d? (Hand 11.) | interest | 5 ☐ Mortgage guarantee insurance 6 ☐ Any other payments – Specify | 0175 1 Principal interest 0190 2 Property 0200 3 Property 0210 4 Life insur | taxes 0230 insurance | 5 ☐ Mortgage guarantee insurance 6 ☐ Any other payments – Specify | | est erty taxes erty insurance | 5 ☐ Mortgage guarantee insurance 6 ☐ Any other payments – Specify ✓ |
| 11. | On your (your CU's) last regular pays what was the total amount you (you paid for those things? | ment, | 0235 \$ | | 0235 \$ | .00 | | 0235 \$ | .00 | |
| 12. | If any of codes 2–6 marked in item 10, a How much of that amount was for p and interest? | | 0245 \$ | x □ Don't know | 0245 \$ | .00 | x □ Don't know | 0245 \$ | .00 | x □ 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 | | | | | | | | | | | | | | |
| | PROCESSING USE ONLY | 1 03 68 9 ↓ | 1 03 69 7 ↓ | 1 03 70 5 ↓ | NOTES | | | | | | | | | |
| number in item 1a. the | a. PROPERTY NUMBER | 0010 Number | 0010 Number | 0010 Number | | | | | | | | | | |
| a brief description of the property in item 1c. Enter the 3-digit loan | b. PROPERTY CODE | 0020 Code | 0020 Code | 0020 Code | | | | | | | | | | |
| number in item 1d. | | Description | Description | Description | | | | | | | | | | |
| of property number. | d. LOAN NUMBER | 0030 3 Number | 0030 3 Number | 0030 3 Number | | | | | | | | | | |
| I'd like to ask some addi about your (your CU's) li equity loan. Since the 1s have you (has any member made any payments for | itional questions ine of credit home st of (last month), per of your CU) this loan? | 0040 1 ☐ Yes 2 ☐ No – Go to next loan or part I | 1 ☐ Yes 2 ☐ No – Go to next loan or part I | 0040 1 ☐ Yes 2 ☐ No – Go to next loan or part l | | | | | | | | | | |
| | | 0050 \$ | 0050 \$.00 | 0050 \$.00 | | | | | | | | | | |
| Prior to the last paymen total amount owed? | t, what was the | 0060 \$ | 0060 \$ | 0060 \$ | | | | | | | | | | |
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| | Part H – Line of Cre FIELD REPRESENTATIVE ITEM 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 301 and assigning loan numbers consecutively, regardless of property number. I'd like to ask some add about your (your CU's) I equity loan. Since the 1s have you (has any meml made any payments for If YES – What was the an payment? | Part H – Line of Credit Home Equity L FIELD REPRESENTATIVE ITEM 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 301 and assigning loan numbers consecutively, regardless of property number. I'd like to ask some additional questions about your (your CU's) line of credit home equity loan. Since the 1st of (last month), have you (has any member of your CU) made any payments for this loan? If YES – What was the amount of the last | Part H - Line of Credit Home Equity Loans FIELD REPRESENTATIVE ITEM 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 301 and assigning loan numbers consecutively, regardless of property number. I'd like to ask some additional questions about your (your CU's) line of credit home equity loan. Since the 1st of (last month), have you (has any member of your CU) made any payments for this loan? If YES - What was the amount of the last payment, what was the | PROCESSING USE ONLY FIELD REPRESENTATIVE ITEM 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 301 and assigning loan numbers of property number. C. DESCRIPTION d. LOAN NUMBER O010 Number 1 03 68 9 ↓ 1 03 69 7 ↓ Number 0010 Number 0020 Code Description Description Description C. DESCRIPTION d. LOAN NUMBER O030 3 Number 0040 1 Yes 2 No - Go to next loan or part I FYES - What was the amount of the last payment, what was the | Part H - Line of Credit Home Equity Loans FIELD REPRESENTATIVE PROCESSING USE ONLY 1 03 68 9 \ | | | | | | | | | |

| I | 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 a. PROPERTY NUMBER b. PROPERTY CODE C. DESCRIPTION | 1 03 77 0 ↓ 0010 Number 0020 Code Description | 8. | If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? | 0170 0180 0190 0200 | 01 Repayment of loans owed by cooperative 02 Property taxes 03 Property insurance 04 Management 05 Repairs and maintenance, including lawn care and snow removal | 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 | 0430 1 2 | | Go to item | n 12a |
| 2. 3a | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2. Now I want to ask about other payments on | 0030 1 ☐ Mortgage/lump sum home equity loan 2 ☐ No mortgage/no lump sum home equity loan – Go to item 4a | - | Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a. | 0220 | 06 ☐ Improvements 07 ☐ Recreational, including swimming, golf, and tennis facilities 08 ☐ Security, including guards and alarm systems | b. | items? Since the 1st of (month, 3 months ago), what services were provided? | SERV 0440 0 0460 0 0480 0 | | DR CO-OP 0450 0 0470 0 0490 0 |) |
| | (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan? Since the 1st of (month, 3 months ago), what was | 1 Yes 2 No – Go to item 4a | - | | 0250 | 09 ☐ Utilities: such as gas, electricity, water, heat 10 ☐ Trash collection 11 ☐ Other – Specify ✓ | | | 0500 0 0520 0 0540 1 | | 0510 0 | 1 |
| С | the total amount that you (your CŬ) paid extra? How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)? Were there any penalty charges as a result of | 0050 \$.00 | 9. | If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? | 0280 | 21 Management 22 Repairs and maintenance, including lawn care and snow removal | | | SO 0550 2 0570 2 0590 2 | METHIN | NG ELSE 0560 2 0580 2 0600 2 | 2 |
| е | Since the 1st of (month, 3 months ago), how much were these penalty charges? How much of the (amount in item 3e) did you | 0070 1 Yes 2 No – Go to item 4a 0080 \$ | - | Mark (X) all that apply. | 0300 | 23 Improvements 24 Utilities: such as gas, electricity, water, heat 25 Parking 26 Recreational, including swimming, golf, and tennis | C. | Since the 1st of (month, | 0610 2 0630 2 0650 3 | | 0620 2 0640 3 | 3 |
| 4a | (your CU) pay since the 1st of (current month)? Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)? If YES – What was the total amount paid? | 0090 \$ | - | | 0340 | facilities 27 Security, including guards and alarm systems 28 Maid service 29 Medical services | d. | 3 months ago), how much were these special payments? Of the (amount in item 11c), how much was paid since the 1st of (current month)? | 0660 \$ _ | | | .00 |
| | How much of the (amount in item 4b) was paid since the 1st of (current month)? FIELD REPRESENTATIVE CHECK ITEM | 0110 \$.00 0120 \$.00 0130 1 Condominium - Go to | 10a | . Are any of the costs included in your (your CU's) mortgage payment? | | 30 ☐ Trash collection 31 ☐ Other – Specify 1 ☐ Yes | 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? | | ⊒Yes ⊒No – <i>G</i> | Go to item | n 13 |
| | Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. Refer to part B, item 10 or part A.1, item 1, column d | item 7 2 Co-op – Go to item 8 3 Neither condo nor co-op – Continue with item 6 | | . If YES – How much per month? In addition to those costs, since the 1st of (month, 3 months ago), have you | 0390 | 2 □ No - Go to item 10d \$ | | What was the total amount paid? How much of the (amount in item 12b) was paid since the | 0690 \$ _ | | | .00 |
| 7. | If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association? If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general | 0140 1 ☐ Yes - Go to item 9 2 ☐ No - Go to item 11a 0150 1 ☐ Yes - Go to item 9 2 ☐ No - Go to item 11a | | (has your CU) made any other regular payments for these services? Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services? How much of the (amount in item 10d) was | 0410 | | 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 | 0710 \$ _ × [| □ Don′t | know | .00 |
| | maintenance or management services? | | | paid since the 1st of (current month)? | 0420 | \$ | | utilities? | | | | |

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 a. PROPERTY NUMBER b. PROPERTY CODE C. DESCRIPTION | 1 03 78 8 ↓ 0010 Number 0020 Code Description | 8. | Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? | 0170 02 ☐ Property taxes 0180 03 ☐ Property insurance 0190 04 ☐ Management 0200 05 ☐ Repairs and maintenance, including lawn care and snow removal | | If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these | 0430 1 □ Yes 2 □ No | s – Go to item 12a | |
| 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. | 0030 1 Mortgage/lump sum home equity loan 2 No mortgage/no lump sum home equity loan – Go to item 4a | | Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a. | 0210 06 ☐ Improvements 0220 07 ☐ Recreational, including swimming, golf, and tennis facilities 0230 08 ☐ Security, including guards and | b. | Since the 1st of (month, 3 months ago), what services were provided? | SERVICES 0440 0 0 0460 0 | FOR CO-OPS 0450 0470 0 | _]] |
| 3a | Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan? | 1 ☐ Yes 2 ☐ No – Go to item 4a | | | alarm systems 0240 09 ☐ Utilities: such as gas, electricity, water, heat 0250 10 ☐ Trash collection 0260 11 ☐ Other – Specify ✓ | | | 0480 0 0500 0 0520 0 0540 1 | 0490 0 0510 0 0530 1 |] |
| | Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? | 0050 \$.00 | 9. | If property is not co-op, ask – Which of the services and privileges | 0270 21 Management | | | | FOR CONDOS/ HING ELSE | |
| | How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)? Were there any penalty charges as a result of the extra payments? | 0060 \$ | _ | listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply. | 0280 22 ☐ Repairs and maintenance, including lawn care and snow removal 0290 23 ☐ Improvements 0300 24 ☐ Utilities: such as gas, | | | 0570 2 0590 2 0610 2 | 0580 2 0600 2 0620 2 | |
| е | Since the 1st of (month, 3 months ago), how much were these penalty charges? | 0080 \$ | - | | o310 25 Parking O320 26 Recreational, including | | | 0630 2 0650 3 | 0640 3 |] |
| | How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)? | 0090 \$.00 | | | swimming, golf, and tennis facilities 0330 27 Security, including guards and alarm systems | C. | Since the 1st of (month, 3 months ago), how much were these special payments? | 0660 \$ | .0 | 00 |
| | Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)? If YES – What was the total amount paid? | 0100 1 ☐ Yes 2 ☐ No – Go to item 5 | - | | 0340 28 Maid service 0350 29 Medical services | | Of the (amount in item 11c), how much was paid since the 1st of (current month)? | 0670 \$ | .0 | 00 |
| | How much of the (amount in item 4b) was paid since the 1st of (current month)? | 0110 \$.00 0120 \$.00 | | | 0360 30 ☐ Trash collection 0370 31 ☐ Other – Specify ——————————————————————————————————— | | Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction | 0680 1 Yes 2 No | s – Go to item 13 | |
| 5. | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. Refer to part B, item 10 or item 10 or | 0130 1 ☐ Condominium – Go to item 7 2 ☐ Co-op – Go to item 8 3 ☐ Neither condo nor | | 1. Are any of the costs included in your (your CU's) mortgage payment? 2. If YES – How much per month? | 0380 1 ☐ Yes 2 ☐ No – Go to item 10d | | or repair of roads, sidewalks, or other things like that? What was the total amount paid? | 0690 \$ | .0 | 00 |
| 6. | If property is neither, mark box 3. part A. I, item I, column d | co-op – Continue with item 6 | С | 2. 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 \(\text{Yes} \) | | How much of the (amount in item 12b) was paid since the 1st of (current month)? Ask if code 100, 200, or 300 in | 0700 \$ | .0 | 00 |
| 7. | Do you (Does your CU) make regular payments to a homeowner's association? If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services? | 0140 1 ☐ Yes - Go to item 9 2 ☐ No - Go to item 11a 0150 1 ☐ Yes - Go to item 9 2 ☐ No - Go to item 11a | | I. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services? How much of the (amount in item 10d) was paid since the 1st of (current month)? | 0410 \$.00 0420 \$.00 | | 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 \$ x □ Do | .0 n't know | 00 |
| | <u> </u> | | | | | | | | | |

| P | art I – Ownership Costs – Continued | | | | | | | | | |
|-----|--|--|----------|---|--------|---|-----|--|--|----------|
| | FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, item 1b | 1 03 79 6 ↓ Number | 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 | 0170 | D1 ☐ Repayment of loans owed by cooperative D2 ☐ Property taxes D3 ☐ Property insurance | 11a | If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/something else: Hand respondent Information Booklet, page 13. | | |
| | and a brief description of the property in item 1c. b. PROPERTY CODE c. DESCRIPTION | Description Code | | 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? | | 04 | | Have you (Has your CU) made any SPECIAL payments to a management | 0430 1 ☐ Yes 2 ☐ No – <i>Go to it</i> | tem 12a |
| | 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. | 0030 1 Mortgage/lump sum home equity loan 2 No mortgage/no lump sum home equity loan – Go to item 4a | | Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a. | 0220 | removal removal Recreational, including swimming, golf, and tennis facilities Security, including guards and | b. | service for any of these items? Since the 1st of (month, 3 months ago), what services were provided? | SERVICES FOR CO- 0440 0 0450 0460 0 0470 | -OPS 0 0 |
| | 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 | | | 0240 0 | alarm systems □ Utilities: such as gas, electricity, water, heat □ Trash collection □ Other – Specify | | | 0480 0 0490 0500 0 0510 0520 0 0530 0540 1 0 | 0 0 1 |
| | Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? | 0050 \$ | 9. | If property is not co-op, ask – | 0270 2 | 21 Management | | | SERVICES FOR CON SOMETHING ELS | |
| _ | How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)? Were there any penalty charges as a result of | 0060 \$ | - | Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? | | 22 Repairs and maintenance, including lawn care and snow removal | | | 0570 2 0580 0590 2 0600 | 2 2 |
| | the extra payments? | 0070 1 ☐ Yes 2 ☐ No – Go to item 4a | - | Mark (X) all that apply. | | 23 Improvements 24 Utilities: such as gas, electricity, water, heat | | | 0610 2 0620 0630 2 0640 | 3 |
| f. | Since the 1st of (month, 3 months ago), how much were these penalty charges? How much of the (amount in item 3e) did you | 0080 \$ | _ | | | 25 □ Parking 26 □ Recreational, including swimming, golf, and tennis | C. | Since the 1st of (month, | 0650 3 | .00 |
| 4a. | (your CU) pay since the 1st of (current month)? Since the 1st of (month, 3 months ago), have you | 0090 \$ | - | | | facilities 27 Security, including guards and alarm systems | al | 3 months ago), how much were these special payments? | \$ | |
| _ | (has your CU) made any payments for ground or land rent for (property description)? If YES – What was the total amount paid? | 2 □ No – Go to item 5 | - | | 0350 | 28 | | how much was paid since the 1st of (current month)? | 0670 \$ | .00 |
| | How much of the (amount in item 4b) was paid since the 1st of (current month)? | 0110 \$.00 | 10- | | 0370 | 31 □ Other – <i>Specify _¥</i> | 12a | 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, | 0680 1 ☐ Yes 2 ☐ No – Go to it | tem 13 |
| | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. Refer to part B, | 0130 1 □ Condominium – Go to item 7 2 □ Co-op – Go to item 8 | | Are any of the costs included in your (your CU's) mortgage payment? If YES – How much per month? | | 1 ☐ Yes 2 ☐ No – <i>Go to item 10d</i> | b | or other things like that? What was the total amount | [acaa] | .00 |
| | If property is collide, mark box 1. Item 10 or If property is neither, mark box 2. If property is neither, mark box 3. Column d | 3 Neither condo nor co-op – Continue with item 6 | | In addition to those costs, since the | 0390 | \$00 | C | - How much of the (amount in item 12b) was paid since the | 0700 \$ | .00 |
| | 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 | <u>۱</u> | 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services? | | 2 □ No – Go to item 11a | 13. | Ask if code 100, 200, or 300 in item 150. | | |
| | 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 | | Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services? How much of the (amount in item 10d) was paid since the 1st of (current month)? | 0410 | \$.00 \$.00 | | If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities? | 0710 \$ x □ Don't know | .00 |
| | 401 | | | 0 1 0 0 0 1 | ., | - | | | | D 40 |

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

| | Part J – Change in Mortg | jage or Lump Sum Home E | quity Loan Payment | | | | | | |
|----|---|--|--|---|---|--|--|--|--|
| 1. | FIELD REPRESENTATIVE ITEM | PROCESSING USE ONLY | 1 03 92 9 ↓ | 6. How often are (were) mortgage (lump sum home equity loan) payments due? | 0090 1 Weekly | | | | |
| | 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. | a. PROPERTY NUMBER | 0010 Number | | 2 ☐ Biweekly 3 ☐ Monthly 4 ☐ Quarterly 5 ☐ Semiannually | | | | |
| | Enter the property number in | b. PROPERTY CODE | 0020 Code | | 6 ☐ Annually | | | | |
| | item 1a, the property code in | | Description | | 7 □ Other – <i>Specify</i> | | | | |
| | item 1b, the property description in item 1c, and the mortgage | C. DESCRIPTION | | | | | | | |
| | (loan) number in item 1d. Mark (X) the appropriate type of loan in item 1e. | d. MORTGAGE (LOAN) NUMBER | 0030 Number | 7. What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%. | | | | | |
| | | e. TYPE OF LOAN | 1 ☐ Mortgage 2 ☐ Lump sum home equity loan | (Include all FHA guarantee insurance if applicable.) | 0100 Percent | | | | |
| 2. | What was the reason for the ch mortgage (lump sum home equ description)? | nange in the amount of your | | Hand respondent Information Booklet, page 11. On your (your CU's) last regular payment, which of these things were included? | 0125 1 □ Principal and interest 0130 2 □ Property taxes 0140 3 □ Property insurance | | | | |
| | 1 - Change in escrow account pay2 - Change in interest rate | yment | 0040 1 Go to item 8 2 Go to item 7 | | 0150 4 Life insurance | | | | |
| | 3 - Paid off | | 3 ☐ Go to item 11 | | 0160 5 Mortgage guarantee insurance | | | | |
| | 4 - Change in amount of the grad payment mortgage (loan) | uated payment for a graduated | 4 ☐ Go to item 8 | | 0170 6 ☐ Any other payments – Specify _▼ | | | | |
| | 5 - Mortgage (Ioan) renegotiated | (rollover or renegotiable mortgage | 5 🗌 6 🗆 | | | | | | |
| | (loan)) 6 - Refinanced mortgage (loan) (to f the mortgage (loan)) | his includes changing the term | 7 | 9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things? | 0175 \$.00 | | | | |
| | 7 - Other reasons8 - More than one of the above | | ^ b | If any of Codes 2–6 marked in item 8 ask – | | | | | |
| | X – Don't know | | | 10. How much of that amount was for principal and interest? | 0185 \$00 x □ Don't know | | | | |
| 3. | Is this a 30-year mortgage (lum 15-year mortgage (home equity | np sum home equity loan), a y loan), or something else? | 1 □ 30-year 2 □ 15-year 3 □ Something else – Specify | 11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change? | 0195 Go to next property or next section | | | | |
| | | | 0050 Number of years | NOTES | | | | | |
| 4a | . Is this a fixed rate mortgage (lu | ump sum home equity loan)? | 0055 1 ☐ Yes – Go to item 5 2 ☐ No | | | | | | |
| b | Hand respondent Information Boo. There are many different kinds | of mortgages (lump sum home | 0060 1 Fixed rate of interest 2 Variable or adjustable interest rate | | | | | | |
| | equity loans). Which one of the CU's)? | ese comes closest to yours (your | 3 ☐ Graduated payment | | | | | | |
| | | | 4 ☐ Rollover or renegotiable 5 ☐ Deferred interest | | | | | | |
| | | | 6 □ Other – <i>Specify</i> | | | | | | |
| | | | | | | | | | |
| | | | x□Don't know | | | | | | |
| 5. | What was the amount of the m loan) when you (your CU) obtain | ortgage (lump sum home equity ined it, excluding any interest? | 0070 \$00 | | | | | | |
| | | | | | | | | | |

| | Part J – Change in Mortg | jage or Lump Sum Home E | quity Loan Payment – Continued | | |
|----|--|--|--|---|--|
| 1. | FIELD REPRESENTATIVE ITEM | PROCESSING USE ONLY | 1 03 93 7 ↓ | 6. How often are (were) mortgage (lump sum home equity loan) payments due? | 0090 1 Weekly 2 Biweekly |
| | Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k. | a. PROPERTY NUMBER | 0010 Number | | 3 ☐ Monthly 4 ☐ Quarterly 5 ☐ Semiannually |
| | Enter the property number in | b. PROPERTY CODE | 0020 Code | | 6 □ Annually 7 □ Other – <i>Specify</i> _▽ |
| | item 1a, the property code in item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark | C. DESCRIPTION | Description | | |
| | (IOan) number in Item 1d. Mark (X) the appropriate type of loan in item 1e. | d. MORTGAGE (LOAN) NUMBER | 0030 Number | 7. What is the current interest rate for this mortgage (lump sum home equity loan)? | |
| | | e. TYPE OF LOAN | 0035 1 ☐ Mortgage 2 ☐ Lump sum home equity loan | Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.) | 0100 Percent |
| 2. | description)? 1 - Change in escrow account pay 2 - Change in interest rate 3 - Paid off 4 - Change in amount of the grad payment mortgage (loan) | hange in the amount of your uity loan) payment for (property) | 0040 1 Go to item 8 2 Go to item 7 3 Go to item 11 4 Go to item 8 5 G | Hand respondent Information Booklet, page 11. On your (your CU's) last regular payment, which of these things were included? | 0125 1 ☐ Principal and interest 0130 2 ☐ Property taxes 0140 3 ☐ Property insurance 0150 4 ☐ Life insurance 0160 5 ☐ Mortgage guarantee insurance 0170 6 ☐ Any other payments – Specify ✓ |
| | (loan)) 6 - Refinanced mortgage (loan) (t of the mortgage (loan)) 7 - Other reasons | | Go to item 3 | 9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things? | 0175 \$ |
| | 8 – More than one of the above X – Don't know | | | If any of Codes 2–6 marked in item 8 ask – 10. How much of that amount was for principal and interest? | 0185 |
| 3. | Is this a 30-year mortgage (lum 15-year mortgage (home equity | np sum home equity loan), a y loan), or something else? | 1 ☐ 30-year 2 ☐ 15-year 3 ☐ Something else – Specify ✓ | 11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change? | 0195 Go to next property or next section |
| | | | 0050 Number of years | NOTES | |
| 4a | Is this a fixed rate mortgage (lu | ump sum home equity loan)? | 0055 1 ☐ Yes – Go to item 5 2 ☐ No | | |
| b | Hand respondent Information Boo There are many different kinds equity loans). Which one of the | oklet, page 10. s of mortgages (lump sum home ese comes closest to yours (your | 1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable interest rate | | |
| | CÜ's)? | , , , , , , , , , , , , , , , , , | 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable 5 ☐ Deferred interest | | |
| | | | 6 ☐ Other – Specify _▼ | | |
| | | | | | |
| | | | X □ Don't know | | |
| 5. | What was the amount of the m loan) when you (your CU) obtain | nortgage (lump sum home equity ined it, excluding any interest? | 0070 \$ | | |

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

| Part J – Change in Mor | tgage or Lump Sum Home E | quity Loan Payment – Continued | | |
|--|---|---|---|---|
| 1. FIELD REPRESENTATIVE ITEM | PROCESSING USE ONLY | 1 03 94 5 ↓ | 6. How often are (were) mortgage (lump sum home equity loan) payments due? | 0090 1 Weekly 2 Biweekly |
| Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k. | a. PROPERTY NUMBER | 0010 Number | | 3 ☐ Monthly 4 ☐ Quarterly 5 ☐ Semiannually |
| Enter the property number in | b. PROPERTY CODE | 0020 Code | | 6 □ Annually 7 □ Other – <i>Specify</i> _▼ |
| item 1a, the property code in item 1b, the property descriptio in item 1c, and the mortgage (loan) number in item 1d. Mark | C. DESCRIPTION | Description | | |
| (X) the appropriate type of loan in item 1e. | | 0030 Number | 7. What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%. | |
| | e. TYPE OF LOAN | 0035 1 ☐ Mortgage 2 ☐ Lump sum home equity loan | (Include all FHA guarantee insurance if applicable.) | 0100 Percent |
| mortgage (lump sum home e description)? 1 – Change in escrow account p 2 – Change in interest rate 3 – Paid off 4 – Change in amount of the gr payment mortgage (loan) | change in the amount of your quity loan) payment for (property ayment aduated payment for a graduated | 0040 1 Go to item 8 2 Go to item 7 3 Go to item 11 4 Go to item 8 5 D | Hand respondent Information Booklet, page 11. 8. On your (your CU's) last regular payment, which of these things were included? | 0125 1 ☐ Principal and interest 0130 2 ☐ Property taxes 0140 3 ☐ Property insurance 0150 4 ☐ Life insurance 0160 5 ☐ Mortgage guarantee insurance 0170 6 ☐ Any other payments – Specify ✓ |
| (loan)) 6 – Refinanced mortgage (loan) | d (rollover or renegotiable mortgage (this includes changing the term | 6 | 9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things? | 0175 \$ |
| of the mortgage (loan)) 7 – Other reasons 8 – More than one of the above X – Don't know | | 8 □ x □ J | If any of Codes 2–6 marked in item 8 ask – 10. How much of that amount was for principal and interest? | 0185 \$.00 x \(\sum \) Don't know |
| 3. Is this a 30-year mortgage (lu 15-year mortgage (home equ | ımp sum home equity loan), a ity loan), or something else? | 0045 1 30-year | - 11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change? | 0195 Go to next property or next section |
| | | 2 ☐ 15-year 3 ☐ Something else – Specify ✓ | NOTES | |
| _ | | Number of years | 4 | |
| 4a. Is this a fixed rate mortgage | (lump sum home equity loan)? | 0055 1 ☐ Yes – Go to item 5 2 ☐ No | | |
| Hand respondent Information B b. There are many different kin equity loans). Which one of t CU's)? | ooklet, page 10. ds of mortgages (lump sum home hese comes closest to yours (your | 1 Fixed rate of interest 2 Variable or adjustable interest rate 3 Graduated payment | | |
| | | 4 ☐ Rollover or renegotiable 5 ☐ Deferred interest | | |
| | | 6 ☐ Other – Specify _▼ | | |
| | | | | |
| | | X □ Don't know | | |
| 5. What was the amount of the loan) when you (your CU) ob | mortgage (lump sum home equity tained it, excluding any interest? | 0070 \$.00 | | |

telephones that are not used entirely for

business purposes?

 $2 \square No - Go to part B$

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES Part A – Telephone Expenses **NOTES** PROCESSING USE ONLY 1 04 01 8 🗸 1 04 02 6 🔽 Since the 1st of (month, 3 months ago), have PROCESSING USE ONLY you (or any members of your CU) received any bills for telephone services? Do not Yes include bills for telephones used entirely \square No – Go to part B for business purposes. Description Description What property(ies) was (were) the telephone bills for? 0020 • Owned properties - Enter a description of the Property number Property number property and enter a property number for -96 Mobile (car) phone 96 Mobile (car) phone Property previously reported in section 3, 97 Rented sample unit 97 Rented sample unit part A.1, item 1, column a 98 Other rented unit 98 Other rented unit Property reported at this interview in 99 Property not owned or 99 Property not owned or section 3, part B, item 1a rented by CU rented by CU • All other properties – Mark (X) appropriate box and enter a description of the property. Name of telephone company Name of telephone company What is the name of the company which **OFFICE USE ONLY OFFICE USE ONLY** provides telephone services for (property description)? How many telephone bills were received for (property description) from (company 0040 0040 name)? Number Number Complete a separate column for each bill Bill 1 Bill 2 Bill 3 Bill 4 Bill 1 Bill 2 Bill 3 Bill 4 received since the 1st of (month, 3 months ago). 0060 0 □ None 0120 0 ☐ None 0180 0 □ None 0240 0 None 0060 0 □ None 0120 0 None 0180 0 ☐ None 0240 0 ☐ None 5a. What was the total amount of bill (bill PRE number)? Exclude any unpaid bills from a .00 .00 .00 .00 .00 .00 .00 .00 previous billing period. Month bill Property Total amount No. from received of bill Month Month Month **b.** In what month was the bill received? Month Month Month Month Month item 2 from item 5b from item 5a 0250 0070 0130 0190 0070 0130 0190 0250 .00 6. Does the total amount of the bill include -Name of telephone company 0140 1 ☐ Yes 0200 1 ☐ Yes 0200 1 ☐ Yes 0260 1 ☐ Yes 0080 1 ☐ Yes 0260 1 Yes 0800 1 ☐ Yes 0140 1 Yes 2 No a. A basic service charge? Outlet code **b.** Long distance call charges? 0150 1 ☐ Yes 0210 1 ☐ Yes 0090 | 1 ☐ Yes 0210 1 Yes 0270 1 ☐ Yes 0090 1 ☐ Yes 0150 1 Yes 0270 1 Yes Month bill Property Total amount 2 No No. from received of bill item 2 from item 5b from item 5a C. Equipment purchases such as the 0095 1 ☐ Yes 0155 1 ☐ Yes 0215 1 ☐ Yes 0275 1 ☐ Yes 0095 1 ☐ Yes 0155 1 ☐ Yes 0215 1 Yes 0275 1 ☐ Yes purchase of a telephone? .00 2 No Name of telephone company d. FIELD REPRESENTATIVE CHECK ITEM 0110 1 ☐ Bills 0170 1 ☐ Bills 0230 1 Bills 0290 1 🗌 Bills 0110 1 ☐ Bills 0230 1 Bills 0290 1 Bills 0170 1 Bills 2 Estimate 2 Estimate 2 Estimate 2 🗌 Estimate 2 Estimate 2 🗌 Estimate 2 Estimate 2 🗌 Estimate Was a bill or checkbook used or was an Outlet code 3 Checkз 🗌 Check-3 ☐ Check- ★ 3 ☐ Check- ⊀ з 🗌 Check-3 ☐ Check- ★ 3 ☐ Check- ★ з 🗌 Check- 🕫 estimate given? book book book book _₹ book book book book _₹ Month bill Total amount Property 7a. Is any of the total charge to be deducted as a business expense? No. from received of bill 0420 1 ☐ Yes 0420 1 ☐ Yes 2 ☐ No – Go to item 8 2 ☐ No – Go to item 8 from item 5a item 2 from item 5b **b.** If YES – What percentage will be deducted? .00 .00 Percent .00 Percent 0430 0430 Name of telephone company 8. Did you (or any members of your CU) 0440 1 \square Yes – Complete a separate column for each property and each 1 \square Yes – Complete a separate column for each property and each receive any other telephone bills for telephone company telephone company

 $2 \square No - Go to part B$

Outlet code

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

| F | Part A – Telephone Expenses – Co | ntinu | ed | | | | | | | | | | | | | | | | | | | | |
|-----|--|-------------------|--------------------|----------|--------------|------------------------------|--------------|-----------------------------|------------------|-------------------|------------------|---------------------|------------------------------|----------|---------------------------|-------------|------------------|----------|-----------------------|--------------------------------|--|--------|------------------------------|
| | | PRO | CESSIN | G USE | ONLY | | 1 0 | 04 03 4 | ightharpoonup | | PI | ROCE | SSING USE | ONLY | | | 1 04 04 2 | 2 🖵 | | | NOTE | 5 | |
| | | | | | | | | | | | | | | | | | | | | 7 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | What property(ies) was (were) the telephone bills for? | | <u> </u> | <u> </u> | <u>/////</u> | | Description | ////// | ///// | <u>//////</u> | | <u> </u> | ///////// | | ///////// | Descri | ption | | /////// | | | | |
| | • Owned properties – Enter a description of the | 0020 | | | _ Prope | rty number | | | | | 00 | 20 | | _ Prope | erty number | | | | | | | | |
| | property and enter a property number for – Property previously reported in section 3, part A.1, item 1, column a | | 96 🗌 M 97 🔲 Re | | | I | | | | | | | 6 ☐ Mobile (| | | | | | | | | | |
| | Property reported at this interview in section 3, part B, item 1a | | 98 🗌 Ot 99 🔲 Pr | operty | not ow | I | | | | | | | 8 🗌 Other re 9 🗌 Property | not ow | | | | | | | | | |
| | • All other properties – Mark (X) appropriate box and enter a description of the property. | | re | nted by | y CU | | | | | | | | rented b | by CU | | | | | | | | | |
| 3. | What is the name of the company which | OFFIC | CE USE | ONLY | | | Name of tele | ephone c | ompan | У | 011102 002 01121 | | | | | Name | of telephone | e compan | У | | | | |
| | provides telephone services for (property description)? | 0030 | | | | | | | | | 00 | 30 | | | | | | | | | | | |
| 4. | How many telephone bills were received for (property description) from (company name)? | 0040 | | N | umber | | | | | | 00 | 140 | | lumber | | | | | | | | | |
| | Complete a separate column for each bill | | Bill 1 | | | Bill 2 | Bill 3 | 3 | | Bill 4 | | | '. 3ill 1 | | Bill 2 | | Bill 3 | | Bill 4 | | | | |
| | received since the 1st of (month, 3 months ago). | 0060 | o 🗆 Noi | ne | 0120 | o 🗆 None | 0180 o □ I | None | 0240 | o 🗆 None | 00 | 0 <mark>60</mark> 0 | □None | 0120 | o 🗆 None | 0180 | 0 None | 0240 | ₀ □ None | | | | |
| 5a. | What was the total amount of bill (bill number)? Exclude any unpaid bills from a | | Γ | | | | | | | | 1 | | | | | | | | | 7 | PRE | | |
| h | In what month was the bill received? | \$ | Month | .00 | \$ | Month | \$ | .00 | \$ | Month | \$_ | I./ | lonth | \$ | Month | \$ | Month | 9 \$ | Month .00 | No. from | received | 0 | amount of bill |
| D. | in what month was the bill received: | 0070 | , T | | 0130 | WOITH | 0190 | | 0250 | WOITH | 00 | | IOTILIT | 0130 | WIOTILIT | 0190 | | 0250 | | item 2 | from item 5b | Trom | item 5a |
| 6 | Barrier de la constantina del constantina de la constantina del constantina de la co | 0070 | | | 0100 | | 0130 | | 0230 | | | 70 | | 0100 | | 0130 | | 0230 | | | | \$ | .0 |
| 6. | Does the total amount of the bill include - | 0080 | 1 □ Yes | I | | 1 ☐ Yes | 0200 1 🗆 🗅 | | | 1 ☐ Yes | 00 | | ☐Yes | | 1 ☐ Yes | 0200 | 1 ☐ Yes | 0260 | 1 ☐ Yes | Name of | telephone comp | any | |
| a. | A basic service charge? | | 2 \square No | | | 2 □No | 2 □ N | No | | 2 🗆 No | | 2 | □No | | 2 No | | 2 No | | 2 □ No | Outleties | da | | |
| b. | Long distance call charges? | 0090 | 1 □ Yes | | 0150 | ı □Yes | 0210 1 🗆 🗅 | Voo | 0270 | ı □Yes | 00 | 90 1 | □Yes | 0150 | 1 □ Yes | 0210 | 1 □ Yes | 0270 | 1 □ Yes | Outlet co | ae | | |
| | | 0090 | 1 | | | 1 ☐ Yes 2 ☐ No | 2 🗆 N | | | 1 ☐ Yes 2 ☐ No | 00 | | □ No | | 2 □ No | 0210 | 2 □ No | 0270 | 1 ☐ Yes 2 ☐ No | Property No. from item 2 | Month bill received from item 5b | 0 | amount of bill item 5a |
| C. | Equipment purchases such as the purchase of a telephone? | 0095 | 1 □Yes | | 0155 | 1 □Yes | 0215 1 🗆 🗅 | Vas | 0275 | 1 □ Yes | 00 | 95 1 | □Yes | 0155 | 1 □Yes | 0215 | 1 □ Yes | 0275 | 1 □ Yes | item z | Trom item 55 | 110111 | i item sa |
| | purchase of a telephone: | 0000 | 2 □ No | I | | 2 □ No | 2 🗆 N | | | 2 □ No | | | □No | | 2 No | 02.0 | 2 □ No | 0270 | 2 □ No | | | \$ | .0 |
| d. | FIELD REPRESENTATIVE CHECK ITEM | 0110 | 1 □ Bill | | | 1 ☐ Bills | 0230 1 🗆 🛭 | | | 1 ☐ Bills | | | Bills | | 1 ☐ Bills | 0230 | 1 ☐ Bills | 0290 | 1 ☐ Bills | | telephone comp | any | |
| | Was a bill or checkbook used or was an estimate given? | | 2 ☐ Est | I | | 2 □ Estimate 3 □ Check- 🗲 | | Estimate Check- ∮ | | 2 Estima 3 Check | | | ☐ Estimate ☐ Check- ◀ | 1 | 2 ☐ Estimate 3 ☐ Check- ∮ | | 2 Estima 3 Check | ite | 2 ☐ Estima 3 ☐ Check- | te Outlet co | de | | |
| | estimate given: | | boo | | , | book | 3 L | book | | book | | 3 | book | | book | ` | book | | book - | | | | |
| 7a. | Is any of the total charge to be deducted as a business expense? | 0420 | 1 □ Yes | s | | 2 □ No – <i>Go</i> | to item 8 | | ' | | 04 | 20 1 | □Yes | | 2 □ No – <i>Go</i> | to iten | n 8 | | | Property No. from item 2 | Month bill received from item 5b | 0 | amount of bill item 5a |
| b. | If YES – What percentage will be deducted? | | | | | | | | | | | | | | | | | | | | | φ. | 0 |
| | | 043000 Percent | | | | | | | 04 | 30 | | .00 Per | cent | | | | | Name of | telephone comp | anv | .0 | | |
| 8. | Did you (or any members of your CU) | 0440 | 1 □ Yes | s – Con | nplete a | a separate co | lumn for eac | h proper | rty and e | each | 04 | 40 1 | ☐Yes - Co. | mplete a | a separate co | olumn f | or each prop | erty and | each | | | | |
| | receive any other telephone bills for telephones that are not used entirely for business purposes? | telephone company | | | | | | | tele □No - Go | ephone | company | | , -, | , | | Outlet code | | | | | | | |

Section 4 - UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES - Continued

| Part B - Screening Question | ns | | | 1 04 25 7 | → | | | | | | | | | | | | | |
|--|----------------------|------------|------------------------|---|----------------------------------|---|---------------------|-----------------------------------|----------------------------|---------------------------|-------------------------|-----------------------------|---|----------------------------|---------------|-----------------------------------|-----------------|--|
| I. Since the first of (month, 3 months a any members of your CU) received of the following utilities, fuels, or sinclude bills for rented vacation pro | services | ? Do not | 2a. si | ince the 1st o U) received a uch as a cotta | of (month, ny bills f nge? | , 3 months ago), ha or utilities or fuel | ave you Is for a | (or any member rented vacation | ers of your n property, | TRA | NSCRIBE LAS | ST 2 BILLS PI | ER PROPERTY FO | PRE OR EACH U | TILITY OR SEI | RVICE REPORTED IN P | ART C | |
| properties used entirely for busines | ss. | | | ☐Yes | □ r | No – Go to part C | | | | 1 | 2 | 3 | 4 | | 5 | 6 | | |
| FIELD REPRESENTATIVE: Read each item in | n bold lis | ted below. | | \ (EQ | | | | | | Property | Utility | Month bill | | Unit-of- Quantity | | Name of utili company of | | |
| | UTILITY CODE | YES NO | b. w | | r fuel wa | s the charge for? | ' Enter a | utility code belo | w for each bill | number from part C, | code from part C, | received from part C, | Amount of bill from part C, item 7a | measure from part C, | from part C, | government ag from part C, ite | ency m 3 | |
| Electricity | 100 | | 16 | ported. | | | | | | item 2 | item 1a | item 7b | | item 7c | item 7d | | Company code | |
| | | | C. In | what month | was the | bill received? Ent | ter mon | th below for each | n bill reported. | | | I | <u> </u> | | | | | |
| Natural or utility gas | 110 | 1///// | | | total amo | ount of the charge | es? Ente | er amount below | for each bill | | | 1 | \$.00 | | | | | |
| Combined gas and electricity | 120 | | re | ported. | | | | | | | | | \$.00 | | | | | |
| Fuel oil | 130 | | <u>0</u> | | | | | Р | RE | | | 1 | \$.00 | | | | | |
| Kerosene | 140 | | PROCESSING USE ONLY | Utility code | Month | Amount | | | | | | 1 | \$.00 | | | | | |
| Bottled or tank gas | 150 | | PROC USE (| 0000 | | | | Utility code Month | Amount | | | | \$.00 | | | | | |
| Wood | 160 | | | | | | | | | 1 | | İ | \$.00 | | | | | |
| Coal | 170 | | 0020 | | | \$ | .00 | \$ | .00 | | | | , i | | | | | |
| Other fuels | 180 | | 0030 | | | \$ | .00 | | .00 | | | 1 | \$.00 | | | | | |
| Combined expenses for items | 190 | | | | | Ψ | .00 | | | | | | \$.00 | | | | | |
| 130–180 | | <u> </u> | 0040 | | | \$ | .00 | \$ | .00 | | | İ | \$.00 | | | | | |
| Piped-in water | 200 | | 0050 | | | \$ | .00 | \$ | .00 | | | 1 | \$.00 | | | | | |
| Trash/Garbage collection | 210 | | | | • | | ' | | | NOT | ES | | | | • | | | |
| Sewerage maintenance | 220 | | | | | | | | | | | | | | | | | |
| Combined trash/garbage/ water/sewerage | 230 | | | | | | | | | | | | | | | | | |
| Combined trash/garbage/water | 240 | | | | | | | | | | | | | | | | | |
| Combined trash/garbage/sewerage | 250 | | | | | | | | | | | | | | | | | |
| Combined water/sewerage | 260 | | | | | | | | | | | | | | | | | |
| Water softening service | 270 | | | | | | | | | | | | | | | | | |
| Septic tank cleaning | 280 | | | | | | | | | | | | | | | | | |
| Cable TV, satellite services, or community antenna | 290 | | | | | | | | | | | | | | | | | |
| Combined electric/water/sewerage | 310 | | | | | | | | | | | | | | | | | |
| Ask item 2, then complete a column in each utility, fuel, or service reported in | part C fo item 1. | or | | | | | | | | | | | | | | | | |

Page 23 Page 23

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued Part C - Detailed Questions 1. FIELD REPRESENTATIVE PROCESSING USE ONLY 1 04 51 3 🗸 1 04 52 1 TRANSCRIPTION ITEM 0010 0010 Code Code a. UTILITY CODE Enter a utility code in item 1a and a description of utility or fuel in Description Description item 1b from part B, item 1. **b.** DESCRIPTION OF UTILITY OR FUEL 2. What property were the charges for? Description Description • Owned properties – Enter a description of the property and enter a Property number Property number property number for -97 Rented sample unit 97 Rented sample unit Property previously reported in section 3, part A.1, item 1, col. a 98 Other rented unit 98 Other rented unit Property reported at this interview in section 3, part B, item 1a 99 Property not owned or 99 Property not owned or • All other properties – Mark (X) appropriate box and enter a description rented by CU rented by CU of the property. Ask for utility codes 100-120, 200-260, and 290 only. Name Name 3. What is the name of the company or government agency which provides (utility or fuel description)? **OFFICE USE ONLY** 0030 How many bills were received for (utility or fuel) for (property 0045 0045 description)? Number Number What period of time was covered by the bill? If period covered 0055 1 Month 3 Quarter з 🗌 Quarter 0055 1 Month changed for a utility or fuel during the reference period, complete a 2 2 months 4 ☐ Other – Specify 2 2 months 4 ☐ Other – Specify. separate column for each different period of time. Do you have any of these bills or other records showing these 0060 1 Yes 2 No 0060 1 ☐ Yes 2 No (utility or fuel) charges? Complete a separate column for each bill received since the 1st of Bill 1 Bill 2 Bill 3 Bill 4 Bill 1 Bill 2 Bill 3 Bill 4 (month, 3 months ago). 0070 0140 0210 0280 0140 0210 0280 0070 .00 .00 .00 .00 .00 .00 .00 .00 7a. What was the amount of bill (bill number)? Month Month Month Month Month Month Month Month **b.** In what month was the bill received? 0080 0150 0220 0290 0080 0150 0220 0290 Ask items 7c-f for utility codes 100-130 only if bills, receipts, or other Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure records are available (code 1, item 6), otherwise go to item 7g. C. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? **OFFICE USE ONLY** 0095 0165 0235 0305 0095 0165 0235 0305 Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity **d.** What was the quantity consumed for bill (bill number)? 0105 0175 0245 0315 0105 0175 0245 0315 e. Did the bill include any charges for merchandise, repairs, or other 0180 1 ☐ Yes 0250 1 ☐ Yes 0110 1 ☐ Yes 0320 1 Yes 0110 1 Yes 0180 1 Yes 0320 1 Yes services which were not part of the cost of (utility or fuel)? 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* to item 7a to item 7a to item 7g to item 7g to item 7a to item 7g to item 7a to item 7g f. How much were these charges? 0120 0190 0260 0330 0120 0190 0260 0330 .00 .00 .00 .00 .00 .00 .00 .00 **g.** FIELD REPRESENTATIVE CHECK ITEM 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records Was a bill or other record used or was an estimate given? used used used used used used used Checks or checkbooks are not considered records. 2 Estimate 2 Estimate 2 Estimate 2 ☐ Estimate → 2 Estimate 2 Estimate 2 Estimate 2 Estimate

0420 1 ☐ Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square No

8. Was any part of the charge deducted as a business expense?

members of your CU) receive any other utility or fuel bills?

9. Since the 1st of (month, 3 months ago), did you (or any

0420 1 Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square No

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

| Pa | art C – Detailed Questions | S | | | | | | | | | | | | | | | | | |
|-----|---|--|--|--------------------------|--------|----------------|----------------------------|------------|---|--|--|--------------------------------------|------------------------------|------------|-------------------------------------|--|--|--|--|
| 1. | FIELD REPRESENTATIVE | PROCESSING USE ONLY | | | 1 04 5 | 3 9 ↓ | | | | | | | 1 04 5 | 4 7 🖵 | | | | | |
| | TRANSCRIPTION ITEM Enter a utility code in item 1a and | a. UTILITY CODE | 0010 | Code | | | | | | 0010 | | Code | | | | | | | |
| | a description of utility or fuel in item 1b from part B, item 1. | | Description | | | | | | | Descri | ption | <u>'</u> | | | | | | | |
| | Rem 16 Hom part 5, Rem 1. | b. DESCRIPTION OF UTILITY OR FUEL | | | | | | | | | | | | | | | | | |
| 2. | Property reported at this intervi • All other properties – Mark (X) app of the property. | ption of the property and enter a section 3, part A.1, item 1, col. a iew in section 3, part B, item 1a propriate box and enter a description | 97 Rented 98 Other r 99 Propert rented | ented unit | er | Description | | | | 0020 | 97 Rented s 98 Other re 99 Property rented b | sample un inted unit into owne | | Descrip | tion | | | | |
| 3. | Ask for utility codes 100–120, 200–2. What is the name of the compan provides (utility or fuel description, | y or government agency which | Name | | | | | | | Name | | | | | | | | | |
| OFF | ICE USE ONLY | | 0030 | | | | | | | 0030 | | | | | | | | | |
| 4. | How many bills were received for description)? | or (utility or fuel) for (property | 0045 | Number | · | | | | | 0045 | N | lumber | | · | | | | | |
| 5. | What period of time was covered changed for a utility or fuel during to separate column for each different p | the reference period, complete a | 0055 1 ☐ Month 2 ☐ 2 month | 3 □ Quart s 4 □ Other | | ify | | | | 0055 1 Month 3 Quarter 2 2 months 4 Other – Specify | | | | | | | | | |
| 6. | Do you have any of these bills or (utility or fuel) charges? | r other records showing these | 0060 1 □ Yes 2 □ No | | | | | | | 0060 | 0060 1 ☐ Yes 2 ☐ No | | | | | | | | |
| | Complete a separate column for each (month, 3 months ago). | ch bill received since the 1st of | Bill 1 | Bill 2 | | Bill 3 | | E | Bill 4 | | Bill 1 | <u> </u> | Bill 2 | | Bill 3 | Bill 4 | | | |
| 7a. | What was the amount of bill (bill | I number) ? | 0070 \$.00 | \$ | .00 | 0210 \$ | .00 | 0280 | .00 | \$ | .00 | 0140 \$ | .00 | 0210 | .00 | 0280 \$.00 | | | |
| b. | In what month was the bill recei | ved? | Month | Month | | Mont | <u> </u> | 1 | Month | 1 | Month | T | Month | | Month | Month | | | |
| | | | 0080 | 0150 | | 0220 | | 0290 | | 0080 | | 0150 | | 0220 | | 0290 | | | |
| C. | Ask items 7c-f for utility codes 100-records are available (code 1, item 6 What was the unit-of-measure, scubic feet or therms? | 6), otherwise go to item 7g. | Unit-of-measure | Unit-of-measu | ire | Unit-of-mea | sure | Unit-of- | measure | Unit-o | f-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 consume | d for bill (bill number)? | Quantity 0105 | Quanti 0175 | ty | Quan 0245 | tity | 0315 | Quantity | 0105 | Quantity | 0175 | Quantity | 0245 | Quantity | Quantity 0315 | | | |
| e. | Did the bill include any charges services which were not part of | for merchandise, repairs, or other the cost of (utility or fuel)? | 0110 1 Yes 2 No - Go to item | | | | es lo – Go o item 7g | | ☐ Yes ☐ No – <i>Go</i> to item 7g | 0110 | 1 ☐ Yes 2 ☐ No – Go to item 7 | 2 | Yes No – Go to item 7g | : | ı □Yes 2 □ No – Go to item 7g | 0320 1 Yes 2 No - Go to item 7 | | | |
| f. | How much were these charges? | | \$00 | \$ | .00 | 0260 \$ | .00 | 0330 \$ | .00 | 0120 | .00 | 0190 \$ | .00 | 0260 \$ | .00 | \$00 | | | |
| g. | FIELD REPRESENTATIVE CHECK ITE Was a bill or other record used or w Checks or checkbooks are not consi | vas an estimate given? | 0130 1 ☐ Records used 2 ☐ Estimate | use | d 🖈 | u: | ecords sed stimate | | ☐ Records used ☐ Estimate ∡ | 0130 | 1 Records used 2 Estimate | <u> </u> | Records used | | Records used Estimate | 1 Records used 2 Estimate | | | |
| 8. | Was any part of the charge dedu | icted as a business expense? | 0420 1 □Yes 2 □ No | | | | | | | 0420 | 1 □Yes | 2 [| □No | | | | | | |
| 9. | Since the 1st of (month, 3 months members of your CU) receive an | s ago), did you (or any y other utility or fuel bills? | 0440 1 ☐ Yes – Complete a separate column for each property 2 ☐ No | | | | | | | 0440 1 ☐ Yes – Complete a separate column for each property 2 ☐ No | | | | | | | | | |

Page 25

Page 25 Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued Part C - Detailed Questions 1. FIELD REPRESENTATIVE PROCESSING USE ONLY 1 04 55 4 1 04 56 2 TRANSCRIPTION ITEM 0010 0010 Code Code a. UTILITY CODE Enter a utility code in item 1a and a description of utility or fuel in Description Description item 1b from part B, item 1. **b.** DESCRIPTION OF UTILITY OR FUEL 2. What property were the charges for? Description Description • Owned properties – Enter a description of the property and enter a Property number Property number property number for -97 Rented sample unit 97 Rented sample unit Property previously reported in section 3, part A.1, item 1, col. a 98 Other rented unit 98 Other rented unit Property reported at this interview in section 3, part B, item 1a 99 Property not owned or 99 Property not owned or • All other properties – Mark (X) appropriate box and enter a description rented by CU rented by CU of the property. Ask for utility codes 100-120, 200-260, and 290 only. Name Name 3. What is the name of the company or government agency which provides (utility or fuel description)? **OFFICE USE ONLY** 0030 0030 How many bills were received for (utility or fuel) for (property 0045 0045 description)? Number Number What period of time was covered by the bill? If period covered 0055 1 Month 3 Quarter з 🗌 Quarter 0055 1 Month changed for a utility or fuel during the reference period, complete a 2 2 months 4 ☐ Other – Specify 2 2 months 4 ☐ Other – Specify. separate column for each different period of time. Do you have any of these bills or other records showing these 0060 1 Yes 2 No 0060 1 ☐ Yes 2 No (utility or fuel) charges? Complete a separate column for each bill received since the 1st of Bill 1 Bill 2 Bill 3 Bill 4 Bill 1 Bill 2 Bill 3 Bill 4 (month, 3 months ago). 0070 0140 0210 0280 0140 0210 0280 0070 .00 .00 .00 .00 .00 .00 .00 .00 7a. What was the amount of bill (bill number)? Month Month Month Month Month Month Month Month **b.** In what month was the bill received? 0080 0150 0220 0290 0080 0150 0220 0290 Ask items 7c-f for utility codes 100-130 only if bills, receipts, or other Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure records are available (code 1, item 6), otherwise go to item 7g. C. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? **OFFICE USE ONLY** 0095 0165 0235 0305 0095 0165 0235 0305 Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity **d.** What was the quantity consumed for bill (bill number)? 0105 0175 0245 0315 0105 0175 0245 0315 e. Did the bill include any charges for merchandise, repairs, or other 0180 1 ☐ Yes 0250 1 ☐ Yes 0110 1 ☐ Yes 0320 1 Yes 0110 1 Yes 0180 1 Yes 0320 1 Yes services which were not part of the cost of (utility or fuel)? 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* 2 □ No – *Go* to item 7a to item 7a to item 7g to item 7g to item 7a to item 7g to item 7a to item 7g f. How much were these charges? 0120 0190 0260 0330 0120 0190 0260 0330 .00 .00 .00 .00 .00 .00 .00 .00 **g.** FIELD REPRESENTATIVE CHECK ITEM 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records Was a bill or other record used or was an estimate given? used used used used used used used Checks or checkbooks are not considered records. 2 Estimate 2 Estimate 2 Estimate 2 ☐ Estimate → 2 Estimate 2 Estimate 2 Estimate 2 Estimate

0420 1 ☐ Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square No

8. Was any part of the charge deducted as a business expense?

members of your CU) receive any other utility or fuel bills?

9. Since the 1st of (month, 3 months ago), did you (or any

0420 1 Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square 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 | | | | | | | | | | | | |
|----|---|---|----------|--------|------|--|---|-----------------------------------|--------------------------------|---|----------|-----------------|----|
| 1. | Information Booklet, page 14 Since the 1st of (month, 3 months ago), have | | JOB CODE | YES NO | | | PROCESSING | USE ONLY | | 1 05 00 7 | T | | |
| | you (or any members of your CU) had expenses for –? | Dwellings under construction including a vacation or second home | 100 | | 4a. | Have the contract of the contr | here been any expe rty that you do not ers of your CU)? | enses for any o own or rent) b | ther property y you (or any | ☐ Yes ☐ No – <i>Go to item 5</i> | | | |
| 2. | Information Booklet, page 14 Have there been any expenses for property you owned or rented since the 1st of (month, 3 months ago), for any of the | Building an addition to the house or a new structure, such as a porch, garage, or new wing | 110 | | b. | | jobs were those ex | - | | 0010 0020 | | | |
| | following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of | Finishing a basement or an attic or enclosing a porch | 120 | | | | | | | 0030 0040 | | | |
| | their ĆU.) | Remodeling one or more rooms in the house | 130 | | | | REPRESENTATIVE CH | | | 0050 1 ☐ All "No" | | | _ |
| | | Landscaping the ground or planting new shrubs or trees | 140 | | ļ. | | des items 1, 2, 3, and | | | 2 ☐ At least one "Yes" ma | ked | | _ |
| | | Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools | 150 | | 6a. | curren | the 1st of (month, 3 t month, have you ırchased any mater | (or any membe | rs of vour | 0060 1 ☐ Yes 2 ☐ No – <i>Go to item 7a</i> | | | |
| За | Information Booklet, page 14 Have there been any expenses that deal with the upkeep or improvement of this | Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools | 160 | | b. | yet sta ———— . If YES - used fo | - What kind of job v | will the materia | als be | Description | | | |
| | unit or any other unit you owned or rented since the 1st of (month, 3 months ago)? (Renters should not include jobs that have been or will be totally reimbursed by | Inside painting or papering | 170 | | - | | job code. | | | | | | |
| | anyone outside of their CU.) ☐ Yes ☐ No – Go to item 4a | Outside painting | 180 | | | | | | | Job code | | | |
| b | . Which of the following? | Plastering or paneling | 190 | | c. | . What v supplie | was the total cost o | of these materi | als and | 0080 \$ | | | |
| | | Plumbing or water heating installations and repairs | 200 | | 7a. | curren | the 1st of (month, 3 t month, have you irchased any mater | (or any member | rs of vour | 0090 1 ☐ Yes 2 ☐ No – <i>Go to item 8</i> | | | _ |
| | | Electrical work | 210 | | ┨. | specifi | ic job? | | s not for any | | | | _ |
| | | Heating or air-conditioning jobs | 220 | | ∣ b. | . If YES - | - What was the tota | al cost? | | 0100 \$ | | | |
| | | Flooring repair or replacement, including inlaid linoleum or vinyl tile | 230 | | 8. | FIELD R | REPRESENTATIVE IN | STRUCTION – If | any box marked | "Yes" in item 1, 2, 3, or 4, fill section | n 5B. | | |
| | | Insulation | 240 | | | | | | PRI | E | | | Ī |
| | | | 240 | | | 1 | 2 | 3 | | 4 | | 5 | |
| | | Roofing, gutters, or downspouts | 260 | | f | code rom | Property description | Property description code | | Description from | | Total cost from | |
| | | Siding | 270 | | | art B, em 1 | from part B, item 2a | from part B, item 2b | | part B, item 3a | | part B, item 4 | |
| | | Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like | 280 | | | | | | | | \$ | .0 |)(|
| | | Masonry, brick, or stucco work | 290 | | | | | | | | \$ | .0 | |
| | | Other improvements or repairs | 300 | | | | | | | | \$ | .0 | |
| | | Use only if unable to itemize above – Combined expenses | 310 | | | | | | | | \$ | .0 |)(|

Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY - Continued

| Pai | rt B – Job Descrip | otion | | | | | | | |
|---------------|---|---|--|------------|---|----------|--|------|-------|
| 4 | TI D DEDDECENTATIVE | PROCESSING USE ONLY | 1 05 50 2 ↓ | 7. | | | OFFICE Description | | NOTES |
| II. FIL | ELD REPRESENTATIVE EM | JOB NUMBER | 1 | | was the cost of each? | | 0130 | - | |
| | nter the job code from pa bs use code 310.) | rt A. (For combined | 0010 Code | | | | 0140 \$ | know | |
| | n which property was one? | the (job description) | Description | | 2 | | OFFICE USE ONLY 0150 Description | | |
| b. En | nter a property number – nter the property number () the appropriate box for | For owned property from section 3. Mark all other properties. | Property number 97 Rented sample unit | | | | 0160 \$ | know | |
| | | | 98 Other rented unit 99 Property not owned or rented by CU | 8a | Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job? | | 0250 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i> | | |
| ad | hat work was done? D lequate to classify as "alt ad to identify in next inte | teration," "repair," etc., | Description | b | What was the total cost for all items purchased for this job in – (month, 3 months ago)? | . [| 0260 \$00 ₀□None | | |
| _ | ELD REPRESENTATIVE C b classification – <i>Mark ()</i> | | 1 Addition 2 Alteration 3 Replacement | | (month, 2 months ago)? | . [| 0270 \$ | - | |
| | | | 4 ☐ Maintenance and repair 5 ☐ New construction | | (last month) ? | . [| 0280 \$ | - | |
| OFFICE | USE ONLY – Enter det | ail job codes. | 0040 | | (the current month)? | . [| 0290 \$00 0 None | - | |
| all vo | hat was the total cost I costs paid for by you our CU) or by any non- surance companies, a | (or any members of CU member, such as | 0050 \$.00 | 9a | Have you (or any members of your CU) RENTED any tools or equipment for doing this job? | | 0300 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i> | _ | |
| 5a. Di | d you do all the work y someone or contrac l or part of the work? | yourself or did you | 1 ☐ Self only – Go to item 8a 2 ☐ Paid or contracted with someone else | - b | J. What was the total cost for all items rented for this job in – (month, 3 months ago)? | . [| 0310 \$ | | |
| b. Wi | hat was the cost for all pliances, or equipment | labor, materials, THEY PROVIDED IN – | 0070 \$.00 0 None | | (month, 2 months ago)? | . [| 0320 \$ | | |
| | (month, 2 months ago)? | | 0080 \$ | | (last month)? | . [| 0330 \$ | | |
| | _ | | 0090 \$ | | (the current month)? | <u> </u> | 0340 \$00 □ None | | |
| | (the current month)? | | 0100 \$ | - 10a | I. 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 ☐ Yes 2 ☐ No – <i>Go to item 11a</i> | - | |
| C. Si | nce the 1st of (month, uch have you paid for aterials THEY PROVID | 3 months ago), how labor and any ED? | 0110 \$00 0 □ None – 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 | | |
| If o | codes 100–130, 200–220, ems 6 and 7; for all other | or 300 in item 1, ask codes, go to item 8a. | 0 □ None – Go to item 8a | - 11a | Were (Will) any of these expenses for this job (be) deducted as a business expense? | | 0380 1 ☐ Yes 2 ☐ No – <i>Go to next job</i> | | |
| 6. Di | formation Booklet, page id the charge(s) includ opliances or equipmen | e the cost of any | 2 □ No – Go to item 8a | k | What percent was (will be) deducted? | | 0390 .00 Percent | | |
| | | | <u> </u> | | | | | | |

FORM CE-302 Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY - Continued Part B - Job Description - Continued OFFICE USE ONLY Description NOTES PROCESSING USE ONLY 7. Which of these items did it include and what 1 05 51 0 🗸 1. FIELD REPRESENTATIVE ITEM was the cost of each? JOB NUMBER 2 Enter the job code from part A. (For combined jobs use code 310.) 0010 .00 Code 0140 \$ x ☐ Don't know Description 2a. On which property was the (job description) **OFFICE** Description done? **USE ONLY**

| | | 2 | | |
|--|--|--|---|--------|
| b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties. | Property number 97 Rented sample unit | | 0160 \$.00 x □ Don't know | |
| | 98 Other rented unit 99 Property not owned or rented by CU | 8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job? | 0250 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i> | |
| 3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview. | Description | b. What was the total cost for all items purchased for this job in – (month, 3 months ago)? | 0260 \$ | |
| FIELD REPRESENTATIVE CHECK ITEM b. Job classification – <i>Mark (X) one.</i> | 1 Addition 2 Alteration 3 Replacement | (month, 2 months ago)? | 0270 \$.00 0 None | |
| | 4 ☐ Maintenance and repair 5 ☐ New construction | (last month) ? | 0280 \$ | |
| OFFICE USE ONLY – Enter detail job codes. | 0040 | (the current month)? | 0290 \$ | |
| 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 | 9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job? | 0300 1 ☐ Yes 2 ☐ No – Go to item 10a | |
| 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? | 1 Self only – Go to item 8a 2 Paid or contracted with someone else | b. What was the total cost for all items rented for this job in – (month, 3 months ago)? | 0310 \$.00 ₀ \(\square\) None | |
| b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)? | 0070 \$00 ₀ □ None | (month, 2 months ago)? | 0320 \$.00 0 None | |
| (month, 2 months ago)? | 0080 \$00 0 None | (last month) ? | 0330 \$.00 0 None | |
| (last month) ? | 0090 \$ | (the current month)? | 0340 \$00 0 None | |
| (the current month)? | 0100 \$.00 0 None | - 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 ☐ Yes 2 ☐ No – Go to item 11a | |
| C. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED? | 0110 \$00 0 □ None – <i>Go to item 8a</i> | b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU? | 0370 .00 Percent | |
| If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. | 0120 1 □ Yes | - 11a. Were (Will) any of these expenses for this job (be) deducted as a business expense? | 1 ☐ Yes 2 ☐ No – Go to next job | |
| Information Booklet, page 15 6. Did the charge(s) include the cost of any appliances or equipment? | 2 □ No – Go to item 8a | b. What percent was (will be) deducted? | 039000 Percent | |
| Page 28 | • | Section 5 – Part B (Continued) | | Page 2 |

Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY - Continued

| Part - Job Description - Continues | | | | | | | | | |
|--|-----|---|--|--|-----|---|-----|-------------------------------|-------|
| TELD PROPERTY NUMBER S S S S S S S S S | F | Part B – Job Descrip | otion – Continued | | | | | | |
| 1. Titled precessors 11.1 (a) 10 USB NAMISS 2 Settle the precessor from part A, first controlled property searched unit of the part of th | 4 | FIELD DEDDEOGNITATIVE | PROCESSING USE ONLY | 1 05 52 8 ↓ | 7. | | | OFFICE Description | NOTES |
| 20. On which property was the (pit discorption) 20. On which property was the (pit di | 1. | | JOB NUMBER | 3 | | was the cost of each? | | USE ONLY | |
| 3.6. What work was done? Description should be software properties. 3.7. What work was done? Description should be software properties. 3.8. Make work was done? Description should be software properties. 3.9. What work was done? Description should be software properties. 3.9. What work was done? Description should be software properties. 3.9. What work was done? Description should be software properties. 3.9. What work was done? Description should be software properties. 3.9. What work was done? Description should be software properties. 3.9. What work the treat cost of sell plot? 3.9. What work the treat cost of sell plots properties. 3.9. What was the treat cost of sell plot? 3.9. What was the total cost of the job? Include description for doing this job? 3.9. What was the total cost of the job? Include description for doing this job? 3.9. What was the total cost of the job? Include description for doing this job? 3.9. What was the total cost of the job? Include description for doing this job? 3.9. What was the total cost of the job? Include description for doing this job? 3.9. What was the total cost of the job? Include description for doing this job? 3.9. What was the total cost of the job? Include description for doing this job? 3.9. What was the total cost of the job? Include description for doing this job? 3.9. What was the total cost of the job? Include the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and the work yourself and yourself | | Enter the job code from pa jobs use code 310.) | rt A. (For combined | 0010 Code | | | 1 | | |
| Description | 2a. | | the (job description) | Description | | | | X Don't know | |
| 38. Heav you for any members of your CU) PRECHASED any reflect, supplies, tools, or equipment for doing this job? ### What was the total cost of the job? Include all casts paid for by you for any members of your CU) prechased for this job in the work was the total cost of the job? Include all casts paid for by you for any members of journal properties and the paid in part of the you for any members of your CU) #### What was the total cost of the job? Include all casts paid for by you for any members of journal properties, and so forth. #### What was the total cost of the job? Include all casts paid for by you for any members of your CU) #### Prechased with a builder to do all the work yourself or did you pay sensore or contract with a builder to do all or part of the work? #### What was the cost for all liabor, materials, appliance. #### What was the cost for all liabor, materials, appliance. #### Or all the work yourself or did you pay sensore or contract with a builder to do all or part of the work? ##### What was the cost for all liabor, materials, appliance. ####### Or all the work yourself or did you pay sensore or contract with a builder to do all or part of the work? ################################### | b. | enter the property number | from section 3. Mark | 97 Rented sample unit 98 Other rented unit 99 Property not owned or rented | | | 2 | USE ONLY 0150 | |
| 1 Addition 2 Alteration 3 Replacement 4 Ministerance and repair 5 New construction 3 Replacement 4 Ministerance and repair 5 New construction 4 What was the total cost of the jeb! Include 6 New construction 5 New construction 6 New construction 6 New construction 7 New construction 8 New construction 8 New construction 8 New construction 9 New constru | 3a. | adequate to classify as "alt | eration," "repair," etc., | , | 8a | PURCHASED any materials, supplies, tools, or | | | |
| OFFICE USE ONLY - Enter detail job codes. What was the total cost of the job? Include all costs paid for by you for any members of maurance companies, and so forth. Section 10 1 1 1 1 1 1 1 1 1 | b. | | | 2 ☐ Alteration 3 ☐ Replacement 4 ☐ Maintenance and repair | b | this job in – (month, 3 months ago)? | | U Notice | |
| all costs paid for by you for any members of your CUI) or by any non-CUI member, such as insurance companies, and so forth. 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? b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN - (month, 2 months ago)? (month, 2 months ago)? (last month)? (last month)? (b. Since the 1st of (month, 3 months ago), how such have you paid for above and any materials THEY PROVIDED? (c. Since the 1st of (month, 3 months ago), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)), how materials THEY PROVIDED? (d. Since the 1st of (month, 3 months ago)) and the deducted as a business expense or this job (b.) (d. Since the 1st of (month, 3 months ago)) and the deducted as a business expense or this job (b.) (d. Since the 1st of (month, 3 months ago)) and the deducted as a business expense or this job (b.) (d. Since the 1st of (month, 3 months ago)) and the deducted and the deducted as a business expense or this job (b.) (d. Since the 1st of (month, 3 months ago)) and the | OFF | ICE USE ONLY – Enter deta | ail job codes. | | | - - | • | U Notice | |
| 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? b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN (month, 3 months agol? (month, 2 months agol? (last month)? (last month)? (since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED) If codes 100-130, 200-220, or 300 in item 1, ask items 6 and 7: for all other codes, gay to item 8a 2 No - Go | 4. | all costs paid for by you your CU) or by any non-0 | (or any members of CU member, such as | 0050 | | | | \$ L U_ None | |
| b. What was the cost of all labor, materials, appliances, or equipment THEY PROVIDED IN - (month, 3 months ago)? (month, 2 months ago)? (month, 2 months ago)? (last month)? (the current month)? (the current month)? (the current month)? (c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED: (for dos 100-130, 200-220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a (120 | 5a. | Did you do all the work y | yourself or did you | 0060 1 ☐ Self only – Go to item 8a | 1 | tools or equipment for doing this job? | | | |
| appliances, or equipment THEY PROVIDED IN | b. | | labor, materials, | | 1 | job in – | | 0310 \$.00 ₀ None | |
| (last month)? (the current month)? (the cu | | | | 0070 \$ | | (month, 2 months ago)? | | 0320 \$.00 0 None | |
| (the current month)? | | (month, 2 months ago)? | | 0080 \$ | | (last month) ? | | 0330 \$.00 ₀ None | |
| (the current month)? C. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED? 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 Did the charge(s) include the cost of any (the current month)? Information Booklet, page 15 Did the charge(s) include the cost of any | | (last month)? | | 0090 \$ | | (the current month)? | | 0340 \$00 □ None | |
| C. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED? 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 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 Old the charge(s) include the cost of any Old the charge(s) | (the current month)? | | 0100 \$ | 10a | item 4) (be) reimbursed or paid by someone | | | |
| 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 | C. | much have you paid for | labor and any | 3 | b | . What percent of the total cost was (will be) | :U? | 0370 .00 Percent | |
| Information Booklet, page 15 2 No – Go to item 8a 2 No – Go to item 8a D. What percent was (will be) deducted? | | If codes 100–130, 200–220, items 6 and 7; for all other | or 300 in item 1, ask codes, go to item 8a. | | 11a | . Were (Will) any of these expenses for this job (be) deducted as a business expense? | | 0380 1 ☐ Yes | |
| | 6. | Did the charge(s) include | e the cost of any | | b | . What percent was (will be) deducted? | | 039000 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 | | С | d | е | f | g | h | i | j | | PRE | | |
| Information Booklet, page 16 What type did you purchas or rent? | se e | ENTER ITEM | Was this – | When did | What was the | If code 2 in column d – | Did this include | Were there any extra charges | Did you purchase | 1 | 2 | 3 | |
| 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. | USE ONLY | CODE from column a | 1 - Purchased for own use? 2 - Rented? Go to column g. 3 - Purchased as gift to others? | you pur- chase it? | purchase price after any trade-in allowance? | What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month? | sales tax? | for installation? If "Yes" – How much? | or rent any other? If "No" go to next item in column a. | | Month from column e | Cost from column f or column g and section 5B item 6 | 9 |
| COOKING STOVE, RANGE, OR OVEN | PROCESSING | | Mark (X) box | Month | | | YES NO | NO | YES NO | | Month | - | |
| Gas | 0010 | | 1 2 3 | IVIOITI | Φ 00 | A 000 | | | | | WOTEN | | |
| Microwave | | | | | \$.00 | 1 | | 1 | | | | | .00 |
| Other | 0020 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | 0 | † | | | \$ | .00 |
| REFRIGERATOR 140 | 0030 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | 0□ \$.00 | | | | \$ | .00 |
| HOME-FREEZER 150 DISHWASHER | 0040 | | 1 2 3 | | \$.00 | \$.00 | | 0□ \$.00 | | | | \$ | .00 |
| Built-in 160 | 0050 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | ○□ \$.00 | | | | \$ | .00 |
| Portable | 0060 | | 1 2 3 | | \$.00 | | | 0□ \\$.00 | | | | | .00 |
| GARBAGE DISPOSAL 180 | | | | | · | | | | | | | | |
| CLOTHES WASHER 190 | 0070 | | 1 2 3 | | \$.00 | \$.00 | | 0□ \$.00 | + + + | | | \$ | .00 |
| CLOTHES DRYER 200 | 0080 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | 0□ \$.00 | | | | \$ | .00 |
| RANGE HOOD 210 Combination of any of | 0090 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | 0 \$.00 | | | | \$ | .00 |
| the above items 220 | 0100 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | ∘□ ¦\$.00 | | | | \$ | .00 |
| 2. FIELD REPRESENTATIVE 1 06 01 3 V | 0110 | | 1 2 3 | | | | | | | | | | |
| Mark (X) box if there are no entries recorded in columns b−j. | 0120 | | 1 2 3 | | \$.00 | | , | \$.00 0 | | | | | 00. i |
| NOTES | 0130 | | 1 2 3 | | \$.00 | į į | | ○□ \$.00 | | | | I | .00 |
| | 0140 | | 1 2 3 | | \$.00 | i | | ○□ \$.00 | | | | | .00 |
| | 0150 | | 1 2 3 | | \$.00 | | | 0□ | | | | | .00 |
| | 0160 | | 1 2 3 | | \$.00 | | | 0□ \$.00 | | | | I | .00 .00 |
| | 0170 | | 1 2 3 | | \$.00 | i i | | 0□ \$.00 | | | | İ | .00 .00 |
| | | 1 1 1 | I | 1 | ιΨ .00 | Ψ .00 | / 'L | 00. | | | | Ψ | .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 H | ousehold Ap _l | oliances and Othe | r Sele | cted Ite | ms | 6 06 | 04 6 → | | | | | | | | |
|---|---|---|---|----------------|-----------------------------------|--|--------------|--|--|--------------------------|--|-------|------------------------------|------------------------------|-------------------------------------|-----|
| | a | | b | ONLY | С | d | е | f | g | h | i | NOTES | | PRE | | |
| | Information Booklet, pages 16–18 | | What type did you | EON | ENTER | Was this - | | What did it cost? | | Did this | Did you | | 1 | 2 | 3 | |
| 1 | Since the 1st of (month, 3 mon you (or any members of your or rented any of the following CU or as a gift to someone ou SMALL HOUSEHOLD | CU) purchased items for your tside your CU? | purchase or rent? Enter brand name or a brief description of the item. | PROCESSING USE | ITEM CODE from column a. | 1 - Purchased for own use? 2 - Rented? Go to column g 3 - Purchased as gift to others? | purchase it? | (Include delivery charges, exclude installation charges.) | column d – What was the total rental expense since the 1st of (month, 3 months ago), | include sales tax? | purchase or rent any other? If "No," go to next item in column a. | | Description from column b | Month from column e | Cost from column f o column g | r |
| | APPLIANCES | | _ | PRC | | Mark (X) box | Month | Go to column h. | excluding the current month? | YES NO | YES NO | | | Month | | |
| | Small electrical kitchen appliances Electric personal care | 230 | | 0010 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$! | .00 |
| | appliances | | _ | 0020 | | 1 2 3 3 | | \$.00 | \$.00 | 1 2 | | | | | \$ | .00 |
| | Electric floor cleaning equipment | 260 | - | 0030 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | | .00 |
| | OTHER HOUSEHOLD APPLIANCES | 270 | | 0040 | | 1 2 3 | | \$.00 | \$.00 | 1 | | | | | \$ | .00 |
| | SEWING MACHINES | 590 | | 0050 | | 1 2 3 | | , i | \$.00 | 1 2 | | | | | | |
| | TELEPHONE AND | 590 | _ | | | | | \$.00 | \$.00 | | | | | | \$ | .00 |
| | ACCESSORIES | 660 | | 0060 | | 1 2 3 3 | | \$.00 | \$.00 | 1 2 | | | | | \$ | .00 |
| | TELEPHONE ANSWERING DEVICES | 610 | | 0070 | | 1 2 3 3 | | \$.00 | \$.00 | 1 2 | | | | | \$ | .00 |
| | TYPEWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE | 620 | | 0800 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$ | .00 |
| | COMPUTERS, COMPUTER SYSTEMS AND RELATED | | | 0090 | | 1 2 3 3 | | \$.00 | \$.00 | 1 2 | | | | | \$ | .00 |
| | HARDWARE FOR NON-BUSINESS USE | 640 | | 0100 | | 1 2 3 3 | | \$.00 | \$.00 | 1 2 | | | | | \$ | .00 |
| | COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE | 650 | | 0110 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$! | .00 |
| | PHOTOGRAPHIC EQUIPMENT | 300 | | 0120 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$ | .00 |
| | LAWNMOWING MACHINERY AND OTHER YARD EQUIPMENT | 310 | | 0130 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$ | .00 |
| | TOOLS FOR HOME USE | | | 0140 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$ | .00 |
| | Power tools | 320 | - | 0150 | | 1 2 3 | | \$.00 | \$.00 | 1 | | | | | \$ | .00 |
| | HEATING AND COOLING EQUIPMENT Window air conditioners | 340 | | 0160 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | i | .00 |
| | Portable cooling and heating equipment | | | 0170 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | I | .00 |
| | Use only if unable to itemize above – Combined expenses | 800 | | 0180 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | | .00 |
| 2 | FIELD REPRESENTATIVE CHECK ITEM | 1 06 03 9 ↓ 0010 999 □ Go to | - | 0190 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | | .00 |
| | Mark (X) box if there are no entries recorded in columns b–i. | 999 Go to next page | | 0200 | | 1 2 3 3 | | \$.00 | \$.00 | 1 2 | | | | | | .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.

Page 32

| Part B – Purchase of H | ouseh | old Ap | pliances and Oth | er Se | elected | ltems – Cont | inued | 6 06 06 1 → | | | | | | | | | | | |
|--|--------------|-----------------------------|--|------------|--------------------------|--------------------------|------------------------|---|---|-----------|-----|----------------------------|-----------|-------|------------------------------|---------------|----|---------------------------------------|-----|
| a | | | b | | С | d | е | f | g | h | | i | | NOTES | | PRE | | | |
| Information Booklet, page 18 | | | What type did you purchase or rent? | | ENTER ITEM | Was this – | When did | What did it cost? (Include delivery | If code 2 in column d – | Did this | | Did ye | | | 1 | 2 | | 3 | |
| 1. Since the 1st of (month, 3 mon you (or any members of your or rented any of the following CU, or as a gift to someone of | CU) pur | chased for your | Enter a brand name or a brief description of the item. | USE ONLY | CODE from column a | 2 - Rented? Go to | you purchase it? | charges, exclude installation charges.) | What was the total rental expense since the 1st of (month, 3 months ago), excluding the | sales ta | | or ren any other | ? " go | | | Month from | | | |
| | ITEM CODE | YES NO | | | | column g. 3 - Purchased | | Go to column h. | current month? | | | to nex item ii colum | า | | Description from column b | colum | | Cost from column f | |
| TELEVISIONS, RADIO, VIDEO, SOUND EQUIPMENT (DO NOT INCLUDE PURCHASES | CODE | 120 110 | | PROCESSING | | as gift to others? | | do to column n. | | | | Colum | n a. | | | 6 | | or column g | |
| INSTALLED IN VEHICLES) Color televisions (portable and | | | _ | PRC | | Mark (X) box | Month | 1 | | YES 1 | NO | YES | NO | | | Month | 1 | | |
| table models) | 360 | | | 0010 | | 1 2 3 | | \$.00 | \$.00 | 1 1 | 2 🗌 | | | | | | \$ | | .00 |
| Color televisions consoles and combinations of TV; large | | | | 0020 | | 1 2 3 | | \$.00 | | | | | | | | | \$ | i | .00 |
| screen color TV projection equipment; color monitors and other items | 370 | | | 0030 | | 1 2 3 | + + | | | | | | | | | | | | |
| Black and white TV's and | 070 | | | 0040 | 1 | 1 2 3 | | \$.00 | | | | | | | | | \$ | I | .00 |
| combinations of TV's with other items | 380 | | | | 1 | | | \$.00 | \$.00 | - | | ' | | | | | \$ | - | .00 |
| VCR, video camera, video disc player, camcorder | 390 | | | 0050 | | 1 2 3 | | \$.00 | \$.00 | <u> </u> | | | | | | | \$ | 1. | 00 |
| Satellite dishes | 670 | | | 0060 | | 1 2 3 | | \$.00 | \$.00 | ' | 2 🗌 | | | | | | \$ | | .00 |
| | | | | 0070 | | 1 2 3 | | \$.00 | \$.00 | | | | | | | | \$ | | .00 |
| Radio, all types | 400 | | _ | 0080 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | 2 🗌 | | | | | | \$ | - | .00 |
| Tape recorders and players | 420 | | _ | 0090 | | 1 2 3 | | \$.00 | \$.00 | 1 1 2 | 2 | | | | | | \$ | | .00 |
| Sound components, component systems, and compact disc sound systems | 430 | | | 0100 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | 2 | | | | | | \$ | i i . | 00 |
| Other sound and video | 450 | | | 0110 | | 1 2 3 | | \$.00 | \$.00 | 1 1 2 | 2 🗌 | | | | | | \$ | | .00 |
| equipment, including accessories (audio/video tapes, etc. should be recorded in | | | | 0120 | | 1 2 3 | | \$.00 | | | 2 🗌 | | | | | | \$ | 1 | .00 |
| Section 17) | 440 | V///// | | 0130 | | 1 2 3 | | \$.00 | | | 2 🗌 | | | | | | \$ | - - - - - - - - - - | |
| Use only if unable to itemize above – Combined expenses . | 810 | | | 0140 | | 1 2 3 | | \$.00 | | | | | | | | | \$ | Ī | .00 |
| MUSICAL INSTRUMENTS, SUPPLIES AND | | | | 0150 | | 1 2 3 | + + | | | | 2 🗌 | | | | | | | 1 | |
| ACCESSORIES | | | _ | | 1 | | | \$ 1.00 | | _ | | | | | | | \$ | . | |
| Piano, organ, or keyboard | 450 | | | 0160 | 1 | 1 2 3 | | \$.00 | \$.00 | + | | | | | | | \$ | <u> </u> | 00 |
| Other | 460 | | | 0170 | | 1 2 3 | | \$.00 | \$.00 | i | | | | | | | \$ | 1. | .00 |
| 2. FIELD REPRESENTATIVE CHECK ITEM | 1 06 | 05 4 ↓ | | 0180 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | 2 🗌 | | | | | | \$ |), <u> </u> | 00 |
| Mark (X) box if there are | 0010 | 999 \square Go to next | | 0190 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | 2 | | | | | | \$ | | .00 |
| no entries recorded in columns b–i. | | page | | 0200 | | 1 2 3 | | \$.00 | \$.00 | 1 2 | 2 🗌 | | | | | | \$ | | 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 Hou | ısehold App | liances and Othe | r Sele | cted Ite | ms – Continu | ed | 6 06 08 7 → | | | | | | | |
|---|----------------------|--|---------------|---------------------------|-------------------------------------|-----------------|---|--|------------------|------------------------------|-------|---------------|-------------------------|-------------------------|
| а | | b | ONLY | С | d | е | f | g | h | i | NOTES | | PRE | |
| Information Booklet, page 19 | | What type did you purchase or rent? | Ιш | ENTER ITEM | Was this – 1 – Purchased for | | What did it cost? | If code 2 in column d – | Did this include | Did you purchase or | | 1 | 2 | 3 |
| 1. Since the 1st of (month, 3 months you (or any members of your CU or rented any of the following it CU or as a gift to someone outs | J) purchased | Enter brand name or a brief description of the item. | PROCESSING US | CODE from column a. | own use? 2 - Rented? Go to column g | purchase it? | charges, exclude installation charges.) | What was the total rental expense since the 1st of (month, 3 | sales tax? | rent any other? | | Description | Month from column | Cost from |
| | ITEM YES NO | | CES | | 3 – Purchased as gift to | | | months ago), excluding the | | to next item in column a. | | from column b | е | column f or column g |
| SPORTS, RECREATION, AND EXERCISE EQUIPMENT | | | PRO | | others? Mark (X) box | Month | Go to column h. | current month? | YES NO | | | | Month | |
| General sports equipment (Include here athletic shoes for sports related use, such as football, baseball, soccer, or | | | 0010 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$.00 |
| bowling) | 470 | | 0020 | | 1 🗌 2 🔲 3 🗌 | | \$.00 | \$.00 | 1 | | | | | \$.00 |
| Health and exercise equipment | 480 | - | 0030 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$ 1.00 |
| Camping equipment | 490 | _ | 0040 | | 1 🗆 2 🗆 3 🗆 | | \$.00 | \$.00 | 1 | | | | | \$ 1.00 |
| Hunting and fishing equipment | 500 | | 0050 | | 1 2 3 3 | | \$.00 | | 1 2 | | | | | \$.00 |
| Winter sports equipment | 510 | | 0060 | | 1 2 3 3 | | \$.00 | | 1 2 | | | | | \$.00 |
| Water sports equipment | 520 | | 0070 | | 1 2 3 3 | | | | | | | | | i |
| Outboard motors | 530 | | 0080 | | 1 2 3 3 | | \$.00 | | 1 | ! | | | | \$.00 |
| Bicycles | 540 | | | | | | \$.00 | \$.00 | ! | 1 | | | | \$.00 |
| Tricycles and battery powered riders | 550 | | 0090 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$.00 |
| Playground equipment | 560 | | 0100 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$ 1.00 |
| Other sports and recreation equipment | 570 | | 0110 | | 1 2 3 3 | | \$.00 | \$.00 | 1 🗆 2 🗆 | | | | | \$.00 |
| Use only if unable to itemize above – Combined expenses | 820 | | 0120 | | 1 🗆 2 🗆 3 🗆 | | \$.00 | \$.00 | 1 | | | | | \$.00 |
| 2. FIELD REPRESENTATIVE | 1 06 07 0 🗸 | | 0130 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$.00 |
| CHECK ITEM Mark (X) box if there are no entries recorded in | 10 999 Go to section | | 0140 | | 1 2 3 3 | | \$.00 | \$.00 | 1 2 | | | | | \$.00 |
| columns b-i. NOTES | 7 | | 0150 | | 1 2 3 3 | | \$.00 | | | | | | | \$.00 |
| | | | 0160 | | 1 2 3 3 | | \$.00 | | 1 | | | | | \$.00 |
| | | | 0170 | | 1 2 3 3 | | | | | 1 | | | | 1 |
| | | | 0100 | | | | \$.00 | \$.00 | | 1 | | | | \$.00 |
| | | | 0180 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$ 1.00 |
| | | | 0190 | | 1 2 3 3 | | \$.00 | \$.00 | 1 | | | | | \$.00 |
| | | | 0200 | | 1 2 3 3 | | \$.00 | \$.00 | 1 2 | | | | | \$.00 |

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.

| Part A - Screening Questions | | | | T ai | t B – Household Equipment F | Срапа | т — | | | 1 | | | 7 02 0 | | | | | | |
|---|--------------|-------------------------|---------------------------------|--------------------------|---|------------------------|------------------------------------|-------------|--------------|---|---------------------|-----|------------------------|----|------------------------------|---|------------------------------|-----------------|------|
| Information Booklet, page 20 | | _ | | | а | | b |) | С | d | е | | 1 | f | | PRE | | | |
| 1a. Since the 1st of (month, 3 months ago), did you (or any members of your CU) have any expenses for maintenance or repair of household equipment? | ☐ No | s – Go to c 1a belov | | Repair or contract | What is/was (repaired/covered by service contract)? Describe the item repaired or the type of contract or equipment. | | | ent pair | ITEM CODE | In what month was (repair done/service | What was total cost | | Did the included sales | de | 1 | 2 Repair or | 3 | , | 4 |
| b. Did you (or any members of your CU) have any expenses for service contracts? | | s – Go to c 1b belo | olumn W | No. | type of service or equipment covered by the service contract. Include all items covered. | PROCESSING USE ONLY | 2 – Se co <i>Marl</i> | ntract | | contract purchased)? | | | | | Description from column a | service contract from column b | Month from column d | Cost f colum | |
| | □ No |) | | | | F 5 | | | | Month | | | YES | NO | | | | | |
| | | | | 1 | | 0010 | 1 1 | 2 | | | \$ | .00 | 1 1 | 2 | | | | \$ | .00 |
| | ITEM CODE | maintenan | or 1b. Service contracts | 2 | | 0020 | 1 | 2 | | | \$ | .00 | 1 | 2 | | | | \$ | .00 |
| Garbage disposal, range hood, or built-in | | YES NO | YES NO | 3 | | 0030 | 1 | 2 | | | \$ | .00 | 1 | 2 | | | | \$ | .00 |
| dishwasher | . 100 | | | 4 | | 0040 | 1□ ¦ | 2 | | | \$ | .00 | 1 | 2□ | | | | \$ | 1.00 |
| Other household appliances, such as washer, refrigerator, or range/oven | 110 | I I | | 5 | | 0050 | 1 | | | | \$ | .00 | | | | | | \$ | .00 |
| Television, radio, video and sound equipment, except those installed in automobiles or other | 100 | | | 6 | | 0060 | 1 | 2 🗌 | | | \$ | .00 | | 2 | | | | \$ | .00 |
| vehicles | . 120 | | | 7 | | 0070 | 1 1 | 2 | | | \$ | .00 | 1□ ¦ | 2 | | | | \$ | .00 |
| Computers, computer systems, and related equipment for non-business use | . 220 | i | | 8 | | 0080 | 1 | 2 | | | \$ | .00 | | 2 | | | | \$ | 1.00 |
| Lawn and garden equipment | 130 | | | 9 | | 0090 | 1 1 | 2 | | | \$ | .00 | | | | | | \$ | 1.00 |
| Musical instruments and accessories | 140 | | | 10 | | 0100 | 1 | 2 | | | \$ | .00 | 1 🗆 | 2 | | | | \$ | 00. |
| Hand or power tools | 150 | I I | 1 | 11 | | 0110 | 1 | 2 🗌 | | | \$ | .00 | | 2 | | | | \$ | 00. |
| Photographic equipment | 160 | | | 12 | | 0120 | 1 | 2 | | | \$ | .00 | 1 | 2 | | | | \$ | .00 |
| 3.0 | | | | 13 | | 0130 | 1 1 | 2 | | | \$ | .00 | 1 🗆 | 2 | | | | \$ | 1.00 |
| Sport and recreational equipment | . 170 | 1 | 1 1 | 14 | | 0140 | 1 | 2 | | | \$ | .00 | 1 🗆 | 2 | | | | \$ | .00 |
| Termite or pest control treatment | . 190 | | | 15 | | 0150 | 1 🗆 | 2 | | | \$ | .00 | 1 | 2 | | | | \$ | .00 |
| Heating or air conditioning equipment | 200 | | | 16 | | 0160 | 1 | 2 | | | \$ | .00 | 1 | 2 | | | | \$ | .00 |
| Use only if unable to itemize above – Combined expenses | 210 | | | 17 | | 0170 | 1 1 | 2 | | | \$ | .00 | | | | | | \$ | 1.00 |
| 2. FIELD REPRESENTATIVE CHECK ITEM | | 1 07 01 | 1 ↓ | 18 | | 0180 | 1 | 2 | | | \$ | .00 | 1□ ¦ | 2 | | | | \$ | .00 |
| Mark (X) box if there are no entries recorded in columns a-f in part B. | 0010 | 999 🗌 <i>Go</i> | to part C | 19 | | 0190 | 1 | 2 🗌 | | | \$ | .00 | 1 | 2 | | | | \$ | .00 |
| | | • | | 20 | | 0200 | 1 1 | 2 | | | \$ | .00 | 1 | 2 | | | | \$ | .00 |

| Se | ection 7 – HOUSEHOLD E FURNITURE RE | QUIP PAIR | MENT AND R | REPAIRS, SE EUPHOLSTE | RVICE CO RING - Co | NTI ontir | RACTS, A | O REPRE | ESENTATIVE – Read part C screening question and complete a line in part D for each job. | | |
|-------------|--|------------------------|-----------------------|--|----------------------------------|--------------|-----------------------------|---------|---|------|--|
| | art C - Screening Questio | | | | | | | NOTES | | | |
| Die | d you (or any members of your Cl | U) have | | | | | | | | | |
| ret for | d you (or any members of your Co y expenses for repairing, refinish upholstering furniture, including r fabric? | the cos | sts | | Yes – Go to pa No – Go to nex | | | | | | |
| Pa | art D – Furniture Repair o | r Reu | pholst | ering | 4 07 | | | | | | |
| | a | ш | b | С | d | | е | | \$ | 1.00 | |
| Item No. | What item of furniture was repaired or reupholstered? Describe type of furniture. | PROCESSING USE ONLY | OFFICE USE ONLY | In what month did you have it repaired or reupholstered? | How much did it cost? | | Did this include sales tax? | | \$ | .00 | |
| | | PROC | | Month | | | YES NO | | \$ | .00 | |
| 1 | | 0010 | 220 | | \$ | .00 | 1 📗 2 📗 | | \$ | 1.00 | |
| 2 | | 0020 | 220 | | \$ | .00 | 1 🔲 2 🗍 | | \$ | .00 | |
| 3 | | 0030 | 220 | | \$ | .00 | 1 | | \$ | .00 | |
| 4 | | 0040 | 220 | | \$ | .00 | 1 🗆 2 🗆 | | \$ | .00 | |
| 5 | | 0050 | 220 | | \$ | .00 | 1 🗆 2 🗆 | | \$ | .00 | |
| 6 | | 0060 | 220 | | \$ | .00 | 1 | | \$ | .00 | |
| 7 | | 0070 | 220 | | \$ | .00 | 1 🗆 2 🗆 | | \$ | .00 | |
| 8 | | 0080 | 220 | | \$ | .00 | 1 2 | | \$ | .00 | |
| 9 | | 0090 | 220 | | \$ | .00 | 1 | | \$ | 1.00 | |
| 10 | | 0100 | 220 | | \$ | .00 | 1 🗆 2 🗆 | | \$ | .00 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

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 0 | 8 01 0 - | > | | | | | 1 | | | |
|---|----------------------------------|----------------------------|--|------------|------------------------------|----------------------------|--------------------------|-----------------|--|--|-------|------------------------------|---------------------------|--------------------|
| а | | | b | | С | d | е | f | g | h | NOTES | | PRE | |
| Information Booklet, pages 21 and 22 | | | What did you purchase? | | ENTER ITEM | In what | Was this purchased for | What was | Did this include | Did you | | 1 | 2 | 3 |
| Since the 1st of (month, 3 months ago any members of your CU) purchased or as a gift to someone outside of you the following? |), have v for you our CU a | you (or ir CU any of | Enter a brief description of the item purchased. | ONLY | CODE from column a. | month did you purchase it? | your CU or as | purchase price? | sales tax? | purchase any other? | | | | |
| LIVING, FAMILY, OR RECREATION ROOM FURNITURE | ITEM CODE | YES NO | | ESSING USE | | | 1 – For use by the CU. | | | If "No," go to next item in column a. | | Description from column b | Month from column d | Cost from column f |
| Sofas | 100 | | | ESS | | | 2 – As a gift to someone | | | | | _ | | |
| Living room chairs | 101 | | | PROC | | | outside CU. | | | | | | | |
| Living room tables | 102 | | | | | N/1 1 l- | | - | VEC. NO. | VEC. NO. | _ | | B.4 (1- | |
| Modular wall units, shelves or cabinets | 103 | | | ļ.,, | | Month | Mark box | | i i | YES NO | | | Month | |
| Ping-pong, pool tables and other similar recreation room items | 104 | | | 0010 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| Other living room, family or recreation room furniture including desks | 105 | | | 0020 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| Living room furniture combinations | 106 | | | 0030 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| DINING ROOM AND KITCHEN FURNITURE | | | | 0040 | | | 1 2 | \$.00 | | | | | | \$ 1.00 |
| All dining room and kitchen furniture | 110 | | | | | | | | | | | | | |
| BEDROOM FURNITURE | | | _ | 0050 | | | 1 2 | \$.00 | 1 2 | | | ļ | | \$.00 |
| Mattress and springs | 120 | | | 0060 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| Bedroom furniture other than mattresses and springs | 121 | ////// | | 0070 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| and 121) | 122 | | | 0080 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| INFANTS FURNITURE AND EQUIPMENT | | | | 0090 | | | 1 2 | \$.00 | | I | | | | \$ 1.0 |
| Infants furniture | 130 | | _ | | | | <u> </u> | | | | | | | |
| OUTDOOR FURNITURE AND | 131 | | | 0100 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| EQUIPMENT | | | | 0110 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| Patio, porch or outdoor furniture | 140 | | | 0120 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| Outdoor equipment | 141 | | | | | | + + + | | | i | | | | |
| OFFICE FURNITURE FOR HOME USE . | | | | 0130 | | | 1 2 | \$.00 | | | | | | \$.00 |
| All office furniture for home use. Exclude any furniture used exclusively for business | 150 | | | 0140 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| Combined furniture expense. Use only if unable to itemize separately | 160 | | | 0150 | | | 1 2 | \$.00 | 1 2 | | | | | \$.0 |
| HOUSEHOLD DECORATIVE ITEMS | | | | 0160 | | | 1 2 | \$.00 | 1 2 | | | | | \$.0 |
| Clocks | 170 | | | 0170 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| Lamps, and other lighting fixtures | 171 173 | | | 0180 | | | 1 2 | \$.00 | 1 2 | | | | | \$.00 |
| Other household decorative items | 1/3 | | | 2.50 | | | | φ .00 | | | | | | \$.0 |

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 – Cont | inued | | 5 0 | 8 02 8 - | → | | | | | | | | | | | | |
|--|-------------------------------------|--|------------|--|--------------------------------|----------------|--|-----------------|---------------------------|--------------------------|--------------------------|------|-------|------------------------------|---------------|--------|------|
| a | | b | | С | d | ı | е | | f | g | h | | NOTES | | PRE | | |
| Information Booklet, pages 23 and 24 | | What did you purchase? | 1 | | | | Nas thi | | What was | Did this | Did yo | | | 1 | 2 | 3 | ; |
| Have you (or any members of your Cl for your CU or as a gift to someone or your CU any of the following? | U) purchased outside of | Enter a brief description of the item purchased. | | ITEM CODE from column a. | mont did yo purch it? | ou y nase a | our Cl gift to someor outside | o 1e | the purchase price? | include sales tax? | purcha any other . | | | | | | |
| | ITEM YES NO | | ONLY | | | | he CU | | | | If "No," | | | | Month | _ | |
| CLOSET STORAGE AND TRAVEL | | | USE | | | | the | CU. | | | item in columr | | | Description from column b | from column d | Cost f | |
| Storage items | 180 | | | | | 2 | 2 – As a | gift to eone | | | | , u. | | | | | |
| Travel items | 181 | | ISSII | | | | outs | | | | | | | | | | |
| DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE | | | PROCESSING | | | | CU. | | | | | | | | | | |
| Plastic dinnerware | 190 | | <u> </u> | | Mor | nth | Mark | box | | YES NO | YES ¦ | NO | | | Month | | |
| China and other dinnerware | 191 | | 0010 | | | | 1 | 2 | | 1 2 | | | | | | _ | |
| Stainless, silver, and other flatware | 192 | | | | | | <u></u> | | \$.00 | | + | _ | | | | \$ | .00 |
| Glassware | 193 | | 0020 | | | | 1 | 2 | \$.00 | 1 2 | | | | | | \$ | .00 |
| Serving pieces other than silver | 195 | | 0030 | | | | 1 | 2 | 1 | | | | | | | | |
| Non-electric cookware | 196 | | | | | | i | | \$.00 | | | | | | | \$ | .00 |
| Silver serving pieces | 198 | | 0040 | | | | 1 | 2 | \$.00 | 1 2 2 | | ш | | | | \$ | .00 |
| HOUSEHOLD LINENS | | | 0050 | | | | 1 | 2 | Φ | 1 2 | | | | | | Φ. | 1 |
| Bedroom linens | 200 | | | | | | <u> </u> | | \$.00 | | + + | | | | | \$ | 00. |
| Bathroom linens | 201 | | 0060 | | | | 1 | 2 | \$.00 | 1 1 2 | | | | | | \$ | .00 |
| Kitchen and dining room linens | 202 | | 0070 | | | | 1 | 2 | | 1 2 | | П | | | | | |
| Other linens | 203 | | 0080 | | | | 1 1 | 2 🗆 | \$.00 | 1 2 2 | | | | | | \$ | 00. |
| Slipcovers, decorative pillows and cushions | 205 | | 0090 | | | | 1 | 2 🗆 | \$.00 | 1 2 | | | | | | \$ | .00 |
| FLOOR AND WINDOW COVERINGS | | | | | | | 1 | | \$.00 | <u> </u> | 1 | | | | | \$ | 00. |
| Original wall-to-wall carpet | 210 | | 0100 | | | | 1 | 2 | \$.00 | 1 2 | | | | | | \$ | .00 |
| Repacement wall-to-wall carpet | 211 | | 0110 | | | | 1 | 2 | \$.00 | 1 2 | | | | | | \$ | 1.00 |
| Room size rugs and other non- permanent floor coverings, including | | | 0120 | | | | 1 | 2 | \$.00 | 1 2 | | | | | | \$ | 1.00 |
| carpet squares | 212 | | 0130 | | | | 1 | 2 | | 1 2 | | П | | | | | |
| Curtains and drapes | 214 | | 0130 | | | | ' | 2 🗀 | \$.00 | | | | | | | \$ | .00 |
| Venetian blinds, window shades, other window coverings | 215 | | 0140 | | | | 1 | 2 | \$.00 | 1 2 | | | | | | \$ | .00 |
| Use only if unable to itemize above – Combined expenses | 220 | | 0150 | | | | 1 | 2 | \$.00 | 1 2 | | | | | | \$ | .00 |
| Part B – Rental or Leasing | of Furniture | 1 08 03 5 ↓ | • | | | | | | · | | • | | NOTES | | | | |
| 1a. Since the 1st of (month, 3 months (or any members of your CU) reany furniture? | s ago), have you nted or leased | 0010 1 Yes 2 No -Go to next see | ction | | | | | | | | | | | | | | |
| b. If YES – What was the total experience or leasing furniture, excluding a the current month? | nse for renting iny expenses for | 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 | | С | d | | е | f | g | | ŀ | 1 | | i | | PRE | | |
| Information Booklet, page 2 1. Since the 1st of (month, 3 have you (or any member CU) purchased any of the items, for persons age 2 either for members of yo someone outside your CU | 3 months ago), rs of your e following and over, our CU or for U? | What did you buy? Describe briefly the item purchased. | IG USE ONLY | ITEM CODE from column a. | For whom was it purchase CU member, enter name and number from Control Card. If someone outside CU, ente and appropriate code as follows: 90 – Male 16 and over 16 and over 16 and appropriate 2–15 and 5–15 and 5–15 | d line r name | How many did you purchase? Enter number of identical items purchased. | In what month did you purchase it? | How much did it cost? | | Did thincluction | de | Did y purch any other | ? ? go at | 1 Description from column b | Person from column d | Month from column | |
| Coats, jackets, and furs | TITEM CODE YES NO | | PROCESSING | | Name | Line No | | Month | | | YES | NO | YES | NO | | Name | Month | |
| Sport coats and tailored jackets | 110 | | 0010 | | | | | | \$. | .00 | 1 | 2 | | | | | | \$.00 |
| Suits | 120 | | 0020 | | | | | | \$. | .00 | 1 | 2 | | | | | | \$.00 |
| | 130 | | 0030 | | | | | | \$. | .00 | 1 | 2 | | | | | | \$.00 |
| | 140 | | 0040 | | | | | | \$. | .00 | i | 2 | | <u>. </u> | | | | \$.00 |
| · · | 150 | | 0050 | | | | | | \$. | .00 | 1 | | | | | | | \$.00 |
| Shorts and short sets Exclude all athletic shorts | 160 | - | 0060 | | | | | | | .00 | 1 1 | 2 | | | | | | \$.00 |
| | 170 | | 0080 | | | | | | | .00 | i | 2 | | | | | | \$.00 |
| Skirts | 180 | | 0090 | | | | | | | .00 | 1 🗆 ¦ | 2 | | | | | | \$ 1.00 |
| tops | 190 | | 0100 | | | | | | \$. | .00 | | 2 | | | | | | \$.00 |
| CHECK ITEM Mark (X) box if there are no entries recorded in | 0010 999 Go to | | 0110 | | | | | | \$. | .00 | 1 | 2 | | | | | | \$.00 |
| no entries recorded in columns b-i. | next page | | 0120 | | | | | | \$. | .00 | 1 | 2 | | | | | | \$.00 |
| NOTES | | | 0130 | | | | | | \$. | .00 | 1 | | | | | | | \$.00 |
| | | | 0140 | | | | | | i | .00 | | 2 | | | | | | \$.00 |
| | | | 0160 | | | | | | | .00 | 1 | | | | | | | \$.00 |
| | | | 0170 | | | | | | | .00 | l | 2 🗆 | | | | | | \$ 1.00 |
| | | | 0180 | | | | | | I | .00 | | 2 | | | | | | \$ 1.00 |

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 - | - Conti | nued | | 6 | 09 04 0 → | | | | | | | | | | | PRE | | | | |
|---|--|-------------------------|--------------------------------------|---------------------|---------------|--|--------------------------------------|--|-------------------------------------|-----------------------|----|---------|-----|--|----------------|------------------------------|-------------------------|------------------------------|--------------------|------|
| а | | | b | | С | d | | е | f | g | | h | | i | | | PRE | | | |
| Information Booklet, page | | | What did you buy? | | ENTER ITEM | For whom was it pur CU member, enter nan | chased? If | How many | In what | How much did it cost? | D | oid thi | s | Did yo | ou ase | 1 | 2 | 3 | 4 | |
| 1. Have you (or any member CU) purchased any of the items, for persons age 2 either for members of y someone outside your C | ers of you ne followi 2 and over our CU or CU? | ir ng r, r for | Describe briefly the item purchased. | PROCESSING USE ONLY | CODE from | number from Control Co | Card. , enter name es follows: | did you purchase? Enter number of identical items purchased. | month did you purchase it? | | Si | ales ta | ax? | any other If "No, to nex item ir colum. | ? " go t | Description from column b | Person from column d | Month from column f | Cost fro column | |
| | ITEM Y | ES NO | | PROC | | Name | Line No | | Month | | Υ | /ES | NO | YES | NO | | Name | Month | | |
| Undergarments | 200 | | | 0010 | | | | | | \$.00 | 1 | 1 . | 2 | | | | | | \$ | 1.00 |
| Hosiery | 210 | - | | 0020 | | | | | | \$.00 | | 1 | 2 🗆 | | | | | | \$ | .00 |
| | | - | | 0030 | | | | | | \$.00 | | 1 1 | 2 🗆 | | | | | | \$ | 1.00 |
| 2. FIELD REPRESENTATIVE CHECK ITEM | 1 09 0 | 3 3 ↓ | | 0040 | | | | | | \$.00 | | 1 | 2 | | | | | | \$ | 1.00 |
| Mark (X) box if there are no entries recorded in | 0010 999 | | | 0050 | | | | | | \$.00 | 1 | 1 | 2□ | | | | | | \$ | .00 |
| columns b–i. | | next page | | 0060 | | | | | | \$.00 | 1 | 1 | 2 | | | | | | \$ | .00 |
| NOTES | | | | 0070 | | | | | | \$.00 | 1 | 1 🗆 ¦ | 2 🗌 | | | | | | \$ | .00 |
| | | | | 0080 | | | | | | \$.00 | 1 | 1 | 2 🗌 | | | | | | \$ | .00 |
| | | | | 0090 | | | | | | \$.00 | 1 | 1 | 2 🗌 | | | | | | \$ | .00 |
| | | | | 0100 | | | | | | \$.00 | 1 | 1 | 2 🗌 | | | | | | \$ | .00 |
| | | | | 0110 | | | | | | \$.00 | 1 | 1 🗆 📜 | 2 🗌 | | | | | | \$ | .00 |
| | | | | 0120 | | | | | | \$.00 | | 1 | | | | | | | \$ | .00 |
| | | | | 0130 | | | | | | \$.00 | 1 | 1 | 2 🗆 | | | | | | \$ | .00 |
| | | | | 0140 | | | | | | \$.00 | 1 | 1 | 2 🗌 | | | | | | \$ | 00. |
| | | | | 0150 | | | | | | \$.00 | 1 | 1 | 2□ | | | | | | \$ | .00 |
| | | | | 0160 | | | | | | \$.00 | 1 | 1 | 2 | | | | | | \$ | .00 |
| | | | | 0170 | | | | | | \$.00 | 1 | 1 | 2 | | | | | | \$ | 00.1 |
| | | | | 0180 | | | | | | \$.00 | 1 | 1 | 2 | | | | | | | .00 |

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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.

| Section of the Configuration of Active Large 27 1. New you for any members of your CDU purchased any of the Collection of the Collecti | Part A - Clothing | - Continued | | 6 (| 09 06 5 → | | | | | | | | | | | | |
|---|--|-------------------------------------|--------------------------------------|-------|--------------|---|--------|--|-------------------|--------------|-------|---------------|--|---|------|-------|----------|
| 1. November was manufactory of the following of the follo | а | | b | | С | d | | е | f | g | | h | i | | PRE | | |
| Cut purchased any of the following purchased say at other sollowing purchased any of the following purchased say at other sollowing purchased says of the following purchased says of the | | | What did you buy? | | ENTER | For whom was it purchase | ed? If | How | In what | How much | Did 1 | this | Did you | 1 | 2 | 3 | 4 |
| Nightwear and | Have you (or any memb CU) purchased any of the items, for persons age 2 either for members of y someone outside your (| 2 and over, our CU or for CU? | Describe briefly the item purchased. | ONLY | CODE from | number from Control Card. If someone outside CU, ente and appropriate code as follows: 90 – Male 16 and over 15 – Female 16 and over 16 – Male 2–15 | r name | did you purchase: Enter number of identical items | ' purchase it? | did it cost? | sales | ide s tax? | any other? If "No," go to next item in | | | from | |
| Active sport weep 240 | | 220 | | | | | | | | | | | | | | | 3 |
| Uniforms for which the cost is not reimbursed 250 | Accessories | 230 | - | PROCE | | Name | | | Month | | YES | NO | YES NO | - | Name | Month | |
| The contained clothing - This should be used only if the respondent cannot item tas siching the vision of specifically purchased for sports relating software should use the specifically purchased for sports relating should be used only if the respondent cannot item tas siching the vision of specifically purchased for sports relating should be used only if the respondent cannot item tas siching the vision of specifically purchased for sports relating should be used only if the respondent should be used to | | 240 | | 0010 | | | | | | \$.00 | 1□ | 2 | | | | | \$.00 |
| Combined clothing — This should be used only if the respondent sentor purchases. Specify flor in Notes the types of clothing combined — 10000 100000 100000 100000 1000000 1000000 1000000 100000000 | the cost is not | 250 | | 0020 | | | | | | \$.00 | 1 | 2 | | | | | \$.00 |
| Should be used only if the responderic cannot burchases. Specify (in the Notes) the types of clothing combined | | 260 | | 0030 | | | | | | \$.00 | 1 | 2 | | | | | \$.00 |
| purchases. Spacify fin the Notes the types of clothing combined. 270 | should be used only if the respondent cannot | | | 0040 | | | | | | \$.00 | 1 🗆 | 2 | | | | | \$.00 |
| S | purchases. Specify (in the Notes) the types of | | | 0050 | | | | | | \$.00 | 1 🗆 | 2 | | | | | \$.00 |
| Some soft specifically purchased for sports related use). 280 000000 | Footwear | 270 ///// | | 0060 | | | | | | \$.00 | 1 🗆 | 2 | | | | | \$.00 |
| 2. Have you (or any members of your CU) purchased any other clothing which you have not previously mentioned? Do not include infants - probe and assign an item code. 0000 0 | shoes not specifically purchased for sports | 280 | | 0070 | | | | | | \$.00 | _ | <u> </u> | | | | | \$.00 |
| Coloring which you have not previously mentioned? Do not include infants clothing. If YES - probe and assign an item code. | 2. Have you (or any members of your CU) | | | 0800 | | | | | | \$.00 | 1 🗆 | 2 🗌 | | | | | \$.00 |
| Include infants Include in | clothing which you have not previously | | | 0090 | | | | | | \$.00 | | 1 | | | | | \$.00 |
| 3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b-i. NOTES 0100 999 □ Go to part B 0130 0140 \$ 0140 \$ 0150 \$ 0160 \$ 0170 \$ 0170 \$ 0170 \$ 0170 \$ 0120 \$ 0110 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | mentioned? Do not | | | | | | | | | \$.00 | | + | - | | | | \$.00 |
| CHECK ITEM Mark (X) box if there are no entries recorded in columns b-i. 0010 999 ☐ Go to part B 00130 \$.00 1☐ 2☐ ☐ \$.00 NOTES 0140 \$.00 1☐ 2☐ ☐ \$.00 \$.00 NOTES 0160 \$.00 1☐ 2☐ ☐ \$.00 \$.00 1☐ 2☐ ☐ \$.00 \$.00 \$.00 1☐ 2☐ ☐ \$.00 \$.00 1☐ 2☐ ☐ \$.00 | 3. FIELD REPRESENTATIVE | 1 09 05 8 ↓ | | | | | | | | \$.00 | | <u> </u> | | | | | \$.00 |
| Columns b-i. \$ 1.00 \$ | CHECK ITEM | 0010 999 Go to | - | | | | | | | \$.00 | | 1 | | | | | \$.00 |
| 0150 | columns b–i. | part B | - | | | | | | | | | | | | | | |
| 0160 \$.00 1 2 | NOTES | | | | | | | | | | | + | | | | | i |
| \$.00 \$.00 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 1 | | | | | |

| Part A – Clothing | - Cor | ntinued | | 6 09 07 3 → | | | | | | | | | | | | | | | | |
|---|---------------------|---|---|---|-----------------|---------------------------------------|--|--|-----------------------|-------|----------------------|-----|-----|---------------------|-------|------------------------------------|----------------------|------------------|----------|--------------------|
| b | | С | | d | | | е | f | g | | h | | | i | NOTES | | PRE | | | |
| What did you buy? Describe briefly the item purchased. | PROCESSING USE ONLY | ENTER ITEM CODE from column a from the preceding pages. | If CU n number If some and ap 90 – M 91 – Fe 92 – M | hom was it purchased nember, enter name and er from Control Card. eone outside CU, enter propriate code as follow lale 16 and over emale 16 and over lale 2–15 emale 2–15 | nd line name | e di pu e En no id ite | ow nany id you urchase? nter umber of lentical ems urchased. | In what month did you purchase it? | How much did it cost? | | Did thinclud sales t | е | | o," go ext in | | 1 Description from column b | Person from column d | Month from colum | | Cost from column g |
| | PROC | | | Name | Line or c | No. | | Month | | | YES | NO | YES | NO | | | Name | Mont | h | |
| | 0010 | | | | | | | | \$ | | 1 . | 2 🗆 | | | | | | | \$ | |
| | 0020 | | | | | | | | | .00 | 1 | | | <u> </u> | | | | | 3 | 1.00 |
| | 0030 | | | | | | | | | .00 | + + | | | ; <u> </u> | | | | | \$ | .00 |
| | | | | | | | | | | .00 | ! | | | | | | | | \$ | .00 |
| | 0040 | | | | | | | | \$ | .00 | ' | 2 | | <u> </u> | | | | | \$ | .00 |
| | 0050 | | | | | | | | \$ | .00 | 1 1 | | | <u> </u> | | | | | \$ | .00 |
| | 0060 | | | | | | | | \$ | .00 | 1 | | | <u> </u> | | | | | \$ | 00. |
| | 0070 | | | | | | | | \$ | .00 | 1 | | | ¦ □ | | | | | \$ | .00 |
| | 0080 | | | | | | | | \$ | .00 | 1 | 2 | | | | | | | \$ | .00 |
| | 0090 | | | | | | | | \$ | .00 | 1 | 2 | | | | | | | \$ | .00 |
| | 0100 | | | | | | | | \$ | .00 | 1 | 2 | | | | | | | \$ | .00 |
| | 0110 | | | | | | | | \$ | .00 | 1 | 2 | | | | | | | \$ | .00 |
| | 0120 | | | | | | | | | .00 | 1 1 | 2 | | | | | | | \$ | .00 |
| | 0130 | | | | | | | | | .00 | 1 | 2 | | | | | | | \$ | 1.00 |
| | 0140 | | | | | | | | \$ | 1 .00 | 1 | 2 | | | | | | | \$ | 00. |
| | 0150 | | | | | | | | \$ | 00. | 1 | 2 | | | | | | | \$ | 00. |
| | 0160 | | | | | | | | Φ. | | 1 | 2 | | | | | | | | .00 |
| | 0170 | | | | | | | | \$ | .00 | | 2□ | | | | | | | \$ | 1.00 |
| | | | | | | | | | \$ | .00 | 1 1 | ۵ 🗆 | | | | | | | \$ | I |
| | 0180 | | | | | | | | \$ | .00 | | 2 ∟ | | | | | | | \$ | .00 |

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 Cl | othin | g, Watc | hes, Jewelry, an | d Hai | rpieces | | 6 09 12 3 → | | | | | | | | | | | |
|----|---|---------------------------------|--------------------|---|------------|--|------------------------------------|---|---|------------------------------------|-----------------------|-----|-------------------------|--------------|----------------------|----------------------|------------------------------|-------------------------|----------------------|
| | a | | | b | | С | | d | е | f | g | | | h | | i | PRE | | |
| 1a | Information Booklet, page 1. Have you (or any mem CU) purchased clothin under 2 years of age emembers of your CU outside your CU? | bers of g for in ither fo | your fants r | What did you buy? Describe briefly the item purchased. | | ENTER ITEM CODE from column a. | Was this pur or for some CU? | chased for your CU one outside of your | How many did you purchase? Enter number of | In what month did you purchase it? | How much did it cost? | | Did t inclu sales | de | Did y purchany other | hase r? o," go | 1 | 2 | 3 |
| | Such as – Coats, jackets, or | ITEM CODE | YES NO | - | USE ONLY | | | | identical items purchased. | | | | | | item colun | in | Description from column b | Month from column | st from umn g |
| | snowsuits Dresses and other outerwear | 300 | | _ | | | | | | | | | | | | | | f | 9 |
| | Underwear Underwear and diapers, including disposable | | | - | PROCESSING | | CU membe | r Non-CU member | - | Month | _ | | YES | l NO | YES | NO | | | |
| | Sleeping garments | 320 | | _ | 0010 | | 1 | 1 2 🗆 | | | \$ | .00 | 1 | 1 2 | | | | | \$ 1.00 |
| | Layettes | 330 | | _ | 0020 | | 1 | 2 | | | \$ | .00 | 1 | 2 | | | | | \$.00 |
| | Accessories | 340 | | | 0030 | | 1 | 2 🗆 | | | \$ | .00 | 1 | 2 | | | | | \$.00 |
| | infants –This should be used only if the respondent cannot | | | | 0040 | | 1 | 2 🗆 | | | \$ | .00 | 1 | 2 | | <u> </u> | | | \$.00 |
| | itemize clothing purchases. Specify (in the Notes) the types of | | | | 0050 | | 1 🗆 | 2 | | | \$ | .00 | 1 | 2 | | <u> </u> | | | \$.00 |
| b | clothing combined. Have you (or any | 360 | | | 0060 | | 1 | 2 | | | \$ | .00 | 1 | 2 | | | | | \$.00 |
| | members of your CU) purchased any other infants clothing which | | | | 0070 | | 1 🗆 | 2 🗌 | | | \$ | .00 | 1 | 2 | | ¦ □ | | | \$.00 |
| | you have not previously mentioned? | | | | 0800 | | 1 🗆 | 2 🗆 | | | \$ | .00 | 1 | 2 <u> </u> | | | | | \$.00 |
| | If YES – probe and assign an item code. | | | | 0090 | | 1 🗆 | 2 🗆 | | | \$ | .00 | 1 | 2 | | | | | \$.00 |
| | Information Booklet, page 27 | | | | 0100 | | 1 | 2 🗌 | | | \$ | .00 | | 2 | | <u> </u> | | | \$.00 |
| 2. | Have you (or any members of your CU) purchased any of the | | | | 0110 | | 1 🗆 | 2 🗆 | | | \$ | .00 | 1 | 2 | | ¦ □ | | | \$.00 |
| | following items, either for members of your CU or for | | | | 0120 | | 1 | 2 🗆 | | | \$ | .00 | 1 | 2 | | <u> </u> | | | \$.00 |
| | someone outside your CU? | | | | 0130 | | 1 🗆 | 2 🗆 | | | \$ | .00 | 1 | 2 | | | | | \$.00 |
| | Watches | 370 | | | 0140 | | 1 🗆 | 2 🗌 | | | \$ | .00 | 1 | 2 | | <u> </u> | | | \$.00 |
| | Jewelry | 380 | | - | 0150 | | 1 🗆 | 2 🗌 | | | \$ | .00 | 1 | 2 | | ¦ 🗆 | | | \$.00 |
| 3. | toupees | 390 1 09 | 11 6 ↓ | _ | 0160 | | 1 🗆 | 2 🗆 | | | \$ | .00 | 1 | 1 2 <u> </u> | | | | | \$.00 |
| | CHECK ITEM Mark (X) box if there are | 0010 9 | 99 | | 0170 | | 1 🗆 | 2 | | | \$ | .00 | 1 | 2 | | | | | \$.00 |
| | no entries recorded in columns b-i. | 30.0 | part C | | 0180 | | 1 🗆 | l 2□ | | | s | .00 | 1 | 1 1 2 | | | | | \$.00 |

| b | | С | | d | е | f | g | | h | | i | | NOTES | | PRE | |
|--------------------------------------|---------------------|--|---|----------------|-----------------|----------------------------|--------------|------|--------------------|----|--|----------|-------|------------------------------|------------------------------|--------------------|
| What did you buy? | | | | | | In what | How much | - | id this | | Did you | | | 1 | 2 | 3 |
| Describe briefly the item purchased. | PROCESSING USE ONLY | ITEM CODE from column a from the preceding page. | Was this purchas or for someone o CU? | utside of your | many did vou | month did you purchase it? | did it cost? | l ii | nclude ales tax | ? | purchase any other If "No," g to next item in column a | e | | Description from column b | Month from column f | Cost from column g |
| | PRO | | CU member | Non-CU member | | Month | | | ŒS N | 0 | YES N | 10 | | | | |
| | 0010 | | 1 | 2 | | | \$ | .00 | | | | | | | | \$ |
| | 0020 | | 1 | 2 | | | \$ | .00 | | | | | | | | \$ 1.0 |
| | 0030 | | 1 | 1 1 2 🗆 | | | \$ | .00 | 2 | | | | | | | \$ |
| | 0040 | | 1 | 2 🗌 | | | \$ | .00 | 2 | | | | | | | \$ |
| | 0050 | | 1 | 2 | | | \$ | .00 | | | | | | | | \$ |
| | 0060 | | 1 | 2 | | | \$ | .00 | 2 | | | | | | | \$ |
| | 0070 | | 1 | 2 🗌 | | | \$ | .00 | | | | | | | | \$ |
| | 0080 | | 1 | 2□ | | | \$ | .00 | | | | | | | | \$ |
| | 0090 | | 1 | 2 🗌 | | | \$ | .00 | | | | | | | | \$ |
| | 0100 | | 1 🗆 | ! 2 | | | \$ | .00 | ı | | | | | | | \$ |
| | 0110 | | 1 | 2 | | | | .00 | | | | □ | | | | \$ |
| | 0120 | | 1 | 2□ | | | \$ | .00 | 2 | | | | | | | \$ |
| | 0130 | | 1 🗆 | 2 | | | \$ | .00 | 1 2 | | | | | | | \$ |
| | 0140 | | 1 🗆 | 1 2 | | | \$ | .00 | | | | | | | | \$ 1.0 |
| | 0150 | | 1 🗆 | 2□ | | | \$ | .00 | ı | | | | | | | \$ |
| | 0160 | | 1□ | 2 🗌 | | | \$ | .00 | | | | | | | | \$ |
| | 0170 | | 1 | 2 | | | \$ | .00 | 2 | | | | | | | \$ |
| | 0180 | | 1 🗆 | 2 | | | \$ | | | пt | | 7 | | | | \$ |

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 | s | | 5 09 3 | 22 4 → | | | | | | | | | | | |
|----|--|---|--|--------|-------------|--|---|------------------|--|-----------------------|-----------------------------|---------------------------------|------------------------------|---------------------|--------------------|-----------------------|
| | a | | b | | | С | | d | е | f | g | h | PR | RE | | |
| 1. | Information Booklet, page 27 Have you (or any members of yourchased any sewing materials members of your CU or for som your CU? | our CU) s, either for neone outside | What did you Describe briefl item purchase | ly the | IG USE ONLY | ENTER ITEM CODE from column a. | Was this pure your CU or fo outside of yo | or someone | In what month did you purchase it? | How much did it cost? | Did this include sales tax? | other? If "No," go | | 2 Month | 3 | |
| | ☐ YES ☐ NO – Go to If YES, read the list of individual ite below. Complete columns b–h for ea | ems | | | PROCESSING | | | Non CII | | - | 1 | to next item in column a. | Description from column b | from column e | Cost from column f | |
| | item purchased | ITEM YES NO | | | A. A. | | CU member | Non-CU member | Month | | YES NO | YES NO | | | T | |
| | Were these – Sewing materials for making | CODE TES NO | | | 0010 | | 1 🗆 | 2 | | \$.00 | | | | | \$ | .00 |
| | slipcovers, curtains, etc., and for handwork in the home | 400 | | | 0020 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | .00 |
| | Sewing materials for making clothes? | 410 | | | 0030 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | .00 |
| | | 420 | | | 0040 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | | .00 |
| | Other sewing materials? | 430 | | | 0050 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | .00 |
| | Use only if unable to itemize separately – Combined sewing materials | 440 | | | 0060 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | .00 |
| 2. | FIELD REPRESENTATIVE CHECK ITEM | 1 09 21 5 🗸 | | | 0070 | | 1 🗆 | 2 | | \$ 1.00 | | | | | i | .00 |
| | Mark (X) box if there are no entries recorded in columns b-h. | 010 999 Go to | | | 0080 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | .00 |
| | | part D | | | 0090 | | 1 🗆 | 2 🗌 | | \$.00 | 0 1 2 2 | 1 | | | | .00 |
| | NOTES | | | | 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 | | | | I | .00 |
| | | | | | 0140 | | 1 🗆 | 2 | | \$.00 | | | | | I | .00 |
| | | | | | 0150 | | 1 🗆 | 2 | | \$.00 | 1 | | | | \$ | .00 |
| | | | | | 0160 | | 1 🗆 | 2 | | \$.00 | 1 | | | | \$ | .00 |
| | | | | | 0170 | | 1 🗆 | 2 | | \$.00 | 1 | | | | \$ | .00 |
| | | | | | 0180 | | 1 🗆 | 2 🗌 | | \$.00 | | | | | \$ | .00 |

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

Identical items are those of the SAME TYPE and purchased in the SAME MONTH.

| | Part D – Clothing Servi | ces | | 5 09 | 32 3 → | | | | | | | | | | | |
|----|--|--------------------------------|-------------------------------|--------------------------------------|-----------|--------------------------|---------------|------------------|----------------------------|-----------------------|-------------------------|---|------------------------------|-----------------------------|-----------|-------|
| | a | | | b | | С | | d | е | f | g | h | PR | E | | |
| _ | Information Booklet, page 27 | | | What did you buy? | ONLY | ENTER ITEM | Was this purc | hased for | In what month | How much did it cost? | Did this include | Did you purchase | 1 | 2 | 3 | |
| 1. | Have you (or any members of expenses for any of the follow members of your CU or for so your CU? | your CU wing, eit omeone | J) had ther for outside | Describe briefly the item purchased. | SSING USE | CODE from column a | outside of yo | ur CU? | did you purchase it? | COST? | sales tax? | other? If "No," go to next item in column a. | Description from column b | Month from colum e | Cost from | |
| | Repair, alteration, and tailoring for clothing and accessories | 450 | | | PROCE | | CU member | Non-CU member | Month | | YES NO | YES NO | | | | |
| | Shoe repair and other shoe | | | | 0010 | | 1 🗆 | l l 2□ | | \$.00 | 1 | | | | \$ | .00 |
| | services | 460 | | | 0020 | | 1 🗆 | 2 | | \$.00 | 1 | | | | \$ | .00 |
| | Watch or jewelry repair | 470 | | _ | 0030 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | .00 |
| | Clothing rental | 480 | | | 0040 | | 1 🗆 | 2 🗆 | | \$.00 | 1 2 | | | | \$ | .00 |
| | Clothing storage | 490 | | | 0050 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | 1 .00 |
| | FIELD REPRESENTATIVE CHECK ITEM | 1 09 | 31 4 🔻 | _ | 0060 | | 1 🗆 | 2 | | | 1 2 | | | | | 1.00 |
| | Mark (X) box if there are no entries in columns b-h. | 0010 99 | 99 🗌 Go to section 10 | ז | 0070 | | 1 🗆 | 2 | | \$ 1.00 | 1 | | | | | 1.00 |
| | NOTES | | | | 0080 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | 1.00 |
| | | | | | 0090 | | 1 🗆 | 2 | | \$.00 | 1 1 2 | | | | \$ | 1.00 |
| | | | | | 0100 | | 1 🗆 | 2 | | \$.00 | | | | | \$ | 1.00 |
| | | | | | 0110 | | 1 🗆 | 2 | | \$.00 | | | | | \$ | .00 |
| | | | | | 0120 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | .00 |
| | | | | | 0130 | | 1 🗆 | 2 | | \$.00 | 1 2 | | | | \$ | .00 |
| | | | | | 0140 | | 1 🗆 | 2 2 | | \$.00 | 1 | | | | \$ | 00. |
| | | | | | 0150 | | 1 🗆 | 2 | | \$.00 | 1 2 2 1 2 2 | | | | \$ | 00. |
| | | | | | 0160 | | 1 🗆 | 2 | | \$.00 | | | | | \$ | 1.00 |
| | | | | | 0170 | | 1 🗆 | 2 | | \$.00 | | | | | \$ | 1.00 |
| | | | | | 0180 | | 1 🗆 | l 2□ | | \$.00 | | | | | \$ | 1.00 |

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.) PROCESSING USE ONLY 1 10 01 5 🗸 2. FIELD REPRESENTATIVE ITEM 1 10 02 3 1 10 03 1 🗸 1 10 04 9 🗸 Information Booklet, page 28 1a. Since the 1st of (month, 3 months ago), **VEHICLE NUMBER** 1 4 have you (or any members of your Description Description Description Description **a.** Describe briefly the type of vehicle rented, such as "auto" CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles. ☐ Yes \square No – Go to item 6 If YES - Read the list of individual items **b.** Enter vehicle code from item 1b. 0010 0010 0010 0010 Code Code Code Code below and mark (X) the appropriate "Yes" or "No" box. 3. Was it rented solely for use on a vacation, overnight 1 ☐ Yes – Go to next rented 0030 1 Tyes - Go to next rented 0030 1 Tyes – Go to next rented 0030 1 ☐ Yes – Go to next rented trip, or a trip of 75 miles or more one way? **b.** If YES to an individual item ask – **How** vehicle or item 6 vehicle or item 6 vehicle or item 6 vehicle or item 6 many? 2 No 2 No 2 No 2 No Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting VEHICLE HOW YES NO this vehicle? MANY CODE If periodic payments were made, enter in the notes the .00 .00 0080 \$ 0080 \$ 0080 \$ 100 Automobile amount of the payment and the number of payments incurred during the reference period. Compute the total Truck, expense and enter the amount in this item. including 110 5a. Were (Will) any of the rental expenses (be) deducted vans 0130 1 ☐ Yes 0130 1 ☐ Yes 0130 1 ☐ Yes 0130 1 ☐ Yes as business expenses, reimbursed, or paid by 2 ☐ No – Go to next rented 2 ☐ No – Go to next rented 2 ☐ No – Go to next rented 2 ☐ No – Go to next rented someone else? Motorized vehicle or item 6 vehicle or item 6 vehicle or item 6 vehicle or item 6 120 camper-coach Trailer-type **b.** If YES – What percent of the total expense will this 130 camper00 Percent cover? Enter to nearest whole percent. .00 Percent .00 Percent .00 Percent 0140 0140 0140 0140 Other attachable-**LEASED VEHICLES** 140 type camper . \Box If this box is marked, no vehicles were previously reported – Go to item 7a. Motorcycle, 6. Ask column f for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b below). motor scooter, or moped 7 10 10 3 → **LEASED VEHICLE INVENTORY CHART** (motorized 150 bicycle) Vehicle identification а b h PROCESSING USE ONLY d If YES -Enter vehicle Do you still What month Were any **How many** Boat, with a 160 have vehicle? motor code from miles are on was the lease fees incurred How much? Vehicle used Vehicle part B. item 1b. the vehicle? terminated? at the If NO – mark Enter and go Vehicle for business disposed of termination Vehicle identification from part B, item 2 **Boat, without** box and go to Enter and go to next vehicle from part B, number of the lease? 170 to next vehicle a motor item 6h. or item 7a. item 6a or to item 7a. Trailer, other YES | NO YEAR MAKE MODEL YES NO YES NO Month YES NO than camper type, such as 2 0010 1 1 2 .00 for a boat or 180 cycle 2 1 0020 2 2 .00 Private plane 190 0030 3 2 .00 Any other 200 vehicle 2 🗌 1 🗌 2 0040 4 .00 **NOTES** 2 🗌 0050 5 1 2 .00 2 0060 6 1 2 🗌 .00 7 2 1 🗌 2 0070 .00

| Section 10 – RENTED AND L | EASED | VEHICLE | S – Continued | FIELD REPRESENTATIVE – Ask item 7 for all respondents. |
|---|-----------------|------------|---|--|
| Part A.1 – Screening Question | ons – Co | ontinued | | |
| 7a. Since the 1st of (month, 3 months ago you (or any members of your CU) be leasing any automobile or truck not ENTIRELY for business? | | 0010 1 □ Y | 1 10 11 4 \(\psi \) Tes Io – Go to section 11 | NOTES |
| b. If YES – What kind of vehicle was it? | 1 | 0020 | 0030 | |
| Enter vehicle code | VEHICLE | 0040 | 0050 | |
| | VEHICLE CODE | | | |
| Automobile | 100 110 | 0060 | 0070 | |
| Truck, including vans | 110 | 0080 | 0090 | |
| | | 0100 | 0110 | |
| FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased | | | | |
| | | | | ' |
| | | | | |
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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. Ask item 6 for all respondents.

| | | | | | ١- | Jui pose, | combine entires in | to one coluin | III. Otherwis | oc, complete a si | cparate c | orarriir ror | Cacii vernete renteu. | ASK ILCITI O | or an respondents. |
|---|---|---|---|----------------------|-------------------------------|------------|--|---------------|--------------------|-----------------------------------|-----------|---------------------|--|--------------|--|
| Part A.2 - Scr | eening Questions | s – FOR NEW CONSUMER UI | NITS ONLY | | | | | | | | | | | | |
| Information Bookle | et, page 28 | 2. FIELD REPRESENTATIVE ITEM | PROCESSING US | SE ONLY | | 1 10 1 | 2 2 ↓ | | 1 10 13 0 | 0 🗼 | | 1 10 | 14 8 ↓ | | 1 10 15 5 🗸 |
| 1a. Since the 1st of | (month, 3 months ago), | | VEHICLE NUMBE | ER | | 1 | | | 2 | | | | 3 | | 4 |
| CU) rented any v not used ENTIRE not include lease | members of your ehicles which were LY for business? Do ed vehicles. No – Go to item 6a | a. Describe briefly the type of vehi or "boat." | icle rented, such as | "auto" | Description | n | | Description | 1 | | Descrip | tion | | Description | n |
| below and mark () | list of individual items K) the appropriate "Yes" | b. Enter vehicle code from item 1b |). | | 0010 | | Code | 0010 | | Code | 0010 | | Code | 0010 | Code |
| or "No" box. b. If YES to an individe many? | dual item ask – How | 3. Was it rented solely for use of trip, or a trip of 75 miles or n | on a vacation, over nore one way? | rnight | | ☐ Yes – (| Go to next rented vehicle or item 6 | | | to next rented nicle or item 6 | l —— | 1 □ Yes - 2 □ No | - Go to next rented vehicle or item 6 | | Yes – Go to next rented vehicle or item 6 No |
| Automobile Truck, including | VEHICLE YES NO HOV MAN' | 4. Since the 1st of (month, 3 mo current month) what has been this vehicle? If periodic payments were made amount of the payment and the incurred during the reference per expense and enter the amount is | e, enter in the notes number of paymen eriod. Compute the t | renting the ts | 0080 \$_ | | .00 | 0080 \$_ | | .00 | 0080 | \$ | .00 | 0080 \$_ | .00. |
| vans | 120 | 5a. Were (Will) any of the rental of as business expenses, reimbours someone else? | expenses (be) dedu ursed, or paid by | ucted | | | Go to next rented rehicle or item 6 | 0130 1 2 |] No – <i>Go t</i> | to next rented icle or item 6 | | 1 ☐ Yes 2 ☐ No - | Go to next rented vehicle or item 6 | | ☐ Yes ☐ No – Go to next rented vehicle or item 6 |
| Trailer-type camper | 130 | b. If YES – What percent of the t | otal expense will opercent. | this | 0140 | | .00 Percent | 0140 | .(| 00 Percent | 0140 | | .00 Percent | 0140 | .00 Percent |
| attachable- type camper | 140 | | LEASED VEHICLE | ES | 1 10 20 5 | ↓ | | | | | | NC | OTES | | |
| Motorcycle, motor scooter, or moped (motorized bicycle) | 150 | 6a. Since the 1st of (month, 3 mo you (or any members of your lease payments or begun leas automobile or truck not used business? | CU) made any | | 1 □ Yes 2 □ No – <i>Go</i> | to section | on 11 | | | | | | | | |
| Boat, with a motor | 160 | b. If YES – What kind of vehicle | woo it? | | | | | | | | | | | | |
| Boat, without a motor | 170 | Enter vehicle code | VEHICLE | 0020 | | 00: | | | | | | | | | |
| Trailer, other than camper | | Automobile | CODE | 0040 | | 00 | 50 | | | | | | | | |
| type, such as for a boat or cycle | 180 | Truck, including vans | 100 | 0060 | | 00 | 70 | | | | | | | | |
| Private plane | 190 | | | 0080 | | 009 | 90 | | | | | | | | |
| Any other vehicle | 200 | | | 0100 | | 01 | 10 | | | | | | | | |
| NO | OTES | | | 0120 | | 01: | 30 | | | | | | | | |
| | | | | 0120 | | | | | | | | | | | |
| | | FIELD REPRESENTATIVE INSTR Complete part B on next page for | ele. | | | | | | | | | | | | |

| Part B – Detailed Questions for Leased Veh | cles | | | |
|---|--|--|---|-------|
| FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order PROCESSING USE ONL | Y 1 10 21 3 ↓ | 10a. What was the number of payments contracted for? | 0190 Payments | NOTES |
| beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. a. VEHICLE NUMBER | 0010 Number | b. In what month and year was the first payment made? | Month Year 0200 0210 | |
| b. Enter a vehicle code from part A.1 or A.2. b. VEHICLE CODE | 0020 Code | C. What is the amount of each payment? | 0220 \$.00 | |
| 2. What is the year, make, and model? | Year Make Model | d. What period is covered by each payment? | 0230 1 Week 5 Semiannually 2 2 2 weeks 6 Annually | |
| OFFICE USE ONL Enter auto code | 0040 | | 3 ☐ Month 7 ☐ Other – Specify ✓ 4 ☐ Quarter | |
| 3. How many cylinders does it have? | O050 Cylinders O No cylinders (rotary, turbine or electric) | C. Does the payment include any charges other than the lease amount such as auto insurance or maintenance? | 0240 1 Yes 2 No x Don't know Go to item 11 | |
| 4. Does it have – a. Automatic transmission? b. Power steering? | . 0070 1 | f. If YES – How much of the payment is for these extra charges? | 0250 \$.00 | |
| C. Power brakes? | . 0090 1 | 11. Is any of the (period reported in item 10d) leasing cost paid by an employer? | x ☐ Don't know O260 1 ☐ Yes – If YES – How much? ¬ | |
| e. Sun roof? f. Turbo charged engine? g. Diesel engine? | . 0110 1 | leasing cost paid by an employer? | 2 \(\text{No}\) \(\text{0270} \\$ \(\text{.00} \) | |
| h. Four wheel drive? | . 0121 1 2 - | 12. Was a trade-in allowance received? | 0280 1 Yes – If YES – How much? 2 No | |
| 5a. How many doors does it have? b. Is it a? | 0122 Doors 0123 1 □ Station wagon? | 10 | 0290 \$00 | |
| | 2 Convertible? 3 Hatchback? 4 Other? | 13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.) | 0300 1 Yes – If YES – How much? 2 No – Go to item 14a 0310 \$ | |
| 6a. Is it used for business? | 0130 1 \square Yes, used for business 2 \square Personal use only – <i>Go to item 7</i> | b. Was any portion of the cash down payment paid by an employer? | 0320 1 Yes - If YES - How much? 2 No | |
| 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. | | 0330 \$ | |
| 7. How many miles are currently on the vehicle? | 0150 Miles | 14a. Do you still have this vehicle? | 1 Yes – Go to next vehicle or section 11 | - |
| 8. Was it new or used when first leased? | (Enter to nearest whole mile) 0160 1 New 2 Used | b. In what month was the lease terminated? | Month 0350 | |
| 9. Was this vehicle leased from a – | 1 ☐ New or used vehicle dealer? 2 ☐ Independent leasing company? 3 ☐ Bank? 4 ☐ Someplace else? – Specify 戻 | C. Were any fees incurred at the termination of the lease? | 1 Yes - If YES - How much? 2 No - Go to next vehicle or section 11 | |
| | | | 0370 \$00 | |

| Part B – Detailed Questions for Leased Ve | hicles – Continued | | | |
|--|---|---|---|-------|
| 1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order | 1 10 24 7 ↓ | 10a. What was the number of payments contracted for? | 0190 Payments | NOTES |
| beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. | Number | b. In what month and year was the first payment made? | Month Year 0200 0210 | |
| b. Enter a vehicle code from part A.1 or A.2. b. VEHICLE CODE | O020 Code Year Make Model | C. What is the amount of each payment? | 0220 \$ | |
| 2. What is the year, make, and model? | 0030 | d. What period is covered by each payment? | 0230 1 Week 5 Semiannually 2 2 weeks 6 Annually | |
| 3. How many cylinders does it have? | e 0040 | _ | 3 ☐ Month 7 ☐ Other – Specify ₹ 4 ☐ Quarter | |
| C1 Horr many cymnasic account mase. | OUSO Cylinders o No cylinders (rotary, turbine or electric) | Does the payment include any charges other than the lease amount such as auto insurance or maintenance? | 0240 1 Yes 2 No 60 to item 11 | |
| 4. Does it have – a. Automatic transmission? | | f. If YES – How much of the payment is for | X Don't know Go to item 11 | |
| b. Power steering? C. Power brakes? | 0080 1 🗆 2 🗆 | these extra charges? | 0250 \$ [.00] x □ Don't know | |
| d. Air conditioning? e. Sun roof? f. Turbo charged engine? | 0100 1 | 11. Is any of the (period reported in item 10d) leasing cost paid by an employer? | 0260 1 Yes – If YES – How much? 2 No 0270 \$.00 | |
| <pre>g. Diesel engine? h. Four wheel drive? (Ask for vehicle code 100)</pre> | | 12. Was a trade-in allowance received? | 0280 1 Yes – If YES – How much? 2 No | |
| 5a. How many doors does it have? b. Is it a? | 0122 Doors 0123 1 □ Station wagon? | | 0290 \$ | |
| | 2 Convertible? 3 Hatchback? 4 Other? | 13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.) | 0300 1 ☐ Yes − If YES − How much? 2 ☐ No − Go to item 14a 0310 \$.00 | |
| 6a. Is it used for business? | 0130 1 \(\text{Yes, used for business} \) 2 \(\text{Personal use only - } \(Go \) to item \(\text{Terms} \) | b. Was any portion of the cash down payment paid by an employer? | 0320 1 Yes – If YES – How much? 2 No | |
| 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. | | 0330 \$00 | |
| 7. How many miles are currently on the vehicle? | 0150 Miles (Enter to nearest whole mile) | 14a. Do you still have this vehicle? | 1 Yes – Go to next vehicle or section 11 2 No | |
| 8. Was it new or used when first leased? | 0160 1 New 2 Used | b. In what month was the lease terminated? | Month 0350 | |
| 9. Was this vehicle leased from a – | 1 ☐ New or used vehicle dealer? 2 ☐ Independent leasing company? 3 ☐ Bank? 4 ☐ Someplace else? - Specify ✓ | C. Were any fees incurred at the termination of the lease? | 0360 1 Yes – If YES – How much? 2 No – Go to next vehicle or section 11 | |
| | | | 0370 \$ | |

| Part B – Detailed Questions for Leased Vehice | eles – Continued | | | | | | | | | | | |
|--|---|--|---|-------|--|--|--|--|--|--|--|--|
| FIELD REPRESENTATIVE ITEM A. New CU's – Assign vehicle numbers in consecutive order PROCESSING USE ONLY | 1 10 27 0 ↓ | 10a. What was the number of payments contracted for? | | NOTES | | | | | | | | |
| beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. h Enter a vehicle code from part A.1 | 0010 Number | b. In what month and year was the first payment made? | Month Year 0200 0210 | | | | | | | | | |
| or A.2. b. VEHICLE CODE | O020 Code Year Make Model | C. What is the amount of each payment? | 0220 \$ | | | | | | | | | |
| 2. What is the year, make, and model? OFFICE USE ONLY | 0030 Wake Wodel | d. What period is covered by each payment? | 0230 1 ☐ Week 5 ☐ Semiannually 2 ☐ 2 weeks 6 ☐ Annually 3 ☐ Month 7 ☐ Other – Specify → | | | | | | | | | |
| 3. How many cylinders does it have? | 0050 Cylinders | | 4 🗆 Quarter | | | | | | | | | |
| | 0 ☐ No cylinders (rotary, turbine or electric) | C. Does the payment include any charges other than the lease amount such as auto insurance or maintenance? | 0240 1 ☐ Yes 2 ☐ No y ☐ Don't know Go to item 11 | | | | | | | | | |
| 4. Does it have – a. Automatic transmission? | Yes No 0060 1 | f. If YES – How much of the payment is for | X DOIT CKNOW | | | | | | | | | |
| b. Power steering? | 0070 1 | these extra charges? | 0250 \$00 x □ Don't know | | | | | | | | | |
| d. Air conditioning? e. Sun roof? f. Turbo charged engine? | 0090 1 | 11. Is any of the (period reported in item 10d) leasing cost paid by an employer? | 0260 1 Yes - If YES - How much? 2 No | | | | | | | | | |
| g. Diesel engine? h. Four wheel drive? | 0120 1 | 12. Was a trade-in allowance received? | 0270 \$ | | | | | | | | | |
| (Ask for vehicle code 100) 5a. How many doors does it have? | 0121 1 2 Doors | 12. Was a trade-in anowance received: | 0280 1 Yes – If YES – How much? 2 No 0290 \$.00 | | | | | | | | | |
| b. Is it a? | 0123 1 Station wagon? | 13a. Was a cash down payment made? (A down | 0300 1 \(\text{Yes} - \text{If YES} - \text{How much?} \(\text{T} \) | | | | | | | | | |
| | 2 Convertible? 3 Hatchback? 4 Other? | payment is a capitalized cost reduction.) | 2 \(\text{No} - \text{Go to item 14a} \) | | | | | | | | | |
| 6a. Is it used for business? | 0130 1 Yes, used for business 2 Personal use only – Go to item 7 | b. Was any portion of the cash down payment paid by an employer? | 0320 1 ☐ Yes – If YES – How much? 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 | | 2 □ No .00 | | | | | | | | | |
| 7. How many miles are currently on the vehicle? | next vehicle. 0150 Miles | 14a. Do you still have this vehicle? | 1 Yes – Go to next vehicle or section 11 2 No | | | | | | | | | |
| | (Enter to nearest whole mile) | b. In what month was the lease terminated? | Month | | | | | | | | | |
| 8. Was it new or used when first leased? | 0160 1 ☐ New 2 ☐ Used | | 0350 | | | | | | | | | |
| 9. Was this vehicle leased from a – | 0170 1 New or used vehicle dealer? 2 Independent leasing company? 3 Bank? | C. Were any fees incurred at the termination of the lease? | 0360 1 Yes – If YES – How much? 2 No – Go to next vehicle or section 11 | | | | | | | | | |
| | 4 □ Someplace else? – Specify _✓ | | 0370 \$00 | | | | | | | | | |

Section 11 - OWNED VEHICLES

| . Da | -+ Λ 1 | _ \$0 | roon | ing Questions | (If Now C | oncumor Unit | Go to Part A | 21 | | | | | | | | | | | | |
|---------------------|-------------------|--------|---------------------|---|------------------|------------------------|------------------|--|--------------------------|---------------------------------|----------------------------|---------------------------------|---|--|-----------|--|--|--|--|--|
| | | | | | | | GO to Fart A. | Z / | | | | | Information Booklet, page 28 | 1 11 01 3 ↓ | | | | | | |
| | | | | no vehicles were pr | | | | | | | | | 2a. Since the 1st of (month, 3 months ago), have you (or any members of | , | | | | | | |
| | | | | vehicle listed, except | | • | · | | | | | | your CU) purchased or acquired any vehicle not used exclusively | 0010 1 \square Yes 2 \square No – Go to next part or section | | | | | | |
| F | or each v | enicie | coae i | 00 through 120 and 1 | 150 listea Wnici | | | | | | | | for business? Include those vehicles purchased for your own use or as a | | | | | | | |
| 4 11 | 00 9 → | | | · | | | D VEHICLE INVENT | TORY CHAR | T | ı | 1 | | gift to others. | | | | | | | |
| չ | а | ' | b | _ | V | /ehicle identification | | | f | g | h | i | b. If YES – What kind of vehicle was it? | 0020 0030 | | | | | | |
| Щ О | | | | С | | d | | e Vehicle | 120 and | Enter vehicle code from part B, | still have (vehicle)? | Codes 100–120 and 150 only | Enter vehicle code from item 3 below. | 0040 0050 | | | | | | |
| g US | | disp | nicle osed | | | use | | | Enter | item 1b. | If NO – | How many miles are currently on | S I | | | | | | | |
| SSIN | Vehicle number | of (p | art C leted) | Vehicle description from part B, item 2 | Vehicl | e identification from | part B, item 3 | business from | mileage from | | 17 | complete part C for | the vehicle? Enter to nearest | | 0060 0070 | | | | | |
| PROCESSING USE ONLY | | | | Trom part B, item 2 | | | | part B, item 7a | part B, item 10b | | all vehicles disposed o | | | 0080 0090 | | | | | | |
| ᇤ | | YES | NO | | YEAR | MAKE | MODEL | YES NO | or part A.1, column i | | YES NO | | | 0100 | | | | | | |
| 0010 | 1 | | | | | | | | | | 1 2 | 1 | 3. FIELD REPRESENTATIVE INSTRUCTION | N . | | | | | | |
| 0020 | 2 | | | | | | | | | | 1 2 | 1 | Complete part B for each new vehicle. | VEHIOL | | | | | | |
| | | | - | | | | | | | | 1 2 | | | VEHICLE CODE | | | | | | |
| 0030 | 3 | | ¦ 🗆 | | | | | i | | | | | Automobile | | | | | | | |
| 0040 | 4 | | <u> </u> | | | | | | | | 1 2 | | Motorized camper-coach | | | | | | | |
| 0050 | 5 | | | | | | | | | | 1 | I | Trailer type camper Other attachable type camper | | | | | | | |
| 0060 | 6 | | <u> </u> | | | | | | | | 1 2 | 1 | Motorcycle, motor scooter, or moped (I Boat, purchased with a motor | motorized bicycle) 150 | | | | | | |
| 0070 | 7 | | : ! □ | | | | | | | | 1 2 | | Boat, purchased without a motor | | | | | | | |
| | - | | | | | | | | | | | | Trailer other than camper type, such as Private plane | | | | | | | |
| 0800 | 8 | | i □ | | | | | | | | 1 2 | | Any other vehicle (snowmobile, dune b | uggy, riding golf cart, etc.) 200 | | | | | | |
| 0090 | 9 | | <u> </u> | | | | | | | | 1 2 | 1 | NO ⁻ | ie5 | | | | | | |
| 0100 | 10 | | | | | | | | | | 1 2 | 1 | | | | | | | | |
| 0110 | 11 | | | | | | | | | | 1 2 | 1 | | | | | | | | |
| 0120 | 12 | | <u> </u> | | | | | | | | 1 | | | | | | | | | |
| 0130 | 13 | | | | | | | | | | 1 2 | | | | | | | | | |
| 0140 | 14 | | | | | | | | | | | 1 | | | | | | | | |
| 0150 | 15 | | <u> </u> | | | | | | | | 1 2 | | | | | | | | | |
| 0160 | 16 | | | | | | | | | | 1 2 |] | | | | | | | | |
| 0170 | 17 | | | | | | | | | | 1 | | | | | | | | | |
| 0180 | 18 | | ¦ 🗆 | | | | | | | | 1 2 | 1 | | | | | | | | |
| | | | | | | | | | _ | | | | | | | | | | | |

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 – <i>FOR NEW CON</i> | SUMER | R UNITS ONLY | 1 11 02 1 🗸 | | |
|-----|--|-----------------|---|---------------------------|---|--|
| 1. | Information Booklet, page 28 Do you (or any members of your CU) own any of the following vehicles not used exclusively for business? | VEHICLE CODE | YES NO | If YES – How many? | | 4. FIELD REPRESENTATIVE INSTRUCTIONS Complete part B for each vehicle reported in items 1 and 2. Complete parts B and C for each vehicle reported in item 3. |
| a. | Automobile | 100 | 0010 1 2 0020 | | | NOTES |
| b. | Truck, including vans | 110 | 0030 1 2 0040 | | | |
| C. | Motorized camper-coach | 120 | 0050 1 2 0060 | | | |
| d. | Trailer type camper | 130 | 0070 1 2 0080 | | | |
| e. | Other attachable type camper | 140 | 0090 1 2 0100 | | | |
| f. | Motorcycle, motor scooter, or moped (motorized bicycle) | 150 | 0110 1 2 0120 | | | |
| g. | Boat, purchased with a motor | 160 | 0130 1 2 0140 | | | |
| h. | Boat, purchased without a motor | 170 | 0150 1 2 0160 | | | |
| i. | Trailer other than camper type, such as for a boat or cycle | 180 | 0170 1 2 0180 | | | |
| j. | Private plane | 190 | 0190 1 2 0200 | | | |
| k. | Any other vehicle | 200 | 0210 1 2 0220 | | | |
| 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? | | 0230 1 ☐ Yes – Ask items 2 ☐ No – Go to item | | | |
| b. | If YES – How many? | | 0240 Numbe | r | - | |
| C. | What kind of vehicle(s) did you purchase? Enter a separate code for each vehicle. | | 0250 0260 0280 0290 0310 0320 | 0300 | | |
| 20 | Harris de la constant | | | | | |
| Ja. | Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)? | | 1 ☐ Yes – Ask items 2 ☐ No – Go to item | s 3b and 3c n 4 | | |
| b. | If YES – How many? | | 0350 Numbe | r | | |
| | | | | | | |
| C. | . What kind of vehicle(s) did you dispose of? Enter a separate code for each vehicle. | | 0360 0370 | 0380 | | |
| | a departed dead for each vernore. | | 0200 | 0410 | | |
| | | | 0390 0400 | | | |
| | | | 0420 0430 | 0440 | | |
| | | | 0450 | 0470 | | |
| | | | | | | |

| Part B – Detailed Questions | | | | | | | |
|--|---|--|---|--|--|--|--|
| FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1. | PROCESSING USE ONLY | 1 11 03 9 ↓ | 11. In what month and year was it purchased? | Month Year 0190 0200 | | | |
| 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. | a. VEHICLE NUMBER b. VEHICLE CODE | 0010 Number Code | 12a. Was any portion of the purchase price financed? | 0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a. | | | |
| Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle). | | 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 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 Remaining payments | | | |
| Complete items 3, 4, and 5 for autos and trucks of (vehicle codes 100 and 110). 3. What is the year, make, and model? | nly | Year Make Model | 13a. Was a trade-in allowance received? | 0230 1 Yes 2 No - Go to item 13c | | | |
| 4 | OFFICE USE ONLY Enter auto code | 0040 | b. If YES – How much? | 0240 \$ | | | |
| 4. How many cylinders does it have? | | 0050 Cylinders 0 No cylinders (rotary, turbine, or electric) | | 0250 \$.00 | | | |
| 5. Does it have – a. Automatic transmission? | | Yes No 2 | d. Did this price include sales tax? | 0260 1 ☐ Yes x ☐ Don't know 2 ☐ No | | | |
| b. Power steering? | | 0070 1 | Was any of the amount or price paid by an employer? f. If YES – How much? | 0270 1 ☐ Yes 2 ☐ No – Go to item 14 0280 \$.00 | | | |
| d. Air conditioning? | | 0090 1 2 1 2 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 | 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 | | | |
| g. Diesel engine? h. Four wheel drive? Ask for vehicle code 100. 6a. How many doors does it have? | | 0120 1 □ 2 □ 0121 1 □ 2 □ 0122 Doors | 15a. What was the source of credit? | 0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ✓ 4 ☐ Credit Union | | | |
| b. Is it a? | | 0123 1 Station wagon? 2 Convertible? 3 Hatchback? | Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan? c. How much was borrowed, excluding any interest? | 0305 1 Yes 2 No | | | |
| 7a. Is it used for business? | | 4 ☐ Other? 0130 1 ☐ Yes, used for business | d. What was the number of payments contracted for? | 0320 Payments | | | |
| b. If used for business – What percent of the mile business expense? | age is counted as a | 2 Personal use only – Go to item 8 Oldon Percent If 100%, delete this vehicle and go to next vehicle. | C. In what month and year was the first payment made? | Month Year 0330 0340 | | | |
| 8. Was it new or used when acquired? | | 0150 1 ☐ New 2 ☐ Used | f. What is the amount of each payment? | 0350 \$ | | | |
| 9. Was this vehicle purchased from - | | 0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify | g. What period is covered by each payment? | 1 ☐ Week 5 ☐ Semiannually 2 ☐ 2 weeks 6 ☐ Annually 3 ☐ Month 7 ☐ Other – Specify ✓ ✓ | | | |
| 10a. Was this vehicle – | | 0170 1 Purchased for own use? 2 Purchased as a gift to others? – Go to item 11 3 Received as gift? | h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? | 0370 1 Yes 2 No X Don't know or section | | | |
| Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle | •? | Miles – If item 10a is code 3, go to next vehicle | i. If YES – How much of the payment is for these extra charges? | 0380 \$.00 x \(\sum \) Don't know | | | |

Page 55

| Pá | art B – Detailed Questions – Contin | ued | | | | | | | | | | | |
|------|---|---|--|-----------------------|--|---|---|---|---|-------------------------------------|--|---|--|
| | FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1. | PROCESSING USE ONLY | | | 1 11 04 7 ↓ | | 11. | In what month and year was it purchased? | 0190 Mor | 0200 | Year | | |
| b. | 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. Enter a vehicle code from part A.1 or A.2. | a. VEHICLE NUMBERb. VEHICLE CODE | 0010 | | Number Code | | 12a. | Was any portion of the purchase price financed? | 0210 1 | No – If item 1 to next v | 11 is prior to 3 vehicle. If item nonths, go to it | months ago, go n 11 is during the em 13a. | |
| 2. | Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle). | | 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? | 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. | | | | |
| 3. | Complete items 3, 4, and 5 for autos and trucks o (vehicle codes 100 and 110). What is the year, make, and model? | · | 0030 | ear | Make | Model | 13a. Was a trade-in allowance received? | | 2 ☐ Remaining payments 1 ☐ Yes 2 ☐ No - Go to item 13c | | | | |
| _ | | OFFICE USE ONLY Enter auto code | 0040 | | | | b. | b. If YES – How much? | | 0240 \$.00 | | | |
| 4. | How many cylinders does it have? | | 0050 Cylinders 0 \[\text{No cylinders (rotary, turbine, or electric)} | | | turbine, or electric | | What was the amount paid for it after trade-in allowance and discount? | 0250 \$00 | | | | |
| | Ooes it have – Automatic transmission? | | | es | No 2 🗌 | | d. | Did this price include sales tax? | 0260 1 | | x \square Don | ı't know | |
| | Power steering? Power brakes? Air conditioning? Sun roof? Turbo charged engine? | | | | | | | Was any of the amount or price paid by an employer? | 0270 1 | Yes | 2 🗌 No | – Go to item 14 | |
| _ | | | | | | | f. | If YES – How much? | 0280 \$ | | .00 | | |
| | | | | | | | 14. | Ask items 14 and 15 for credit payments only, "2" marked in item 12b. What was the amount of the cash down payment? | 0290 \$ | | .00 | | |
| g. | Diesel engine? Four wheel drive? Ask for vehicle code 100. | | 0120 1 □ 2 □ 0121 1 □ 2 □ | | | | | What was the source of credit? | 0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 7 ☐ Other – Specify ☐ Other → Specify ☐ O | | | | |
| _ | How many doors does it have? Is it a? | | 0122 Doors 0123 1 Station wagon? 2 Convertible? | | | | b. | Ask if codes "2," "3," or "4" marked in item 15a. Was this a home equity loan? | 0305 1 2 | Yes | | | |
| | | | 1 | ☐ Hatchb | | | C. | How much was borrowed, excluding any interest? | 0310 \$ | | .00 | | |
| 7a. | Is it used for business? | | | - | ed for busines al use only – G | | d. | What was the number of payments contracted for? | 0320 | Payme | | | |
| b. | If used for business – What percent of the mile business expense? | age is counted as a | 0140 | | Percent \(\frac{\int If 1}{veh} \) | 100%, delete this hicle and go to xt vehicle. | е. | In what month and year was the first payment made? | 0330 Mor | 0340 | Year | | |
| 8. | Was it new or used when acquired? | | 0150 1 | ☐ New | 2 ☐ Used | | d f. | What is the amount of each payment? | 0350 \$ | | .00 | | |
| | . Was this vehicle purchased from – | | 0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify | | | | g. | What period is covered by each payment? | 2 🗌 | Week 2 weeks Month Quarter | 6 🗌 Anı | miannually nually ner – <i>Specify _F</i> | |
| ıva. | Was this vehicle – | | 2 | ☐ Purcha Go to ite | sed for own u sed as a gift t em 11 ed as gift? | | h. | Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? | 0370 1 2 X | INI. S | Go to next vel | hicle or part | |
| b. | Ask for item codes 100–120 and 150 only. How many miles are currently on the vehicle | ? | 0180 | | Miles – If item code 3, go to | n 10a is next vehicle | i. | If YES – How much of the payment is for these extra charges? | 0380 \$ | | .00 x | ː ☐ Don't know | |

| Part B – Detailed Questions – Contin | ued | | | | | | | |
|--|------------------------------------|--|--|---|--|--|--|--|
| FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1. | PROCESSING USE ONLY | 1 11 05 4 ↓ | 11. In what month and year was it purchased? | Month Year 0190 0200 | | | | |
| 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. | a. VEHICLE NUMBER b. VEHICLE CODE | 0010 Number Code | 12a. Was any portion of the purchase price financed? | 0210 1 ☐ Yes 2 ☐ No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the | | | | |
| Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle). | WE VEHICLE CODE | Description | b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining | last 3 months, go to item 13a. 1 □ Paid off – If item 11 is prior to 3 months ago, go to next vehicle. | | | | |
| Complete items 3, 4, and 5 for autos and trucks of (vehicle codes 100 and 110). | nly | Year Make Model | payments to be made? 13a. Was a trade-in allowance received? | 2 ☐ Remaining payments 0230 1 ☐ Yes | | | | |
| 3. What is the year, make, and model? | OFFICE USE ONLY | 0030 | b. /f YES – How much? | 2 □ No – Go to item 13c | | | | |
| 4. How many cylinders does it have? | | 0050 Cylinders | C. What was the amount paid for it after trade-in | 0240 \$.00 | | | | |
| 5. Does it have - | | 0 ☐ No cylinders (rotary, turbine, or electric) Yes No | allowance and discount? d. Did this price include sales tax? | 0260 1 ☐ Yes X ☐ Don't know | | | | |
| a. Automatic transmission? | | 0060 1 | Was any of the amount or price paid by an employer? | 2 ☐ No 0270 1 ☐ Yes 2 ☐ No – Go to item 14 | | | | |
| C. Power brakes? | | 0080 1 | f. If YES – How much? | 0280 \$ | | | | |
| e. Sun roof? | | 0100 1 | 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 \$ | | | | |
| G. Diesel engine? h. Four wheel drive? Ask for vehicle code 100. | | 0120 1 2 0 0121 1 2 0 | 15a. What was the source of credit? | 0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ✓ 4 ☐ Credit Union | | | | |
| 6a. How many doors does it have? b. Is it a? | | 0123 1 Station wagon? 2 Convertible? | Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan? | 0305 1 Yes 2 No | | | | |
| | | 3 ☐ Hatchback? 4 ☐ Other? | C. How much was borrowed, excluding any interest? | 0310 \$ | | | | |
| 7a. Is it used for business? | | 0130 1 \(\sum \) Yes, used for business 2 \(\sum \) Personal use only – <i>Go to item 8</i> | d. What was the number of payments contracted for? | 0320 Payments Month Year | | | | |
| b. If used for business – What percent of the mile business expense? | age is counted as a | O140 Percent If 100%, delete this vehicle and go to next vehicle. | C. In what month and year was the first payment made? | Month Year 0330 0340 | | | | |
| 8. Was it new or used when acquired? | | 0150 1 New 2 Used | f. What is the amount of each payment? | 0350 \$ | | | | |
| 9. Was this vehicle purchased from – | | 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify | g. What period is covered by each payment? | 0360 1 ☐ Week 5 ☐ Semiannually 2 ☐ 2 weeks 6 ☐ Annually 3 ☐ Month 7 ☐ Other - Specify ✓ ✓ 4 ☐ Quarter | | | | |
| 10a. Was this vehicle – | | 0170 1 ☐ Purchased for own use? 2 ☐ Purchased as a gift to others? – Go to item 11 3 ☐ Received as gift? | h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? | 0370 1 \(\text{ Yes} \) 2 \(\text{ No} \) \(\text{ X \(\text{ Don't know} \(\text{ or section} \) | | | | |
| Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle | ? | Miles – If item 10a is code 3, go to next vehicle | i. If YES – How much of the payment is for these extra charges? | 0380 \$00 x _ Don't know | | | | |

Page 57

| Part B – Detailed Que | estions – Continu | ued | | | | | | | | | | | | |
|--|---------------------------------------|------------------------------------|---|-------------------------|---|--|------|---|--|-----------------------------------|--------------------|----------------------------------|---------------|--|
| FIELD REPRESENTATIVE IT New CU's – Assign vehicl consecutive order beginning | e numbers in | PROCESSING USE ONLY | | | 1 11 06 2 🗼 | | 11. | In what month and year was it purchased? | 0190 | Month | 0200 Yea | ar | | |
| 2nd through 5th interview next available vehicle number part A.1, column a. b. Enter a vehicle code from part A.1 and the code f | ews – Assign the ber from chart in | a. VEHICLE NUMBER b. VEHICLE CODE | 0010 | | Number Code | | 12a. | . Was any portion of the purchase price financed? | | 1 □ Yes 2 □ No – | to next vehic | cle. If item 11 | onths ago, go | |
| Do not ask for vehicle code 2. Briefly describe the (veh | es 100 or 110. ricle). | | Descripti | on | Make | Model | 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? | last 3 months, go to item 13a. 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 Remaining payments | | | | | |
| Complete items 3, 4, and 5 (vehicle codes 100 and 110) 3. What is the year, make, | 0). | OFFICE USE ONLY | 0030 | | Iviane | Model | - | . Was a trade-in allowance received? | 0230 1 ☐ Yes 2 ☐ No – Go to item 13c | | | | | |
| 4. How many cylinders doe | How many cylinders does it have? | | 0050 Cylinders | | 1 | . If YES – How much? | 0240 | \$ | | .00 | | | | |
| E D ''' | | | 0 ☐ No cylinders (rotary, turbine, or electric) | | | | 1 | What was the amount paid for it after trade-in allowance and discount? | 0250 | | | .00 | | |
| 5. Does it have – a. Automatic transmission | | | 0060 1 | es | No 2 🗌 | | | . Did this price include sales tax? | | 1 Yes 2 No | | x □ Don't k | | |
| C. Power brakes? | Power steering? | | 0070 1 | | 2 🗌 | | | Was any of the amount or price paid by an employer? If YES – How much? | | 1 🗌 Yes | [| | io to item 14 | |
| | | | 0090 1 | | | | | Ask items 14 and 15 for credit payments only, "2" marked in item 12b. | 0280 | | .00 | | | |
| f. Turbo charged engine? g. Diesel engine? | | | 0110 1 | | | | | What was the amount of the cash down payment? . What was the source of credit? | | 1 🗆 Auto | | 5 🗌 Insura | nce company | |
| Ask for vehicle code 100. 6a. How many doors does it I | | | 0121 1 2 Doors | | | | | | | 2 ☐ Finaı 3 ☐ Bank 4 ☐ Cred | | 6 ☐ Individ | | |
| b. Is it a? | iave: | | 0123 1 | ☐ Conve | on wagon? ertible? | | b. | Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan? | | | 0305 1 Yes 2 No | | | |
| | | | | ☐ Hatch | | | C. | How much was borrowed, excluding any interest? | 0310 \$ | | | | | |
| 7a. Is it used for business? | | | | | sed for busines nal use only – (| | | What was the number of payments contracted for? | 0320 | Month | Payments Yea | | | |
| b. If used for business – Wha business expense? | t percent of the milea | age is counted as a | 0140 | | . Percent ⊰ <i>ve</i> | 100%, delete this hicle and go to ext vehicle. | e. | In what month and year was the first payment made? | 0330 | | 0340 | | <u> </u> | |
| 8. Was it new or used whe | n acquired? | | 0150 1 | □ New | 2 ☐ Used | <u></u> | f. | . What is the amount of each payment? | 0350 | - | | .00 | | |
| 9. Was this vehicle purchased from – | | | 0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify | | | | g. | . What period is covered by each payment? | | 1 Weel 2 2 we 3 Mon 4 Quar | eks th | 5 Semia 6 Annua 7 Other | ılly | |
| 10a. Was this vehicle – | | | | ☐ Purcha Go to i | ased for own on a sed as a gift of the sed as gift? | | h. | Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? | | 1 ☐ Yes 2 ☐ No x ☐ Don' | Go to | o next vehiclection | e or part | |
| Ask for item codes 100–120 b. How many miles are cur | • | ? | 0180 | | Miles – If iter code 3, go to | m 10a is next vehicle | i. | If YES – How much of the payment is for these extra charges? | 0380 | \$ | | .00 x | Don't know | |

| Part B – Detailed Questions – Contin | ued | | | | | | | |
|--|------------------------------------|--|--|--|--|--|--|--|
| FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1. | PROCESSING USE ONLY | 1 11 07 0 ↓ | 11. In what month and year was it purchased? | Month Year 0190 0200 | | | | |
| 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. | a. VEHICLE NUMBER b. VEHICLE CODE | 0010 Number Code | 12a. Was any portion of the purchase price financed? | 0210 1 ☐ Yes 2 ☐ No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the | | | | |
| Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle). | D. VEHICLE CODE | Description | b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining | last 3 months, go to item 13a. 1 □ Paid off – If item 11 is prior to 3 months ago, go to next vehicle. | | | | |
| Complete items 3, 4, and 5 for autos and trucks o (vehicle codes 100 and 110). | nly | Year Make Model | payments to be made? | 2 Remaining payments | | | | |
| 3. What is the year, make, and model? | | 0030 | 13a. Was a trade-in allowance received? | 0230 1 ☐ Yes 2 ☐ No – <i>Go to item 13c</i> | | | | |
| OFFICE USE ONL Enter auto code | | 0040 | b. If YES – How much? | 0240 \$ | | | | |
| 4. How many cylinders does it have? | | O050 Cylinders O \sum No cylinders (rotary, turbine, or electric) | C. What was the amount paid for it after trade-in allowance and discount? | 0250 \$.00 | | | | |
| 5. Does it have – a. Automatic transmission? | | Yes No 0060 1 | d. Did this price include sales tax? | 0260 1 ☐ Yes x ☐ Don't know 2 ☐ No | | | | |
| b. Power steering? | | 0070 1 | e. Was any of the amount or price paid by an employer? | 0270 1 ☐ Yes 2 ☐ No - Go to item 14 | | | | |
| C. Power brakes? | | 0080 1 | f. If YES – How much? | 0280 \$ | | | | |
| e. Sun roof? | | 0100 1 | 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 \$ | | | | |
| g. Diesel engine? h. Four wheel drive? Ask for vehicle code 100. | | 0120 1 | 15a. What was the source of credit? | 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ✓ ✓ 4 ☐ Credit Union | | | | |
| 6a. How many doors does it have? b. Is it a? | | 0123 1 Station wagon? 2 Convertible? | Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan? | 0305 1 Yes 2 No | | | | |
| | | 3 ☐ Hatchback? 4 ☐ Other? | C. How much was borrowed, excluding any interest? | 0310 \$ | | | | |
| 7a. Is it used for business? | | 0130 1 \(\text{ Yes, used for business} \) 2 \(\text{ Personal use only - } \(Go \) to item 8 | d. What was the number of payments contracted for? | 0320 Payments | | | | |
| b. If used for business – What percent of the mile business expense? | age is counted as a | O140 Percent { If 100%, delete this vehicle and go to next vehicle. | C. In what month and year was the first payment made? | Month Year 0330 0340 | | | | |
| 8. Was it new or used when acquired? | | 0150 1 ☐ New 2 ☐ Used | f. What is the amount of each payment? | 0350 \$ | | | | |
| 9. Was this vehicle purchased from – | | 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify | g. What period is covered by each payment? | 1 ☐ Week 2 ☐ 2 weeks 3 ☐ Month 4 ☐ Quarter | | | | |
| 10a. Was this vehicle – | | 0170 1 Purchased for own use? 2 Purchased as a gift to others? – Go to item 11 3 Received as gift? | h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? | 0370 1 Yes 2 No Go to next vehicle or part x Don't know or section | | | | |
| Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle | ? | Miles – If item 10a is code 3, go to next vehicle | i. If YES – How much of the payment is for these extra charges? | 0380 \$00 x _ Don't know | | | | |

Page 59 Page 59

| Pa | rt B – Detailed Questions – Continued | | | | | | | | | | | | |
|----------|---|----------------|---|----------------------|--|--|--|---|--|---------------------------------|-----------------|-------------------------------------|---------------|
| a. | FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1. | SING USE ONLY | | | 1 11 08 8 🗼 | | 11. | In what month and year was it purchased? | 0190 | Month | 0200 Y | 'ear | |
| _ | 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. | CLE NUMBER | 0010 | | Number Code | | 12a. | . Was any portion of the purchase price financed? | 0210 | s prior to 3 monicle. If item 1 | 1 is during the | | |
| | Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle). Complete items 3, 4, and 5 for autos and trucks only | | Description | on | Make | Model | 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? | last 3 months, go to item 13a. 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 Remaining payments | | | | |
| 3. | (vehicle codes 100 and 110). What is the year, make, and model? | ICE USE ONLY | 0030 | | Wake | INFOGE | ł | . Was a trade-in allowance received? | 0230 1 Yes 2 No – Go to item 13c | | | | |
| 4 | En | nter auto code | 0040 | | | | b. | If YES – How much? | 0240 | \$ | | .00 | |
| 4. | How many cylinders does it have? | | O050 Cylinders O No cylinders (rotary, turbine, or electric) | | | | | What was the amount paid for it after trade-in allowance and discount? | 0250 | \$ | | .00 | |
| | Does it have – Automatic transmission? | | 0060 1 | es | No 2 🗌 | | d. | Did this price include sales tax? | | 1 🗌 Yes 2 🗌 No | | x □ Don't l | know |
| | Power steering? Power brakes? Air conditioning? Sun roof? Turbo charged engine? | | 0070 1 | | 2 🗌 | | e. | . Was any of the amount or price paid by an employer? | 0270 | 1 ☐ Yes | | 2 □ No – C | Go to item 14 |
| | | | 0080 1 | | 2 | | f. | . If YES – How much? | 0280 | \$ | | .00 | |
| е. | | | 0100 1 | | | | 14. | Ask items 14 and 15 for credit payments only, "2" marked in item 12b. What was the amount of the cash down payment? | 0290 | \$ | | .00 | |
| g. h. | Diesel engine? | | 0120 1 | | | | 15a. | . What was the source of credit? | 0300 1 ☐ Auto dealer 5 ☐ Insurance compare 2 ☐ Finance company 6 ☐ Individual 7 ☐ Other - Specify ✓ Credit Union | | | | dual |
| _ | How many doors does it have? Is it a? | | 0122 Doors 0123 1 Station wagon? 2 Convertible? | | | | Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan? | | | 0305 1 Yes 2 No | | | |
| | | | | ☐ Hatchl ☐ Other? | | | c. | How much was borrowed, excluding any interest? | 0310 \$ | | | | |
| 7a. | Is it used for business? | | | | sed for busines al use only – (| | d. | . What was the number of payments contracted for? | 0320 | | Payment | :s | |
| | If used for business – What percent of the mileage is cobusiness expense? | ounted as a | 0140 | | Percent $\sqrt{\frac{\int f}{ve}}$ | 100%, delete this hicle and go to ext vehicle. | e. | In what month and year was the first payment made? | 0330 | Month | 0340 V | ear | |
| 8. | Was it new or used when acquired? | | 0150 1 | ☐ New | 2 Used | | f. | . What is the amount of each payment? | 0350 | \$ | | .00 | |
| | 9. Was this vehicle purchased from – | | 0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify | | | | g. | . What period is covered by each payment? | | 1 | eks th | 5 ☐ Semia 6 ☐ Annua 7 ☐ Other | , |
| | Was this vehicle - | | 2 | ☐ Purcha Go to it | ased for own onesed as a gift tem 11 ed as gift? | | h. | Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? | | 1 □ Yes 2 □ No x □ Don | Go t know or | to next vehic section | le or part |
| _ | Ask for item codes 100–120 and 150 only. How many miles are currently on the vehicle? | | 0180 | | Miles – If iter code 3, go to | m 10a is next vehicle | i. | If YES – How much of the payment is for these extra charges? | 0380 | \$ | | .00 _X | Don't know |

| F | Part C - Disposed of | f Vehicles | | | | | | | | | | | |
|--|---|-------------------------------|---|-------------------------------|-------------------|---|--|---------------------------|---|---------------------------------------|--|---|------------|
| 1. | LIEIVI | PROCESSING USE ONLY | 1 11 51 8 | | | 1 11 5 | 2 6 ↓ | | 1 11 53 | 4 ↓ | | 1 11 5 | 4 2 🗼 |
| | Complete a column in the 1st interview in which the vehicle is disposed of. | a. VEHICLE NUMBER | 0010 Number | | 0010 | Numb | er | 0010 | Numbe | r | 0010 | Numbe | er |
| | Enter vehicle number and vehicle code. | b. VEHICLE CODE | 0020 Code | | 0020 | Code | | 0020 | Code | | 0020 | Code |) |
| D. In what month was it (read answer from | | | 1 Sold? 2 Traded in? 3 Given away to son CU, including stud school? 4 Damaged beyond to Stolen? 6 Other - Specify | lents away at | 3 | Sold? Sold? Given away to CU, including school? Damaged bey Stolen? Other - Specia | | 3 | ☐ Traded in? ☐ Given away to | - | 1 Sold? 2 Traded in? 3 Given away to someone outside the CU, including students away at school? 4 Damaged beyond repair? 5 Stolen? 6 Other - Specify | | |
| b. | In what month was it (re item 2a)? | ad answer from | | de 3 in item 2a, o item 5a | 0040 | | lf code 3 in item 2a, go to item 5a | 0040 | | f code 3 in item 2a, so to item 5a | 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 | | |
| 4a. | If damaged beyond repair or stolen (code 5, item 2a). Were you reimbursed for the vehicle? | | 0060 1 ☐ Yes 2 ☐ No – Go to item 4c | | | 1 ☐ Yes 2 ☐ No – <i>Go to iter</i> | n 4c | 0060 1 2 | ☐ Yes ☐ No – <i>Go to item</i> | 4c | 0060 1 | ☐ Yes ☐ No – <i>Go to iten</i> | n 4c |
| b. | D. 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 rein of the vehicle? | nbursed for the value | 0080 1 ☐ Yes 2 ☐ No – Go to item 5a x ☐ Don't know | | | 1 □ Yes 2 □ No – <i>Go to iter</i> x □ Don't know | n 5a | 1 | Yes No – <i>Go to item</i> Don't know | 5a | 1 | ☐ Yes ☐ No – <i>Go to iten</i> ☐ Don't know | n 5a |
| d. | How much will you rece | ive for the vehicle? | 0090 \$ x □ Don't know | 00 | 0090 \$ | \$ x □ Don't know | .00 | 0090 \$ _ × | ☐ Don't know | .00 | 0090 \$ × | ☐ Don't know | .00 |
| 5a. | Were there any outstand the vehicle when it was | ling loans on disposed of? | 0100 1 ☐ Yes 2 ☐ No – Go to next veh | icle | | 1 □ Yes 2 □ No – <i>Go to nex</i> | t vehicle | 0100 1 2 | ☐ Yes ☐ No – <i>Go to next</i> | vehicle | 0100 1 | ☐ Yes ☐ No – <i>Go to nex</i> | at vehicle |
| b. | Were any final payments | s made on the loan? | 0110 1 Yes 2 No - Go to next veh | icle | | 1 □ Yes 2 □ No – <i>Go to ne</i> > | t vehicle | 0110 1 2 | ☐ Yes ☐ No – <i>Go to next</i> | vehicle | 0110 1 | ☐ Yes ☐ No – <i>Go to nex</i> | ct vehicle |
| C. | If YES – How much was t | he final payment? | 0120 \$ | 00 | 0120 | \$ | .00 | 0120 \$_ | | .00 | 0120 \$ | | .00 |
| | | | | | | NOTES | | | | | | | |
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Page 61 Page 61

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

| | | | | | | | | | | | | | | | coramin a. oc | σιτιρ | icic a | ocpare | ato mn | 0 101 0 | don non. | | | | | | | |
|----|--|----------|---------------|--------------|------------|----------------------------|--------------------|-------------|-------------|-------------|--|-----------------|---------|-----------------------|--------------------------|-------|-----------------------------|-----------|--------|-------------------------|-----------------------|-----|------------------------|-----------------------|------------------------------|---------------------------|-----------------|------|
| | Part A – Vehicle N | lainte | enan | ce a | nd R | epair, Parts, and | d Eq | uipm | ent | | 8 12 02 4 → | | | | | | | | | | | | | | | | | |
| | а | | | | | b | | С | | d | е | | | f | g | | h | | i | i | j | | | k | | PRE | | |
| | Information Booklet, page I will now ask about ex vehicle services, parts, | penses | | | ONLY | What was the expense for? | ENT ITEI COL | M DE | Did expe | ense ude | Which vehicle value of the vehicle veh | y and | m di | what onth d you | What was the total cost? | | Did th includ sales t | e tax? | or wil | xpense I any | IF YES – How much? | | Did y have other | any | Description from column b | Month from column f | Cost f colum | |
| | equipment. Please do n expenses for vehicles u for business. | ot incl | ude tirely | | USE | Enter a brief description. | fror colu | n ımn a. | labo | or <i>t</i> | from the vehic | le code lis | | avé this (pense? | | | | | | e ursed? ", go to | | | for | .? ", go to | | | \$ | .00 |
| 1. | Since the 1st of (month, have you (or any member) | ers of y | your | o) , | PROCESSING | | | | | | | | | | | | | | colum | n k. | | | next is colum | tem in | | | \$ | .00 |
| | CU) had expenses for a following? | ny of tl | he | | PROC | | | | YES | NO NO | Description | Vehicle code | N | Month | | | YES | NO | YES | NO | | | YES | l NO | | | \$ | .00 |
| | | ITEN 4 | | | 0010 | | | | 1 | 2 | | | | | \$. | .00 | 1 | 2 | 1 | 2 | \$ | .00 | | | | | \$ | 1.00 |
| | Oil change, lubrication, | CODE | | NO | 0020 | | | | 1 | 2 | | | | | \$. | .00 | 1 | 2 | 1 | 2 | \$ | .00 | | | | | \$ | 1.00 |
| | and oil filter | 100 | | | 0030 | | | | 1 | 2 | | | | | \$. | .00 | 1 | 2 | 1 | 2 | \$ | .00 | | | | | \$ | .00 |
| | Brake work | 120 | | | 0040 | | | | 1 | 2 | | | | | \$. | .00 | 1 🗆 ¦ | 2 | 1 | 2 | \$ | .00 | | | | | \$ | .00 |
| | Battery purchases and installation | 130 | | | 0050 | | | | 1□ | 2 | | | | | \$. | .00 | 1 | 2 🗌 | 1 | 2 | \$ | .00 | | | | | \$ | .00 |
| | Tire purchases and mounting | 140 | | | 0060 | | | | | 2 | | | | | \$. | .00 | 1 | | 1 | 2 _ | \$ | .00 | | | | | \$ | .00 |
| | Tire repair | 150 | | | 0070 | | | | 1 🗆 | 2 | | | | | \$. | .00 | 1 | 2 | 1 | 2 | \$ | .00 | | <u> </u> | | | \$ | .00 |
| | Front end alignment, wheel balancing and | | | | 0800 | | | | 1 | 2 | | | | | \$. | .00 | 1 | 2 | 1 | 2 🗌 | \$ | .00 | | | VE | HICLE C | ODES | |
| | wheel rotation | 160 | | | 0090 | | | | 1 | 2 | | | | | \$. | .00 | 1 | 2 | 1 | 2 | \$ | .00 | | | | | | 100 |
| | Steering or front-end work | 170 | | | 0100 | | | | | 2 | | | | | \$. | .00 | + | 2 | | 2 | \$ | .00 | | | Automobile | | | 100 |
| | Electrical system work | 180 | | | 0110 | | | | | 2 | | | _ | | \$. | .00 | - i | 2 | | | | .00 | | <u> </u> | Truck | | | |
| | Engine repair or replacement | 190 | | | 0120 | | | | | 2 📗 | | | | | \$. | .00 | 1 | 2 | | 1 2 <u> </u> | \$ | .00 | | | Trailer camper | | | 130 |
| | Air conditioning work | 200 | | | 0130 | | | | | 2 | | | | | \$. | .00 | 1 | | 1 | <u> </u> | \$ | .00 | | | Other attachab | | iper | 140 |
| | Engine cooling system work | 210 | | | 0140 | | | | | 2 🗆 | | | | | ì | .00 | 1 | | | 2 🗆 | | .00 | | | Motorcycle, sco | oter, or m | oped | 150 |
| | | | | | 0150 | | | | 1 | 2 | | | NO | TES | \$. | .00 | 1 | 2 🗀 | 1 | 2 🗆 | \$ | .00 | | | Boat, with moto | or | . | 160 |
| | | | | | | | | | | | | | | | | | | | | | | | | | Boat, without n | notor | | 170 |
| 2. | FIELD REPRESENTATIVE CHECK ITEM | 1 12 | 2 01 1 | \ | | | | | | | | | | | | | | | | | | | | | Trailer, other thas for boat | | | 180 |
| | Mark (X) box if there are no entries recorded in | 0010 | | | | | | | | | | | | | | | | | | | | | | | Private plane . | | | 190 |
| | columns b–k. | | | next page | | | | | | | | | | | | | | | | | | | | | Any other vehic | ele | | 200 |

Section 12 - VEHICLE OPERATING EXPENSES - Continued

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

| | Λ - Vehicle Maintenance and Renair Parts and Equipment 9.12.04.0 → | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|----------------|---------|--|-------------------------------|---------------------|-------------|---|------------------|--|----|-------------|--------|--|---------------------|-----------------|-----------------------|-----|---------------------------------|--|---------------------------|---------------------------|-----------------|
| Part A – Vehicle M | art A – Vehicle Maintenance and Repair, Parts, and Equipment 8 12 04 0 → a b c d e f g h i j k PRE | | | | | | | | | | | | | | | | | | | | | | | |
| a | | | | | b | С | | d | е | | f | | g | | h | i | i | j | | | k | | PRE | |
| Information Booklet, page. 1. Since the 1st of (month, have you (or any member CU) had expenses for any member and expenses for any member and expenses for any member and expenses for any members. | 3 month | s ago), our | > | ONE | What was the expense for? Enter a brief | ENTER ITEM CODE from | Did expe incl | ense ude | Which vehicle vehicle briefly enter the vehicle | / and le code | In what month did you have this | | s the t? | Did to | de | or will | cpense l any | IF YES – How much? | | Did y have other exper | any nses | Description from column b | Month from column f | t from umn g |
| following? | ily of the | • | 101 | 200 | description. | column | a. | | from the vehicl | e coae iist. | expense | | | | | of it be reimber | ursed? | | | for | . .? ", go to | | | \$.00 |
| | ITEM CODE | YES N | B C C E S IN C | ONIIGO: | | | | | | | | | | | | columi | n k. | | | next i | tem in | | | \$.00 |
| | | 123 10 | | | | | YES | NO | Description | Vehicle | Month | | | YES | l NO | YES | NO | | | YES | l NO | - | | \$.00 |
| Exhaust system work Clutch or transmission | 300 | | | _ | | | _ | | | code | Wieman | | | | <u> </u> | | | | | | <u> </u> | | | \$.00 |
| work | 310 | | 00 | | | | | 2 | | | | \$ | .00 | 1 🗆 | <u> </u> | 1 | | | .00 | | <u> </u> | | | \$.00 |
| Body work and painting | 320 | | 00 | | | | _ | 2 🗆 | | | | \$ | .00 | | 2 🗆 | | 2 🗆 | <u> </u> | .00 | | | | | \$.00 |
| Shock absorber replacement | 330 | | 00 | | | | | 2 🗆 | | | | \$ | .00 | | 1 2 | 1 | 2 | \$ | .00 | | ¦ | | | \$.00 |
| Drive shaft or rear-end work | 340 | | 00 | 40 | | | 1 | 1 | | | | \$ | .00 | 1 | 2 <u> </u> | 1 | | \$ | .00 | | <u> </u> | | | \$.00 |
| Audio equipment and installation | 350 | | 00 | 50 | | | 1 | 2 🗌 | | | | \$ | .00 | 1 | 2 <u> </u> | 1 | 2 | \$ | .00 | | | | | \$.00 |
| Vehicle accessories and | | | 00 | 60 | | | 1 🗆 | 2 | | $\sqcup \sqcup$ | | \$ | 00. | 1 | 2 | | 2 | - | .00 | | | | | \$.00 |
| customizing Other vehicle services, | 360 | | 00 | 70 | | | | 2 | | | | \$ | .00 | | 1 2 2 1 | 1 1 | 2 | \$ | .00 | | ¦ | | NOTEC | \$.00 |
| parts, and equipment | 370 | //// | 00 | 80 | | | 1 | 2 🗌 | | | | \$ | .00 | 1 | 2 🗌 | 1 | 2 | \$ | .00 | | <u> </u> | | NOTES | |
| Use only if unable to itemize separately. | | | 00 | 90 | | | 1 | 2 | | | | \$ | .00 | 1 | 2 | 1 | 2 | \$ | .00 | | | - | | |
| Combined expenses | | | 01 | 00 | | | 1 🗆 | 2 | | | | \$ | .00 | 1 | 2 _ - | 1 | 2 | \$ | .00 | | | | | |
| (Codes 100–370) | 500 | | 01 | 10 | | | 1 | 2 | | | | \$ | .00 | 1 | 2 | 1 | 2 | \$ | .00 | | ¦ 🗆 | | | |
| | | | 01 | 20 | | | 1 | 2 | | | | \$ | .00 | 1 | 2 | 1 | 2 | \$ | .00 | | | | | |
| | | | 01 | 30 | | | 1 | 2 | | | | \$ | .00 | 1 | 2□ | 1 | 2 | \$ | .00 | | | | | |
| | | | 01 | 40 | | | 1□ | 2 | | | | \$ | .00 | 1 | l 2□ | 1 | 2 | \$ | .00 | | | | | |
| | | | 01 | 50 | | | 1 | 2 | | | | \$ | .00 | 1 | 2 | 1 🗆 | 2 | \$ | .00 | | | | | |
| | | | | • | | | | | • | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. FIELD REPRESENTATIVE CHECK ITEM | 1 12 | 03 7 ↓ | | | | | | | | | | | | | | | | | | | | | | |
| Mark (X) box if there are no entries recorded in columns b–k. | 0010 99 | 9 □ Go t Part | o B | | | | | | | | | | | | | | | | | | | | | |

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 | on, an | d Inspection of Veh | icles | _ | 3 1: | 2 26 4 → | | | | |
|---|------------|----------------------------|-----------------------------------|----------------------------------|------------------------------|------------------------|---------------------------------|---------------------------|--------------------|-------|
| а | | b | С | d | е | f | | PRE | | NOTES |
| 1. Since the 1st of (month, 3 months | | | ENTER ITEM | In what month | What was the total amount of | Did you have any | 1 | 2 | 3 | |
| ago), have you (or any members of your CU) had expenses for – | ONLY | | ITEM CODE from column a. | did you have this expense? | the expense? | other expenses for? | Description from column b | Month from column d | Cost from column e | |
| ITEM CODE YES NO | USE | Enter the item description | | | | If "No," go to next | | | | |
| Driver's license? 400 | PROCESSING | from column a. | | | | item in column a. | | | \$.00 | |
| Vehicle inspection? 410 | CESS | | | | | | | | \$.00 | |
| Vehicle registration? . 420 |) RO(| | | Month | | YES NO | | | \$.00 | |
| Use only if unable to itemize above – Combined expenses 430 | 0010 | | | | \$.00 | | | | \$.00 | |
| 2. FIELD REPRESENTATIVE 1 12 25 0 ↓ CHECK ITEM | 0020 | | | | 5 .00 | | 1 | | \$.00 | |
| Mark (X) box if | 0020 | | | | \$.00 | | | | \$.00 | |
| there are no entries recorded in columns b−f. □ 0010 999 ☐ Go to part C | 0030 | | | | \$.00 | | | | | |
| III colullilis b-1. | 0040 | | | | Φ | | | | \$.00 | |
| NOTES | | | | | \$.00 | | | | \$.00 | |
| | 0050 | | | | \$.00 | | | | \$.00 | |
| | 0060 | | | | \$.00 | | | | \$.00 | |
| | 0070 | | | | \$.00 | | | | \$.00 | |
| | 0080 | | | | | 1 | | | l l | |
| | | | | | \$.00 | | | | | |
| | 0090 | | | | \$.00 | | | | \$.00 | |
| | 0100 | | | | \$.00 | | | | \$.00 | |
| | 0110 | | | | \$.00 | | | | \$.00 | |
| | 0120 | | | | \$.00 | i i | | | \$.00 | |
| | 0130 | | | | | i | | | \$.00 | |
| | 0140 | | | | \$.00 | | | | \$.00 | |
| | | | | | | + | | | \$.00 | |
| | 0150 | | | | \$.00 | | | | \$.00 | |
| | 0160 | | | | \$.00 | | | | \$.00 | |
| | 0170 | | | | \$.00 | | | | \$.00 | |
| | 0180 | | | | \$.00 | | | | \$.00 | |

Section 12 - VEHICLE OPERATING EXPENSES - Continued

| Part C - Other Vehicle Operating Expenses | 1 12 51 6 ↓ | | |
|---|---|--|---|
| a. 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 None – Go to item 2a | Since the 1st of (month, 3 months ago), have any members of your CU had expenses for – Parking, including garage rental, metered parking, and parking lot fees, except any expenses included in property ownership costs? Do not include parking expenses that are totally reimbursed or paid | 0120 1 ☐ Yes 2 ☐ No – Go to item 4c |
| b. Was any of this expense for the purchase of diesel fuel? | 0020 1 ☐ Yes 2 ☐ No – Go to item 1d | entirely for business. | |
| C. If YES – How much? | 0030 \$ | b. If YES – How much was paid, excluding any payments made this month? | 0130 \$ |
| d. Was any of the average monthly cost counted as a business expense? | 0040 1 ☐ Yes 2 ☐ No – Go to item 2a | C. Towing charges, excluding contracted or pre-paid towing charges? | 0 □ None 0140 1 □ Yes |
| e. How much of the (dollar amount in item 1a) was counted as a business expense? | 0050 \$ | d. | 2 □ No − Go to item 4e 0150 \$.00 |
| a. 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 ☐ Yes 2 ☐ No – <i>Go to item 3a</i> | Current month? Current month? Current month? Current month? Current month? Current month? Current month? Current month? | 0 □ None 0160 1 □ Yes |
| b. What was the total cost? | 0070 \$.00 | f. If YES – How much was paid, excluding any payments made in the | 2 □ No – Go to item 5a |
| . Was any of this purchased this month? | 0080 1 □ Yes | current month? | 0170 \$00 0 □None |
| I. If YES – How much was purchased this month? | 2 □ No − Go to item 3a 0090 \$ | 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. | 0180 1 ☐ Yes 2 ☐ No – Go to item 6a |
| a. 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? | 0100 1 Yes | b. If YES – How much? | 0190 \$ |
| Do not include purchases for vehicles used entirely for business. | 2 □ No – Go to item 4a | 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? | 0200 1 ☐ Yes 2 ☐ No – Go to next section |
| O. What was the total cost of these purchases? | 0110 \$ | b. If YES – How much? | 0210 \$.00 |
| | NC | DTES | |
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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 CONS | SUMER | ? UN | IITS OI | NLY | | 1 13 | 02 7 🕶 |
|--|---------------|---|--------------------------|---------|------------|--------|---|
| Information Booklet, page 32 1. Do you (or any members of your CU) have any – | Insura cod | | | YES | NO | If YES | 6 – How many policies or plans does your CU have? |
| a. Life insurance or other policies which provide benefits in case | | | | | i I | | |
| of death or disability? | 100 | D | 0010 | 1 🗌 | 2 🗌 | 0020 | Number |
| b. Automobile or other vehicle insurance? | 200 | 0 | 0030 | 1 🗌 | 2 🗆 | 0040 | Number |
| | | | | | 1 | | |
| C. Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from | | | | | 1 | | |
| other means – | | | 0050 | | | | |
| (1) Homeowner's insurance? | 300 | 0 | 0050 | 1 🗌 | 2 🗌 | 0060 | Number |
| (2) Tenant's insurance? | 400 | 0 | 0070 | 1 🗆 | 2 🗆 | 0080 | Number |
| d Other types of penhealth incurence? | F04 | 0 | 0090 | 1□ | 1 2 | 0100 | N |
| 2a. Since the 1st of (month. 3 months ago), have you (or any | 500 | U | | - ' | | 0 100 | 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 | | 1 ☐ Yes – <i>Ask items 2b and 2c</i> 2 ☐ No – <i>Go to item 3a</i> | | | | ?c | |
| longer have? | | 2 □ No – Go to item 3a | | | | | How many? |
| b. What kind of insurance policy(ies) was it (were they)? | | IIIS | | oue | | | |
| Enter insurance code from items 1a-d for each policy reported. | 0140 | | | _ | | 0150 | Number |
| C. How many? | 0160 | | | | | 0170 | Number |
| | 0180 | | | | | 0190 | Number |
| | 0200 | | | | | 0210 | Number |
| | 0220 | | | | | 0230 | |
| 3a. Have you (or any members of your CU) made any payments | | . 🗆 🗸 | es – <i>Ask it</i> | tar== 2 | h === -1 = | | Number |
| for insurance policies, other than health, for persons not in your CU? | | | es – Ask it o – Go to | | | oC . | |
| | | Ins | surance co | ode | | | How many? |
| b. What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a–d for each policy reported. | 0310 | | | | | 0320 | Number |
| | 0330 | | | | | 0340 | Number |
| C. How many? | | | | -+ | | | |
| | 0350 | | | | | 0360 | Number |
| | 0370 | | | | | 0380 | Number |
| | 0390 | | | | | 0400 | Number |
| 4. FIELD REPRESENTATIVE INSTRUCTIONS Complete a solumn in part B for each policy reported. | | | | | | | |
| 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 | discoi | ntinued b | ox, pai | rt B, ite | m 1b. | |
| | | | | | | | |

Section 13 - INSURANCE OTHER THAN HEALTH - Continued

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.

| | | | • | • |
|---|--|---|--|---|
| Part B – Detailed Questions | | | | |
| 1. FIELD REPRESENTATIVE ITEM New CU's - Enter policy PROCESSING USE ONLY | 1 13 03 5 🔎 | 1 13 04 3 🔎 | 1 13 05 0 🔎 | 1 13 06 8 🔎 |
| numbers in consecutive order beginning with 1. a. POLICY NUMBER | 0010 Number | 0010 Number | 0010 Number | 0010 Number |
| 2nd through 5th interviews – Enter the next available policy number from chart in part A.1. b. DISCONTINUED | 0020 1 🗆 | 0020 1 | 0020 1 🗆 | 0020 1 🗆 |
| 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 Code | 0030 Code | 0030 Code | 0030 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? | 1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU Go to next policy | 1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU | 1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU | 1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU |
| b. Are any premiums paid through payroll deductions? | 0230 1 ☐ Yes 2 ☐ No | 0230 1 ☐ Yes 2 ☐ No | 0230 1 ☐ Yes 2 ☐ No | 0230 1 ☐ Yes 2 ☐ No |
| 7. How often are premiums on this policy paid? Mark (X) the appropriate box. | 1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify | 1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify | 1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify | 1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify |
| 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 \(\sum \) None - Go to next policy | 0250 \$00 □ None – Go to next policy | 0250 \$ | 0250 \$.00 0 \(\sum \) None - Go to next policy |
| b. Were any payments made this month? | 0260 1 Yes 2 No - Go to next policy | 0260 1 ☐ Yes 2 ☐ No – Go to next policy | 0260 1 Yes 2 No – Go to next policy | 0260 1 ☐ Yes 2 ☐ No - Go to next policy |
| C. If YES – How much was paid this month? | 0270 \$.00 | 0270 \$ | 0270 \$ | 0270 \$ |

| 5 | Section 13 – INSURAN | ICE OTHER THAN I | IEALTH – Co | ontinued | FIE | ELD REPRI | ESENTATIVE – Combine p insurance (| ayments if mo for example: a | re than one policy is held throug utomobile insurance) and for the | gh the same e same tim | e company for the same type of e period. |
|---|--|--|--|--|------------------|---|--|--|---|---------------------------|---|
| F | Part B - Detailed Ques | tions - Continued | | | | | | | | | |
| 1. | FIELD REPRESENTATIVE ITEM New CU's - Enter policy | PROCESSING USE ONLY | | 1 13 07 6 🔎 | | 1 1: | 3 08 4 🔎 | | 1 13 09 2 🗸 | | 1 13 10 0 🔎 |
| | numbers in consecutive order beginning with 1. 2nd through 5th interviews - | a. POLICY NUMBER | 0010 | Number | 0010 | N | umber | 0010 | Number | 0010 | Number |
| | Enter the next available policy | b. DISCONTINUED | 0020 1 🗆 | | 0020 1 |] | | 0020 1 🗆 | | 0020 1 |] |
| 2a. | What type of insurance is (w | vas) it? | Description | | Descriptio | on | | Description | | Description | on |
| b. | Enter insurance code from part | t A.1 or part A.2. | 0030 | Code | 0030 | | Code | 0030 | Code | 0030 | Code |
| 3. | What is the name of the inst Enter name of insurance comp insurance agent. | | Insurance comp | pany name | Insurance | company | name | Insurance con | npany name | Insurance | company name |
| 4. | Ask only for insurance code 20 Describe briefly what vehicles | | Description | | Descriptio | on | | Description | | Description | on |
| 5a. | Ask only for insurance code 30 Describe briefly the property th | | Description | | Descriptio | on | | Description | | Description | on |
| b. | Enter property number from se | ection 3, part B. | 0160 | 0170 0180 | 0160 | 017 | 0180 | 0160 | 0170 0180 | 0160 | 0170 0180 |
| | Are the policy premiums pa | | 2 ☐ Partic some 3 ☐ Entire union 4 ☐ Entire | ely by CU ally by CU and partially by eone outside the CU ely by an employer or n ely by another group or ons outside the CU | 2 | someone Entirely b union Entirely b | y CU by CU and partially by outside the CU y an employer or y another group or utside the CU | 2 Pai sor 3 Ent uni 4 Ent | tirely by CU rtially by CU and partially by meone outside the CU tirely by an employer or ion tirely by another group or rsons outside the CU | 3 🗆 | Entirely by CU Partially by CU and partially by someone outside the CU Entirely by an employer or union Entirely by another group or persons outside the CU Go to next policy |
| b. | Are any premiums paid thro deductions? | ough payroll | 0230 1 ☐ Yes | 2 🗆 No | 0230 1 | Yes | 2 🗆 No | 0230 1 ☐ Yes | s 2 🗆 No | 0230 1 | Yes 2 No |
| 7. How often are premiums on this policy paid? Mark (X) the appropriate box. | | | 4 □ Mont 5 □ Quart 6 □ Semi 7 □ Annu 8 □ Paid- | ekly :hly – directly :hly – in mortgage payment terly annually | 3 |] Biweekly] Monthly –] Monthly –] Quarterly] Semiannu] Annually | in mortgage payment ally blicy – Go to next policy | 4 □ Mo 5 □ Qua 6 □ Ser 7 □ Ani 8 □ Pai | veekly onthly – directly onthly – in mortgage payment arterly miannually | 3 | Weekly Biweekly Monthly – directly Monthly – in mortgage payment Quarterly Semiannually Annually Paid-up policy – Go to next policy Other – Specify ⊭ |
| 8a. | Since the 1st of (month, 3 mo your total expense for this i Enter the actual amount the CU any expenses paid for the CU b | nsurance policy? J paid, do not include | 0250 \$ 0 _ None | .00 e – Go to next policy | 0250 \$ _ 0 □ | None – G | .00 to next policy | 0250 \$ | ne – Go to next policy | 0250 \$ _ | .00 None – Go to next policy |
| b. Were any payments made this month? 1 Yes 2 No - Go to next pole | | | | Go to next policy | 0260 1 | | o next policy | 0260 1 Yes | s – Go to next policy | 0260 1 2 | Yes No – <i>Go to next policy</i> |
| C. | If YES - How much was paid | this month? | 0270 \$ | .00 | 0270 \$ | | .00 | 0270 \$ | .00 | 0270 \$ | .00 |

Section 14 - HOSPITALIZATION AND HEALTH INSURANCE

| | If this | box is marked, no policies were previously re | eported – G | o to item 2a. | | | | | | | | | | | | | | | | | | | |
|----------------|---|---|--|---|--------------|-------------------------------------|---------------|---------------------------------------|----------------------------------|--|--|--|---------------------------------|---|-----------------------------|---|---|---|--------|--|---------------------------|-----------------------------------|-----|
| Col | mplet licies t | e columns i through m in the "Health Insuranthat were discontinued ("YES" in column f). | ce Policy In | ventory Chart" below for | each po | olicy pr | evious | sly repo | rted, except | | | | | | | | | | | | | | |
| 8 1 | 4 00 | 4 → | | ı | HEALTH | H INSU | JRAN | CE POL | ICY INVENT | DRY CHART | | | | | | | | | | | | | |
| | а | b | С | d | | е | | f | | g | | | | h | i | | j | k | | ı | Ī | m | |
| USE ONLY | | | | | | | | | | penses reporte revious intervi | | | paid 6 | CITCHETY | Do you still have (policy)? | | 1st of months ago), payments | Since the 1st of (month, 3 months ag what was the total | 70), r | Nere ar paymer nade d | nts | If YES - How was paid this month? | |
| PROCESSING USE | icy number | Insurance description from part B, item 4a | Type code from part B, item 4a | Name of insurance company from part B, item 2 | dedu from | yroll ictions part B, m 7. | disco from | olicy ontinued part B, em 1b | | Enter time period covered from part B, item 8b | Ent paym made month part item 1 | nents e this n from t B, l1b or A.1 | outsi CU pa ite (co | omeone ide the from ort B, em 6 ode or 4) | ропсул | made on by any m your CU? those ma | this policy ember of (Include de by eductions.) | amount paid by CU members for this policy? | J t | the curnonth? If NO – next po if last po go to ite | Go to licy or olicy | | |
| PR(| Policy | | | | YES | NO | YES | NO | | | colun | nn m | YES | NO | YES NO | YES | NO | | | YES | NO | | |
| 0010 | 1 | | | | | | | | \$.00 | | \$ | 1.00 | 1 🗆 | 2 | 1 🗆 2 🗆 | 1 🗆 | 2 | \$. | .00 | 1 🗆 | 2 | \$ | 0. |
| 0020 | 2 | | | | | | | | \$.00 | | \$ | .00 | 1 🗆 | 2 | 1 🗆 2 🗆 | 1 🗆 | 2 | \$. | .00 | 1 🗆 | l l 2□ | \$ | .00 |
| 0030 | 3 | | | | | ¦ 🗆 | | ¦ 🗆 | \$ 1.00 | | \$ | 1.00 | 1 🗆 | 2 | 1 🗆 ¦ 2 🗆 | 1 🗆 | 2 | \$. | .00 | 1 🗆 | 2 | \$ | .00 |
| 0040 | 4 | | | | | | | | \$.00 | | \$ | .00 | 1 🗆 | 2 | 1 🔲 2 🖂 | 1 🗆 | 2 | \$. | .00 | 1 🗌 | l 2 🗌 | \$ | .0 |
| 0050 | 5 | | | | | | | | \$.00 | | \$ | 1.00 | 1 🗆 | 2 | 1 🗆 🕴 2 🗆 | 1 🗆 | 2 | \$. | .00 | 1 🗆 | 2 | \$ | .00 |
| 0060 | 6 | | | | | <u> </u> | | | \$.00 | | \$ | .00 | 1 🗆 | 2 | 1 🗆 2 🗆 | 1 🗆 | 2 | \$. | .00 | 1 🗌 | l 2 🗌 | \$ | .0 |
| 0070 | 7 | | | | | | | | \$.00 | | \$ | 1.00 | 1 🗆 | 2 | 1 🗆 🕴 2 🗆 | 1 🗆 | 2 | \$. | .00 | 1 🗆 | 2 | \$ | .00 |
| 0080 | 8 | | | | | | | | \$.00 | | \$ | .00 | 1 🗆 | 2 | 1 🗆 2 🗆 | 1 🗆 | 2 | \$. | .00 | 1 🗆 | 2 🗆 | \$ | .0 |
| 0090 | 9 | | | | | <u> </u> | | <u> </u> | \$.00 | | \$ | .00 | 1 🗆 | 2 | 1 🗆 🕴 2 🗆 | 1 🗆 | 2 | \$. | .00 | 1 🗆 | 2 | \$ | .0 |
| 0100 | 10 | | | | | | | ¦ 🗆 | \$.00 | | \$ | .00 | 1 🗆 | 2 | 1 🗆 2 🗆 | 1 🗆 | 2 🗌 | \$. | .00 | 1 🗆 | l 2 🗆 | \$ | .00 |
| 0110 | 11 | | | | | | | | \$.00 | | \$ | ļ.00 | 1 🗆 | 2 | 1 🗆 2 🗆 | 1 🗆 | 2 | \$. | .00 | 1 🔲 | 1 2 | \$ | .00 |
| 0120 | 12 | | | | | | | | \$.00 | | \$ | 1.00 | 1 🗆 | 2 | 1 🗆 2 🗆 | 1 🗆 | 2 🗌 | \$. | .00 | 1 🗌 | 2 | \$ | .00 |
| | | | | | • | | | | 1 14 01 7 | ↓ | NOTES | 5 | | | | • | | | | | | | |
| 2a. s | L. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any (additional) health or hospitalization insurance? | | | | | | | | 1 □ Yes 2 □ No – <i>Go to</i> | item 3a | | | | | | | | | | | | | |
| | If YES – How many policies did you buy? Complete a column in part B for each new policy. | | | | | | | 0020 | N | umber | | | | | | | | | | | | | |
| Ba. s | 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? | | | | | | | | 1 □ Yes 2 □ No – <i>Go to</i> | next part | | | | | | | | | | | | | |
| | If YES – How many policies did you buy? Complete a column in part B for each policy. | | | | | | | | | umber | | | | | | | | | | | | | |
| l. F | IELD | REPRESENTATIVE INSTRUCTIONS lete a column in part B for each new policy re | t C. | | | | | | | | | | | | | | | | | | | | |

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

| Pa | art B – Detailed Questions | | | | | | | | | | | | | | | |
|------|---|---------|--|--|---------|---|---|--------|--|---|--------|---|---|---------|-----------------------------------|--|
| 1. | FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive PROCESSING USE ONLY | | 1 14 03 | 3 3 ↓ | | 1 14 0 | 04 1 ↓ | | 1 14 0 | 5 8 ↓ | | 1 14 (| 06 6 ↓ | | 1 14 0 | 07 4 ↓ |
| | order beginning with 1. 2nd thru 5th interviews – Enter policy number in NUMBER | 0010 | | Number | 0010 | | _ Number | 0010 | | _ Number | 0010 | | _ Number | 0010 | | _ Number |
| | consecutive order using the next available number in policy chart in part A.1. | 0020 | 1 🗌 | | 0020 | 1 🗌 | | 0020 | 1 🗌 | | 0020 | 1 🗌 | | 0020 | 1 🗌 | |
| 2. | What is the name of the insurance company? | Insurar | nce company | y name | Insuran | ice compar | ny name | Insura | nce compan | y name | Insura | nce compa | ny name | Insurar | nce compan | y name |
| | Enter name of insurance company, not the insurance agent. If Blue Cross/Blue Shield, Mark (X) box. | 0030 | 1 ☐ Blue Cr | oss/Blue Shield | 0030 | 1 ☐ Blue C | Cross/Blue Shield | 0030 | 1 ☐ Blue C | ross/Blue Shield | 0030 | 1 🗌 Blue (| Cross/Blue Shield | 0030 | 1 ☐ Blue C | ross/Blue Shield |
| 3. | How many CU members are covered by this policy? | 0060 | Nun | nber 0 □ None | 0060 | Nu | ımber 0 □ None | 0060 | Nur | mber 0 □ None | 0060 | Nı | ımber 0 🗌 None | 0060 | Nu | mber 0 □ None |
| Дa | Information Booklet, page 32a What type of insurance plan is it? | | 1 | | | 1 | | 0061 | 1 🗌 Go to 4 | b 4□ Go to 4d | | 1 🗌 Go to | | | 1 | |
| 70. | 1 – Health Maintenance Organization 2 – Fee for Service Plan 3 – Commercial Medicare Supplement 4 – Other special purpose plan | | 2 ☐ Go to 40 3 ☐ Go to 5 | | | 2 ☐ Go to 4 3 ☐ Go to 5 | | | 2 Go to 4 3 Go to 5 | | | 2 ☐ <i>Go to</i> 3 ☐ <i>Go to</i> | | | 2 ☐ Go to 4 3 ☐ Go to 5 | |
| b | Ask only if item 4a is "1". 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? | | 1 ☐ Yes 2 ☐ No | Go to item 5 | | 1 ☐ Yes } 2 ☐ No | Go to item 5 | 0062 | 1 Yes } | Go to item 5 | 0062 | 1 ☐ Yes } 2 ☐ No } | Go to item 5 | | 1 🗌 Yes } 2 🗌 No } | Go to item 5 |
| C. | Ask only if item 4a is "2." Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan | | $\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go to | o item 5 | 0063 | $\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go | to item 5 | 0063 | $\left.\begin{array}{c} 1 \ \square \\ 2 \ \square \end{array}\right\} \ \textit{Got}$ | o item 5 | 0063 | $\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go | to item 5 | 0063 | 1 | to item 5 |
| d. | Ask only if item 4a is "4." Is this special purpose insurance plan— 1 - Dental insurance? 4 - Mental health insurance? 5 - Dread disease policy? 3 - Prescription drug insurance? 6 - Other type of special purpose health insurance? | | 2 🗌 5 | □ □ □ Specify ⊋ | | 2 🗌 | 4 □ 5 □ 6 □ Specify ≠ | 0064 | 2 🗌 . | 4 □ 5 □ 6 □ Specify 😿 | 0064 | 2 🗌 | 4□ 5□ 6□ Specify ✓ | | 2 🗌 . | 4 □ 5 □ 6 □ Specify 🔀 |
| 5. | Was the policy obtained on an individual or group basis? 1 - Individually obtained | 0070 | 1 2 2 | 3 🗌 | 0070 | 1 2 0 | 3 🗌 | 0070 | 1 2 | 3 🗌 | 0070 | 1 2 _ | 3 🗌 | 0070 | 1 2 0 | 3 🗌 |
| 6. | Are premiums paid – 1 – Entirely by CU members? 2 – Partially by CU members? 3 – Entirely by an employer or union? 4 – Entirely by another group or person outside of the CU? | | 1 | If code 3 or 4, go to next policy | | 1 | | 0090 | 1 3 2 4 2 | If code 3 or 4, go to next policy | 0090 | 1 | | 0090 | 1 3 2 4 | If code 3 or 4, go to next policy |
| 7. | Are any of the premiums paid through payroll deductions? | 0100 | 1 ☐ Yes | 2 🗌 No | 0100 | 1 ☐ Yes | 2 🗌 No | 0100 | 1 ☐ Yes | 2 🗌 No | 0100 | 1 ☐ Yes | 2 🗌 No | 0100 | 1 ☐ Yes | 2 🗌 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? | | 1 Week 2 2 weeks 3 Month 4 Quarter | 5 ☐ 6 months 6 ☐ Year 7 ☐ Other – Specify ⊋ | | 1 Week 2 2 week 3 Month 4 Quarte | 7 🗌 Other – | 0120 | 1 Week 2 2 weeks 3 Month 4 Quarter | 5 ☐ 6 months 6 6 ☐ Year 7 ☐ Other – Specify ⊋ | | 1 Week 2 2 2 weel 3 Month 4 Quarte | 7 🗌 Other – | | 1 Week 2 2 week 3 Month 4 Quarter | 7 🗌 Other – |
| | Since the 1st of (month, 3 months ago), were any payments made on this policy? | 0130 | 1 ☐ Yes | 2 □ No – Go to next policy | 0130 | 1 ☐ Yes | 2 □ No – Go to next policy | 0130 | 1 ☐ Yes | 2 □ No – Go to next policy | 0130 | 1 ☐ Yes | 2 □ No – Go to next policy | 0130 | 1 🗆 Yes | 2 □ No – Go to next policy |
| b. | . Was each payment in the amount of (regular payment amount reported in item 8a)? | 0140 | 1 ☐ Yes | 2 □ No – Go to item 10 | 0140 | 1 ☐ Yes | 2 □ No – Go to item 10 | 0140 | 1 ☐ Yes | 2 □ No – Go to item 10 | 0140 | 1 ☐ Yes | 2 □ No – Go to item 10 | 0140 | 1 ☐ Yes | 2 □ No – Go to item 10 |
| C. | How many payments were made? | 0150 | | լ <i>Go to</i> Number∫ <i>item 11a</i> | 0150 | | լ <i>Go to</i> _ Number∫ <i>item 11a</i> | 0150 | | լ <i>Go to</i> _Number∫ <i>item 11a</i> | 0150 | | լ <i>Go to</i> _ Number∫ <i>item 11a</i> | 0150 | | լ <i>Go to</i> _Number∫ <i>item 11a</i> |
| 10. | Ask only if item 9b is "NO." 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 ☐ Yes | 2 □ No – Go to next policy | 0170 | 1 ☐ Yes | 2 □ No – Go to next policy | 0170 | 1 ☐ Yes | 2 □ No – Go to next policy | 0170 | 1 ☐ Yes | 2 □ No – Go to next policy | | 1 ☐ Yes | 2 □ 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 |

.00

.00

2 □ No – *Go to*

next policy

Page 73 Page 73 Section 14 - HOSPITALIZATION AND HEALTH INSURANCE - Continued Part B - Detailed Questions **PROCESSING** 1. FIELD REPRESENTATIVE ITEM 1 14 08 2 🗸 1 14 09 0 1 14 12 4 1 14 10 8 1 14 11 6 🗸 **USE ONLY** New CU's - Enter a policy number in consecutive order beginning with 1. a. POLICY 0010 0010 0010 0010 0010 Number . Number Number Number NUMBER 2nd thru 5th interviews - Enter policy number in consecutive order using the next available number in **b.** DISCONTINUED 0020 1 0020 1 0020 1 0020 1 0020 1 policy chart in part A.1. Insurance company name Insurance company name Insurance company name Insurance company name Insurance company name What is the name of the insurance company? Enter name of insurance company, not the insurance agent. 0030 1 Blue Cross/Blue Shield If Blue Cross/Blue Shield, Mark (X) box. 0030 1 Blue Cross/Blue Shield 0030 1 Blue Cross/Blue Shield 0030 1 Blue Cross/Blue Shield 0030 1 Blue Cross/Blue Shield 3. How many CU members are covered by this policy? 0060 0060 Number 0 ☐ None Number 0 ☐ None o 🗌 None Number 0 ☐ None Number 0 None Number Information Booklet, page 32a 0061 1 ☐ Go to 4b $4 \square$ Go to 4d 0061 1 ☐ Go to 4b 4 ☐ Go to 4d 1 ☐ Go to 4b 4 ☐ Go to 4d 0061 1 Go to 4b $4 \square$ Go to 4d 0061 1 Go to 4b 4 ☐ Go to 4d 4a. What type of insurance plan is it? 2 Go to 4c x ☐ Don't 2 Go to 4c x ☐ Don't ×□ Don't 2 Go to 4c ×□ Don't 2 Go to 4c ×□ Don't 2 Go to 4c know knowknow know know -1 - Health Maintenance Organization 3 - Commercial Medicare Supplement 3 🗌 Go to 5 3 🗌 *Go to 5* 3 🗌 Go to 5 3 🗌 Go to 5 3 🗌 Go to 5 Go to 5 Go to 5 Go to 5 Go to 5 Go to 5 2 - Fee for Service Plan 4 - Other special purpose plan Ask only if item 4a is "1". 0062 1 ☐ Yes 0062 1 ☐ Yes 0062 1 ☐ Yes 0062 1 ☐ Yes 0062 1 ☐ Yes **b.** If, except in the case of an emergency, you go to a doctor other Go to item 5 Go to item 5 Go to item 5 Go to item 5 Go to item 5 2 🗌 No 2 No 2 No 2 🗌 No 2 No 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." 0063 1 0063 1 0063 1 1 🗌 0063 1 🗌 0063 C. Is this fee for service plan a -Go to item 5 Go to item 5 Go to item 5 Go to item 5 Go to item 5 2 2 2 2 2 1 - Traditional Fee for Service Plan? 2 - Preferred Provider Option Plan Ask only if item 4a is "4." 4 4 🗌 0064 1 4 🗌 0064 1 1 🗌 4 0064 1 4 🗌 0064 1 0064 d. Is this special purpose insurance plan-2 🗌 2 5 2 5 🗌 2 5 2 🗌 5 5 🗌 1 - Dental insurance? 4 - Mental health insurance? 3 6 ☐ Specify ⊋ 3 3 3 6 ☐ Specify ⊋ 3 🗌 6 ☐ Specify ⊋ 5 - Dread disease policy? 2 - Vision insurance? 3 - Prescription drug insurance? 6 - Other type of special purpose health 5. Was the policy obtained on an individual or group basis? 0070 1 2 3 3 0070 1 2 3 3 0070 1 2 3 3 0070 1 2 3 3 0070 1 2 3 3 **1** – Individually obtained **3** – Group through other organization 2 - Group through place of employment 6. Are premiums paid -0090 1 3 0090 1 3 🗌 | 0090 1 3 🔲 🕽 0090 1 3 🗌 0090 1 3 3 If code 3 or 4. If code 3 or 4, If code 3 or 4. If code 3 or 4. If code 3 or 4. 2 4 G go to next 1 - Entirely by CU members? 4 - Entirely by another group or ₄ □ ∫ go to next 4 🔲 [4 2 ☐ 4 ☐ [go to next 2 🗌 go to next 2 go to next 2 - Partially by CU members? person outside of the CU? policy policy policy policy policy 3 - Entirely by an employer or union? 7. Are any of the premiums paid through payroll deductions? 0100 1 ☐ Yes 0100 1 ☐ Yes 2 No 2 No 0100 1 Yes 2 No 1 Yes 2 No 0100 1 Yes 2 \square No 0100 8a. What is your part of the regular health insurance payment, .00 .00 .00 .00 0110 0110 \$.00 0110 0110 0110 \$ including all payroll deductions? 5 \square 6 months **b.** What period of time is covered by the regular payment? 0120 1 Week 5 G months **0120** 1 ☐ Week 5 \Boxed 6 months 0120 1 Week 5 🗌 6 months 0120 1 Week 0120 1 Week 5 \Boxed 6 months 6 🗌 Year 6 🗌 Year 6 🗌 Year 6 🗌 Year 2 2 weeks 2 2 weeks 2 2 weeks 6 🗌 Year 2 2 weeks 2 2 weeks 7 🗌 Other – з 🗌 Month 7 🗌 Other – з 🗌 Month 7 🗌 Other – 7 🗌 Other – з 🗌 Month 7 🗌 Other – з 🗌 Month з 🗌 Month 4 Quarter 4 Quarter 4 Quarter 4 Quarter 4 Quarter 9a. Since the 1st of (month, 3 months ago), were any payments 0130 1 Yes 0130 1 ☐ Yes 0130 1 Yes 2 □ No – *Go to* 2 □ No – *Go to* 0130 1 Yes 2 □ No – *Go to* 2 □ No – *Go to* 0130 1 Yes 2 □ No – *Go to* made on this policy? next policy next policy next policy next policy next policy **b.** Was each payment in the amount of (regular payment amount 2 □ No – *Go to* 0140 1 Yes 0140 1 Yes 0140 1 Yes 2 □ No – *Go to* 2 ☐ No – *Go to* 0140 1 Yes 2 No - Go to 0140 1 Yes 2 ☐ No – *Go to* reported in item 8a)? item 10 item 10 item 10 item 10 item 10 Go to Go to Go to Go to Go to C. How many payments were made? 0150 0150 0150 0150 0150 Number] item 11a Number Number item 11a Number Number item 11a item 11a item 11a

Ask only if item 9b is "NO."

What was the total expense paid for this policy? 11a. Were any payments made during the current month?

b. If YES – How much was paid during the current month?

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.00

2 □ No – *Go to*

next policy

0160

0180 \$

0170 1 TYes

.00

.00

2 □ No – *Go to*

next policy

0160

0180 \$

0170 1 ☐ Yes

.00

.00

2 □ No – *Go to*

next policy

0160

0180 \$

0170 1 ☐ Yes

.00

.00

2 □ No – *Go to*

next policy

0160

0170 1 TYes

0180 \$

0160

0180 \$

0170 1 ☐ Yes

| 5 | Section 14 – HOSPITALIZATION AND HEALTH INSU | IRANCE - Continued | FIELD REPRE | SENTATIVE – Ask part C for all CU's. | |
|-----|---|--|--------------------|--------------------------------------|--|
| F | Part C – Medicare, Medicaid, and Other Health Insu | rance Plans Not Directly Paid For By | The CU 1 14 51 2 ↓ | | |
| 1a. | Are you (or any members of your CU) presently enrolled in Medicare or have you (or any members of your CU) been enrolled since the 1st of (month, 3 months ago)? Medicare is the Federal Health Insurance Plan. | 0010 1 ☐ Yes 2 ☐ No – Go to item 2a | | NOTES | |
| b. | If YES – How many members of your CU are covered by Medicare? | 0020 Number | | | |
| 2a. | Is anyone in your CU enrolled in Medicaid or has anyone in your CU been enrolled since the first of (month, 3 months ago)? | 0030 1 ☐ Yes 2 ☐ No – <i>Go to item 3</i> | | | |
| b. | If YES – How many members of your CU are covered by Medicaid? | 0040 Number | | | |
| 3. | Are you (or any members of your CU) covered by any plan other than Medicare or Medicaid which provides free health care such as CHAMPUS or military health care? | 0050 1 Yes 2 No | | | |
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Page 74 Page 74

| Page 75 | Pa | age 75 |
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| | NOTES | |
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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.

| | Part A - Screening Que | estion | s for | P | art B - | - Payments For Mo | edical Expenses | | 4 1 | 5 02 6 | → | | | | | | | | | |
|----|--|-------------------|--------------------------|-------------|---------------|------------------------|-----------------------------|--------------------------|------------------------------|----------|----------------------------|----------|--|--------|---------------------------------------|--------------------|--------------------|-----|------------|-------|
| | Payments | | | | а | | b | | • | | d | | e | | | PRE | | | | |
| | Hand respondent Information Book | | | 1 '. | ENTER ITEM | Ask if not apparent – | | | Alway | /s ask – | What was the amount of the | | id yo ake | | 1 | 2 | 3 | 3 | 4 | |
| | Now I am going to ask you so about medical payments and | me que reimbui | stions rsements. | ONLY | CODE | What was the (care/ser | vice or item) ? | | In wh | | payment? | ar | าง | | | | | | | |
| | I will begin with your paymen | ts. | | USE | from part A. | Who received the (care | e/service or item) ? | | mont was | | | pa | ther ayme | ent(s) | | | Ma | nth | | |
| | By payments I mean any expe members of your CU directly provider by cash, check, or cr medical service or item. Inclu- | edit car | rd for a | | | Was the person a CU r | nember? | | (were the paym made | nent(s) | | lf go | "No," o to | ıı | Care/service or item from column b | Name from column b | Mo fro colui | m | Total from | |
| 4 | even those for persons who a members. | re not C | Ü | PROCESSING | | Care/service or item | Person's name | CU member YES NO | | onth | | in | ext ite part i ES i | А. | | | Mo | nth | | |
| ١. | Since the 1st of (month, 3 mon you (or any members of your of any payments for the following Read all bold items below. | CU) mad | , have de | 0010 | | | | 1 2 | | | | | - | | | | IVIO | | Φ. | |
| | nead all bold items below. | ITEM | Payments | 0020 | | | | 1 2 | | | | .00 | <u>_</u> ; | | | | | | \$ | 1.00 |
| | | CODE | YES NO | | | | | | | | \$ | .00 | <u> </u> | | | | | | \$ | .00 |
| | | | | 0030 | | | | 1 2 | | | \$ | .00 | ⊐ į | | | | | | \$ | .00 |
| | EYE CARE, such as | | | 0040 | | | | 1 2 | | | | | - | | | | | | | |
| | Eye examinations, treatment, or surgery | . 110 | | 0040 | | | | 1 1 2 1 | | | \$ | .00 | - 1 | | | | | | \$ | .00 |
| | | | | 0050 | | | | 1 2 | | | \$ | .00 | _ | | | | | | c | |
| | Purchase of eye glasses or contact lenses | . 120 | | | , | | | ! | | | Ф 1. | | 1 | | | | | | \$ | 1.00 |
| | Combined eye care | | | 0060 | | | | 1 | | | \$ | .00 | $\exists \mid$ | | | | | | \$ | 1.00 |
| | services | . 130 | | 0070 | | | | 1 | | | | | | | | | | | | 1 |
| | | | | 0070 | | | | | | | \$ | .00 | ┘ ╷ | | | | | | \$ | 1.00 |
| | DENTAL CARE | . 200 | /////// | 0800 | | | | 1 | | | \$ | .00 | □ ¦ | | | | | | \$ | 1.00 |
| | INPATIENT HOSPITAL | | | | | | | | | | Φ | | | | | | | | Ψ | + .00 |
| | CARE, such as | | ///X/// | 0090 | | | | 1 | | | \$ | .00 | | | | | | | \$ | .00 |
| | Hospital room | 310 | | 0100 | | | | 1 | | | | | | | | | | | | į |
| | | | | | | | | 1 1 | | | \$ | .00 | <u> </u> | | | | | | \$ | .00 |
| | Hospital services | . 320 | | 0110 | | | | 1 2 | | | \$ | .00 | | | | | | | \$ | .00 |
| | Combined hospital room | 220 | | | | | | | | | | | - | | | | | | Ψ | 1 |
| | and services | . 330 | ////// | 0120 | | | | 1 | | | \$ | .00 |] ¦ | Ш | | | | | \$ | .00 |
| | PROFESSIONALS OTHER THAN PHYSICIANS | 410 | | 0130 | | | | 1 🗆 2 🗆 | | | \$ | .00 |] | | | NOTES | | | | |
| | PHYSICIAN SERVICES | . 420 | | 0140 | | | | 1 | | | | | | П | | | | | | |
| | | . 420 | | | | | | | | | \$ | .00 | <u> </u> | | | | | | | |
| | Combined hospital care and physicians' services | 430 | | 0150 | | | | 1 | | | \$ | .00 |] ¦ | | | | | | | |
| 2. | FIELD REPRESENTATIVE CHECK ITEM | | 01 4 ↓ | 0160 | | | | 1 | | | \$ | .00 |] : | | | | | | | |
| | Mark (X) box if there are no entries recorded in part B. | 0010 999 | 9□ Go to next page | 0170 | | | | 1 2 | | | | | - | | | | | | | |
| | P D . | | | 1 | 1 1 1 | | | | I | 1 I | Ψ | UU | | | | | | | | |

Section 15 - MEDICAL AND HEALTH EXPENDITURES - Continued

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

| Part A – Screening Questions for Payments For Medical Expenses – Continued Payments – Continued Page Pag | | | | | | | | | | | | | | | | | | | |
|---|------------|--------------|------------|---------------|------------------------|-----------------------------|--------------|--------------|---------------|----------------------------|--------------|---------------|----------|----------------------|-----------|-------------|----------|------------|-------|
| Payments – Continued | | | | а | | b | | | C | d | | е | ľ | | PRE | | | | |
| Hand respondent Information Book | klet, page | s 34 and 35. |] ≻ | ENTER ITEM | Ask if not apparent – | | | Alwa | ys ask – | What was the amount of the | | d you ake | | 1 | 2 | 3 | | 4 | |
| 1. Since the 1st of (month 3 month | oths ago | have | ONLY | CODE | What was the (care/ser | vice or item) ? | | In w | hat | payment? | an | y | Ī | | | | | | |
| 1. Since the 1st of (month, 3 mon you (or any members of your any payments for the followi | CU) ma | de | USE | from part A. | Who received the (care | e/service or item) ? | | mon was | | | pa | her yment | (s) | | | N/1 a va | 41- | | |
| Read all bold items below. | iig: | | | | Was the person a CU i | nember? | | (were | | | | r? "No," | | Care/service or item | Name from | Mon fror | n | Total fror | n |
| | | | PROCESSING | | | T | 011 | payn made | nent(s) e? | | go | to xt item | | from column b | column b | colum | ın c | column | |
| | | | CE | | Care/service or item | Person's name | CU member | | | | | part A. | | | | | | | |
| | | | | | Gara, service er item | T Green a name | YES NO | Mo | nth | | YE | ES N | 0 | | | Mon | th | | |
| | ITEM | Payments | 0010 | | | | 1 2 | | | | I_{Γ} |] [| - [| | | | | | 1 |
| | 7/// | YES NO | | | | | | | | \$.00 | | - - | | | | | ; | \$ | 1.00 |
| OTHER MEDICAL CARE SERVICES, such as | | | 0020 | | | | 1 🗆 2 🗆 | | | \$.00 |) [|] [|] | | | | | \$ | 1.00 |
| | | | 0030 | | | | 1 1 2 | | | | 1_ | 7 ! _ | 7 | | | | | | 1 |
| Lab tests or x-rays | 510 | | 0030 | | | | 1 12 1 | | | \$.00 | |] | _ | | | | ! | \$ | .00 |
| Care in convalescent or nursing home | . 520 | | 0040 | | | | 1 2 | | | \$.00 | , [|] | ┚┃ | | | | | \$ | 1 .00 |
| · · | | | | | | | | | | ψ | | | _ | | | | | Ψ | 1 |
| Other medical care | . 530 | | 0050 | | | | 1 | | | \$.00 | | | | | | | | \$ | .00 |
| Combined medical | - 40 | | 0060 | | | | 1 2 | | | | |] | | | | | | Φ. | 1 |
| care services | . 540 | | | | | | | | | \$ 1.00 | _ | - | \dashv | | | | | \$ | ∣.00 |
| MEDICINE AND MEDICAL SUPPLIES, such as | | | 0070 | | | | 1 | | | \$.00 |) [|] | | | | | ; | \$ | 1.00 |
| GOTT LILO, Suoit us | 7// | ////// | 0080 | | | | 1 2 | | | | T |] | \neg | | | | | | 1 |
| Hearing aids | 610 | | | | | | | | | \$.00 |) _ | | | | | | ; | \$ | .00 |
| Prescribed medicines or | 620 | | 0090 | | | | 1 🗆 2 🗆 | | | \$.00 | , |] | | | | | | \$ | .00 |
| prescribed drugs | 620 | | 0100 | | | | 1 2 | | | | 1 | 7 ! [| 7 | | | | | | ! |
| Rental of supportive or convalescent equipment | 630 | | 0100 | | | | | | | \$.00 | | _ [| | | | | | \$ | .00 |
| Purchase of supportive or | | | 0110 | | | | 1 2 | | | \$.00 | , [|] [| | | | | | \$ | 1.00 |
| convalescent equipment | . 640 | | 0400 | | | | | | | ψ | + | i | 7 | | | | <u> </u> | | 1 |
| Rental of medical or surgical equipment for | | | 0120 | | | | 1 | | | \$.00 | |] | _ | | | | | \$ | .00 |
| general use | . 650 | | 0130 | | | | 1 2 | | | <u></u> | 、 ⊏ |] [| | | NOTES | | | | |
| Purchase of medical or surgical equipment for | | | | | | | | | | \$ 1.00 | <u> </u> | - | + | | | | | | |
| general use | . 660 | | 0140 | | | | 1 | | | \$.00 |) [|] | | | | | | | |
| Combined medicine and | 670 | | 0150 | | | | 1 | | | | |] [| 7 | | | | | | |
| medical supplies | | 04 8 \$ | 1 | | | | | | | \$.00 | | _ _ | | | | | | | |
| 2. FIELD REPRESENTATIVE CHECK ITEM | | 9 | 0160 | | | | 1 🗆 2 🗆 | | | \$.00 | |] [| | | | | | | |
| Mark (X) box if there are no entries recorded in | 0010 99 | next | 0170 | | | | | | | | 1_ | | _ | | | | | | |
| part B. | | page | 0170 | | | | 1 | | | \$.00 |) | | _ | | | | | | |

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 Que | estions | for | Pa | art D - | - Reimbursements | For Medical Exp | enses | 4 15 07 | 5 → | | | | · | | <u> </u> | | | |
|----------|--|------------|-----------------|------------|-----------------|-------------------------|------------------------|---------------|-----------------------|------------------|-----------------------|------------------|--|----------------------|-----------|-----------|------|-----------|----------|
| | Reimbursements | | | | а | | b | | С | | d | 1 | е | | PRE | | | | |
| | Hand respondent Information Book | let, pages | 33 and 34. | > | ENTER | Ask if not apparent – | | | Always ask - | - What w | as the | Did y | | 1 | 2 | 3 | 3 | 4 | |
| | Now I am going to ask you so about your reimbursements. | me ques | tions | ONLY | ITEM CODE | What was the (care/serv | vice or item) ? | | In what | amount reimbu | t of the rsements? | recei | other | | | | | | |
| | • | | | USE (| from part C. | Who received the (care | /service or item)? | | month was | | | reiml ment | (s) | | | | . | | |
| | By reimbursements I mean mo | oney reco | eived for | | , | Was the person a CU n | nember? | | (were) the | | | for If "No | | Care/service or item | Name from | Mo fro | m | Total fro | m |
| | any members of your CU from company, medical care provid member, for medical expense | ler, or no | on CU | PROCESSING | | | | | reimburse- ment(s) | | | go to | | from column b | column b | colur | nn c | column | |
| | previously paid or will pay. | 3 1111011 | you | CES | | | | CU member | received? | | | next i in pai | | | | | | | |
| 1. | Since the 1st of (month, 3 mon | ths ago), | have | PRO | | Care/service or item | Person's name | YES NO | Month | 1 | | YES | l NO | | | Mo | nth | | |
| , | Since the 1st of (month, 3 mon you (or any members of your (any reimbursements for the fo | CU) rece | ived ? | 0010 | | | | | | | | T_{\Box} | | | | | | | |
| | Read all bold items below. | | | 0010 | | | | 1 | | \$ | .00 | | ¦ 🗆 | | | | | \$ | .00 |
| | | ITEM | Reimburse- | 0020 | | | | 1 | | | | | ¦ 🗆 | | | | | Φ. | 00 |
| | | CODE | ments YES NO | | | | | | | 3 | .00 | | <u> </u> | | | | | \$ | .00 |
| | | | | 0030 | | | | 1 | | \$ | .00 | | | | | | | \$ | .00 |
| | EYE CARE, such as | | ////// | 0040 | | | | 1 2 | | | | | | | | | | | |
| | Eye examinations, treatment, or surgery | . 110 | | 00+0 | | | | | | \$ | .00 | | <u> </u> | | | | | \$ | 00. |
| | Purchase of eye glasses or | | | 0050 | | | | 1 2 | | s | .00 | | | | | | | \$ | .00 |
| | contact lenses | . 120 | | 0000 | | | | | | | | | | | | | | * | 1 |
| | Combined eye care | | | 0060 | | | | 1 2 | | \$ | .00 | | ¦ 🗆 | | | | | \$ | .00 |
| | services | . 130 | | 0070 | | | | 1 2 | | | | | | | | | | • | |
| | DENTAL CARE | . 200 | | | | | | | | * | .00 | | | | | | | \$ | 1.00 |
| | | | | 0080 | | | | 1 | | \$ | .00 | | ¦ 🗆 | | | | | \$ | .00 |
| | NPATIENT HOSPITAL CARE, such as | | | 0090 | | | | 1 2 | | | | | | | | | | | |
| | | | | | | | | 10,120 | | \$ | .00 | \vdash | | | | | | \$ | .00 |
| | Hospital room | 310 | | 0100 | | | | 1 2 2 | | \$ | .00 | | | | | | | \$ | .00 |
| | Hospital services | . 320 | | 0110 | | | | 1 2 | | <u> </u> | | | | | | | | | |
| | Combined hospital room | | | 0110 | | | | 1 1 2 1 | | \$ | .00 | | <u> </u> | | | | | | .00 |
| | and services | . 330 | | 0120 | | | | 1 2 | | 6 | .00 | | | | | | | \$ | 1 .00 |
| | SERVICES BY MEDICAL PROFESSIONALS OTHER | | | | | | | | | Ψ | .00 | | - | | NOTES | | | Ψ | 1.00 |
| | THAN PHYSICIANS | 410 | | 0130 | | | | 1 | | \$ | .00 | | | | | | | | |
| | PHYSICIAN SERVICES | . 420 | | 0140 | | | | 1 | | | | | | | | | | | |
| | Combined hospital care | | | | | | | | | \$ | .00 | 1 | - | | | | | | |
| | and physicians' services | . 430 | | 0150 | | | | 1 | | \$ | .00 | | | | | | | | |
| 2. | FIELD REPRESENTATIVE | 1 15 (| 06 3 ↓ | 0160 | | | | 1 1 2 | | | | | | | | | | | |
| | viaik (A) DOX ii liiele ale | 0010 999 | ☐ Go to next | 0.00 | | | | | | \$ | .00 | | | | | | | | |
| | no entries recorded in part D. | | page | 0170 | | | | 1 2 | | | .00 | | | | | | | | |

Section 15 - MEDICAL AND HEALTH EXPENDITURES - Continued

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.

| Part C - Screening Qu | estior | ns for | F | art D | - Reimbursement | ts for Medical Exp | enses – | Cont | tinue | d | 4 1 | 5 09 1 | → | | | | |
|--|-----------|----------------|----------|---------------|-------------------------|------------------------------|--------------|-------|---------------|----------------------------|-------------------|---------------|---------------------------------------|--------------------|------------------|------------|------|
| Reimbursements - Co | ntinue | ed | | а | | b | | ' | С | d | | е | | PRE | | | |
| Hand respondent Information Boo | klet, pag | es 34 and 3 | 35. | ENTEI ITEM | R Ask if not apparent – | | | Alway | ys ask – | What was the amount of the | Did y | ou ive any | 1 | 2 | 3 | 4 | |
| 1. Since the 1st of (month, 3 month) | nths ago |), have | ONLY | CODE from | What was the (care/se | ervice or item) ? | | In wi | | reimbursements? | other | r burse- | | | | | |
| 1. Since the 1st of (month, 3 mon you (or any members of your any reimbursements for the 1 | CU) red | ceived | USE | part C | Who received the (ca | re/service or item) ? | | was | | | ment | t(s) | | | Month | | |
| Read all bold items below. | | -3- | | | Was the person a CU | member? | | | burse- | | If "No | 0," | Care/service or item from column b | Name from column b | from column c | Total fror | |
| | | | OCESSING | | Care/service or item | Person's name | CU member | recei | t(s) ived? | | next i in pai | | | | | | |
| | | Reimburs | se- | | Garajaarvida ar itairi | T GIGGIT G Hamis | YES NO | Mo | onth | | YES | NO | | | Month | | |
| | CODE | YES NO | 0010 | | | | 1 2 | | | \$.00 | | | | | | \$ | 1.00 |
| OTHER MEDICAL CARE SERVICES, such as | | | 0020 | | | | 1 | | | \$.00 | I_{\Box} | | | | | \$ | .00 |
| Lab tests or x-rays | 510 | | 0030 | | | | 1 | | | \$.00 | | | | | | \$ | .00 |
| Care in convalescent or nursing home | 520 | | 0040 | | | | 1 | | | \$.00 | | | | | | \$ | .00 |
| Other medical care | 530 | | 0050 | | | | 1 2 0 | | | \$.00 | | | | | | \$ | .00 |
| Combined medical care services | 540 | | 0060 | | | | 1 2 | | | \$.00 | | | | | | \$ | .00 |
| MEDICINE AND MEDICAL SUPPLIES, such as | | | 0070 | _ | | | 1 | | | \$.00 | | ¦ | | | | \$ | .00 |
| Hearing aids | 610 | | 0080 | _ | | | 1 2 | | | \$.00 | | ; U | | | | \$ | .00 |
| Prescribed medicines or prescribed drugs | 620 | | 0090 | _ | | | 1 | | | \$.00 | | | | | | \$ | .00 |
| Rental of supportive or convalescent equipment | 630 | | 0100 | _ | | | 1 2 1 | | | \$.00 | | 1 | | | | \$ | .00 |
| Purchase of supportive or convalescent equipment | 640 | | 0110 | _ | | | 1 2 1 | | | \$.00 | | | | | | \$ | .00 |
| Rental of medical or surgical equipment for general use | 650 | | 0130 | _ | | | 1 2 2 | | | \$.00 | I_{\Box} | <u> </u> | | NOTES | | \$ | 00. |
| Purchase of medical or surgical equipment for general use | . 660 | | 0140 | _ | | | 1 2 | | | \$.00 | \vdash_{\sqcap} | <u> </u> | | | | | |
| Combined medicine and medical supplies | 670 | | 0150 | | | | 1 | | | \$.00 | I_{\Box} | | | | | | |
| 2. FIELD REPRESENTATIVE CHECK ITEM | | 5 08 9 ↓ 99 | 0160 | | | | 1 | | | \$.00 | | | | | | | |
| Mark (X) box if there are no entries recorded in part D. | 30 10 0 | next page | I | | | | 1 | | | \$.00 | | | | | | | |

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

Section 16 - EDUCATIONAL EXPENSES

| | | | | | 7 16 02 7 → | | | | | same month. | сп раутст | or combined payr | nont. com | ътса ра | yments are re- | tile same | person in the |
|----|--|---------------------------|------------|--|--|---|---------------------------------------|--|---|--------------------|--|----------------------------|---|-------------------------------------|--------------------|---------------------------|-----------------------|
| | а | | | b | С | d | | е | f | g | h | i | j | | | PRE | |
| 1. | Information Booklet, page 36. Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid for any | ITEM CODE YES NO | ONLY | ENTER ITEM CODE from column a. | What was the expense for? Describe briefly the expense. | If CU memb enter name line number Control Card someone ou | er, and from d. If atside | asking if information is known. What kind of school was it? 1 - College or | In what month was the payment made? | How much was paid? | Has any of this amoun been or will any of it be reimbursed by an employer, | t column h – How much was | Did you make any other payments for? | 1 | 2 | 3 | 4 |
| 2. | recreational lessons or other instructions for members of this CU or other persons? | . 100 | USE | | | CU, enter 99 |). | university 2 - Elementary or high school 3 - Child day care center | | | agency, or other person? | | If "No," go to next item in column a. | Item code from column b | Name from column d | Month from column f | Cost from column g |
| | members of your CU) paid for nursery school or child day care center for members of this CU | 'S | PROCESSING | | | Name | Line No. or code | 4 - Nursery school or preschool 5 - Other school | | | If "No," go to column j. | - | \/ | | | N/L + l- | |
| 32 | or other persons? | . 200 | ۵. | | | | | Mark (X) box | Month | | YES NO | | YES NO | | | Month | |
| Ju | members of your CU) paid for any (other) school related | | 0010 | | | | | 1 3 5 5 | | \$.00 | 1 2 | \$.00 | | | | | \$.00 |
| | expenses for members of this CU or other persons? | | 0020 | | | | | 1 | | \$.00 | 1 2 | \$.00 | | | | | \$.00 |
| b | J. If YES – Did you pay for – | | 0030 | | | | | 1 3 5 5 | | \$.00 | 1 2 | \$.00 | | | | | \$.00 |
| | Tuition? | . 300 | 0040 | | | | | 1 | | \$.00 | 1 2 | \$.00 | | | | | \$.00 |
| | Housing while attending school? | g . 310 | 0050 | | | | | 1 | | \$.00 | 1 2 | \$.00 | | | | | \$.00 |
| | | | 0060 | | | | | 1 | | \$.00 | 1 2 | \$.00 | | | | | \$.00 |
| | Food or board while attending school? | . 320 | 0070 | | | | | 1 | | \$.00 | 1 2 0 | \$.00 | | | | | \$ 1.00 |
| | Use only if unable to separate – Combined room and board | | 0080 | | | | | 1 3 5 5 2 4 1 | | \$.00 | 1 2 | \$.00 | | | | | \$.00 |
| | (Codes 310 and 320) | . 330 | 0090 | | | | | 1 3 5 5 | | \$.00 | 1 1 2 1 | | | | | | \$.00 |
| | | | 0100 | | | | | 1 3 5 5 | | \$.00 | | | | | | | \$.00 |
| | | | 0110 | | | | | 1 3 5 5 2 4 2 | | \$.00 | 1 2 2 | | | | | | \$.00 |
| 4. | REPRESENTATIVE | 1 16 01 2 ↓ | 0120 | | | | | 1 3 5 5 | | \$.00 | | | | | | | \$.00 |
| | Mark (X) box if | 999 Go to next page | 0130 | | | | | 1 3 5 5 | | \$.00 | 1 2 2 | | | | | | \$.00 |
| | there are no entries recorded in columns b–j. | | 0140 | | | | | 1 3 5 5 | | \$.00 | 1 1 2 1 | 1 | | | | | \$.00 |
| | | | 0150 | | | | | 1 3 5 2 | | \$.00 | | | | | | | \$.00 |

Section 16 - EDUCATIONAL EXPENSES - Continued

| | | | | | | | 7 16 04 | 3 → | | | | | | | | | | | | | | | | | |
|--------|---|---------|-------------------|--------------|---------------------------|----------------|----------------|--|--------------------------------|------------|---|-----|----------------------|--------------------|---|---------------|--|---------------------------|--|-------------------------|----------------------|-----------|-----------------------|----|----------------|
| | а | | | | b | | C | d | | | е | | f | g | | h | | i | j | | | | PRE | | |
| 1 | Information Booklet, pa | ige 36. | | | ENTER ITEM | What was the | expense for? | Who was it | for? | as | Complete without king if information | mo | nth | How much was paid? | Ha th | s an | y of nount | lf "Yes" in column h – | Did yo make | u | 1 | 2 | 3 | | 4 |
| 3b. ı | Did you pay for – (Contir | | YES NO | USE ONLY | CODE from column a. | Describe brief | y the expense. | If CU member enter name line number Control Card someone of CU, enter 99 | and from d. If itside | V s | is known. | was | s the ment de? | | be an rei by en ag ot | en o | r will it be rsed /er, r, or | | any other payme for If "No," to next item in | . ? " go t | Item code from | Name from | Mont from colum | n | Cost from |
| | Private school bus? Purchase of any school | | | PROCESSING L | | | | Name | Lin No. | 4 | Child day care centerNursery school or preschool | | | | If co | "No," Iumn | go to j. | | columr | ' I | column b | column d | | | column g |
| I | books, supplies, or equipment which has not already been | | | PRO | | | | | cod | ا ما ما | Other schoolMark (X) box | M | onth | | Y | ES | NO | | YES | NO | | | Mont | :h | |
| | reported? | . 350 | | 0010 | | | | | | 1 2 | 3 5 5 | | | \$.0 | 100 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| ' | expenses not already reported? | | | 0020 | | | | | | 1 2 | 3 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| i | Use only if the respondent is unable to separate expenses. | | | 0030 | | | | | | 1 2 | 3 5 5 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| | Combined expenses for books and tuition (Codes 300 and 350) | . 370 | | 0040 | | | | | | 2 | 3 5 5 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| | Other combined education expenses (Include any combined educational | | | 0050 | | | | | | | 3 5 5 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| | expenses not previously reported.) (Codes 100. | | | 0060 | | | | | | 1 | 3 5 5 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| | 200, 300, 310, 320, 340–360) | . 380 | | 0070 | | | | | | 2 | 3 5 5 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| | | | | 0080 | | | | | | 2 | 3 5 5 | | | \$.0 | 00 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| | | | | 0090 | | | | | | | 3 5 5 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| | | | | 0100 | | | | | | 2 | 3 | | | \$.0 | 0 1 | | 2 🗆 | \$.00 | | | | | | \$ | .00 |
| | | | | 0110 | | | | | | 2 | 3 5 5 | | | \$.0 | 0 1 | | 2 🗆 | \$.00 | | | | | | \$ | .00 |
| 4. | REPRESENTATIVE | 1 16 0 | 03 8 ↓ ☐ Go to | 0120 | | | | | | 2 | 3 5 5 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| 1 | Mark (X) box if there are no | 999 | next section | 0130 | | | | | | 2 | 3 5 5 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| | entries recorded in columns b–j. | | | 0140 | | | | | | 2 | 3 5 5 | | | \$.0 | 0 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| | | | | 0150 | | | | | | 1 | 3 5 5 | | | \$.0 | 00 1 | | 2 🗌 | \$.00 | | | | | | \$ | .00 |
| FORM C | -302 | | | | | | | | | | | | | | | | | | | | | | | | |

Page 82 Page 82

| Page 83 | | ge 83 |
|---------|-------|-------|
| | NOTES | |
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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 – Subsc | riptions and M | embe | rships | 4 17 02 2 → | | | | 1 | | | 1 | | | | | | | | |
|-----|--|----------------------|----------|---------------|---|-------------|---------|----------------------------|--------|--------------|--------------|--------------|----------------------------|------------------|------------------|------------|-----------|------|-----------|-------|
| | а | | _ | b | С | | d | е | | f | | | g | | T | PRE | | | | NOTES |
| 1. | Since the 1st of (mo | onth, 3 months ago), | | ENTER ITEM | What is the name of the (subscription, club, or | Mark the | | What was the total cost | amour | nuch of this | | Did y | | 1 | 2 | 3 | 4 | | | |
| | purchased any of the | e following for your | ONLY | CODE from | organization reported in column a)? | appro | opriate | during this period? | this m | onth? | | any other | ? | | | С | OST | | | |
| | | | SE | column a. | Enter name such as "Daily | | | (Include shipping and | | | | IC IIA I | | | lt | | | | | |
| | FIELD REPRESENTAT Read each item listed | IVE - ITEM YES NO | | | News," "Redbook," "Columbia Record Club," and "Book of the | | | handling fees.) | | | | to nex | ," go kt item umn a. | Description from | ltem code | Total from | This mor | -41- | | |
| | below. | | CESSING | | Month Club." | | | | | | | III COIL | uiiiii a. | column c | from column b | column e | from colu | | f | |
| | Newspaper delivery | 100 | PROCE | | | OWN | GIFT | | | | | | | | | | | _ | | |
| | Books purchased fr | om a | <u> </u> | | | OSL | l T | 1 | | 1 | | YES | i | | | ı | | 1 | Vone | |
| | book club | 200 | 0010 | | | 1 | 2 🗌 | \$.00 | \$ | .00 | 0 🗆 | | | | | \$.00 | \$ | 00 | | |
| | Compact discs, tap videos, or records | es, | 0020 | | | 1 | 2 | \$.00 | \$ | .00 | 0 🗆 | | | | | \$.00 | \$ | 00 | | |
| | purchased from a mail-order club | 300 | 0030 | | | 1 | 2 | | | .00 | o | | ; _□ | | | \$.00 | \$.0 | 00 | | |
| | Magazine or period | cal | 0040 | | | _ | 2 | * | | | 0 🗆 | | · | | | \$ 1.00 | | 00 | | |
| | subscriptions | 400 | 0050 | | | _ | 2 🗆 | | | | 0 | | <u> </u> | | | ! | | Ť | \neg | |
| | Theater, concert, o | pera, | | | | | 2 | | \$ | | | | + | | | \$.00 | \$ 1.0 | 00 | \exists | |
| | or other musical se season tickets | ies, 500 | 0060 | | | _ | + | | \$ | .00 | | | ¦ 🗆 | | | \$.00 | \$ | 00 i | | |
| | Season tickets to | | 0070 | | | 1 🗆 | 2 🗆 | \$.00 | \$ | .00 | | | | | | \$.00 | \$ | 00 | | |
| | sporting events | 600 | 0800 | | | | 2 🗆 | Ť | \$ | .00 | 0 🗆 | | | | | \$.00 | \$ | 00 | | |
| | Reference books No | | 0090 | | | 1 | 2 🗆 | \$.00 | \$ | .00 | ¦ o □ | | ¦ 🗆 | | | \$.00 | \$.0 | 00 | | |
| | in sets | 900 | 0100 | | | 1 | 2 🗆 | \$.00 | \$ | .00 | 1 | | | | | \$.00 | \$ | 00 | | |
| | Encyclopedias or other sets of | | 0110 | | | 1 | 2 | \$.00 | \$ | .00 | | | ¦ 🗆 | | | \$.00 | \$ | 00 | | |
| 2a. | reference books . | 700 | 0120 | | | 1 | 2 🗆 | | | .00 | | | <u> </u> | | | \$.00 | | 00 | | |
| | Have you (or any me purchased any of the someone outside the | e CU? | 0130 | | | | 2 🗆 | | | .00 | | | I | | | | | I | | |
| | | – Go to item 3 | 0140 | | | | | I | | | l o □ | _ | <u> </u> | | | \$.00 | | 00 | | |
| b | If YES – | Item code(s) | | | | | | | \$ | .00 | | | 1 | | | \$.00 | \$ | - 1 | | |
| | was purchased? | | 0150 | | | _ | 2 🗌 | · · | \$ | .00 | | | <u> </u> | | | \$.00 | | 00 | | |
| | Complete a separate gift purchased. | ine for each | 0160 | | | _ | 2 🗆 | | \$ | .00 | | | | | | \$.00 | | 00 | | |
| 3. | FIFLD | 1 17 01 0 ↓ | 0170 | | | 1 | 2 🗌 | , | \$ | .00 | ¦ o □ | | ¦ 🗆 | | | \$.00 | \$.0 | 00 | | |
| | REPRESENTATIVE CHECK ITEM | 0010 999 Go to | 0180 | | | 1 | 2 🗆 | \$.00 | \$ | .00 | 0 🗆 | | | | | \$.00 | \$ | 00 | | |
| | Mark (X) box if there are no entries recorded | next page | 0190 | | | 1 | 2 | \$.00 | \$ | .00 | 0 🗆 | | | | | \$.00 | \$ | 00 | | |
| | in columns b–g. | | 0200 | | | 1 | 2 🗆 | \$.00 | \$ | .00 | | | ; _□ | | | \$ 1.00 | | 00 | | |

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 – Subsc | riptions and M | embe | rships | – Continued | 4 17 0 | 4 8 → | | | | | | | | | |
|----------|---|---|------------|-------------------------------|---|---------------------------------------|---------|------|--|---|--------------------|----------------------|------------|------------|-------------------|-------|
| | а | | | b | С | d | | е | f | g | | | PRE | | | NOTES |
| 4. | had any membershi expenses related to Do not include contrib | ip costs or other on the following? butions to or | ONLY | ENTER ITEM CODE from | What is the name of the (subscription, club, or organization reported in column a)? | Mark (X) the appropriat box. | total c | this | How much of this amount was paid this month? | Did you purchase any other? | | 2 | 3 | 4 COST | | |
| | membership in religion business, or other tax organizations. | ous, professional, a deductible | USE | column a. | Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor | | | | | If "No," go to next ite in column | m Description from | Item code from | Total from | This mont | h | |
| | FIELD REPRESENTAT Read each item listed below. Country clubs, heal | CODE 123 NO | PROCESSING | | Club." | OWN GIF | _ Г | | | | | column b | column e | from colum | n f | |
| | clubs, swimming po tennis clubs, social other recreational | ools, or | 0010 | | | 1 2 | | . 00 | | ne YES NO | | | ¢ | , oc | ¦None └ □ | |
| | organizations | 800 | 0020 | | | 1 2 | | .00 |) | | _ | | \$.00 | ! | i _ l | |
| | Civic, service, or | | 0030 | | | 1 2 | + | 1.00 | | | | | \$ 1.00 | i | ; _{[-}] | |
| | fraternal organizations | 810 | 0040 | | | 1 2 | + | .00 | | | | | \$ 1.00 | | <u> </u> | |
| | Credit card memberships | 820 | 0050 | | | 1 2 | \$ | .00 | | |] | | \$.00 | \$.00 | | |
| | Automobile service | | 0060 | | | 1 2 | \$ | .00 | | | | | \$.00 | \$.00 | | |
| <u> </u> | clubs | 830 | 0070 | | | 1 2 |] \$ | .00 | \$.00 | |] | | \$.00 | \$.00 | .¦ 🗆 | |
| Эa | Have you (or any men purchased any men someone outside th | nberships as a gift to | 0080 | | | 1 2 | | .00 | | |] | | \$.00 | | | |
| | ☐ YES ☐ NO | – Go to item 6 | 0090 | | | 1 2 | \$ | .00 | | |] | | \$.00 | \$.00 | | |
| b | If YES – | Item code(s) | 0100 | | | 1 2 | + ' | .00 | | | | | \$.00 | \$ 1.00 | | |
| | memberships were purchased? | | 0110 | | | 1 2 | Ψ | .00 | | | | | \$.00 | | | |
| | Complete a separate gift membership. | line for each | 0120 | | | 1 2 | | .00 | | | | | \$.00 | | | |
| 6. | FIELD REPRESENTATIVE CHECK ITEM | | 0130 | | | 1 2 | + - | .00 | | | | | \$.00 | | | |
| | Mark (X) box if there are no | 0010 999 Go to the next | 0140 | | | 1 2 1 | | .00 | | 1 | | | \$.00 | 1 | | |
| | entries recorded in columns b–g. | section | | | | | | .00 | Ţ | | | | \$.00 | T | ' | |
| | NOTE | S | 0160 | | | 1 2 | + - | .00 | | | | | \$.00 | | | |
| | | | 0170 | | | 1 2 | | .00 | | | | | \$.00 | 1 | <u> </u> | |
| | | | 0180 | | | 1 2 | | .00 | | - | | | \$.00 | 100 | 1 | |
| | | | 0190 | | | 1 2 | | .00 | | | | | \$.00 | | | |
| | | | 0200 | | | 1 1 2 | \$ | .00 | \$.00 0 | | | | \$ 1.00 | \$ 1.00 | ¦ □ | |

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

| F | Part B – Books and Entertain | nment Expenses 1 17 26 7 ↓ | | | | | | |
|-----|---|---|------------|---|--|-----|---|---|
| 1a. | Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any fees for participating in sports such as tennis, golf, bowling, | 0010 1 ☐ Yes 2 ☐ No – Go to item 2a | | Have any CU members bought any magazines not included in a subscription? | 0130 1 ☐ Yes 2 ☐ No – Go to item 6a | 10a | Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club? | 0280 1 ☐ Yes 2 ☐ No – Go to item 11a |
| b. | or swimming? What was the total expense | | | . What was the total expense for them? | 0140 \$ | b | . What was the total expense for them? | 0290 \$.00 |
| | for them? | 0020 \$.00 | C. | . How much of the total amount was spent this month? | 0150 \$00 | c | . How much of the total amount was spent this month? | 0300 \$.00 |
| C. | How much of the total amount was spent this month? | 0030 \$.00 .00 .00 | 6a. | . Have any CU members purchased single copies of | 0160 1 Yes | 11a | . Have any CU members rented | 0 □ None |
| 2a. | Have you (or any members of your CU) paid any single admissions | | b. | newspapers (non-subscription)? What was the total expense | 2 □ No – Go to item 7a | ' ' | any video cassettes, video tapes, or video discs? | 0310 1 ☐ Yes 2 ☐ No – Go to next section |
| | CU) paid any single admissions to spectator sporting events such as football, baseball, hockey, or soccer? | 2 ☐ No – Go to item 3a | | for them? How much of the total amount | 0170 \$.00 | b | . What was the total expense for them? | 0320 \$.00 |
| b. | What was the total expense for them? | 0050 \$.00 | " | was spent this month? | 0180 \$00 | C | How much of the total amount was spent this month? | 0330 \$.00 |
| C. | How much of the total amount was spent this month? | 0060 \$.00 | 7a. | Have any CU members purchased compact discs, audio tapes, needles, or records other than through a mail-order club? | 0190 1 ☐ Yes 2 ☐ No – Go to item 8a | | NO | 0 □ None DTES |
| 3a. | Have you (or any members of | 0 ☐ None | b. | . What was the total expense for them? | 0200 \$.00 | _ | | |
| | your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts? | 2 ☐ No – Go to item 4a | C. | How much of the total amount was spent this month? | 0210 \$.00 | | | |
| b. | What was the total expense for them? | 0080 \$.00 | 8a. | . Have any CU members purchased | 0 □ None | _ | | |
| c. | How much of the total amount | 0090 6 .00 | | any photographic film? | 2 □ No – Go to item 9a | | | |
| | was spent this month? | 0090 \$.00 o \(\sum \) None | b. | . What was the total amount spent? | 0230 \$.00 | | | |
| 4a. | Have you (or any members of your CU) bought any (other) books, including paperbacks, not purchased through a book | 0100 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> | C . | . How much of the total amount was spent this month? | 0240 \$.00 0 \(\text{None} \) | | | |
| L | club? (Exclude reference books or school books.) | | 9a. | . Have any CU members paid for film processing? | 0250 1 Yes | | | |
| D. | What was the total expense for them? | 0110 \$.00 | h | . What was the total amount | 2 □ No – Go to item 10a | | | |
| | | | | spent? | 0260 \$ | | | |
| C. | How much of the total amount was spent this month? | 0120 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | C. | . How much of the total amount was spent this month? | 0270 \$.00 | | | |
| | | ∪ □ NOHE | | | o □ None | | | |

| Page 87 | Page |
|---------|-------|
| | NOTES |
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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).

Section 18 – TRIPS AND VACATIONS

| | | | | | | | | | 3.00 (, | - partially partial to tay or o, | |
|--|---|----------------------|----------------|--|---------------------------------------|-------------------|--|--|---|--|--|
| Part A – Screening Questions | 1 18 00 0 ↓ | | 1 18 | 3 01 8 🗸 | | | | | | | |
| 1a. Now I'm going to ask about trips and vacations. First I'd like to ask about trips taken by you (or any members of your CU) which were paid for by someone else. Since | 0010 1 Yes | 8. <i>A</i> | sk col | umns c–i for each trip reported in | items 2–7b. Do not | record a | ny trip more than c | once. Trips reported in | item 1b will be recorded i | n part D. h | i |
| 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? | 2 □ No − Go to item 2 | Trip not ended | Line No. | Trip type | Where did you go on this tr | (tney) | 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? |
| DI W 128 Hote many cape like tine and you have. | Go to item 2 | | | FROM ITEM – | City or place | | | | costs for this trip? | | non-CO member? |
| FIELD REPRESENTATIVE – Ask if box is marked. 2. Last interview you reported trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now. | Complete items 8e–8i for each trip checked in 8a. | | 1 | 1 3b (relatives or friends) 2 4b (business) 3 5b (sightseeing, sports, etc. | State | | | Trips (If more than one trip, go to item 8h) (If one trip, go to | 1 Yes - Enter "1" in item 8i - Go to next trip 2 No - Enter "1" in | Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as | Trips partially reimbursed – Enter trip I.D. No. below |
| 3a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer to visit relatives or friends? | 0030 1 Yes 2 No - Go to | | | 5 7b (day trips) | Foreign country | | trip | item 8g) | item 8h – Go to next trip | in 8f, go to next trip Trip identification No. | Trip identifi- cation No. |
| b. If YES – How many trips were taken to visit relatives or friends? | item 4a 0040 Trips | | | FROM ITEM – 1 3b (relatives or friends) 2 4b (business) | City or place State | | Month | Trips | 1 ☐ Yes – Enter "1" in item 8i – Go to | Trips paid for entirely by CU – <i>Enter trip I.D.</i> | Trips partially reimbursed – |
| 4a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members | Ask items 8c–8i for each trip reported | - | 2 | 3 \(\) 5b (sightseeing, sports, etc. 4 \(\) 6b (any others) 5 \(\) 7b (day trips) | | 0 | Go to next | (If more than one trip, go to item 8h) (If one trip, go to item 8g) | next trip 2 No – Enter "1" in item 8h – Go to next trip | No. below. If number of trips is the same as in 8f, go to next trip. | Enter trip I.D. No. below Trip identifi- |
| of your CU) been away overnight or longer for business? | 2 ☐ No – Go to item 5a | | | FROM ITEM – | City or place | | | | - | Trip identification No. | cation No. |
| b. If YES – How many trips were taken for business? | 0060 Trips Ask items 8c–8i for each trip reported | | 3 | 1 ☐ 3b (relatives or friends) 2 ☐ 4b (business) 3 ☐ 5b (sightseeing, sports, etc. | State | | D ☐ Not ended – | Trips (If more than one trip, go to item 8h) | 1 ☐ Yes – Enter "1" in item 8i – Go to next trip 2 ☐ No – Enter "1" in | Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as | Trips partially reimbursed – Enter trip I.D. No. below |
| 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 | 0070 1 ☐ Yes 2 ☐ No – Go to item 6a | | | 4 ☐ 6b (any others) 5 ☐ 7b (day trips) | Foreign country | | Go to next trip | (If one trip, go to item 8g) | item 8h - Go to next trip | in 8f, go to next trip. Trip identification No. | Trip identifi- cation No. |
| organizational meetings, or outdoor recreation? b. If YES – How many trips were taken for these reasons? | 0080 Trips Ask items 8c–8i for | | | FROM ITEM – 1 3b (relatives or friends) 2 4b (business) | City or place | | Month | Trips | 1 ☐ Yes – Enter "1" in item 8i – Go to | Trips paid for entirely by CU – <i>Enter trip I.D.</i> | Trips partially reimbursed – |
| 6a. (Other than the trips you already mentioned,) Since the | each trip reported | | 4 | 3 ☐ 5b (sightseeing, sports, etc. 4 ☐ 6b (any others) | | 0 | Not ended – Go to next | (If one trip, go to | next trip 2 □ No – Enter "1" in item 8ḥ – Go to | No. below. If number of trips is the same as in 8f, go to next trip. | Enter trip I.D. No. below |
| 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer on any other kind of trip? | 0090 1 ☐ Yes 2 ☐ No – Go to | | | 5 🗌 7b (day trips) | Foreign country | | | item 8g) | next trip | Trip identification No. | Trip identifi- cation No. |
| b. If YES – How many trips were taken for these reasons? | item 7a | | | LLY CHART ips ENTIRELY paid for by someo | ne outside the CU. (| complete | one part D. | | | PRE | |
| D. If te3 – now many trips were taken for these reasons: | 0100 Trips Ask items 8c–8i for | | For t | rips paid for by CU or trips partial complete the appropriate detailed | lly paid for by some | one outsi | ide the CU, fill out | the chart below | | Destination | 2 Month ended |
| _ | each trip reported | | Trip | Trip paid for Tri | p partially | Trip | Trip paid for | Trip partially paid for by | | Dodanacion | inena enace |
| 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 | 0110 1 ☐ Yes 2 ☐ No – <i>Go to</i> | lder | ntifica No. | (from column h) non-(| CII members luell | tification No. | entirely by CU (from column h | (Iroin columni) | | | |
| 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that? | item 9 | | 1 2 | ☐ Complete part B☐ Con | · · · | 5 6 | ☐ Complete part | | <u> </u> | | |
| b. If YES – How many such trips were taken? | 0120 Trips Ask items 8c-8i for | | 3 | ☐ Complete part B ☐ Con | · · · · · · · · · · · · · · · · · · · | 7 | ☐ Complete part | | - | | |
| | each trip reported | | 4 | ☐ Complete part B ☐ Co | mplete part C | 8 | ☐ Complete part | B 🗌 Complete part | С | | |
| 3 00 | | | | 0 .: | 40 D . A | | | | | | D 00 |

| Part A – Screening Questions – Co | ntinu | ıed | 1 18 02 6 🕶 | | | | | | | | | |
|-----------------------------------|----------------------|--------------------------|--|---|------------------------------------|------------|---|-----------------------|--|---------------------------------|---|---|
| NOTES | 8. As | sk colum | ns c–i for each trip reported in it | tems 2–7b. Do not record | d any trip more | than on | nce. Trips reporte | ed in item 1 | lb will be reco | rded in part | D. | |
| | a | b | С | d | е | | f | | g | | h | i |
| | Trip not ended | Line No. | Trip type | Where did you (they) go on this trip? | In what mont this trip en | th did (| How many trips or members of take to (destina (month end | your CU) ation) in | Did or will a employed other n member p the costs fo | r, or any on-CU ay any of | 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? |
| | | 5 | FROM ITEM – 1 ☐ 3b (relatives or friends) 2 ☐ 4b (business) 3 ☐ 5b (sightseeing, sports, etc.) 4 ☐ 6b (any others) 5 ☐ 7b (day trips) | State Foreign country | Mont 0 □ Not ended Go to nex | d - | Trips (If more than one go to item 8h) (If one trip, go to | e trip, | 1 □ Yes – En item 8i – next trip 2 □ No – Ent item 8h - next trip | Go to er "1" in - Go to | Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No. | Trips partially reimbursed – Enter trip I.D. No. below Trip identification No. |
| | | 6 | FROM ITEM – 1 3b (relatives or friends) 2 4b (business) 3 5b (sightseeing, sports, etc.) 4 6b (any others) 5 7b (day trips) | State Foreign country | Mont 0 □ Not ended Go to nex | d - | Trips (If more than one go to item 8h) (If one trip, go to | e trip, | 1 □ Yes – En item 8i – next trip 2 □ No – Ent item 8h - next trip | Go to er "1" in - Go to | Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No. | Trips partially reimbursed – Enter trip I.D. No. below Trip identification No. |
| | | 7 | FROM ITEM – 1 3b (relatives or friends) 2 4b (business) 3 5b (sightseeing, sports, etc.) 4 6b (any others) 5 7b (day trips) | State Foreign country | Mont 0 □ Not ended Go to nex | d - | Trips (If more than one go to item 8h) (If one trip, go to | e trip, | 1 ☐ Yes – En item 8i – next trip 2 ☐ No – Ent item 8h - next trip | Go to er "1" in - Go to | Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No. | Trips partially reimbursed – Enter trip I.D. No. below Trip identification No. |
| | | 8 | FROM ITEM – 1 3b (relatives or friends) 2 4b (business) 3 5b (sightseeing, sports, etc.) 4 6b (any others) 5 7b (day trips) | State Foreign country | Mont 0 □ Not ended Go to nex | d – | Trips (If more than one go to item 8h) (If one trip, go to | e trip, | 1 □ Yes – En item 8i – next trip 2 □ No – Ent item 8h - next trip | Go to er "1" in - Go to | Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No. | Trips partially reimbursed – Enter trip I.D. No. below Trip identification No. |
| | • <i> </i> | For trips For trips | Y CHART – Continued ENTIRELY paid for by someone paid for by CU or trips partially ow and complete the appropriat | paid for by someone out | tside the CU, fill | II out the | e | | | | NOTES | |
| | io | Trip dentifica No. | Trip paid for entirely by CU (from column h) | Trip partially paid for by non-CU members (from column i) | Trip dentification No. | entire | p paid for rely by CU column h) | by non-Cl | ally paid for U members column i) | | | |
| | | 9 | ☐ Complete part B | ☐ Complete part C | 13 | ☐ Com | nplete part B | ☐ Comp | lete part C | | | |
| | | 10 | ☐ Complete part B | ☐ Complete part C | 14 | ☐ Com | nplete part B | ☐ Comp | lete part C | | | |
| | | 11 | ☐ Complete part B | ☐ Complete part C | 15 | ☐ Com | nplete part B | □ Сотр | lete part C | | | |
| 100M 05 000 | | 12 | ☐ Complete part B | ☐ Complete part C | 16 | ☐ Com | nplete part B | \square Comp | lete part C | | | |

| Part B – Trip | os Paid Enti | rely By CU | | | | | | | | | |
|--|--|--|---------------------------------------|------|--|-------------------|--------------|---|------------|--|---|
| 1. FIELD REPRESI | ENTATIVE | PROCESS | SING USE ONLY | | 1 18 34 9 🗼 | | | nd respondent Information Booklet, page 37. | | Ask for each code 1–5 marked in | embers of your CU) |
| In item 1a, ento number from 1 Chart in part A | Trip Tally | a. TRIP IDENT | TIFICATION NUMBER | 0010 | Ident | tification number | all of | orting at the beginning of this trip, please tell me the kinds of transportation you (or any members your CU) used from the time you (they) left home | | spend for (transportation) (oth package deal covered)? | er than what the |
| destination in i number of (ide | item 1b, the entical) trips | b. DESTINATI | ON | | | | l | the time you (they) got back home. OBE – Any other kinds of transportation on this | | Ask for each code 6-12 marked How much did you (or any m | embers of your CU) |
| in item 1c, and the trip ended | I the month in item 1d. | | OFFICE USE ONLY | 0020 | | | tri | 2 | 4 | spend for (transportation) not any members of your CU) bo the package deal covered)? | including gas you (or ught (other than what |
| | | C. NUMBER C | OF (IDENTICAL) TRIPS | 0030 | Num | ber | lf r | o codes 1–12 marked, go to item 4. | | one paenage acar coreran, | |
| | | d. MONTH EN | IDED | 0040 | | | | COMMERCIAL | | COMMERCIAL | |
| e. If set of identica | al trips read – Sin o | ce you (your CU | | | | | | Local (taxi, etc.) | | 01 \$ | o □ None |
| total of all the | ese trips for each | of the following | ng questions. | | | | | Airplane | | 02 \$ | o □ None |
| f. Now I'd like to you (your CU) | o ask some addit took to (destinat | tional question tion). If day trip, g | s about the trip(s) go to item 2a. | | | | | ☐ Train | | 03 \$ | o □ None |
| g. Verify if already | reported. Otherw | vise, ask – How r | many nights did | | | | 0150 0 | ☐ Bus | | 04 \$ | o □ None |
| this trip? | | | | 0050 | Nigh | ts | 0160 0 | ☐ Ship | 0330 | 05 \$00 | o 🗆 None |
| 2a. Sometimes w package deal part of this tr | /hen people tak ∣that covers so rip covered by a | me or all of the | e costs. Was all or | | 1 □ Yes 2 □ No – <i>Go to item 3a</i> | | | RENTED | | RENTED | |
| b. If "Yes," ask for | r each item: Did | the package d | eal include | | | Yes No DK | | ☐ Car, jeep | | 06 \$ | o □ None |
| FIELD REPRES | ENTATIVE – Read | d each item liste | ed. | 0070 | Food and beverages | 1 | | ☐ Truck, van | | 07 \$ | o □ None |
| | | | | | Lodging | 1 | 0190 08 | ☐ Motorcycle, moped | | 08 \$ | o □ None |
| | | | | 0090 | Transportation | 1 🗆 2 🗆 X 🗆 | | Private plane | | 09 \$ | o □ None |
| | | | | 0100 | Anything else \nearrow | 1 🗆 2 🗆 X 🗆 | | ☐ Boat, trailer | | 10 \$00 | o □ None |
| | | | | | Specify | . | 0220 1 | ☐ Camper | 0390 | 11 \$ | o ☐ None |
| C. How much die | d vou (or any m | nembers of vol | ur CU) pay for the | | | - 1 1 | 0230 1 | Other vehicles | 0400 | 12 \$00 | o □ None |
| package deal | ? | , | | 0110 | \$ [.00] | | | PRIVATE | | | |
| | | | NOTES | | | | 0240 1 | ☐ Car owned by CU | | | |
| | | | | | | | 0250 1 | ☐ Vehicle leased by CU | | | |
| | | | | | | | 0260 1 | Other vehicle owned by CU | | | |
| | | | | | | | 0270 10 | ☐ Vehicle owned by someone else | | | |
| | | | | | | | 0280 1 | Other transport | | | |
| | | | | | | | | | | | |
| | | | | | | | 4. Co | des 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item b | 6a. 5a. | | |
| | | | | | | | | | | | |

| <u> </u> | Part B – Trips Paid Entirely by CU – Contin | nued 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 ☐ Yes 2 ☐ No – Go to item 5c | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 ☐ Yes 2 ☐ 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 \$ | |
| C | While on the trip, did you (or any members of your CU) spend anything for tolls? | 0030 1 Yes 2 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 | 0210 1 ☐ Yes 2 ☐ No – Go to item 12a | |
| d | If YES – How much did you (or any members of your CU) spend for tolls? | 0040 \$ | Information Booklet, page 40.) If YES – b. How much did you (or any members of your CU) spend? | | |
| e | Did you (or any members of your CU) have any parking fees? | 0050 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i> | 12a. Did you (or any members of your CU) have any expenses | 0220 \$ | |
| f. | If YES – How much were they? | 0060 \$.00 | for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES – | 2 □ No - Go to item 13a | |
| 6a | Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal | 0070 1 ☐ Yes | b. How much were these expenses? | 0240 \$ | |
| b | covered)? If YES – What was the cost, including taxes and tips? | 2 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 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D | |
| | | \$ | b. Did these expenses include anything for? | YES NO DK | |
| 7a | . Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? | 0090 1 ☐ Yes 2 ☐ No – Go to item 8a | FIELD REPRESENTATIVE – Read each item listed. | 0260 Food and beverages 1 2 x | |
| | If YES – | | | 0270 Lodging | |
| b | . What was the cost, including taxes and tips? | 0100 \$ | | 0280 Transportation 1 □ | |
| C | Was any of the (amount in item 7b) for alcoholic beverages? | 0110 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i> | | 0290 Other expenses | |
| d | If YES – What was the cost for alcoholic beverages, including taxes and tips? | 0120 \$ | C. How much of the total expenses for this trip were for persons outside your CU? | 0300 \$ | |
| 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 ☐ Yes 2 ☐ No – Go to item 9a | 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 | |
| b | If YES – What were the expenses, including taxes? | 0140 \$.00 | | VEQ. NO. DV | |
| | | | b. Does this (amount) include anything for? | YES NO DK | |
| G, | Was any of the (amount in item 8b) for alcoholic beverages? | 0150 1 ☐ Yes 2 ☐ No – Go to item 9a | FIELD REPRESENTATIVE – Read each item listed. | 0320 Food and beverages 1 □ | |
| d | If YES – What was the cost for alcoholic beverages, including taxes? | 0160 \$ | | 0330 Lodging | |
| 9a | Did you (or any members of your CU) have any expenses for rental of sports equipment (not | | | 0350 Other expenses 1 2 X | |
| | counting what the package deal covered)? (Hand respondent Information Booklet, page 38.) | 0170 1 ☐ Yes 2 ☐ No – Go to item 10a | | 0360 Expenses for others 1 □ 2 □ X □ | |
| b | If YES – . How much did you (or any members of your CU) pay to rent sports equipment? | 0180 \$ | GO TO NEXT TRIP; AFTER LAST | TRIP, GO TO PART D. | |
| | | · | | | |

| P | Part B – Trips Paid Enti | irely By CU - | - Continued | | | | | | | | | | |
|-----|--|--|---------------------------------|-------|---|-------------------|-------------|-----------------|---|-----------|--|------------------|------------------|
| 1. | FIELD REPRESENTATIVE ITEM | PROCESSI | ING USE ONLY | | 1 18 36 4 🗼 | | | | espondent Information Booklet, page 37. | | . Ask for each code 1–5 marked i | embers of your | CU) |
| | In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip | a. TRIP IDENTIF | FICATION NUMBER | 0010 | Ident | tification number | a | II the f vou | ng at the beginning of this trip, please tell me kinds of transportation you (or any members ir CU) used from the time you (they) left home | | spend for (transportation) (oth package deal covered)? | er than what the | е |
| | destination in item 1b, the number of (identical) trips | b. DESTINATIO | DN | | | | 1 | | time you (they) got back home. - Any other kinds of transportation on this | | Ask for each code 6–12 marked How much did you (or any m | embers of your | CU) |
| | in item 1c, and the month the trip ended in item 1d. | | OFFICE USE ONLY | 0020 | | | | rip? | - Any other kinds of transportation on this | | spend for (transportation) not any members of your CU) bo the package deal covered)? | ught (other than | ou (or n what |
| | | C. NUMBER OF | (IDENTICAL) TRIPS | 0030 | Num | ber | 11 | no co | odes 1–12 marked, go to item 4. | | the puckage acui covercuj. | | |
| | | | | 0040 | | | | | COMMERCIAL | | COMMERCIAL | | |
| e. | If set of identical trips read – Since | d. MONTH END | took a set of | 00.10 | | | 0120 | 01 🗌 | Local (taxi, etc.) | 0290 | 00 01 \$ | o 🗌 None | |
| | similar trips, I will ask about t total of all these trips for each | them as a group. | Please give the | | | | 0130 | 02 🗌 | Airplane | 0300 | 0 02 \$ | o □ None | |
| f. | Now I'd like to ask some addi you (your CU) took to (destinate | itional questions ation). If day trip, go | about the trip(s) o to item 2a. | | | | 0140 | 03 🗌 | Train | | 00 \$ | o □ None | |
| g. | Verify if already reported. Othery | wise, ask – How m | any nights did | | | | 0150 | 04 🗌 | Bus | 0320 | 00 04 \$ | o 🗌 None | |
| | you (or any members of your this trip? | | | 0050 | Nigh | ts | 0160 | 05 🗌 | Ship | 0330 | 0 05 \$ | o 🗌 None | |
| 2a. | Sometimes when people tak package deal that covers so part of this trip covered by a | ome or all of the | costs. Was all or | | 1 ☐ Yes 2 ☐ No – <i>Go to item 3a</i> | | | | RENTED | | RENTED | | |
| b. | If "Yes," ask for each item: Did | | | | | Yes No DK | 0170 | 06 🗌 | Car, jeep | 0340 | 0 06 \$ | o □ None | |
| | FIELD REPRESENTATIVE – Rea | _ | | | | 1 | 0180 | 07 🗌 | Truck, van | 0350 | 0 07 \$ | o 🗌 None | |
| | | | | | Food and beverages | 1 | 0190 | 08 🗌 | Motorcycle, moped | 0360 | 00.00 | o 🗌 None | |
| | | | | | Transportation | | 0200 | 09 🗌 | Private plane | 0370 | 00. | o 🗌 None | |
| | | | | 0100 | Anything else $_{\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ | 1 | 0210 | 10 🗌 | Boat, trailer | 0380 | 0 10 \$ | o 🗌 None | |
| | | | | | Specify | | 0220 | 11 🗌 | Camper | 0390 | 0 11 \$ | o □ None | |
| | | | | | | - 1 1 | 0230 | 12 🗌 | Other vehicles | 0400 | 0 12 \$ | o 🗌 None | |
| C. | How much did you (or any m package deal? | nembers of your | r CU) pay for the | 0110 | \$ | | | | PRIVATE | | , | | |
| | | | NOTES | | | | 0240 | 13 🗌 | Car owned by CU | | | | |
| | | | | | | | 0250 | 14 🗌 | Vehicle leased by CU | | | | |
| | | | | | | | 0260 | 15 🗌 | Other vehicle owned by CU | | | | |
| | | | | | | | 0270 | 16 🗌 | Vehicle owned by someone else | | | | |
| | | | | | | | 0280 | 17 🗌 | Other transport | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | 4. c | odes | 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5 | 6a. | | | |
| | | | | | | | | | n any codes o-17 marked, continue with item sa | <i>a.</i> | | | |

| <u> </u> | Part B – Trips Paid Entirely by CU – Contir | nued 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 ☐ Yes 2 ☐ No – Go to item 5c | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i> | |
| b. | How much did you (or any members of your CU) spend for that? | 0020 \$.00 | <i>If YES –</i> b. How much did you (or any members of your CU) pay? | 0200 \$ | |
| C. | While on the trip, did you (or any members of your CU) spend anything for tolls? | 0030 1 Yes 2 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 | 0210 1 ☐ Yes 2 ☐ No – Go to item 12a | |
| d. | If YES – How much did you (or any members of your CU) spend for tolls? | 0040 \$ | Information Booklet, page 40.) If YES – b. How much did you (or any members of your CU) spend? | | |
| e. | Did you (or any members of your CU) have any parking fees? | 0050 1 ☐ Yes 2 ☐ No – Go to item 6a | 12a. Did you (or any members of your CU) have any expenses | 0220 \$ | |
| f. | If YES – How much were they? | 0060 \$.00 | for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES – | 2 ☐ No – Go to item 13a | |
| 6a. | Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal | 0070 1 ☐ Yes | b. How much were these expenses? | 0240 \$ | |
| b. | covered)? If YES – What was the cost, including taxes and tips? | 2 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 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D | |
| | | \$ | b. Did these expenses include anything for? | YES NO DK | |
| 7a. | Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? | 0090 1 ☐ Yes 2 ☐ No – Go to item 8a | FIELD REPRESENTATIVE – Read each item listed. | 0260 Food and beverages 1 2 X | |
| b. | If YES – What was the cost, including taxes and tips? | 0100 \$.00 | | 0270 Lodging | |
| C. | Was any of the (amount in item 7b) for alcoholic beverages? | 0110 1 □ Yes | | 0280 Transportation 1 □ 2 □ X □ 0290 Other expenses 1 □ 2 □ X □ | |
| | | 2 □ No – Go to item 8a | | | |
| d. | If YES – What was the cost for alcoholic beverages, including taxes and tips? | 0120 \$ | C. How much of the total expenses for this trip were for persons outside your CU? | 0300 \$ | |
| 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 ☐ Yes 2 ☐ No – Go to item 9a | 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 | |
| b. | If YES – What were the expenses, including taxes? | 0140 \$.00 | b. Does this (amount) include anything for? | YES NO DK | |
| C. | Was any of the (amount in item 8b) for alcoholic beverages? | 0150 1 ☐ Yes 2 ☐ No – Go to item 9a | FIELD REPRESENTATIVE – Read each item listed. | 0320 Food and beverages 1 2 X | |
| 4 | If YES – What was the cost for alcoholic beverages, including | | | 0330 Lodging | |
| <u>u</u> . | taxes? | 0100 \$ | | 0340 Transportation 1 ☐ 2 ☐ X ☐ | |
| 9a. | Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.) | 0170 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i> | | 0350 Other expenses | |
| | If YES – | | | 0360 Expenses for others 1 | |
| b. | How much did you (or any members of your CU) pay to rent sports equipment? | 0180 \$00 | GO TO NEXT TRIP; AFTER LAST | TRIP, GO TO PART D. | |

| P | Part B – Trips Paid Enti | irely By CU | Continued | | | | | | | | |
|-----|--|--|---------------------------------|------|---|------------------|----------------------|---|--------------|--|-----------------------|
| 1. | FIELD REPRESENTATIVE ITEM | PROCESS | SING USE ONLY | | 1 18 38 0 ↓ | | | respondent Information Booklet, page 37. | | Ask for each code 1–5 marked i How much did you (or any m | embers of your CU) |
| | In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip | a. TRIP IDENTI | IFICATION NUMBER | 0010 | Ident | ification number | all t of v | ting at the beginning of this trip, please tell me he kinds of transportation you (or any members our CU) used from the time you (they) left home | | spend for (transportation) (oth package deal covered)? | |
| | destination in item 1b, the number of (identical) trips in item 1c, and the month | b. DESTINATION | ON | | | | | ne time you (they) got back home. BE – Any other kinds of transportation on this | | Ask for each code 6–12 marked How much did you (or any m spend for (transportation) not | embers of vour CU) |
| | the trip ended in item 1d. | | OFFICE USE ONLY | 0020 | | | trip | | | spend for (transportation) not any members of your CU) bo the package deal covered)? | ught (other than what |
| | | C. NUMBER O | F (IDENTICAL) TRIPS | 0030 | Numl | ber | If no | codes 1–12 marked, go to item 4. | | and passings as an observe, | |
| | | | | 0040 | | | | COMMERCIAL | | COMMERCIAL | |
| • | If not of identical tring wood Cin | d. MONTH ENI | | 0040 | | | 0120 01 [| Local (taxi, etc.) | 0290 | 0 01 \$00 | o □ None |
| e. | . If set of identical trips read – Sin similar trips, I will ask about t total of all these trips for eacl | them as a group. | . Please give the | | | | 0130 02 [| Airplane | | 0 02 \$ | o □ None |
| f. | Now I'd like to ask some addi you (your CU) took to (destinat | itional questions tion). If day trip, g | s about the trip(s) to item 2a. | | | | 0140 03 | ☐ Train | | 0 03 \$ | o □ None |
| g. | Verify if already reported. Otherv | wise, ask – How m | nany nights did | | | | 0150 04 [| Bus | 0320 | 0 04 \$ | o □ None |
| | this trip? | | | 0050 | Night | ts | 0160 ₀₅ [| ☐ Ship | 0330 | 0 05 \$ | o □ None |
| 2a. | Sometimes when people tak package deal that covers so part of this trip covered by a | me or all of the | costs. Was all or | | 1 □ Yes 2 □ No – <i>Go to item 3a</i> | | 0170 | RENTED | 0240 | RENTED 0 06 \$ | |
| b. | If "Yes," ask for each item: Did | the package de | eal include | | | Yes No DK | | Car, jeep | | | o 🗌 None |
| | FIELD REPRESENTATIVE – Rea | nd each item liste | d. | 0070 | | 1 | 0180 07 | Truck, van | 0350 | 0 07 \$ | o □ None |
| | | | | | Food and beverages | 1 | 0190 08 [| Motorcycle, moped | 0360 | 00 08 \$ | o 🗆 None |
| | | | | | Transportation | | 0200 09 [| ☐ Private plane | 0370 | 00 \$ | o □ None |
| | | | | 0100 | Anything else $_{\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ | 1 🗆 2 🗆 X 🗆 | 0210 ₁₀ [| Boat, trailer | 0380 | 0 10 \$ | o 🗌 None |
| | | | | | Specify | | 0220 ₁₁ [| ☐ Camper | 0390 | 0 11 \$ | o □ None |
| | | | | | | | 0230 12 | Other vehicles | 0400 | 0 12 \$ | o 🗌 None |
| C. | . How much did you (or any m package deal? | nembers of you | r CU) pay for the | 0110 | \$ | | | | | | |
| | | | NOTES | | | | 0240 13 | PRIVATE ☐ Car owned by CU | | | |
| | | | | | | | | | | | |
| | | | | | | | | Vehicle leased by CU | | | |
| | | | | | | | 0260 15 | Other vehicle owned by CU | | | |
| | | | | | | | 0270 16 | Vehicle owned by someone else | | | |
| | | | | | | | 0280 17 | Other transport | | | |
| | | | | | | | | | | | |
| | | | | | | | 4. Code | es 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item | n 6a. 5a. | | |
| | | | | | | | | | | | |

| Ì | Part B – Trips Paid Entirely by CU – Contir | nued 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 ☐ Yes 2 ☐ No – Go to item 5c | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i> | |
| 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 \$ | |
| C. | While on the trip, did you (or any members of your CU) spend anything for tolls? | 0030 1 Yes 2 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 | 0210 1 ☐ Yes 2 ☐ No – <i>Go to item 12a</i> | |
| d. | If YES – How much did you (or any members of your CU) spend for tolls? | 0040 \$ | Information Booklet, page 40.) 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 ☐ Yes 2 ☐ No – <i>Go to item 6a</i> | 12a. Did you (or any members of your CU) have any expenses | 0220 \$.00 | |
| f. | If YES – How much were they? | 0060 \$ | for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES – | 2 □ No – Go to item 13a | |
| 6a. | Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal | 0070 1 ☐ Yes 2 ☐ No – Go to item 7a | b. How much were these expenses? | 0240 \$ | |
| b. | If YES – What was the cost, including taxes and tips? | 0080 \$ | 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 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D | |
| _ | | Ψ | b. Did these expenses include anything for? | YES NO DK | |
| 7a. | Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? | 0090 1 ☐ Yes 2 ☐ No – Go to item 8a | FIELD REPRESENTATIVE – Read each item listed. | 0260 Food and beverages 1 □ 2 □ x □ - 0270 Lodging 1 □ 2 □ x □ - | |
| b. | If YES – What was the cost, including taxes and tips? | 0100 \$.00 | | 0270 Lodging 1 2 X 5 5 5 5 5 5 5 5 5 | |
| C. | Was any of the (amount in item 7b) for alcoholic beverages? | 0110 1 ☐ Yes 2 ☐ No – Go to item 8a | | 0290 Other expenses 1 □ | |
| d. | If YES – What was the cost for alcoholic beverages, including taxes and tips? | 0120 \$.00 | C. How much of the total expenses for this trip were for persons outside your CU? | 0300 \$ | |
| 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 ☐ Yes 2 ☐ No – Go to item 9a | 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 \$ | |
| b. | If YES – . What were the expenses, including taxes? | 0140 \$.00 | b. Does this (amount) include anything for? | YES NO DK | |
| C. | Was any of the (amount in item 8b) for alcoholic beverages? | 0150 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i> | FIELD REPRESENTATIVE – Read each item listed. | 0320 Food and beverages 1 2 x | |
| d. | If YES – What was the cost for alcoholic beverages, including | 0160 \$.00 | | 0330 Lodging | |
| 9a. | taxes? 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 ☐ Yes 2 ☐ No – Go to item 10a | | 0350 Other expenses 1 □ 2 □ X □ | |
| b. | If YES – How much did you (or any members of your CU) pay to rent sports equipment? | 0180 \$.00 | GO TO NEXT TRIP; AFTER LAST T | O360 Expenses for others 1 | |

| F | Part B – Trips Paid Enti | irely By CU - | Continued | | | | | | | | | | |
|-----|--|---|--------------------------------------|------|---|-------------------|-----------|--------------------|--|-----------|--|---------------------|-----------|
| 1. | FIELD REPRESENTATIVE ITEM | PROCESSI | NG USE ONLY | | 1 18 40 6 🗼 | | | | respondent Information Booklet, page 37. | | . Ask for each code 1–5 marked in How much did you (or any m | embers of your CU) |) |
| | In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip | a. TRIP IDENTIF | ICATION NUMBER | 0010 | Ident | tification number | 3a | all the | ing at the beginning of this trip, please tell me e kinds of transportation you (or any members ur CU) used from the time you (they) left home | | spend for (transportation) (oth package deal covered)? | er than what the | |
| | destination in item 1b, the number of (identical) trips | b. DESTINATION | N | | | | | to the | e time you (they) got back home. E – Any other kinds of transportation on this | | Ask for each code 6–12 marked How much did you (or any m | embers of your CU) |) |
| | in item 1c, and the month the trip ended in item 1d. | | OFFICE USE ONLY | 0020 | | | | trip? | - Any other kinds of transportation on this | | spend for (transportation) not any members of your CU) bo the package deal covered)? | ught (other than wh | or hat |
| | | C. NUMBER OF | (IDENTICAL) TRIPS | 0030 | Num | ber | | If no d | codes 1–12 marked, go to item 4. | | the package deal covered): | | |
| | | _ | | 0040 | | | | | COMMERCIAL | | COMMERCIAL | | |
| Δ | If set of identical trips read – Since | d. MONTH END | | 0040 | | | 01 | 20 01 🗆 | Local (taxi, etc.) | 0290 | 0 01 \$00 | o ☐ None | |
| G. | similar trips, I will ask about t total of all these trips for each | them as a group. I | Please give the | | | | 01 | 30 ₀₂ _ | Airplane | 0300 | 0 02 \$ | o 🗌 None | |
| f. | . Now I'd like to ask some addi you (your CU) took to (destinat | itional questions a tion). If day trip, go | about the trip(s) to item 2a. | | | | | | Train | | 00 03 \$ | o □ None | |
| g. | Verify if already reported. Otherv | vise, ask – How ma | any nights did | | | | 01 | 50 ₀₄ [| Bus | 0320 | 0 04 \$ | o □ None | |
| | you (or any members of your this trip? | CU) spend away f | rom home on | 0050 | Nigh | ts | 01 | 60 ₀₅ _ | Ship | 0330 | 0 05 \$00 | o □ None | |
| 2a. | . Sometimes when people tak package deal that covers so part of this trip covered by ε | me or all of the o | ve some sort of costs. Was all or | | 1 □ Yes 2 □ No – <i>Go to item 3a</i> | | | | RENTED | | RENTED | | |
| b. | If "Yes," ask for each item: Did | | al include | | | Yes No E | <u>01</u> | 70 ₀₆ | Car, jeep | | 0 06 \$00 | 0 None | |
| | FIELD REPRESENTATIVE – Rea | nd each item listed. | | | | 1 | 01 | 80 ₀₇ _ | Truck, van | 0350 | 0 07 \$ | o □ None | |
| | | | | | Food and beverages | 1 | 0.10 | 90 08 | Motorcycle, moped | 0360 | 00 08 \$00 | o □ None | |
| | | | | | Transportation | 1 | | 00 09 | Private plane | 0370 | 00 \$ | o □ None | |
| | | | | 0100 | Anything else $_{\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ | 1 🗆 2 🗆 X | 02 | 10 10 | Boat, trailer | 0380 | 0 10 \$ | o 🗌 None | |
| | | | | | Specify | | 02: | 20 11 | Camper | 0390 | 0 11 \$ | o 🗌 None | |
| | | | | | | - 1 1 | 02 | 30 12 | Other vehicles | 0400 | 0 12 \$ | o 🗌 None | |
| C. | How much did you (or any m package deal? | nembers of your | CU) pay for the | 0110 | \$ | | | | PRIVATE | | | o 🗀 None | |
| | | | NOTES | | | | 02 | 40 13 | Car owned by CU | | | | |
| | | | | | | | 02 | 50 14 | Vehicle leased by CU | | | | |
| | | | | | | | | | Other vehicle owned by CU | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | Vehicle owned by someone else | | | | |
| | | | | | | | 02 | 17 | Other transport | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | 4. | Codes | 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5 | 6a. a. | | | |
| | | | | | | | | | | | | | |

| | Part B – Trips Paid Entirely by CU – Contin | nued 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 ☐ Yes 2 ☐ No – Go to item 5c | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 ☐ Yes 2 ☐ No – Go to item 11a | |
| b | How much did you (or any members of your CU) spend for that? | 0020 \$ | If YES – b. How much did you (or any members of your CU) pay? | 0200 \$ | |
| C | While on the trip, did you (or any members of your CU) spend anything for tolls? | 0030 1 ☐ Yes 2 ☐ 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 | 0210 1 ☐ Yes 2 ☐ No – Go to item 12a | |
| d | If YES – How much did you (or any members of your CU) spend for tolls? | 0040 \$ | Information Booklet, page 40.) If YES – b. How much did you (or any members of your CU) spend? | 0220 \$.00 | |
| е | Did you (or any members of your CU) have any parking fees? | 0050 1 ☐ Yes 2 ☐ No – Go to item 6a | 12a. Did you (or any members of your CU) have any expenses | 0220 \$.00 | |
| f. | If YES – How much were they? | 0060 \$ | for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES – | 2 □ No – Go to item 13a | |
| 6a | Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal | 0070 1 ☐ Yes | b. How much were these expenses? | 0240 \$ | |
| b | covered)? If YES – What was the cost, including taxes and tips? | 2 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 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D | |
| | | 3 | b. Did these expenses include anything for? | YES NO DK | |
| 7a | Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? | 0090 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i> | FIELD REPRESENTATIVE – Read each item listed. | 0260 Food and beverages 1 2 x | |
| b | If YES – What was the cost, including taxes and tips? | 0100 \$.00 | | 0270 Lodging 1 □ 2 □ X □ 0280 Transportation 1 □ 2 □ X □ | |
| C | Was any of the (amount in item 7b) for alcoholic beverages? | 0110 1 ☐ Yes 2 ☐ No – Go to item 8a | | 0290 Other expenses 1 □ | |
| d | If YES – What was the cost for alcoholic beverages, including taxes and tips? | 0120 \$.00 | C. How much of the total expenses for this trip were for persons outside your CU? | 0300 \$ | |
| 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 ☐ Yes 2 ☐ No – Go to item 9a | 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 | |
| b | If YES – What were the expenses, including taxes? | 0140 \$.00 | b. Does this (amount) include anything for? | YES NO DK | |
| C | Was any of the (amount in item 8b) for alcoholic beverages? | 0150 1 ☐ Yes 2 ☐ No – Go to item 9a | FIELD REPRESENTATIVE – Read each item listed. | 0320 Food and beverages 1 2 x | |
| d | If YES – What was the cost for alcoholic beverages, including | | | 0330 Lodging | |
| _ | taxes? | _ , | | 0340 Transportation 1 □ 2 □ X □ | |
| 9a | Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.) | 0170 1 Yes 2 No – Go to item 10a | | 0350 Other expenses | |
| b | If YES – How much did you (or any members of your CU) pay to rent sports equipment? | 0180 \$ | GO TO NEXT TRIP; AFTER LAST | | |
| | | | | | |

| Pa | art C – Partially Reiml | bursed Trips | | | | | | | | |
|-----|--|--|--------------------|---|------------------|---------------|--|------|--|---------------------|
| | FIELD REPRESENTATIVE | PROCESSING USE ON | NLY | 1 77 01 4 🗸 | | | d respondent Information Booklet, page 37. | | Ask for each code 1–5 marked in it | nbers of your CU) |
| | In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip | a. TRIP IDENTIFICATION N | UMBER | 0010 Ident | ification number | l of v | rting at the beginning of this trip, please tell me he kinds of transportation you (or any members our CU) used from the time you (they) left home | | spend for (transportation) (other package deal covered)? | |
| | destination in item 1b, the number of (identical) trips | b. DESTINATION | | | | | he time you (they) got back home. BE – Any other kinds of transportation on this | | Ask for each code 6–12 marked in How much did you (or any men spend for (transportation) not inc | nbers of your CU) |
| | in item 1c, and the month the trip ended in item 1d. | OFFICE US | SE ONLY | 0020 | | trip | | | any members of your CU) boug the package deal covered)? | ht (other than what |
| | | C. NUMBER OF (IDENTICAL | L) TRIPS | 0030 Numl | ber | If n | codes 1–12 marked, go to item 4. | | the puokage dear covered, | |
| | | d. MONTH ENDED | | 0040 | | | COMMERCIAL | | COMMERCIAL | |
| e. | If set of identical trips read – Sin o | ce vou (vour CU) took a set o | of | | | 0120 01 | Local (taxi, etc.) | 0290 | 01 \$ | 0 ☐ None |
| | similar trips, I will ask about t total of all these trips for eacl | them as a group. Please give | e the | | | 0130 02 | Airplane | 0300 | 00 \$ | o ☐ None |
| | You told me that someone ou trip(s) you (your CU) took to (| trip destination). In the next | | | | 0140 03 | ☐ Train | 0310 | 03 \$ | o ☐ None |
| (| questions I'm interested only pay, not those paid or to be pa day trip, go to item 2a. | in the costs you (your CU) h | er. /f | | | 0150 04 | □ Bus | 0320 | 04 \$ | o □ None |
| | Verify if already reported. Otherv | vise, ask – How many nights o | did | | | 0160 05 | ☐ Ship | 0330 | 05 \$ | o □ None |
| • | you (or any members of your of this trip? | CO) spend away from nome | on | Night | ts | | RENTED | | RENTED | |
| 2a. | Sometimes when people tak package deal that covers so part of this trip covered by a | ce a trip they have some so me or all of the costs. Was | ort of s all or | 0060 1 ☐ Yes 2 ☐ No – <i>Go to item 3a</i> | | 0170 06 | Car, jeep | 0340 | 00 \$ | o ☐ None |
| | part of this trip covered by a If "Yes," ask for each item: Did | | | 2 □ NO – GO to item 3a | Yes No DK | 0180 07 | Truck, van | 0350 | 07 \$ | o ☐ None |
| | ries, ask for each item: Did FIELD REPRESENTATIVE – Rea | | | | Tes NO DR | 0190 08 | ☐ Motorcycle, moped | | 00 \$ | o □ None |
| | TIELD HET HEGENTATIVE TICK | a cach hem natea. | | 60070 Food and beverages | 1 🗆 2 🗆 X 🗆 | 0200 09 | ☐ Private plane | | 00. \$ 00 \$ | |
| | | | | 0080 Lodging | 1 🗆 İ 2 🗆 İ X 🗆 | | | | | o □ None |
| | | | | 0090 Transportation | 1 | | Boat, trailer | | 10 \$00 | o ☐ None |
| | | | | 0100 Anything else | 1 🗆 2 🗆 X 🗆 | 0220 11 | Camper | 0390 | 11 \$ | o ☐ None |
| | | | | Specify | | 0230 12 | Other vehicles | 0400 | 12 \$ | o ☐ None |
| _ | | | - | | i i | | PRIVATE | | | |
| C. | How much did you (or any m package deal? | nembers of your CU) pay fo | or the | 0110 \$ | | | Car owned by CU | | | |
| | | NO | TES | | | 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. Coo | es 6–17: If no codes 6–17 marked in item 3a, go to item | 6a. | | |
| | | | | | | | If any codes 6–17 marked, continue with item ! | ā. | | |

| | Part C – Partially Reimbursed Trips – Cont | inued 1 77 02 2 ↓ | | | NOTES |
|-----|--|--|--|--|-------|
| | . While on the trip did you (or any members of your | | 10a. Did you (or any members of your CU) pay any fees to play | | NOTES |
| Ju. | CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels? | 0010 1 ☐ Yes 2 ☐ No – Go to item 5c | sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i> | |
| b. | What costs for gasoline or other fuels won't be reimbursed? | 0020 \$ | If YES – b. What costs for playing sports won't be reimbursed? | 0200 \$00 0 None | |
| C. | While on the trip, did you (or any members of your CU) spend anything for tolls? | 0030 1 ☐ Yes 2 ☐ 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 | 0210 1 ☐ Yes 2 ☐ No – <i>Go to item 12a</i> | |
| d. | If YES – What costs for tolls won't be reimbursed? | 0040 \$ | Information Booklet, page 40.) If YES – | | |
| e. | Did you (or any members of your CU) have any parking fees? | 0050 1 ☐ Yes 2 ☐ No – Go to item 6a | b. What costs for entertainment and admissions won't be reimbursed? | 0220 \$00 0 None | |
| f. | If YES – What costs for parking fees won't be reimbursed? | 0060 \$.00 0 □ None | 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 ☐ Yes 2 ☐ No – Go to item 13a | |
| 6a. | Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal | 0070 1 □ Yes | If YES $-$ b. What costs for these things won't be reimbursed? | 0240 \$00 0 None | |
| h | covered)? If YES – What costs for lodging, including taxes and tips, | 2 □ 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 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D | |
| | won't be reimbursed? | 0080 \$.00 ₀ None | b. Did these expenses include anything for? | YES NO DK | |
| 7a. | Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? | 0090 1 ☐ Yes 2 ☐ No – Go to item 8a | FIELD REPRESENTATIVE – Read each item listed. | 0260 Food and beverages 1 2 X | |
| b. | If YES – What costs for these things won't be reimbursed? | 0100 \$.00 ₀ None | | 0270 Lodging | |
| C. | Was any of the (amount in item 7b) for alcoholic beverages? | 0110 1 ☐ Yes 2 ☐ No – Go to item 8a | | 0280 Transportation 1 | |
| d. | If YES – What costs for alcoholic beverages, including taxes and tips, won't be reimbursed? | 0120 \$.00 ₀ None | C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU? | 0300 \$ | |
| 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 ☐ Yes 2 ☐ No – <i>Go to item 9a</i> | 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 | 0310 \$.00 | |
| b. | If YES – What costs, including taxes, won't be reimbursed? | 0140 \$ | non-reimbursed expenses a respondent is not able to break down should be combined and entered here | | |
| C. | Was any of the (amount in item 8b) for alcoholic | 0150 1 □Yes | b. Does this (amount) include anything for: | YES NO DK | |
| | beverages? | 2 ☐ No – Go to item 9a | FIELD REPRESENTATIVE – Read each item listed. | 0320 Food and beverages 1 2 X | |
| d. | If YES – What cost for alcoholic beverages, including taxes, won't be reimbursed? | 0160 \$ | | 0330 Lodging 1 □ 2 □ x □ 0340 Transportation 1 □ 2 □ x □ | |
| 9a. | Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.) | 0170 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i> | | 0350 Other expenses | |
| b. | If YES – What costs for renting sports equipment won't be reimbursed? | 0180 \$ | GO TO NEXT TRIP; AFTER LAST TI | 0360 Expenses for others 1 2 X | |
| | | | 22 . 2 | , | |

| P | Part C – Partially Reiml | bursed Trips - Continued | | | | | | | |
|-----|--|---|---|------------------|---------------|---|------|---|---------|
| 1. | FIELD REPRESENTATIVE ITEM | PROCESSING USE ONLY | 1 77 03 0 ↓ | | | d respondent Information Booklet, page 37. | | Ask for each code 1–5 marked in item 3a. How much did you (or any members of yo | ur CU) |
| | In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip | a. TRIP IDENTIFICATION NUMBER | 0010 Ident | ification number | l of v | ting at the beginning of this trip, please tell me he kinds of transportation you (or any members our CU) used from the time you (they) left home | | spend for (transportation) (other than what package deal covered)? | the |
| | destination in item 1b, the number of (identical) trips in item 1c, and the month | b. DESTINATION | | | PRC | ne time you (they) got back home. BE – Any other kinds of transportation on this | | Ask for each code 6–12 marked in item 3a. How much did you (or any members of yo spend for (transportation) not including gas | vou (or |
| | the trip ended in item 1d. | OFFICE USE ONLY | 0020 | | trip | | | any members of your CU) bought (other the the package deal covered)? | an what |
| | | c. NUMBER OF (IDENTICAL) TRIPS | 0030 Num | ber | If no | codes 1–12 marked, go to item 4. | | | |
| | | d. MONTH ENDED | 0040 | | | COMMERCIAL | | COMMERCIAL | |
| e. | If set of identical trips read – Since | ce vou (vour CU) took a set of | | | 0120 01 | Local (taxi, etc.) | 0290 | 01 \$ 0 □ None | |
| | similar trips, I will ask about t total of all these trips for eacl | them as a group. Please give the h of the following questions. | | | 0130 02 | Airplane | 0300 | 02 \$ 00 None | |
| f. | trip(s) you (your CU) took to (| tside your CU paid for part of the trip destination). In the next | | | 0140 03 | Train | 0310 | 03 \$00 0 None | |
| | questions I'm interested only pay, not those paid or to be pa day trip, go to item 2a. | in the costs you (your CU) had to aid by a business or employer. <i>If</i> | | | 0150 04 | ☐ Bus | 0320 | 04 \$0 | |
| g. | | vise, ask – How many nights did CU) spend away from home on | | | 0160 05 | ☐ Ship | 0330 | 05 \$00 0 None | |
| | this trip? | CO) spend away from nome on | 0050 Night | ts | | RENTED | | RENTED | |
| 2a. | Sometimes when people tak package deal that covers so | te a trip they have some sort of me or all of the costs. Was all or a package deal? | 0060 1 ☐ Yes 2 ☐ No – <i>Go to item 3a</i> | | 0170 06 | Car, jeep | 0340 | 06 \$ 0 None | |
| _ | If "Yes," ask for each item: Did | | Z INO GO to hom ou | Yes No DK | 0180 07 | Truck, van | 0350 | 07 \$00 □ None | |
| | FIELD REPRESENTATIVE – Rea | | | | | Motorcycle, moped | 0360 | 08 \$ 00 None | |
| | | | 60070 Food and beverages | 1 🗆 2 🗆 X 🗆 | 0200 09 | ☐ Private plane | | 09 \$ 00 None | |
| | | | 0080 Lodging | 1 🗆 İ 2 🗆 İ X 🗆 | | ☐ Boat, trailer | | | |
| | | | 0090 Transportation | 1 | | | | | |
| | | | 0100 Anything else ✓ | | 0220 | Camper | | 11 \$ 0 □ None | |
| | | | Specify | | 0230 12 | Other vehicles | 0400 | 12 \$00 0 None | |
| • | How much did you for any m | nembers of your CU) pay for the | | | | PRIVATE | | | |
| 0. | package deal? | terribers of your co, pay for the | 0110 \$00 | | | Car owned by CU | | | |
| | | NOTES | I. | | 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. Cod | es 6–17: If no codes 6–17 marked in item 3a, go to item | 6a. | | |
| | | | | | | If any codes 6–17 marked, continue with item 5 | ia. | | |
| | | | | | | | | | |

| F | Part C – Partially Reimbursed Trips – Cont | inued 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 ☐ Yes 2 ☐ No – Go to item 5c | 10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.) | 0190 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i> | |
| b. | What costs for gasoline or other fuels won't be reimbursed? | 0020 \$.00 0 None | If YES – b. What costs for playing sports won't be reimbursed? | 0200 \$0 None | |
| C. | While on the trip, did you (or any members of your CU) spend anything for tolls? | 0030 1 ☐ Yes 2 ☐ 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 | 0210 1 ☐ Yes 2 ☐ No – <i>Go to item 12a</i> | |
| d. | If YES – What costs for tolls won't be reimbursed? | 0040 \$ | Information Booklet, page 40.) If YES – | | |
| e. | Did you (or any members of your CU) have any parking fees? | 0050 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i> | b. What costs for entertainment and admissions won't be reimbursed? | 0220 \$00 0 None | |
| f. | If YES – What costs for parking fees won't be reimbursed? | 0060 \$.00 0 □ None | 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 ☐ Yes 2 ☐ No – Go to item 13a | |
| 6a. | Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal | • • • • • • • • • • • • • • • • • | If YES – b. What costs for these things won't be reimbursed? | 0240 \$00 0 None | |
| h. | covered)? If YES – What costs for lodging, including taxes and tips, | 2 No – Go to item 7a 0080 \$ | 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 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part L | |
| | won't be reimbursed? | 0080 \$ | b. Did these expenses include anything for? | YES NO DK | |
| 7a. | Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? | 0090 1 ☐ Yes 2 ☐ No – Go to item 8a | FIELD REPRESENTATIVE – Read each item listed. | 0260 Food and beverages 1 2 x | |
| b. | If YES – What costs for these things won't be reimbursed? | 0100 \$ | | 0270 Lodging 1 | |
| C. | Was any of the (amount in item 7b) for alcoholic beverages? | 0110 1 ☐ Yes 2 ☐ No – Go to item 8a | | 0290 Transportation | |
| d. | If YES – What costs for alcoholic beverages, including taxes and tips, won't be reimbursed? | 0120 \$ | C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU? | 0300 \$ | |
| | 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 ☐ Yes 2 ☐ No – Go to item 9a | 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 | 0310 s | |
| h | If YES – What costs, including taxes, won't be reimbursed? | | non-reimbursed expenses a respondent is not able to break down should be combined and entered here | \$ | |
| | | 0140 \$ | b. Does this (amount) include anything for? | YES NO DK | |
| C. | Was any of the (amount in item 8b) for alcoholic beverages? | 0150 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i> | FIELD REPRESENTATIVE – Read each item listed. | 0320 Food and beverages 1 2 2 X | |
| d. | What cost for alcoholic beverages, including taxes, won't be reimbursed? | 0160 \$ | | 0330 Lodging | |
| 9a. | Did you (or any members of your CU) have any expenses for rental of sports equipment (not | 0470 | | 0340 Transportation 1 2 x | |
| | counting what the package deal covered)? (Hand respondent Information Booklet, page 38.) | 0170 1 ☐ Yes 2 ☐ No – Go to item 10a | | 0350 Other expenses 1 2 X | |
| b. | If YES – What costs for renting sports equipment won't be | 0180 \$.00 ₀ None | GO TO NEXT TRIP; AFTER LAST TI | 0360 Expenses for others 1 2 1 X | _ |
| | reimbursed? | | GO TO NEXT TRIP; AFTER LAST TI | TIF, GO TO FANT D. | |

| Section 18 - TRIPS AND VACATION | NS – 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. | 0010Trips 0 □ None – <i>Go to part E</i> | | _ | |
| 2a. You told me that you (your CU) had (number from item 1) trip(s) entirely paid for by non-CU members. Even on trips entirely paid for by non-CU members there are sometimes miscellaneous expenses which are not paid for. Did you (your CU) have any expenses on this trip (these trips) that will not be covered by a business, employer, or other non-CU member? | 0020 1 ☐ Yes 2 ☐ No – Go to part E | | | |
| b. Did these expenses include anything for – ? | | YES NO | DK | |
| FIELD REPRESENTATIVE – Read each item listed. | Food and beverages | 1 1 | ı [| |
| | 0040 Lodging | 1 | ¦x□ | |
| | 0050 Transportation | 1 | ¦x□ | |
| | 0060 Anything else - Specify _₹ | 1 | ¦ x□ [| |
| | | | | |
| C. What was the total amount for these expenses? | 0070 \$.00 | | | |
| | | | | |
| GO | TO PART E | | | |
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| Section 18 – TRIPS AND VACATION | NS – Continued | | FIELD REPRESENTATIVE – Ask part E for all CU's. |
|--|---------------------------------------|-----------------|---|
| Part E – Trip Expenses for Non-CU | | 3 ↓ | NOTES |
| 1a. Sometimes people in a CU don't take a trip themselves, but pay for part or all of a trip that someone else takes. Since the 1st of (month, three months ago), have you (has your CU) paid for part or all of such a trip for any non-CU members? | 0010 1 ☐ Yes 2 ☐ No – Go to part F | | |
| | | | |
| If Yes – | 0020 Trips | | |
| b. How many trips was that? | | | |
| C. Did these expenses include anything for –? | | YES NO DK | |
| FIELD REPRESENTATIVE – Read each item listed. | 0030 Food and beverages | 1 🗌 2 🔲 X 🗌 | |
| | 0040 Lodging | 1 | |
| | 0050 Transportation | 1 | |
| | 0060 Anything else – Specify ✓ | 1 | |
| | | | |
| d. What was the total amount that you (your CU) paid for that trip (those trips)? | | | |
| CO) paid for that trip (those trips)? | 0070 \$00 | | |
| GO | TO PART F | | |
| | | | |
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FIELD REPRESENTATIVE – Ask part F for all CU's.

(Ask all questions in this part for one stay before asking

| Scotion to This GAILS VACATIONS O | one in a contract of the contr | | (Ask all questions in this part for one stay before a | asking about other stays.) |
|--|--|-----------------------------|---|---|
| Part F – Local Overnight Stays | 1 77 69 1 ↓ | | | |
| 1. We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel? | 0010 1 ☐ Yes 2 ☐ No – Go to next section | | 6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores? b. What were the expenses, including taxes? | 0150 1 Yes 2 No – Go to item 7a |
| 2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay? | 0020Nights | | C. Was any of the (amount in item 6b) for alcoholic | 0160 \$ |
| 3a. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that? | 0030 1 ☐ Yes 2 ☐ No – <i>Go to item 4a</i> | | d. What was the cost for alcoholic beverages, including taxes? | 0170 1 ☐ Yes 2 ☐ No – Go to item 7a |
| b. Ask for each item – Did the package deal include anything for? | VE 0040 Food and beverages | ES NO DK | 7a. (Hand respondent Information Booklet, page 40.) | 0180 \$ |
| FIELD REPRESENTATIVE – Read each item listed. | 0050 Lodging 1 0060 Entertainment 1 | □ 2 □ X □ □ 2 □ X □ | Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)? | 0190 1 ☐ Yes 2 ☐ No – <i>Go to item 8</i> |
| | 0070 Anything else – Specify 7 | 2 X X | b. How much did you (or any members of your CU) pay? | 0200 \$ |
| C. How much did you (or any members of your CU) pay for the package deal? | 0080 \$ | | 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 \$ |
| 4a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)? | 0090 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> | | Did the (amount) include anything for? | YES NO DK |
| b. What was the cost, including taxes and tips? | 0100 \$00 | | FIELD REPRESENTATIVE – Read each item listed. | 0230 Lodging 1 □ 2 □ x □ 0240 Entertainment 1 □ 2 □ x □ 0250 Other expenses 1 □ 2 □ x □ |
| 5a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? | 0110 1 ☐ Yes 2 ☐ No – Go to item 6a | | 9. Did you (or any members of your CU) have any other stays at local hotels or motels? | 0260 1 ☐ Yes – Complete part F for each stay 2 ☐ No – Go to next section |
| b. What was the cost, including taxes and tips? | | | NO [°] | TES |
| | 0120 \$ | | | |
| C. Was any of the (amount in item 5b) for alcoholic beverages? | 0130 1 ☐ Yes 2 ☐ No – Go to item 6a | | | |
| d. What was the cost for alcoholic beverages, including taxes and tips? | 0140 \$ | | | |

| | Section 18 - TRIPS AND VACATIONS - C | Continued | | | F | IELD RE | PRESE | NT | TATIVE – 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 – Continue | ed 1 77 | 7 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? | | s – Go to nex | rt section | | | | | Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores? What were the expenses, including taxes? | 0150 1 ☐ Yes 2 ☐ No – Go to iter | า 7a | | |
| 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 | Niç | ghts | | | | | C. Was any of the (amount in item 6b) for alcoholic | 0160 \$ | .00 | | |
| 3a | 1. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that? | 0030 1 Yes | s – Go to iten | n 4a | | | | ١ | d. What was the cost for alcoholic beverages, including taxes? | 0170 1 ☐ Yes 2 ☐ No – Go to iter | | | |
| b | Ask for each item – Did the package deal include anything for? | 0040 Food a | nd heverag | jes | | NO 2 | | | | 0180 \$ | .00 | | |
| | FIELD REPRESENTATIVE – Read each item listed. | 0050 Lodgin | g | | 1 🗆 | 2 | x□ x□ | | a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)? | 0190 1 ☐ Yes 2 ☐ No – <i>Go to iter</i> | n 8 | | |
| | | 0070 Anythi | ng else – S | pecify 🙀 | 1 🗆 | 2 | ¦ x□ ! ! | ا | b. How much did you (or any members of your CU) pay? | 0200 \$ | .00 | | |
| | . How much did you (or any members of your CU) pay for the package deal? | 0080 \$ | | .00 | | | | 8. | If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here. | 0210 \$ | .00 | | |
| 48 | 1. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)? | 0090 1 Yes 2 No | s – Go to iten | n 5a | | | | | Did the (amount) include anything for? | 0220 Food and beverag | | | □¦x□ |
| b | What was the cost, including taxes and tips? | 0100 \$ | | .00 | | | | | FIELD REPRESENTATIVE – Read each item listed. | 0230 Lodging 0240 Entertainment . 0250 Other expenses | | 1 | □¦x□ |
| 5a | Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? | 0110 1 Ye | es o – <i>Go to ite</i> | em 6a | | | | 9. | Did you (or any members of your CU) have any other stays at local hotels or motels? | 0260 1 \(\text{Yes} - Complete 2 \(\text{No} - Go to next | | ay | |
| b | . What was the cost, including taxes and tips? | 0120 \$ | | .00 | | | | | No | OTES | | | |
| C | Was any of the (amount in item 5b) for alcoholic beverages? | 0130 1 Ye | es o – <i>Go to ite</i> | em 6a | | | | | | | | | |
| d | I. What was the cost for alcoholic beverages, including taxes and tips? | 0140 \$ | | .00 | | | | | | | | | |

Section 19 - MISCELLANEOUS EXPENSES

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

| | | | | 4 | 19 02 8 - | → | | | | enter the t | tota | l expense | ich as "housekeeping" or for the reference period, | excluding the current mont | h. | anu |
|--|-------------------------------|--|---|------|--|------------------|---|--|---------------------------------|--|------|--|--|------------------------------------|-----------------------------|-----------------------|
| a | | | b | ONLY | c | | d | | е | f | | g | NOTES | | PRE | |
| 1. Since the 1st of (month, have you (or any member had expenses for any of either for your CU or for outside your CU? | 3 monters of yet the for some | hs ago), our CU) llowing, one | | | ENTER ITEM CODE from column a. | you have expense | e this ? continuous throughout ence period, | for you someo of you 1 – For 2 – For | ır CU or ne outside r CU? | For continuing expenses, do not include expenses t | for | Did you have any other expenses for? | | 1 Description from column b | Month or code from column d | Expense from column f |
| FUNERALS, BURIALS, OR CREMATION | 100 | YES NO | | PROC | | Month | Continuous expense | CU | Outside CU | the current month. | | YES NO | | | Month | - |
| PURCHASE OR UPKEEP OF CEMETERY LOTS OR | 110 | | | 0010 | | | 13 | 1 | 2 🗆 | | 00 | | | | | \$.00 |
| COMBINATIONS OF THE ABOVE | 110 | | | 0020 | | | 13 🗆 | 1□ 1□ | 2 🗆 | \$.0 | 00 | | | | | \$.00 |
| Use only if cannot itemize the above | 120 | | | 0040 | | | 13 🗆 | 1 | 2□ | | 00 | | | | | \$.00 |
| CATERED AFFAIRS FRESH FLOWERS OR POTTED PLANTS | 130 | | | 0050 | | | 13 🗆 | 1 | 2 | \$.0 | 00 | | | | | \$.00 |
| LEGAL FEES | 150 | | | 0060 | | | 13 | 1 | 2 🗌 | \$ | 00 | | | | | \$.00 |
| related to real estate closing costs which were reported in section 3. | 100 | | | 0070 | | | 13 | 1 🗆 | 2 🗆 | | 00 | | | | | \$.00 |
| HOME SERVICES | 160 | | | 0090 | | | 13 🗆 | 1 🗆 | 2 🗆 | \$ | 00 | | | | | \$.00 |
| Gardening or lawn care services | 170 | | | 0100 | | | 13 | 1 | 2 | | 00 | | | | | \$.00 |
| Housekeeping services Other home services and small repair jobs around | 180 | | | 0110 | | | 13 | 1 | 2 | \$ | 00 | | | | | \$.00 |
| the house, not previously reported | 210 | | | 0120 | | | 13 🗆 | 1 | 2 🗆 | \$ | 00 | | | | | \$.00 |
| care in your own home Babysitting or other child care in someone else's | 190 | | | 0130 | | | 13 🗆 | 1 □ 1 □ | 2 🗆 | \$ | 00 | | | | | \$.00 |
| home | 220 | | | 0150 | | | 13 🗆 | 1 🗆 | 2 🗆 | | 00 | | | | | \$.00 |
| convalescents, handicapped or elderly persons in the home | | | | 0160 | | | 13 | 1 | 2 | \$ | 00 | | | | | \$.00 |
| ADULT DAY CARE CENTERS | 350 | | | 0170 | | | 13 | 1 | 2 🗆 | \$ | 00 | | | | | \$.00 |
| PROFESSIONAL PHOTOGRAPHY FEES HOME SECURITY | 360 | | | 0180 | | | 13 | 1 | 2 🗆 | | 00 | | | | | \$.00 |
| SYSTEM SERVICE FEES 2. FIELD | 370 1 19 (| 01 6 ↓ | | 0200 | | | 13 🗆 | 1 🗆 | 2 🗆 | | 00 | | | | | \$.00 |
| REPRESENTATIVE CHECK ITEM Mark (X) box if there | 010 999 | Go to next | | 0210 | | | 13 🗆 | 1 🗆 | 2 🗆 | \$ | | | | | | \$.00 |
| are no entries recorded in columns b – g. | | page | | 0220 | | | 13 🗆 | 1 | 2 | \$ | 00 | | | | | \$.00 |

Section 19 - MISCELLANEOUS EXPENSES - Continued

| | | | | | | 4 | 19 04 4 → | | | | | | | - | | | | | |
|---|--|--|------------------|--|----------|--|-----------|---|------------|---|------|--|----------|-------|---------------------------|-------------------------|--------------|-------------|---------|
| a | | b | ONLY | С | | | d | | е | f | | | g | NOTES | | PRE | | | |
| Information Booklet, page 4. 3. Since the 1st of (month, 3 ago), have you (or any me your CU) had expenses for the following, either for your someone outside your | 8 months embers of or any of your CU or ir CU? | What was the expense for? Describe briefly. | PROCESSING USE O | ENTEI ITEM CODE from colum | nn a. | you have this expense? If it is a continuous expense throughout | | for your CU or someone outside of your CU? 1 – For CU 2 – For someone | | What was the total amount of the expense? For continuing expenses, do not include expenses for the current | | Did you have any other expenses for? | | | Description from column b | Mont code i colun | h or from | Expense fro | om f |
| COMPUTER INFORMATION | DE YES NO | | | | | Month | expense | CU | Outside CU | month. | | | NO | | | Mor | nth | | |
| SERVICES 28 | 30 | | 0010 | | | | 13 🗆 | 1 | 2 | \$ | .00 | | <u> </u> | | | | | \$ | .00 |
| TV COMPUTER GAMES AND COMPUTER GAME | - | | 0020 | | H | | 13 🗆 | 1 | 2 🗆 | | .00 | | <u> </u> | | | | | \$ | .00 |
| SOFTWARE 29 | 90 | | | | | | 13 | 1 🗆 | 2 🗆 | \$ | .00 | | ¦ □ | | | | | \$ | .00 |
| HAND HELD COMPUTER GAMES AND | _ | | 0040 | | | | 13 🗆 | 1 🗆 | 2 🗆 | \$ | .00 | | <u> </u> | | | | | \$ | 00. |
| COMPUTER BOARD GAMES | 00 | | 0060 | | | | 13 🗆 | 1 | 2 🗆 | | .00 | | <u> </u> | | | | | | 1.00 |
| TOYS AND GAMES | 30 | | 0070 | | | | 13 | 1 | 2 | \$ | .00 | | | | | | | \$ | .00 |
| HOBBIES 34 | 10 | | 0080 | | | | 13 | 1 | 2 | \$ | .00 | | ¦ 🗆 | | | | | \$ | 1.00 |
| MOVING, STORAGE, AND FREIGHT EXPRESS 23 | 30 | | 0090 | | | | 13 | 1 | 2 | \$ | .00 | | | | | | | \$ | .00 |
| PURCHASE OF PETS, PET | | | 0100 | | Ш | | 13 🗆 | 1 | 2 🗆 | \$ | .00 | | <u> </u> | | | | | \$ | .00 |
| SUPPLIES, AND MEDICINE FOR PETS 24 | 10 | | 0110 | | \sqcup | | 13 🗆 | 1 | 2 | \$ | .00 | | | | | | | \$ | 00.1 |
| PET SERVICES 25 | | | 0120 | | \sqcup | | 13 🗆 | 1 | 2 | \$ | .00 | | | | | | | \$ | .00 |
| VETERINARIAN EXPENSES | | | 0130 | | \sqcup | | 13 🗆 | 1 🗆 | 2 | \$ | .00 | | 1 | | | | | \$ | .00 |
| FOR PETS 26 | 50 | | 0140 | | \sqcup | | 13 🗆 | 1 | 2 | \$ | .00 | | <u> </u> | | | | | \$ | .00 |
| ALIMONY 31 | 10 | | 0150 | | \sqcup | | 13 | 1 | 2 | \$ | .00 | | | | | | | \$ | .00 |
| CHILD SUPPORT32 | 20 | | 0160 | | \sqcup | | 13 | 1 | 2 | \$ | .00 | | ¦ □ | | | | | | .00 |
| MONEY GIVEN TO NON-CU MEMBERS, | | | 0170 | | + | | 13 | 1 | 2 | \$ | .00 | | | | | | | \$ | .00 |
| CHARITIES, AND OTHER ORGANIZATIONS 27 | 70 | | 0180 | | \sqcup | | 13 🗆 | 1 | 2 🗌 | \$ | .00 | | | | | | | \$ | .00 |
| | 9 03 2 \ | | 0190 | | + | | 13 🗆 | 1 | 2 | \$ | .00 | | | | | | | \$ | 1.00 |
| CHECK ITEM | 99 🗌 Go to | | 0200 | | H | | 13 | 1 | 2 🗆 | \$ | .00 | | | | | | | \$ | .00 |
| there are no entries recorded | section 20 | | 0210 | | \sqcup | | 13 🗆 | 1 | 2 🗆 | \$ | .00 | | <u> </u> | | | | | | .00 |
| in columns b–g. FORM CE-302 | | | 0220 | | | | 13 | 1 | 2 | \$ | .00 | | | | | | | \$ | 00. |

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

0160 \$

Section 20 - EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS Part A – Food and Beverages 1 20 01 4 NOTES 1a. Since the 1st of (month, 3 months ago), what has been your Have you (or any members of your CU) received any free food, .00 0170 1 ☐ Yes 0010 \$ usual WEEKLY expense at the grocery store or supermarket? beverages, or meals through public or private welfare agencies, including religious organizations? Do not include free 2 No o ☐ None – Go to item 2a meals in school or preschool programs. **b.** About how much of this amount was for nonfood items, such 9a. Have you (or any members of your CU) received any free meals 0020 \$ as paper products, detergents, home cleaning supplies, pet 0180 1 ☐ Yes at work as part of your pay? foods, and alcoholic beverages? $_2$ \square No – Go to item 10a o 🗌 None **b.** About what was the WEEKLY dollar value of such meals? 2a. Have you (or any members of your CU) purchased any food or 0190 \$ 0030 1 Yes nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience $_2$ \square No – Go to item 3a stores, dairy stores, vegetable stands, or farmers' markets? C. Since the 1st of (month, 3 months ago), how many weeks did Include any large purchases made for freezing or canning. members of your CU receive such meals? Number of weeks **b.** What was your usual WEEKLY expense at these places? Ask only if preschool or school age students; otherwise mark "No." .00 0040 \$ 0210 1 ☐ Yes 10a. Since the 1st of (month, 3 months ago), excluding (this month), $_2 \square$ No – Go to part B have you (or members of your CU) purchased any meals at **3a.** Do you (or any members of your CU) ever buy alcoholic school or in a preschool program for preschool or school age 0050 1 ☐ Yes beverages to be served at home? children? $_2$ \square No – Go to item 4a **b.** If YES – What are the names of all CU members who purchased **b.** What was your usual MONTHLY expense for beer and wine? meals at school? .00 0060 \$ Enter the name of each CU member purchasing meals at school in column a, then ask columns b through d for each name entered. o ☐ None C. What was your usual MONTHLY expense for other alcoholic .00 0070 \$ beverages? C ONLY o 🗌 None Enter What is the **How many** usual WEEKLY line weeks USE did . . . number expense for the **4a.** Have you (or any members of your CU) purchased any 0080 1 ☐ Yes alcoholic beverages in restaurants, taverns, or cocktail meals . . . purchase from **PROCESSING** lounges? Control purchased at meals? Name $_2 \square$ No – Go to item 5a Card. school? **b.** What was the usual MONTHLY expense? Enter .00 0090 \$ number of weeks. **5a.** Have you (or any members of your CU) purchased dinners, 3 20 02 8 → 0100 1 \(\text{Yes} \) other meals or snacks in restaurants, cafeterias, cafes, drive-ins, or other such places? 2 ☐ No – Go to item 6a 0010 .00 **b.** What was the usual MONTHLY expense for these purchases? .00 0110 \$ 0020 .00 6a. Have you (or any members of your CU) paid for board not 0120 1 ☐ Yes received in a boarding house? 0030 .00 $_{2}$ \square No – Go to item 7a 0040 **b.** What was the usual MONTHLY expense? .00 .00 0130 \$ 0050 7a. Have you (or any members of your CU) received any food .00 0140 1 ☐ Yes stamps? $_2 \square$ No – Go to item 8 0060 .00 **b.** For how many months since the 1st of (month, 3 months ago), 0150 1 \(\Boxed{1} \) 1 month 0070 were food stamps received? .00 ₂ 2 months 3 \Boxed 3 months 0080 4 4 months .00

.00

.00

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 ☐ Yes 2 ☐ 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? | 0170 1 ☐ Yes 2 ☐ No – <i>Go to item 7a</i> |
| b. What was the total expense? | 0020 \$.00 0 □ None | b. What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago)? | 0180 \$00 |
| 2a. Have you (or any members of your CU) used coin-operated laundry or dry cleaning machines? | 0030 1 ☐ Yes 2 ☐ No – Go to item 3a | 7a. Do you (or any members of your CU) have any expenses for checking accounts or other banking services? | 0190 1 ☐ Yes 2 ☐ No – Go to item 8a |
| b. What was the total cost for these machines? | | b. What is the usual MONTHLY charge? | 0200 \$ |
| | 0040 \$00 | 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? | 0210 1 ☐ Yes 2 ☐ No – Go to item 9a |
| C. Was any of this amount for items other than clothes? | 0050 1 ☐ Yes 2 ☐ No – Go to item 3a | b. If YES – What was the total expense? | 0220 \$ |
| d. How much? | 0060 \$ | 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? | 0300 1 ☐ Yes 2 ☐ No – Go to next section |
| 3a. Have you (or any members of your CU) sent clothes or other items to the dry cleaners or laundry? | 0070 1 ☐ Yes 2 ☐ No – Go to item 4a | b. What is the usual MONTHLY cost to use mass transit to go to – | |
| b. What was the total cost for dry cleaning or laundry services? | 0080 \$ | (1) Work? | 0330 \$ |
| C. Was any of this amount for items other than clothes? | 0090 1 ☐ Yes 2 ☐ No – Go to item 4a | (2) School? | 0350 \$ |
| d. How much? | 0100 \$ | (3) Other places? | 0370 \$ |
| | x □ Don't know | NOTES | |
| 4. Do any members of your CU use tobacco products, such as – | 0110 1 ☐ Yes 2 ☐ No – Go to item 4c | | |
| a. Cigarettes? | | | |
| b. If YES – What is the usual WEEKLY expense for cigarettes? | 0120 \$ | | |
| C. Cigars, pipe tobacco, or other tobaccos, including chewing tobacco? | 0130 1 ☐ Yes 2 ☐ No – Go to item 5 | | |
| d. If YES – What is the usual WEEKLY expense for cigars, pipe tobacco, or other tobaccos? | 0140 \$ | | |
| 5. What is the usual MONTHLY expense for haircutting, styling, | | | |
| and other related services for all members of your CU? | 0150 \$ | | |
| OPM CE 202 | | | |

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 Q | uarter | Unly | 1 21 02 0 🗸 | | | ı | | |
|---|---------------------------------|--------|---|--|-------------------------------|---------------|--|--|-------|
| a | | | b | С | | d | € | • | NOTES |
| 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. | | Sn : | 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 (credit source)? | s owed to | Did any m your CU o money to (credit sour If "No," go credit sourd column a. | we any any other ce)? to next | |
| | | CES | | | | D// | | | |
| CREDIT SOURCE | CODE YES | PRO(| | | | Don't know | YES | NO | |
| Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, | | 0010 | | | \$ | .00 x | | | |
| MasterCard, etc | 100 | 0020 | | | \$ | .00 ×□ | | | |
| Stores for installment credit accounts | 200 | 0030 | | | • | | | | |
| Banks and savings and loan companies | 300 | 0000 | | | \$ | .00 X | | | |
| Credit unions | | 0040 | | | \$ | .00 × | | | |
| Finance companies | 500 | 0050 | | | \$ | .00 ×□ | | | |
| Insurance companies (Do not include insurance premium payments) | 600 | 0060 | | | \$ | .00 x□ | | | |
| Doctors, dentists, hospitals, or other medical practitioners for expenses not covered | | 0070 | | | \$ | .00 ×□ | | | |
| Other credit sources | 700 800 | 0080 | | | \$ | .00 x | | | |
| | | 0090 | | | \$ | .00 × □ | | | |
| | | 0100 | | | \$ | .00 ×□ | | | |
| | | 0110 | | | \$ | .00 × | | | |
| | | 0120 | | | \$ | .00 x□ | | | |
| FIELD REPRESENTATIVE CHECK ITEM | 1 21 01 2 🗸 | 0130 | | | \$ | .00 x□ | | | |
| Mark (X) box if there are no entries recorded in columns b-e. | 010 999 ☐ Go t next secti | 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 | d – Secor | nd Quart | ter Only 1 21 03 8 √ | | | | | |
|--|--------------|---------------------|---|---|----------------------------------|---------------|--|--|-------|
| а | | | b | С | d | | | | NOTES |
| | | PROCESSING USE ONLY | 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 (credit source)? | owed to | Did any m your CU o money to (credit sou If "No," go credit sour column a. | we any any other ce)? to next | |
| CREDIT SOURCE | ITEM CODE | PROC | | | | Don't know | YES | NO | |
| Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, | | 0010 | | | \$ | .00 x | | | |
| MasterCard, etc | 100 | 0020 | | | \$ | .00 ×□ | | | |
| accounts | 200 | 0030 | | | \$ | .00 x□ | | | |
| companies | | 0040 | | | \$ | .00 | | | |
| Credit unions | | 0050 | | | | .00 ×□ | | | |
| Insurance companies (Do not include insurance premium payments) | | 0060 | | | \$ | .00 X | | | |
| Doctors, dentists, hospitals, or other medical practitioners for expenses not covered | | 0070 | | | \$ | .00 x□ | | | |
| by insurance | | 0080 | | | \$ | .00 ×□ | | | |
| other credit sources | | 0090 | | | \$ | .00 x□ | | | |
| | | 0100 | | | \$ | .00 | | | |
| | | 0110 | | | \$ | .00 ×□ | | | |
| | | 0120 | | | | | | _ | |
| | | | | | \$ | .00 X | | | |
| | | 0130 | | | \$ | .00 × | | | |
| | | 0140 | | | \$ | .00 x□ | | | |
| | | 0150 | | | \$ | .00 | | | |

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 | – Fif | th O | uart | er Onl | У | 1 21 11 1 🗸 | | | | | | | | | | |
|------------|--|---------------------------|-----------------------|-----------------|-----------|--------------------------|---|-------------------|------------------------------------|------|----------------|-------------------------|-----------|---|----------------------------|--|-------|
| | a | | | | | b | С | | d | | | е | | | | f | NOTES |
| 1. | On the 1st of (the current month), members of your CU) owe any m | did you | u (or a | any | <u></u> | ENTER ITEM | What is the name of the (credi to which you owed money? | it source) | Ask if "Yes" in item 1. | | | What was the total amou | | | Did any m | ember of | |
| | the following? Do not include mor loans, automobile loans, or business | taaae. I | home | eauity | USE ONLY | CODE from column a | Enter name of store, credit card, | finance | How much was owed (credit source)? | to | | year ago)? | itii, ono | | money to (credit sou | any other | |
| | Read each item listed below. Compl for each individual store, credit card | lete a se I, etc. | eparat | e line | NING U | | company, bank, credit union, ins company, etc. | nnance curance | | | | | | | If "No," go credit sour | to next ce in | |
| | CREDIT SOURCE | ITE | M YI | ES NO | ROCESSING | | | | | | | | | 1 | column a. | | |
| | Revolving credit accounts | | | | PRO | | | | | | Don't know | | None | Don't know | YES | NO | |
| | including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc. | . 10 | | | 0010 | | | | \$ | .00 | х□ | \$.00 | | ! ! x□ | | ! | |
| | | . 10 | | | | | | | | | | | | 1 | | | |
| | Stores for installment credit accounts | . 20 | 0 | | 0020 | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | İχ□ | | | |
| | Banks and savings and loan companies | . 30 | 0 | | 0030 | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | ¦ x □ | | | |
| | Credit unions | . 40 | 0 | | 0040 | | | | \$ | .00 | ×Π | \$.00 | | . x □ | | ! ! □ | |
| | Finance companies | . 50 | 0 | | | | | | | .00 | | | | <u> </u> | | | |
| | Insurance companies (Do not include insurance | | | | 0050 | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | İχ□ | | | |
| | premium payments) | . 60 | 0 | | 0060 | | | | ¢ | .00 | vu | \$.00 | | v | | ' | |
| | Doctors, dentists, hospitals, or other medical practitioners for expenses not covered | | | | | | | | φ | 1.00 | ^⊔ | \$ 1.00 | | <u>^ </u> | | <u> </u> | |
| | by insurance | . 70 | 0 | | 0070 | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | x 🗆 | | | |
| | Other credit sources | . 80 | 0 | | 0080 | | | | . | .00 | ν _□ | \$.00 | | x □ | | | |
| 2 a | On the 1st day of (current month, you (or any members of your CU any creditor that you did not owe | one yea) owe r | ar ago none |), did y to | | | | | Φ | .00 | ^⊔ | \$.00 | | X | | | |
| | any creditor that you did not owe 1st day of (the current month, the c | e mone current | ey to year)? | on the | 0090 | | | | \$ | .00 | х□ | \$.00 | o | x □ | | | |
| | ☐ YES ☐ NO | | | | 0100 | | | | | | | | | | | | |
| b | . What was the source of | Item co | ada/a\ | | 0100 | | | | \$ | .00 | ×⊔ | \$.00 | 0 🗆 | , x 🗆 | | | |
| | the credit? | item cc | Jue(s) | | 0110 | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | x 🗆 | | | |
| | Complete columns b, c, e, and f for each credit source reported. | | | | 0120 | | | | | | | | | | | | |
| | reported. | | | | 0120 | | | | \$ | .00 | ХЦ | \$.00 | 0 🗆 | <u> </u> | | <u> </u> | |
| 3. | FIELD REPRESENTATIVE CHECK ITEM | 1 2 | 1 10 | 3 ↓ | 0130 | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | ¦ x □ | | | |
| | Mark (X) box if there are no | 0010 | 999 🗌 | Go to part B | 0140 | | | | | | | | | | | | |
| | entries recorded in columns b-f. | | , | puit D | 0140 | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | X | | | |
| | | | | | 0150 | | | | \$ | .00 | x□ | \$.00 | 0 🗆 | ¦ x □ | | | |

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 Q | uarter O | nly | 1 21 12 | 2 9 🖵 | | | | | | | | | | |
|--|--------------|------------|---------------|--|---|--------------------------------------|--------|-----------------------------------|------|---------------|--|------------|---------|---|------------------------------|-------|
| a | | | b | | С | | | d | | | е | | | | f | NOTES |
| | | | ENTER ITEM | What is th | e name of the | e (credit sourc | ce) | Ask if "Yes" in item 1. | | | What was the total amou on the 1st of (current mon | | | Did any m | nember of | |
| | | USE ONLY | CODE from | _ | | - | | How much was owe (credit source)? | d to | | year ago)? | itii, Olie | 7 | money to (credit sou | we any any other rce)? | |
| | | | | Enter name company, b company, e | e of store, cred bank, credit un etc. | lit card, finance iion, insurance | e e | | | | | | | If "No," go credit sour column a. | to next ce in | |
| CREDIT SOURCE | ITEM CODE | PROCESSING | | | | | | | Г | Don't know | | None | Don't | YES | NO | |
| Revolving credit accounts including store, gasoline, and general purpose credit cards, | GGBL | 0010 | | | | | | \$ | .00 | х□ | \$.00 | . 0 | x | | <u> </u> | |
| such as Sears, Amoco, Visa, MasterCard, etc. | 100 | 0020 | | | | | | \$ | | х□ | | | x | | | |
| Stores for installment credit accounts | 200 | 0030 | | | | | | ¢ | .00 | | | | x | | | |
| Banks and savings and loan companies | 300 | 0040 | | | | | | \$ | | x□ | | İ | x | | | |
| Credit unions | | 0050 | | | | | | <u>*</u> | | | | | 1 | | | |
| Insurance companies (Do not include insurance | | | | | | | | \$ | | Χ□ | | | x | | | |
| premium payments) | 600 | 0060 | | | | | | \$ | .00 | х□ | \$.00 | 0 L | x | | ¦ □ ! | |
| Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance | 700 | 0070 | | | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | ×□ | | | |
| Other credit sources | | 0080 | | | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | x | | | |
| | | 0090 | | | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | x | | | |
| | | 0100 | | | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | ×□ | | | |
| | | 0110 | | | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | x | | | |
| | | 0120 | | | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | x | | | |
| | | 0130 | | | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | x | | | |
| | | -140 | | | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | x | | | |
| | | 0150 | | | | | | \$ | .00 | х□ | \$.00 | 0 🗆 | x | | | |

| Sectio | on 21 – CREDIT LIABILITY – Continu | ıed | | 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 🗸 | | |
| members interest cl except for automobil | | | | NOTES |
| and ge Amoco | ving credit accounts including store, gasoline eneral purpose credit cards, such as Sears, o, Visa, MasterCard, etc.? | 0010 1 ☐ Yes 2 ☐ No | | |
| If YES - | include yearly fees. - How much was paid for finance, interest | 0020 \$ | 0 | |
| and lat | te charges? | x □ Don't know | | |
| b. Stores | for installment credit accounts? | 0030 1 ☐ Yes 2 ☐ No | | |
| If YES - and lat | – How much was paid for finance, interest te charges? | 0040 \$ | 0 | |
| C. Banks | and Savings and Loans? | 0050 1 ☐ Yes 2 ☐ No | | |
| If YES - and lat | – How much was paid for finance, interest te charges? | 0060 \$ x □ Don't know | 0 | |
| d. Credit | unions? | 0070 1 Yes 2 No | | |
| If YES - and lat | – How much was paid for finance, interest te charges? | 0080 \$ x □ Don't know | 0 | |
| e. Financ | ce companies? | 0090 1 Yes 2 No | | |
| If YES - and lat | – How much was paid for finance, interest te charges? | 0100 \$ | 0 | |
| f. Insurai | nce companies? | 0110 1 ☐ Yes 2 ☐ No | | |
| If YES - | - How much was paid for finance, interest | | 0 | |
| and lat | te charges? | x □ Don't know | | |
| practit | rs, dentists, hospitals, or other medical tioners for expenses not covered by nce? | 0130 1 ☐ Yes 2 ☐ No | | |
| If YES - | – How much was paid for finance, interest te charges? | 0140 \$ | 0 | |
| h. Other | credit sources? | 0150 1 Yes | | |
| iii Other (| oroute 300110031 | 2 No | | |
| If YES - and lat | – How much was paid for finance, interest te charges? | 0160 \$ | 0 | |

| Page 107 | Page 10 |
|----------|---------|
| | NOTES |
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Section 22 - WORK EXPERIENCE AND INCOME

| | Part A – Second C | Quarter, Fifth C | Quarter or New Consur | ner Units | Only | | | | | | | | |
|----------|--|--|---|---|--|--|---|--|-------------------------|--|-------------------------|-------|-----|
| 1. | REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 | PROCESSING USE ONLY a. NAME | 1 22 01 0 \$ | 5. What v | | | a | During the past 12 months, did receive – Any Supplemental Security Income checks from the U.S. Government? Any Supplemental Security Income | | □No | | | |
| 2. | In the last 12 months weeks did work e part time, not counti the house? Include paid sick leave. | either full time or ng work around | 0020 Weeks 0 Did not work – Go to item 5 | 2 – Tal 3 – Go 4 – III, 5 – Un | king care of home/family? ing to school? disabled, unable to work? able to find work? ing something else? – Specify | 0100Code | | 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 2 | □No | .00 | | |
| 3. 4a | In the weeks that many hours did u week? Information Booklet, particular the job in which earnings during the particular t | sually work per | 0030 Hours per week | receive a. Wages tips, Ar What v | y the past 12 months, did e any money in – s or salary? Include commissions, med Forces pay and allowances. was the amount of income ed before any deductions? | 0200 1 Yes 2 No - Go to item 6b | 9. | Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover? | 3 🗆 | | .00 5 Year 6 Other – | | |
| | fits best in the follow Manager, professional 01 – Administrator, n 02 – Teacher 03 – Professional Administrative support 04 – Administrative s | ving category: nanager , technical, sales | | b. Incom nonfar profes What v | e or loss from's own rm business, partnership, or sional practice? was the amount of income or fter expenses? | 0220 1 Yes 2 No - Go to item 6c 0230 | a | Was there any money deducted from's last pay for – If YES – How much was deducted? Federal income tax? | | No 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | 0400 \$ | mount | .00 |
| | 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 | ce Id service | 0070 Code | What v | e or loss from's own farm? was the amount of income or ter expenses? | 0250 1 Yes 2 No - Go to item 7 0260 \$.00 0270 3 Loss | d | Social Security including Medicare? Railroad Retirement? Government Retirement? | 0440 1 | | 0450 \$ | | .00 |
| | | or, assembler, pperator laborer raft, repair rer, precision | | receive any me | g the past 12 months, did e from the U.S. Government oney – Social Security checks? | 0280 1 Yes 2 No | | Private pension fund? If NO in item 10c – Are Social Security payments normally deducted from your paycheck? Ask if "Yes" in item 10c or 10g | 0480 1 0500 1 | 2 | 0490 \$ | | .00 |
| | 15 – Construction, m Farming, forestry, fishin 16 – Farming 17 – Forestry, fishing | nining ng | | b. From F | Railroad Retirement checks? | 0290 1 Yes 2 No | | Does the money deducted for Social Security cover only the Medicare portion of Social Security? | | ☐ Yes ☐ No | | | |
| b | Armed forces 18 - Armed forces Was | | 0080 Code | ls "Yes | REPRESENTATIVE CHECK ITEM " marked in items 7a and/or 7b? | 0300 1 \square Yes – Go to item 7d 2 \square No – Go to item 8a | 12. | Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in? | 0510 1 L 2 L | ☐ Yes ☐ No | | | |
| | | ss, or individual s or salary? ment employee? | Ask if code 5 and not a farm – Is the business incorporated? | Social Retire | was the amount of the last Security or Railroad ment payment received? amount AFTER the deduction | 0310 \$.00 | 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 2 | | to item 14 | | |
| | 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? | incorporated? employee? employee? employee? IN business, e, or farm? AY in family incorporated? C. Is form form form incorporated? C. Is form form form incorporated? F. Is form form incorporated? F. Is form form incorporated? F. Is form form incorporated? F. Is form incorporated? F. Is form incorporated? F. Is form incorporated? F. Is form incorporated? F. Is form incorporated? | | | 0320 1 Yes 2 No | | . If YES – How much? | 0530 \$ | | .00 | | | |
| | | | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | | 0330 Number | | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. | | ☐ Records ☐ No recor | | | | |

| F | Part A - Second | Quarter, Fifth C | Quarter or New Consur | ner Units Only – Continued | | | | | |
|-----|--|---|---|--|---|----------|--|------------------------------------|---|
| 1. | FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 | PROCESSING USE ONLY a. NAME | 1 22 06 9 ↓ | Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE | | I . | During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income | 0340 1 Yes 2 No | |
| 2 | years old and over. | b. LINE NUMBER | 0010 | 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? | 0100 Code | | checks from the State or local Government? | 0350 1 Yes 2 No | |
| ۷. | In the last 12 month weeks did work part time, not count the house? Include paid sick leave. | either full time or ing work around | 0020 Weeks □ Did not work – Go to item 5 | 4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify | Code | | If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether? | 0360 \$ | .00 |
| 3. | In the weeks that many hours did week? | usually work per | 0030 Hours per week | 6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions, | 0200 1 Yes 2 No - Go to item 6b | 9. | Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of 's last pay and what period of time did this cover? | 0370 \$ | .00 5 ☐ Year 6 ☐ Other – Specify _✓ |
| 4a. | Information Booklet, p The job in which earnings during the fits best in the follow | received the most past 12 months | | tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? | 0210 \$.00 | | | 3 ☐ Month 4 ☐ Quarter | 7 🗆 Twice a month |
| | Manager, professional 01 – Administrator, 02 – Teacher 03 – Professional | | | b. Income or loss from's own nonfarm business, partnership, or professional practice? | 0220 1 Yes 2 No – Go to item 6c | 10. a | Was there any money deducted from 's last pay for – If YES – How much was deducted? Federal income tax? | Yes No | Amount 0400 \$.00 |
| | Administrative suppor 04 - Administrative clerical | t, technical, sales support, including | | What was the amount of income or loss after expenses? | 0230 \$.00 0240 3 \(\text{Loss} \) | b. | State and local income tax? | 0410 1 2 0 | 0420 \$.00 |
| | 05 – Sales, retail 06 – Sales, business 07 – Technician | goods and services | | C. Income or loss from's own farm? | 0250 1 Yes | C | Social Security including Medicare? | 0430 1 2 2 | |
| | Service 08 - Protective servi 09 - Private househo 10 - Other service | ice old service | 0070 Code | What was the amount of income or loss after expenses? | 2 \(\text{No} - \text{Go to item 7} \) | | Railroad Retirement? | 0440 1 2 0 | 0450 \$.00 0470 \$.00 |
| | Operator, assembler, I 11 - Machine operat inspector | | | - | 0270 3 🗆 Loss | | Government Retirement? Private pension fund? | 0480 1 2 2 | 0490 \$ |
| | 12 - Transportation 13 - Handler, helper, Precision production, o 14 - Mechanic, repa | , laborer craft, repair | | 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 | g | If NO in item 10c – Are Social Security payments normally deducted from your paycheck? | 0500 1 2 | |
| | production 15 - Construction, n Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing | ing | | b. From Railroad Retirement checks? | 0290 1 Yes 2 No | 11. | Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security? | 0501 1 ☐ Yes 2 ☐ No | |
| b. | Armed forces 18 - Armed forces Was | | | C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? | 1 Yes – Go to item 7d 2 No – Go to item 8a | 12. | Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in? | 0510 1 ☐ Yes 2 ☐ No | |
| | CODE 1 - An employee of a company, busine working for wag 2 - A Federal govern | ess, or individual es or salary? | O080 Code Ask if code 5 and not a farm – Is the business incorporated? | d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction | 0310 \$.00 | 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 – <i>Go</i> | to item 14 |
| | 3 – A State governm 4 – A local governm 5 – Self-employed in | ent employee? ent employee? | 0090 1 ☐ Yes 2 ☐ No | for a Medicare premium? | 0320 1 Yes 2 No | b | . If YES – How much? | 0530 \$ | .00 |
| | professional prac 6 – Working WITHOU business or farm | ctice, or farm? JT PAY in family | | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | 0330 Number | 14. | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. | 1 Records | |

| | Part A – Second C | Quarter, Fifth C | Quarter or New Consun | mer Units Only - Continued | | | | | |
|----------|--|--|--|--|---|---|--|---|---|
| 1. | REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 | PROCESSING USE ONLY a. NAME | 1 22 11 9 \ | Ask if item 2 marked "Did not work 5. What was the main reason ont work during the past 12 more was CODE 1 - Retired? | did | a | During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income | 0340 1 Yes 2 No | |
| 2. | In the last 12 months weeks did work e part time, not counti the house? Include paid sick leave. | either full time or ng work around | 0020 Weeks 0 Did not work – Go to item 5 | 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? – Sp | ?Code | | 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 | .00 |
| 3. 4a | In the weeks that many hours did u week? Information Booklet, pa The job in which earnings during the p | age 44 received the most | 0030 Hours per week | 6. During the past 12 months, did receive any money in – a. Wages or salary? Include commitips, Armed Forces pay and allowed What was the amount of incomreceived before any deductions | psions, ences. $2 \square \text{No} - \text{Go to item 6b}$ | 9. | Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover? | 0370 \$ | eks 6 □ Other – <i>Specify _▼</i> th |
| | fits best in the follow Manager, professional 01 – Administrator, n 02 – Teacher 03 – Professional Administrative support 04 – Administrative s | ving category: nanager , technical, sales | | b. Income or loss from 's own nonfarm business, partnership professional practice? What was the amount of incom loss after expenses? | or | a | Was there any money deducted from's last pay for – If YES – How much was deducted? Federal income tax? | Yes N 0390 1 2 0410 1 2 | 0 Amount .00 |
| | clerical 05 – Sales, retail 06 – Sales, business of the control of | goods and services | 0070 Code | C. Income or loss from 's own what was the amount of incom loss after expenses? | 2 \(\text{No} - Go to item 7 \) | _ c | Social Security including Medicare? Railroad Retirement? Government Retirement? | 0430 1 | 0450 \$.00 |
| | 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 | or, assembler, operator laborer raft, repair | | 7. During the past 12 months, did receive from the U.S. Governm any money – a. From Social Security checks? | 0270 3 Loss ent 0280 1 Yes 2 No | f | Private pension fund? If NO in item 10c – Are Social Security payments normally deducted from your paycheck? | 0480 1 | 0490 \$.00 |
| | production 15 – Construction, m Farming, forestry, fishin 16 – Farming 17 – Forestry, fishing | ng | | b. From Railroad Retirement chec | ks? 0290 1 ☐ Yes 2 ☐ No | 11. | Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security? | 0501 1 \(\text{Yes} \) 2 \(\text{No} \) No | |
| b | Armed forces 18 - Armed forces . Was | | 0080 Code | c. FIELD REPRESENTATIVE CHECK IT Is "Yes" marked in items 7a and/or d. What was the amount of the la | 7b? 2 \(\sum \text{No - Go to item 8a} \) | | Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in? | 0510 1 \(\superscript{Yes} \) 2 \(\superscript{No} \) | |
| | CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? | | Ask if code 5 and not a farm – Is the business incorporated? | Social Security or Railroad Retirement payment received? | 0310 \$ | 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 |
| | 2 A State may amment ammley a 2 | 0090 1 Yes 2 No | for a Medicare premium? | 2 No | | . If YES – How much? | 0530 \$ | .00 | |
| | | ce, or farm? | f. During the past 12 months, how many Social Security or Railroa Retirement payments did re | nd 0330 Numbe | | 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 ☐ Reco 2 ☐ No re | rds ecords used | |

| F | Part A - Second | Quarter, Fifth C | Quarter or New Consur | mer Units Only – Continued | | | | | |
|-----|--|---|---|--|--|-----------|--|-----------------------------|---|
| 1. | FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 | PROCESSING USE ONLY a. NAME | 1 22 16 8 🗸 | Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE | | I . | During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income | 0340 1 Yes 2 No | |
| 2 | years old and over. In the last 12 month | b. LINE NUMBER | 0010 | 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? | 0100 Code | | checks from the State or local Government? | 0350 1 ☐ Yes 2 ☐ No | |
| 2. | weeks did work opart time, not count the house? Include paid sick leave. | either full time or ing work around | 0020 Weeks □ Did not work – Go to item 5 | 4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify | Code | | If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether? | 0360 \$ | .00 |
| 3. | In the weeks that wany hours did week? | usually work per | 0030 Hours per week | 6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions, | 0200 1 Yes 2 No - Go to item 6b | 9. | Ask items 9-12 only if item 6a is YES (code 1). What was the gross amount of 's last pay and what period of time did this cover? | 0370 \$ | .00 5 ☐ Year 6 ☐ Other – Specify _✓ |
| 4a. | Information Booklet, p The job in which earnings during the | received the most past 12 months | | tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? | 0210 \$ | | | 3 Month 4 Quarter | 7 🗌 Twice a month |
| | fits best in the follow Manager, professional 01 – Administrator, 1 02 – Teacher 03 – Professional | | | b. Income or loss from's own nonfarm business, partnership, or professional practice? | 0220 1 Yes 2 No - Go to item 6c | 10. a | Was there any money deducted from's last pay for – If YES – How much was deducted? Federal income tax? | Yes No | Amount 0400 \$.00 |
| | Administrative suppor 04 - Administrative clerical | t, technical, sales support, including | | What was the amount of income or loss after expenses? | 0230 \$.00 0240 3 \(\text{Loss} \) | | State and local income tax? | 0410 1 2 | |
| | 05 – Sales, retail 06 – Sales, business 07 – Technician | goods and services | | C. Income or loss from's own farm? What was the amount of income or | 0250 1 Yes | C. | Social Security including Medicare? | 0430 1 2 2 | |
| | Service 08 - Protective servi 09 - Private househo 10 - Other service | ice old service | 0070 Code | loss after expenses? | 2 \(\text{No} - \text{Go to item 7} \) | | Railroad Retirement? | 0440 1 2 0 | 0450 \$.00 0470 \$.00 |
| | Operator, assembler, l. 11 - Machine operatinspector 12 - Transportation | or, assembler, | | 7. During the past 12 months, did | 0270 3 Loss | | Private pension fund? | 0480 1 2 | 0490 \$.00 |
| | 13 - Handler, helper, Precision production, c 14 - Mechanic, repair | , laborer craft, repair | | receive from the U.S. Government any money – a. From Social Security checks? | 0280 1 Yes 2 No | g | If NO in item 10c – Are Social Security payments normally deducted from your paycheck? | 0500 1 2 | |
| | production 15 - Construction, m Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing | ing | | b. From Railroad Retirement checks? | 0290 1 Yes 2 No | 11. | Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security? | 0501 1 ☐ Yes 2 ☐ No | |
| b. | Armed forces 18 - Armed forces Was | | | 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 | 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 | |
| | CODE 1 - An employee of a company, busine working for wag 2 - A Federal govern | ess, or individual es or salary? | O080 Code Ask if code 5 and not a farm – Is the business incorporated? | d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction | 0310 \$ | 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 |
| | 3 - A State governm 4 - A local governm 5 - Self-employed in | ent employee? ent employee? | 0090 1 Yes 2 No | for a Medicare premium? | 0320 1 Yes 2 No | b | . If YES – How much? | 0530 \$ | .00 |
| | professional prac 6 – Working WITHOU business or farm | ctice, or farm? JT PAY in family | | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | 0330 Number | 14. | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. | 1 Records 2 No record | |

| | Part A – Second (| Quarter, Fifth C | Quarter or New Consur | ner Units Only – Continued | | | | | |
|----|---|--|---|--|--|----------|--|-------------------------|---------------------------------------|
| 1. | FIELD REPRESENTATIVE ITEM Enter the first name and line number of | PROCESSING USE ONLY a. NAME | 1 22 21 8 ↓ | Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was | | 8. a. | During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? | 0340 1 Yes 2 No | |
| | each CU member 14 | b. LINE NUMBER | 0010 | CODE 1 – Retired? 2 – Taking care of home/family? | | b. | Any Supplemental Security Income checks from the State or local | 0350 1 ☐ Yes | |
| 2. | In the last 12 months weeks did work of part time, not counti the house? Include p paid sick leave. | either full time or ing work around | 0020 Weeks □ □ Did not work – Go to item 5 | 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify | 0100Code | | Government? If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether? | 2 No | .00 |
| 3. | In the weeks that u many hours did u week? | sually work per | 0030 Hours per week | 6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions, | 0200 1 Yes 2 No - Go to item 6b | 9. | Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover? | 0370 \$ | · · · · · · · · · · · · · · · · · · · |
| 4a | Information Booklet, page 15. The job in which earnings during the page 15. fits best in the follow | received the most past 12 months | | tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? | 0210 \$ | 10 | | 3 🗌 Month 4 🗀 Quarte | 7 Twice a month |
| | Manager, professional 01 – Administrator, r 02 – Teacher 03 – Professional | | | b. Income or loss from's own nonfarm business, partnership, or professional practice? | 0220 1 Yes 2 No - Go to item 6c | 10. | Was there any money deducted from's last pay for – If YES – How much was deducted? Federal income tax? | Yes No | |
| | Administrative support 04 - Administrative s clerical | t, technical, sales support, including | | What was the amount of income or loss after expenses? | 0230 \$.00 0240 3 \(\text{Loss} \) | b. | State and local income tax? | 0410 1 2 | |
| | 05 - Sales, retail 06 - Sales, business 07 - Technician Service | | | C. Income or loss from's own farm? What was the amount of income or | 0250 1 Yes 2 No – Go to item 7 | | Social Security including Medicare? | 0430 1 | |
| | 08 - Protective servi 09 - Private househo 10 - Other service Operator, assembler, la | old service | 0070 Code | loss after expenses? | 0260 \$.00 0270 3 \(\text{Loss} \) | | Government Retirement? | 0460 1 2 | |
| | 11 - Machine operate inspector 12 - Transportation 13 - Handler, helper, | or, assembler, operator | | 7. During the past 12 months, did receive from the U.S. Government | 0280 1 ☐ Yes | | Private pension fund? | 0480 1 2 | 0490 \$.00 |
| | Precision production, c 14 - Mechanic, repai production | raft, repair | | any money – a. From Social Security checks? | 2 □ No | | payments normally deducted from your paycheck? | 0500 1 2 | |
| | 15 - Construction, m Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing | ng | | b. From Railroad Retirement checks? | 0290 1 Yes 2 No | 11. | Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security? | 0501 1 Yes 2 No | |
| b | Armed forces 18 – Armed forces Was | | | 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 | 12. | Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement | 0510 1 ☐ Yes 2 ☐ No | |
| | CODE 1 - An employee of a company, busine working for wage | ss, or individual | O080 Code Ask if code 5 and not a farm – Is the business | d. What was the amount of the last Social Security or Railroad Retirement payment received? | 0310 \$ | 13a. | plan that was enrolled in? During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account | 0520 1 ☐ Yes | Go to item 14 |
| | 2 - A Federal govern 3 - A State governme 4 - A local governme 5 - Self-employed in | ment employee? ent employee? ent employee? | incorporated? 1 Yes 2 No | E. Is this amount AFTER the deduction for a Medicare premium? | 0320 1 ☐ Yes 2 ☐ No | b. | (IRA & Keogh)? Exclude rollovers. If YES – How much? | 2 L NO - C | .00 |
| | professional prac 6 – Working WITHOU business or farm | tice, or farm? IT PAY in family | 2 110 | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | 0330 Number | 14. | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. | 1 Record | |

Page 113 Page 113

Section 22 - WORK EXPERIENCE AND INCOME - Continued

| F | Part A - Second | Quarter, Fifth C | Quarter or New Consur | ner Units Only – Continued | | | | | |
|---|---|---|---|---|--|--|---|-----------------------------|---|
| 1. | FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 | PROCESSING USE ONLY a. NAME | 1 22 26 7 ↓ | Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE | | | During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income | 0340 1 Yes 2 No | |
| 2. | In the last 12 month weeks did work | either full time or | 0010 Weeks | 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work? | 0100Code | | checks from the State or local Government? If YES in items 8a and/or 8b – | 0350 1 ☐ Yes 2 ☐ No | |
| | part time, not count the house? Include p paid sick leave. | | o □ Did not work – Go to item 5 | 6 - Doing something else? - Specify | | | How much did receive in Supplemental Security Income checks altogether? Ask items 9–12 only if item 6a is YES | 0360 \$ | .00 |
| 3. | In the weeks that many hours did week? | usually work per | 0030 Hours per week | 6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions, | 0200 1 Yes 2 No – Go to item 6b | 9. | (code 1). What was the gross amount of's last pay and what period of time did this cover? | 0370 \$ | 00 5 □ Year s 6 □ Other – <i>Specify</i> _k |
| 4a. | Information Booklet, p The job in which earnings during the | received the most past 12 months | | tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? | 0210 \$ | | | 3 ☐ Month 4 ☐ Quarter | 7 🗆 Twice a month |
| | fits best in the follow Manager, professional 01 – Administrator, 02 – Teacher | | | b. Income or loss from's own nonfarm business, partnership, or | 0220 1 ☐ Yes 2 ☐ No – Go to item 6c | 10. | Was there any money deducted from's last pay for – If YES – How much was deducted? | Yes No | Amount |
| | 03 - Professional Administrative suppor 04 - Administrative | t, technical, sales support, including | | professional practice? What was the amount of income or loss after expenses? | 0230 \$.00 | | Federal income tax? | 0390 1 2 2 | |
| | clerical 05 - Sales, retail 06 - Sales, business 07 - Technician | | | C. Income or loss from's own farm? | 0240 3 Loss | | Social Security including Medicare? | 0430 1 2 | |
| | Service 08 - Protective service 09 - Private househousehousehousehousehousehousehouse | | 0070 Code | What was the amount of income or loss after expenses? | 2 \(\text{No} - \text{Go to item 7} \) | d. | Railroad Retirement? | 0440 1 2 | |
| | 10 - Other service Operator, assembler, I 11 - Machine operatinspector | | | | 0270 3 Loss | | Government Retirement? | 0460 1 2 2 | |
| | 12 - Transportation 13 - Handler, helper Precision production, o | , laborer craft, repair | | 7. During the past 12 months, did receive from the U.S. Government any money – | 0280 1 Yes 2 No | | . If NO in item 10c – Are Social Security payments normally deducted from | 0500 1 2 | |
| | 14 - Mechanic, repa production 15 - Construction, n Farming, forestry, fish | nining | | a. From Social Security checks? b. From Railroad Retirement checks? | 0290 1 ☐ Yes | 11. | Ask if "Yes" in item 10c or 10g Does the money deducted for Social | 0501 1 Yes | <u> </u> |
| | 16 - Farming 17 - Forestry, fishing | | | C. FIELD REPRESENTATIVE CHECK ITEM | 2 No | 12 | Security cover only the Medicare portion of Social Security? Other than Social Security, did any | 2 🗆 No | |
| b. | 18 – Armed forces Was | | | Is "Yes" marked in items 7a and/or 7b? | 0300 1 Yes – Go to item 7d 2 No – Go to item 8a | | 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 | |
| | 1 - An employee of a company, busine working for wag | ess, or individual es or salary? | O080 Code Ask if code 5 and not a farm – Is the business incorporated? | d. What was the amount of the last Social Security or Railroad Retirement payment received? | 0310 \$ | 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 |
| | 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, | 0090 1 Yes 2 No | e. Is this amount AFTER the deduction for a Medicare premium? | 0320 1 Yes 2 No | b. | If YES – How much? | 0530 \$ | .00 | |
| 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm? | | | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | 0330 Number | | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. | 1 Records 2 No reco | | |

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 R - Second Quarter Fifth | Quarter or New Consume | r Units – <i>Ask for entire CU as a gro</i> | oun | | | |
|----|--|--|--|--|--|------------------------|-----|
| 1. | During the past 12 months, did you | PROCESSING USE | 1h. Income from child support? | 0155 1 ☐ Yes | 3. During the past 12 months, did you (or any | | |
| | (or any members of your CU) receive income from any of the following – | ONLY 1 22 97 8 ¥ | | 2 □ No – Go to item 1i | members of your CU) receive any refunds from the following – | | |
| a. | Income from unemployment | 0005 1 ☐ Yes 2 ☐ No – Go to item 1b | If YES – | 0160 1 ☐ Yes | If YES – What was the total amount | 0250 1 Yes 2 No | |
| | compensation? If YES – What was the total amount | | (1) Did you receive a one time lump sum payment for child support? | 2 □ No – Go to item 1h(2) | received by ALL CU members? a. Federal income tax? | 0260 \$ | .00 |
| | received by ALL CU members? | 0020 \$ | If YES – | | b. State and local income tax? | | |
| b | Income from worker's compensation or veteran's benefits including | | What was the total amount received by ALL CU members in | 0165 \$.00 | b. State and local income tax: | 0270 1 Yes 2 No | |
| | education benefits, but excluding military retirement? | 0025 1 ☐ Yes 2 ☐ No – Go to item 1c | last 12 months? (2) Did you receive any child support | Ψ | | 0280 \$ | .00 |
| | If YES – What was the total amount | 0030 \$.00 | payments in other than a lump sum amount? | 0170 1 ☐ Yes 2 ☐ No – Go to item 1i | C. Overpayment on Social Security? | 0290 1 ☐ Yes | |
| • | received by ALL CU members? | \$ | If YES – | Z into Go to itam in | | 2 □ No | |
| G. | Income from public assistance or welfare including money received | 0035 1 ☐ Yes | What was the total amount received by ALL CU members in | | | 0300 \$ | .00 |
| | from job training grants such as Job Corps? | 2 □ No – Go to item 1d | last 12 months? | 0175 \$ | d. Insurance policies? | 0310 1 ☐ Yes | |
| | If YES – What was the total amount received by ALL CU members? | 0040 \$.00 | i. Income from regular contributions from – | 0180 1 Yes | | 2 □ No | 00 |
| d | Income from interest on savings | | (1) Alimony? | 2 □ No | | 0320 \$ | .00 |
| | accounts or bonds? | 0050 1 ☐ Yes 2 ☐ No – Go to item 1e | (2) Other sources such as from persons outside the CU? | 0185 1 ☐ Yes | e. Property taxes? | 0330 1 Yes 2 No | |
| | If YES – What was the total amount | | If YES – for item i(1) or i(2) – | 2 No | | 0340 \$ | .00 |
| | received by ALL CU members? | 0060 \$ | Altogether what was the total amount received by ALL CU | | f. Other sources, including any other taxes? | | |
| e. | Regular income from dividends, royalities, estates, or trusts? | 0070 1 ☐ Yes | members? | 0188 \$.00 | Specify in notes. | 0350 1 Yes 2 No | |
| | | 2 ☐ No – Go to item 1f | 2. During the past 12 months, did you (or any members of your CU) | | | 0360 \$ | .00 |
| | If YES – What was the total amount received by ALL CU members? | 0080 \$.00 | receive any – a. Lump sum payments from estates, | | 4. During the past 12 months, did you (or any | | |
| f. | Income from pensions or annuities | | trusts, royalties, alimony, prizes or games of chance, or from persons | 0190 1 ☐ Yes | members of your CU) pay any – If YES – What was the total amount PAID by | | |
| | from private companies, military, Government, IRA, or Keogh? | 0090 1 Yes | outside of the CU? | 2 □ No – Go to item 2b | ALL CU members? | 0370 1 ☐ Yes 2 ☐ No | |
| | If YES – What was the total amount | 2 □ No – Go to item 1g | If YES – What was the total amount received by ALL CU members? | 0200 \$.00 | Federal income tax in addition to that withheld from earnings? | 0380 \$ | .00 |
| | received by ALL CU members? | 0100 \$ | b. Money from the sale of household | | b. State and local income tax in addition to | — | |
| g | Net income or loss from any type of rental of rooms or living units? | 0110 1 ☐ Yes | furnishings, equipment, clothing, jewelry, pets, or other belongings, | 0210 1 ☐ Yes | that withheld from earnings? | 0390 1 Yes 2 No | |
| | If YES – | 2 ☐ No – Go to item 1h | excluding the sale of vehicles or property? | $\begin{array}{c c} \hline 0210 & 1 & 1es \\ \hline 2 & No - Go \text{ to item } 2c \end{array}$ | | 0400 \$ | .00 |
| | (1) How much net income or loss | 0120 \$.00 | If YES – What was the total amount received by ALL CU members? | 0220 \$.00 | C. Personal property taxes not reported | 0410 1 ☐ Yes | |
| | was received from roomers or boarders? | 0130 0 □ None | C. Other money income, including | \$ | elsewhere? | 2 🗆 No | |
| | | 1 Loss | money received from cash scholarships and fellowships, | | | 0420 \$ | .00 |
| | (2) How much net income or loss was received from payments | 0140 \$.00 | stipends not based on working, or from the care of foster children? | 0230 1 ☐ Yes 2 ☐ No – <i>Go to item 3</i> | d. Other taxes not reported elsewhere? Do not include Social Security tax for the | 0430 1 Yes | |
| | from other rental units? | 5 | If YES – What was the total amount | | self-employed – Specify in notes. | 2 No | .00 |
| | | 0150 0 □ None 1 □ Loss | received by ALL CU members? | 0240 \$ | | 0440 \$ | .00 |
| | | I | NOTE | S | | I | |
| | | | | | | | |
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| age 115 | | Page 11 |
|--|-------|---------|
| NOTE: As of January, 1996, Section 22 Part C no longer exists. | | |
| | NOTES | |
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| | Section 22 – WORK EXPE | | | | | | | | | | | | | |
|----|---|---|-----------|---------------------------------|------------|-------------------|-----------|------------------------|---|-----------------------|-----|----------------------|--------|----------------------|
| | Part D – Third and Fourth OFFICE TRANSCRIPTION ITEMS | PROCESSING USE ONLY | nbers ' | 14 Years Old and 1 23 13 3 ↓ | Over | who previous | ly did no | t work 1 23 15 8 √ | | 1 23 16 6 ↓ | | 1 23 17 4 🔻 | \Box | 1 23 18 2 🔻 |
| | CU members who previously | a. NAME | | | | | | | | | | | | |
| | reported not working. | b. LINE NUMBER | 0010 | | 0010 | | 0010 | | 0 | 010 | 001 | 10 | 001 | 0 |
| 2. | Since the 1st of (month, 3 month income from wages, or salary f partnership, professional pract | hs ago), did earn any rom a business, ice, or farm? | | 1 ☐ Yes 2 ☐ No | | 1 ☐ Yes 2 ☐ No | 0020 | 1 ☐ Yes 2 ☐ No | 0 | 020 1 ☐ Yes 2 ☐ No | 002 | 20 1 ☐ Yes 2 ☐ No | 002 | 20 1 ☐ Yes 2 ☐ No |
| 3. | FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded | a. NAME | | | | | | | | | | | | |
| | on the control card for the first time in this interview who are 14 years old or older. | b. LINE NUMBER | 0030 | | 0030 | | 0030 | | 0 | 030 | 003 | 80 | 003 | <u> </u> |
| | • Complete a page in part E for ea | ch "Yes" response in item 2 | and for e | each new CU member lis | ted in ite | m 3. | • | | • | | • | | | |
| 1. | OFFICE TRANSCRIPTION ITEMS | PROCESSING USE ONLY | | 1 23 19 0 ↓ | | 1 23 20 8 ↓ | | 1 23 21 6 ↓ | | 1 23 22 4 ↓ | | 1 23 23 2 🔻 | | 1 23 24 0 ↓ |
| | CU members who previously reported not working. | a. NAME | | | | | | | | | | | | |
| | reported not working. | b. LINE NUMBER | 0010 | | 0010 | | 0010 | | 0 | 010 | 001 | 10 | 001 | .0 |
| 2. | Since the 1st of (month, 3 month income from wages, or salary f partnership, professional pract | ns ago), did earn any rom a business, ice, or farm? | | 1 ☐ Yes 2 ☐ No | | 1 ☐ Yes 2 ☐ No | 0020 | 1 ☐ Yes 2 ☐ No | 0 | 020 1 ☐ Yes 2 ☐ No | 002 | 1 ☐ Yes 2 ☐ No | 002 | 1 ☐ Yes 2 ☐ No |
| 3. | FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded | a. NAME | | | | | | | | | | | | |
| | on the control card for the first time in this interview who are 14 years old or older. | b. LINE NUMBER | 0030 | | 0030 | | 0030 | | 0 | 030 | 003 | 30 | 003 | ;0 |
| | • Complete a page in part E for ea | ch "Yes" response in item 2 | and for e | each new CU member lis | ted in ite | m 3. | | | | | | | | |
| | | | | | | | NOTES | | | | | | | |
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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 Enter the first name and line number of each CU member 14 vears old and over. PROCESSING USE ONLY a. NAME 1. INF NUMBER 0010 | 1 23 25 7 ↓ 5. | Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE 1 - Retired? | | 8. During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income | 0340 1 Yes 2 No |
| years old and over. b. LINE NUMBER 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. | | 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 | 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 \$ |
| 3. In the weeks that worked, how many hours did usually work per week? Information Booklet, page 44 | week | receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. | 0200 1 ☐ Yes 2 ☐ No – Go to item 6b | Ask items 9–11 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 \$ |
| 4a. The job in which received the most earnings during the past 12 months fits best in the following category: Manager, professional | | What was the amount of income received before any deductions? b. Income or loss from 's own | 0210 \$.00 | 10. Was there any money deducted from 's last pay for – | 4 Quarter 7 Twice a month Yes No Amount |
| 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales | | nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? | 1 Yes 2 No − Go to item 6c 1 YES − How much was deducted? 2 No − Go to item 6c 2 No − Go to item 6c 3. Federal income tax? | | 0390 1 2 0400 \$ |
| 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician | | C. Income or loss from 's own farm? What was the amount of income or loss after expenses? | 0240 3 \(\text{Loss} \) | State and local income tax? C. Social Security including Medicare? | 0410 1 □ 2 □ 0420 \$.00 0430 1 □ 2 □ |
| Service 08 – Protective service 09 – Private household service 10 – Other service | Code | | 2 No – Go to item 7 | d. Railroad Retirement? e. Government Retirement? | 0440 1 □ |
| Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer | 7. | During the past 12 months, did receive from the U.S. Government | 0270 3 Loss | f. Private pension fund? | 0480 1 2 0490 \$ |
| Precision production, craft, repair 14 – Mechanic, repairer, precision production | а | any money – a. From Social Security checks? | 2 □ No | g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? Ask if "Yes" in item 10c or 10g | 0500 1 🗆 2 🗆 |
| 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping | la la | b. From Railroad Retirement checks? | 0290 1 Yes 2 No | 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? | 0501 1 ☐ Yes 2 ☐ No |
| Armed forces 18 - Armed forces b. Was | | C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? | 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a | 12. Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in? | 0510 1 ☐ Yes 2 ☐ No |
| CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? | Ask if code 5 and not a farm – Is the business | d. What was the amount of the last Social Security or Railroad Retirement payment received? | 0310 \$ | 13a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account | 0520 1 ☐ Yes 2 ☐ No – Go to item 14 |
| 5 – Self-employed in OWN business, | incorporated? 1 Yes 2 No | Is this amount AFTER the deduction for a Medicare premium? | 0320 1 ☐ Yes 2 ☐ No | (IRA & Keogh)? Exclude rollovers. b. If YES – How much? | 0530 \$ |
| professionál practice, or farm? 6 – Working WITHOUT PAY in family business or farm? | 1 | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | 0330 Number | 14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. | 1 ☐ Records 2 ☐ No records used |

| Part E – Third an | d Fourth Quarte | er – Continued | | | | | | | | |
|--|---|---|--|--|---|---|--------------------------------------|----------------------|---|-----|
| 1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of | PROCESSING USE ONLY a. NAME | 1 23 30 7 ↓ | Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE | | 8. During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government? | | | | | |
| each CU member 14 years old and over. 2. In the last 12 month | | | 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? | 0100 Code | b. | Any Supplemental Security Income checks from the State or local Government? | 0350 1 Yo | | | |
| weeks did work part time, not coun the house? Include paid sick leave. | either full time or ting work around | 0020 Weeks 10 Did not work – Go to item 5 | 4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify | Code | | How much did receive in Supplemental Security Income checks altogether? | 0360 \$ | | .00 | |
| 3. In the weeks that many hours did week? | usually work per | 0030 Hours per week | 6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions, | 0200 1 ☐ Yes 2 ☐ No – Go to item 6b | 9. | Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover? | | Weeks | .00 5 ☐ Year 6 ☐ Other – Specify _✓ | |
| Information Booklet, µ 4a. The job in which earnings during the fits best in the follo | received the most past 12 months | | tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? | 0210 \$ | 10 | | 3 | Quarter | 7 🗆 Twice a month | _ |
| Manager, professiona 01 – Administrator, 02 – Teacher 03 – Professional | Ι . | | b. Income or loss from's own nonfarm business, partnership, or professional practice? | 0220 1 ☐ Yes 2 ☐ No – Go to item 6c | 10. a. | Was there any money deducted from's last pay for – If YES – How much was deducted? Federal income tax? | Yes | No l | Amount 6 | .00 |
| Administrative support of the contractive clerical | rt, technical, sales support, including | | What was the amount of income or loss after expenses? | 0230 \$.00 0240 3 \(\text{Loss} \) | b. | State and local income tax? | 0410 1 🗆 | 2 🗆 | | .00 |
| 05 - Sales, retail06 - Sales, business goods and services07 - TechnicianService | | 0070 Code | C. Income or loss from's own farm? What was the amount of income or | 0250 1 ☐ Yes 2 ☐ No – <i>Go to item 7</i> | | Social Security including Medicare? | 0430 1 🗆 | + | 0450 s | .00 |
| 09 – Private househ 10 – Other service | 09 - Private household service | | loss after expenses? | 0260 \$.00 0270 3 \(\text{Loss} \) | | Government Retirement? | 0460 1 | 1 | | .00 |
| inspector 12 – Transportation | | | 7. During the past 12 months, did receive from the U.S. Government | 0280 1 ☐ Yes | | Private pension fund? | 0480 1 | 2 🗆 | 0490 \$ | .00 |
| Precision production, 14 - Mechanic, repa production | irer, precision | | any money – a. From Social Security checks? | 2 □ No | | payments normally deducted from your paycheck? Ask if "Yes" in item 10c or 10g | 0500 1 🗆 | 2 🗆 | | |
| 15 – Construction, r Farming, forestry, fish 16 – Farming 17 – Forestry, fishin | ing | | b. From Railroad Retirement checks? | 0290 1 Yes 2 No | 11. | Does the money deducted for Social Security cover only the Medicare portion of Social Security? | 0501 1 \(\text{Y}\) 2 \(\text{N}\) | | | |
| Armed forces 18 - Armed forces b. Was | | | 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 | 12. | Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement | 0510 1 Y Y 2 N | | | |
| CODE 1 - An employee of | ess, or individual | O080 Code Ask if code 5 and not a farm – Is the business | Cl. What was the amount of the last Social Security or Railroad Retirement payment received? | 0310 \$ | 13a. | During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account | 0520 1 \(\text{Y}\) | | | |
| 2 – A Federal govern 3 – A State governn 4 – A local governm | nment employee? nent employee? ent employee? | incorporated? 1 Yes 2 No | Is this amount AFTER the deduction for a Medicare premium? | 0320 1 Yes 2 No | b. | (IRA & Keogh)? Exclude rollovers. If YES – How much? | 0530 \$ | 0 – G0 1 | to item 14 | |
| professional pra 6 – Working WITHO | Self-employed in OWN business, professional practice, or farm? Working WITHOUT PAY in family business or farm? | or farm? | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | 0330 Number | 14. | FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. | 0540 1 Re | lecords lo record | ds used | |

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 | | | | | | | | |
|---|---|--|---|---|--|--|--|--|
| 1. FIELD PROCESSING USE ONLY ITEM Enter the first name and line number of | Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months was | ? | 8. During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government? | 0340 1 ☐ Yes 2 ☐ No | | | | |
| each CU member 14 years old and over. b. LINE NUMBER 0010 2. In the last 12 months, how many weeks did work either full time or | CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify | 0100 Code | 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 \$ | | | | |
| 3. In the weeks that worked, how many hours did usually work per week? Information Booklet, page 44 | 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. | 0200 1 Yes 2 No - Go to item 6b | 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 | | | | |
| 4a. The job in which received the most earnings during the past 12 months fits best in the following category: | What was the amount of income received before any deductions? | 0210 \$ | 10. Was there any money deducted from | 4 ☐ Quarter 7 ☐ Twice a month Yes No Amount | | | | |
| Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional | b. Income or loss from 's own nonfarm business, partnership, or professional practice? What was the amount of income or | 0220 1 Yes 2 No - Go to item 6c | 's last pay for – If YES – How much was deducted? a. Federal income tax? | 0390 1 2 0400 \$ | | | | |
| Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services | loss after expenses? | 0230 \$.00 0240 3 \(\text{Loss} \) | b. State and local income tax? C. Social Security including Medicare? | 0410 1 2 0420 \$.00 | | | | |
| 07 - Technician Service 08 - Protective service 09 - Private household service | 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 | d. Railroad Retirement? | 0440 1 | | | | |
| 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator | 7. During the past 12 months, did | 0270 3 Loss | e. Government Retirement? | 0460 1 □ | | | | |
| 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production | receive from the U.S. Government any money – a. From Social Security checks? | 0280 1 Yes 2 No | g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? | 0500 1 2 | | | | |
| 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping | b. From Railroad Retirement checks? | 0290 1 Yes 2 No | 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 | | | | |
| Armed forces 18 - Armed forces b. Was | Is "Yes" marked in items 7a and/or 7b? | 0300 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a | 12. Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement | 0510 1 ☐ Yes 2 ☐ No | | | | |
| working for wages or salary? | Code d. What was the amount of the last Social Security or Railroad Retirement payment received? corporated? | 0310 \$ | 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. | 0520 1 ☐ Yes 2 ☐ No – Go to item 14 | | | | |
| 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, | Yes e. Is this amount AFTER the deduction for a Medicare premium? | 0320 1 Yes 2 No | b. If YES – How much? | 0530 \$ | | | | |
| professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm? | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive | 0330 Number | 14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. | 1 ☐ Records 2 ☐ No records used | | | | |

| ▶ Part E – Third and Fourth Quarter – C | Continued | | | | | | |
|--|--|--|--|--|--------------------------------|---------------------------------------|--|
| 1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of | 1 23 40 6 ↓ | Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE | | 8. During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government? | 0340 1 Yes 2 No | | |
| each CU member 14 years old and over. b. LINE NUMBER 0010 | | 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? | 0100 Code | b. Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b – | 0350 1 Yes 2 No | | |
| weeks did work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave. | Weeks □ □ Did not work – Go to item 5 | 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify | I – III, disabled, unable to work? 5 – Unable to find work? | | 0360 \$ | .00 | |
| 3. In the weeks that worked, how many hours did usually work per week? | week | receive any money in - a. Wages or salary? Include commissions, | 0200 1 ☐ Yes 2 ☐ No – <i>Go to item 6b</i> | 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 5 ☐ Year 6 ☐ Other – Specify ✓ | |
| Information Booklet, page 44 4a. The job in which received the most earnings during the past 12 months fits best in the following category: | | tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? | 0210 \$.00 | | 4 □ Quarter | 7 Twice a month | |
| Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional | | b. Income or loss from's own nonfarm business, partnership, or professional practice? | 0220 1 ☐ Yes 2 ☐ No – Go to item 6c | 10. Was there any money deducted from's last pay for – If YES – How much was deducted? a. Federal income tax? | Yes No | Amount .00 | |
| Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail | | What was the amount of income or loss after expenses? | 0230 \$.00 0240 3 \(\text{Loss} \) | b. State and local income tax? | | 0420 \$.00 | |
| 06 - Sales, business goods and services 07 - Technician Service | | C. Income or loss from's own farm? What was the amount of income or loss after expenses? | 0250 1 ☐ Yes 2 ☐ No – <i>Go to item 7</i> | C. Social Security including Medicare? | 0430 1 2 2 | 0450 \$.00 | |
| 09 – Private household service 10 – Other service Operator, assembler, laborer | Code | | 0260 \$.00 0270 3 \(\text{Loss} \) | e. Government Retirement? | 0460 1 2 | 0470 \$.00 | |
| 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer | 7 | 7. During the past 12 months, did receive from the U.S. Government any money – | 0280 1 ☐ Yes | f. Private pension fund? | 0480 1 2 2 | 0490 \$.00 | |
| Precision production, craft, repair 14 - Mechanic, repairer, precision production | | a. From Social Security checks? | 2 □ No | payments normally deducted from your paycheck? Ask if "Yes" in item 10c or 10g | 0500 1 2 | | |
| 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping | | b. From Railroad Retirement checks? | 0290 1 ☐ Yes 2 ☐ No | 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? | 0501 1 ☐ Yes 2 ☐ No | | |
| Armed forces 18 - Armed forces b. Was | | 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 | for during the last 12 months contribute to a pension or retirement | 0510 1 ☐ Yes 2 ☐ No | | |
| CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? | Ask if code 5 and not a farm – Is the business | d. What was the amount of the last Social Security or Railroad Retirement payment received? | 0310 \$.00 | plan that was enrolled in? 13a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account | 0520 1 ☐ Yes 2 ☐ No - Go to | | |
| 2 – A Federal government employee? | incorporated? 1 ☐ Yes 2 ☐ No | e. Is this amount AFTER the deduction for a Medicare premium? | 0320 1 ☐ Yes 2 ☐ No | (IRA & Keogh)? Exclude rollovers. b. If YES – How much? | 0530 \$ | .00 | |
| professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm? | | f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? | 0330 Number | 14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13. | 0540 1 ☐ Records 2 ☐ No record | ds used | |

| Page 121 | Page 12 |
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| | NOTES |
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| Section 22 – WORK EXPERIENCE AND IN | COME – Continued | FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter. |
|--|---|---|
| Part F – Occupational Expenses and Cont | tributions – Fifth Quart | er Only |
| During the past 12 months, did you (or any members of your CU) have any occupational | 1 22 98 6 ↓ | NOTES |
| expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits? | 0010 1 ☐ Yes 2 ☐ No – <i>Go to item 2a</i> | |
| If YES – What was the total amount of these occupational expenses? | 0020 \$ | |
| 2. During the past 12 months, did you (or any members of your CU) make any – | | |
| Cash contributions for support of persons not in the CU, including alimony, child support, or students living away at college? | 0030 1 Yes 2 No – Go to item 2b | |
| If YES – How much? | 0040 \$00 | |
| (1) How much of this amount was for alimony? | 0041 \$ | |
| | 00 | |
| (2) How much of this amount was for child support? | 0042 \$00 x □ Don't know | |
| (3) How much of this amount was for the expenses of college or university students | 0060 \$.00 x Don't know | |
| while attending school away from home? | X 🗆 Don t know | |
| b. Gifts of cash, bonds, or stocks to persons not in the CU? | 0070 1 ☐ Yes 2 ☐ No – Go to item 2c | |
| If YES – How much? | 0080 \$ | |
| C. Contributions to charities, such as United Way, Red Cross, etc.? | 0090 1 ☐ Yes 2 ☐ No – <i>Go to item 2d</i> | |
| If YES – How much? | 0100 \$.00 | |
| d. Contributions to church and other religious organizations, excluding parochial school | 0110 1 ☐ Yes 2 ☐ No – Go to item 2e | |
| expenses? | | |
| If YES – How much? | 0120 \$ | |
| e. Contributions to educational organizations? | 0130 1 ☐ Yes 2 ☐ No – <i>Go to item 2f</i> | |
| If YES – How much? | 0140 \$ | |
| f. Political contributions? | 0150 1 ☐ Yes 2 ☐ No – Go to item 2g | |
| | | |
| If YES – How much? | 0160 \$00 | |
| g. Other contributions? – Specify in "Notes" | 0170 1 ☐ Yes 2 ☐ No – Go to next part | |
| If YES – How much? | 0180 \$ | |

FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.

| I | Part G – Changes In Assets – Fifth Quarte | er Only | | | | |
|----|--|--|------|---|--|-------|
| 1. | On the last day of (last month), what was the total amount your CU had in – | 1 22 99 4 ↓ | 5. | During the past 12 months, did you (or any members of your CU) sell any stocks, mutual funds or bonds? | 0160 1 Yes 2 No - Go to item 6 | NOTES |
| a | Savings accounts in banks, savings and loans, credit unions and similar accounts? | 0010 \$.00 None | | If YES – What was the net amount received from sales after subtracting broker fees? | 0170 \$00 | |
| b | Checking accounts, brokerage accounts and other similar accounts? | 0020 \$.00 None | 6. | During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm? | 0180 1 ☐ Yes 2 ☐ No – Go to item 7 | |
| C | U.S. Savings bonds? | 0030 \$.00 None | _ | If YES – How much did you invest? | 0190 \$00 | |
| 2. | How does the amount your CU had at the end of the last day of (last month) compare with the amount your CU had on the last day of (last month, one year ago) in – If more or less – How much more (less)? | 1 Same – Go to item 2b 2 More 3 Less | 7. | During the past 12 months, did you (or any members of your CU) withdraw any assets from your own business or farm? If YES – What was the value of such assets? | 0200 1 Yes 2 No – Go to item 8a 0210 \$.00 | |
| _ | Savings accounts? Checking accounts? | 0050 \$.00 0060 1 Same - Go to item 2c | 8a. | During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use? | 1 Yes 2 No – Go to item 9a | |
| | | 2 More 3 Less | b. | . What was the value of these goods or services? | 0230 \$00 | |
| C | U.S. Savings bonds? | 1 Same – Go to item 3a 2 More 3 Less | 9a. | On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU? | 0240 1 ☐ Yes 2 ☐ No – Go to item 10 | |
| 22 | Did you for any marshare of your CII) own any | 0090 \$ | b. | How does the amount owed to your CU on the last day of (last month) compare with the amount | 0250 1 Same – Go to item 10 2 More | |
| Ja | 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)? | 0100 1 ☐ Yes 2 ☐ No – Go to item 4 | | owed to your CU by persons outside your CU on the last day of (last month, one year ago)? If more or less – How much more (less)? | 3 ☐ Less 0260 \$.00 | |
| b | If YES – What was the estimated value of all such securities on the last day of (last month)? | 0110 \$.00 | 10. | Did among outside of your CH array manage to you | | |
| C | How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)? | 0120 1 Same – Go to item 4 2 More 3 Less | 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)? If YES – How much was owed? | 0270 1 Yes 2 No – Go to item 11 0280 \$ | |
| | If more or less – How much more (less)? | 0130 \$ | 11a. | During the past 12 months, did you (or any | 0290 1 Yes | |
| 4. | During the past 12 months, did you (or any members of your CU) purchase any stocks, mutual funds or bonds? | 0140 1 ☐ Yes 2 ☐ No – Go to item 5 | | members of your CU) receive settlement on surrender of any insurance policies (life or annuity)? | 2 □ No 0300 \$.00 | |
| | If YES – What was the total purchase price including broker fees? | 0150 \$ | | If YES – How much did you receive? | Ψ | |

| Section 24 – TOTAL CU II | NCOME – 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. |
|---|-------------------------------------|--|
| TOTAL CU INCOME Information Booklet, page 43 1. Which category represents the total combined income of this CU during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received by all CU members 14 years of age or older. | 1 24 01 6 ↓ O010 | NOTES |
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WORK EXPERIENCE AND INCOME

TOTAL CU INCOME