FORM <b>CE-302</b> (	4-1-2001)
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NOTE: Office st	taff should complete transcr	ription items 1–4 below	/ for interviev	wed CU's on	ıly.					
	2. CONTROL NUMBER						<b>3a.</b> HH No.	<b>3b.</b> CU No.	4. Intervie	w No
Office code	PSU code   Segment   number	Segment number   S	Sample designation	Serial   S   number   s	Serial suffix	Check   digit			□ 2	☐ <b>4</b>
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U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF LABOR
BUREAU OF LABOR STATISTICS



QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

Se	ction	1 – GENE	ERAL S	URVEY IN	FORM	IOITAN	V									FORM <b>CE-302</b>			U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration
Pa	rt A –	Field Re	present	tative Rec	ords		1 01 25	3 ↓								(4-1-2001)			U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR
<b>1.</b> Reg	ional	<b>2.</b> Control n	umber						1		<b>3a.</b> HH No	. <b>3b.</b> cu	J No.		iew		QUESTION	NAIRE	U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS
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																NOTICE V		4. 1	
				TS AND REAS								of codes b	elow.			NOTICE – Your report to the Conly by sworn Census employed	Census Bureau is <b>confide</b> ees and may be used only	<b>ntial</b> by law (title 13, , for statistical purpos	U.S. Code). It may be seen ses.
Call (a)		Reason (b)	Call (a)		eason (b)		Call (a)	Reasor (b)			SON FOR NE CONTACT	OFF	ICE US	SE ONLY		7. RECORD OF INTERVIEW AND	OFFICE ACTIVITY TIME		
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<b>6.</b> RE	CORD O	F TRAVEL TIN	ME AND RE	EASON FOR V	ISIT – R	ecord trav	vel time and visit from list	enter cod	e for at right.	4 [	REAS Personal visit	SON FOR V				Office edit	p.m.	p.	m. 0840
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1		p.m			5		p.m.			9		p.m.			-	<b>b.</b> Enter the line number(s) or	·	Inter code 99 for non	CU member.
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		p.m					p.m.					p.m.				0670	0700	0730	
	Began	a.m	0300	0310		Began	a.m.	0420	0430		Began	a.m.	0540	0550	]				
2		p.m			6		p.m.			10		p.m.				0680	0710	0740	
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	Began	a.m	0330	0340		Began	a.m.	0450	0460		Began	a.m.	0570	0580	]	<b>C.</b> In answering questions about expense books, tax returns	out expenses, did the resp	oondent consult bills,	receipts, check stubs,
3	L	p.m			7		p.m.			11		p.m.				Mark (X) one.	5, 61 611101 1666146.		
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4	Ended	p.m	i.		8	Ended	p.m.			12	Ended	p.m.				Mark (X) all that apply.			
	Lilueu	a.m				Lilded	a.m.				Liided	a.m.				0770 1 ☐ Bills	0800 4□ Receipts of pu		0830 7 Bank statements
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Se	ction	1 – GEN	NER	AL SU	JRVEY IN	IFORM	MATION										FORM <b>CE-302</b> U.S. D	
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Ś	ection	1 – GEN	IERAL SU	JRVEY I	IFORM	OITAN	V								FORM <b>CE-302</b>		ı	J.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration
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Se	ction	1 – GEN	NER	AL SU	JRVEY IN	IFORM	MATION										FORM <b>CE-302</b> U.S. D	
Pa	rt A -	- Field R	epre	esenta	ative Rec	ords		1 01 25	3 ↓								ACT	U.S. CENSUS BUREAU FING AS COLLECTING AGENT FOR
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Section 1 – GENERAL SURVEY INFORM	ATION – Continued	
Part A.1 – Consumer Unit and Reference	e Period Explanations	
FIELD REPRESENTATIVE NOTE: Read the following paragr	aphs (control card items 23f and 35b) ONLY if you have NOT r	ead them already.
1. Consumer Unit  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.	2. Reference Period  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	NOTES
household for payment of their major expenses.  The person(s) I'm including in your CU (is/are): (READ NAMES OF ALL PERSONS LISTED IN CONTROL CARD ITEM 18 WITH THE SAME CU MARKED IN	(Month, three months previous to this month) <b>to today</b> .	
CARD ITEM 18 WITH THE SAINE CO MARKED IN CONTROL CARD ITEM 23g.)		

# 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 – <i>For New Consum</i>	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 toilet, a bathtub or shower,	0080 Number	10. About when was this building originally built?  Probe for best estimate. Do not consider later remodelings.	0450 Enter 4-digit year
	Ask if not apparent by observation. Information Booklet,	0040 01 Single family detached (detached structure with only one primary residence; however, the structure could	and a sink, all with running water.			x □ Don't know
3.	page 5 Which best describes this building?	include a rental unit(s) in the basement, attic, etc.)  12 Row or townhouse – inner unit (2, 3, or 4 story structure with 2 walls in common with other units and a private ground	b. How many half bathrooms are there in this unit?  A HALF BATHROOM has at least a toilet OR bathtub or	0090 Number		NOTES
		level entrance; it may have a rental unit as part of the structure)  13  End row or end townhouse (one common	shower, but does not have all the facilities of a complete bathroom.			
		wall)  04  Duplex (detached two unit structure with one common wall between the units)	8. What fuel is used most for –	0100 o1 Gas (underground piping)		
		05 ☐ 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – Go to item 5	a. Heating this unit?	02 ☐ Electricity 03 ☐ Fuel oil 04 ☐ Other – <i>Specify</i> ⊋		
		06 ☐ Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the				
		units not only have common walls but are also stacked on top of one another) – Go to item 5		05 □ No fuel used x □ Don't know		
		07 High-rise (a multi-unit structure which has 4 or more floors) – <i>Go to item 5</i>	<b>b.</b> Heating water in this unit?	0110 01 Gas (underground piping) 02 Electricity		
		OB Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of one of the units described above) – Go to item 5		03 □ Fuel oil 04 □ Other – <i>Specify <sub>▼</sub></i>		
		09 $\square$ Mobile home or trailer – <i>Go to item 5</i> 10 $\square$ College dormitory – <i>Go to section 1, part C</i>		05 □ No fuel used x □ Don't know		
		11 ☐ Other – Specify and go to item 4 戻	C. Cooking?	0120 01 Gas (underground piping)		
4.	What is the approximate	Lot size (approximate acreage)		02 □ Electricity 03 □ Fuel oil		
	size of the lot on which this unit is located?	0050 01 $\square$ 1 acre or less – 43,560 sq. ft. 02 $\square$ 2 acres – 87,120 sq. ft.		03 ☐ Tuel on		
		03				
		05 ☐ Greater than 10 acres		05 ☐ No fuel used x ☐ Don't know		
		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** b Was this (Were any of If YES -Information Booklet, page 6 these) -Does your CU have any of the How following appliances? many? 1. Purchased for own use? 2. Included with owned home? **PROCESSING** 3. Received as a gift? 4. Included with rental unit? 5. Rented separately? FIELD REPRESENTATIVE -Yes No Mark (X) all that apply. 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 1 🗌 | 2 🔲 Portable dishwasher 1 2 3 4 5 0090 1 2 2 **Garbage disposal** 0100 1 2 2 **Clothes washer** 0110 1 🗌 | 2 🔲 **Clothes dryer** 0120 1 🗌 | 2 🔲 **Color television** 0130 1 🗌 2 🔲 **Home computer** Sound components, component system, or 0140 1 🗌 2 🔲 compact disc sound system Video tape recorder, video disc player, or video cassette recorder (VCR) 0150 2 🗌 1 🔲 **GO TO SECTION 2**

Page 5

;	Section 2 – RENTED LIVING QU	ARTERS	Units only. Complete part A, i	all consumer units. For interviews 2 th items 4a through 6, for both rented S ersity regulated living quarters in sect	arough 5, item 1a will already be filled. Complete part A, items 2a through 3f, for rented Sample ample Units and Sample Units occupied without payment of cash rent. You will record housing ion 16 "Educational Expenses."
<u> </u>	Part A – CU Tenure, Rental Payı	ments, Facilities, and Se	ervices 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.	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>b.</b> What is the rental charge to another tenant for a similar unit?	0310 \$ .00	
	ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX.	0030 1 ☐ Yes 2 ☐ No – Go to item 4a	C. What period of time does this cover?	0320 4 ☐ Month 9 ☐ Other – Specify ⊋	
C	Do you (or any members of your CU) pay rent for these living quarters?				
2a	RENTAL OF THE SAMPLE UNIT  What is the rental charge to your CU for this unit, including any extra charge for garage or parking facilities? Do not include direct payments by	0040 \$ .00 x \( \text{Don't know} \)	5a. Is any portion of this unit used for	x □ Don't know	
b	local, state, or federal agencies.  What period of time does this cover?	0050 4 Month	your own business?	0540 1 ☐ Yes 2 ☐ No – Go to item 6	
		9 ☐ Other – Specify <sub>▼</sub>	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)?	0070 1  Yes – Go to item 2f 2  No	have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or	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  0080 \$ .00 0090	vacation? Do not include college or university regulated housing.	2 ∐ No − Go to next section	
		0100 \$ .00 0110		1	
		0120 \$ .00 0130			
		0140 s .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 \$			
3.	Does the rental payment include the cost of –	Yes No			
	Electricity?	0220 1 2 D			
	Piped-in water?	0240 1 2			
	Heating?	0250 1 2 D			
	Trash/Garbage collection?	0260 1 2 U			

UNIVI CE-302				
Section 2 – RENTED LIVING QU	JARTERS – Continued		FIELD REPRESENTATI	IVE – Complete a separate page for each rented unit other than the sample unit.
Part B – Rental Payments, Facil	lities, and Services for Ot	ther Than Sample Unit		
RENTAL OF OTHER THAN SAMPLE UNIT PROCESSING USE ONLY	1 02 02 0 ↓	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	0250 1 Yes	NOTES
1a. What is the rental charge to your CU for the other unit, including any extra charge for garage or parking	0010 \$ .00 x Don't know	1st of (month, 3 months ago)?	2 □ No – Go to item 4	
facilities?  b. What period of time does this cover?	0020 4 ☐ Month	<b>b.</b> What is the rental charge to another tenant for a similar unit?	0260 \$	
·	9 ☐ Other – Specify ⊋	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 been made?	0030 Number	4a. Is any portion of the unit used for your own business?	0280 1 Yes	
d. Were all the payments in the amount of (rental charge reported in item 1a)?	0040 1 Yes – Go to item 1f		2 □ No – Go to item 5	
e. If NO – What was the amount of each	2 □ No  Payment Number	<b>b.</b> What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.	0290 .00 Percent	
payment and how many payments were made at that amount?	0050 \$ .00	5. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living	0300 1 Yes – Complete part B for other rental	
	0070 \$ .00 0080	quarters not used for business or vacation? Do not include college or university regulated housing.	property 2 □ No – Go to next section	
	0090 \$ .00			
	0110 \$ .00			
f. Were any payments made during the current month?	0170 1 ☐ Yes 2 ☐ No – Go to item 2			
g. If YES – How much?	0180 \$			
2. Does the rental payment include the				
cost of –	Yes No			
a. Electricity?	0190 1			
<b>b.</b> Gas?	0200 1			
C. Piped-in water?	0210 1 2			
d. Heating?	0220 1 2 2			
e. Trash/Garbage collection?	0230 1 2 2			
f. Garage or parking facilities?	0240 1 2 7			

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### **Section 3 - OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE**

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

If this box is marked - Go to item 3a (no owned properties reported in previous interviews).

FIELD REPRESENTATIVE INSTRUCTIONS

- After completing all screening items (Part A.1) fill the appropriate parts of section 3 for each property owned.
  For each property previously recorded and still owned ("Yes" in item 1, column g), complete part I.
- For each property previously recorded and disposed of within the last 3 months ("No" in item 1, column g), complete parts D and I.
- If property was disposed of during a previous interview (column b = 1, YES) do not complete any other part of section 3.
- If a mortgage or lump sum home equity loan payment amount changed since a previous interview ("Yes" in item 1, column k), complete part J for the 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.

			ch property liste paid), column j						column b). If mort sk column n.	gage						
8 03 0	0 7	<b>→</b>							PR	OPERTY INVENTORY CHART						
	а	b	С	d	е	f	g	h	i	j	k	ı	m	n	O	р
		Property disposed of	Property description	Property type	ENTER PROPERTY			Are (Were) any of the		Mortgage or lump sum home equity information reported in previous interview	mortgage	Line of Credit Home Equity	Home Equity	1st of (last	If "Yes" -	Prior to the

			Property disposed of (part D	Property description (part B, item 1c)	Property type  1. Condo	PROPERTY CODE from	Code 300 time share	still I	have erty	any o	of the nses	If "Yes" in column h –	Mortgage	e or lump s reported in	um ho previo	me equ	ity information rview	Has y morto (lump	gage sum	Home Loan (	Equity	Line of Credit Home Equity Loan number	1st of month)	(last •	If "Yes" - What was the	Prior to the last payment, what was the
		1	completed)		<b>2.</b> Co-op	part B, item 1b.	(part B, item 13, box 2)	descr tion)?	rip- P	for the proper dedu	erty	What percent of the expenses for	No mortgage or lump sum	or loan	T	YPE	Amount paid from part F,	loan)	equity	If "No,	." go to roperty	item 1d)	have your C made a	U)	amount of the last payment?	total amount owed?
	PROCESSING USE ONLY	roperty number			3. Something else (part B, item 10)		50% 27	If "No	lumn j.	as busir farm, renta expe	ness, , or il nses? o," go lumn j.	this property are (were) deducted? Enter to the nearest whole percent.	home equity loan Go to column I.	number	Mortgage		item 11 or part G, item 11	(amou paid) <b>chang</b> If paid mark	ged? J off, "Yes."	or l	oan.		payme for you of cred home e loan? If "No," to next propera loan.	nts ur line lit equity go		
	<u>E 9</u>	<u>,                                    </u>	YES   NO					YES	NO	YES	NO				Š	<u> </u>		YES	NO	YES	ı NO		YES	NO		
00	001		1					1 🗆	   2   	1 🗆	     2     	Percent			1 🗆	   2   	\$ [.00]	1 🗆	     2 □				1 🗌	2 🗌	\$	\$
00	021		1					1 🗆	   2   _	1 🗆	     2	Percent			1 🗆	     2	\$00	1 🗆	     2   		 		1 🗌	2 🗌	\$	\$00
00	041		1 🗆 ¦ 2 🗆			1 1		1 🗆	2 🗆	1 🗆	       2     	Percent			1 🗆	2 🗆	\$00	1 🗆	       2   		¦ ¦ □ +		1 🗆	2 🗌	\$	\$
00	061		1					1 🗆	     2	1 🗆	     2	Percent			1 🗆	     2	\$00	1 🗆	     2   		 		1 🗌	2 🗌	\$	\$00
00	081		1 🗆   2 🗆			1 1		1 🗆	     2   	1 🗆	     2     	Percent			1 🗆	2 🗆	\$00	1 🗆	     2   _		¦   		1 🗆	2 🗆	\$	\$
0.	101		1					1 🗆	     2	1 🗆	     2   	Percent			1 🗆	     2   	\$00	1 🗆	     2   				1 🗆	2 🗌	\$	\$
0.	121		1					1 🗆	     2   	1 🗆	     2     	Percent			1 🗆	     2	\$00	1 🗆	     2		  -  -		1 🗆	2 🗆	\$	\$
0.	141		1 🗆 ¦ 2 🗆					1 🗆	2	1 🗆	     2	Percent			1 🗆	     2	\$00	1 🗆	     2		!		1 🔲	2 🗌	\$	\$00

Section 3 – OWNED	D LIVING QUART	TERS AND O	THER	OWNED REAL	ESTATE – Continue	ed
Part A.1 - Screening	ng Questions – C	ontinued		1 03 01	0 ↓	
a. Since the 1st of (month any additional mortgage home equity loans for a	o, 3 months ago), have y ges, including second any property you own	ou obtained mortgages or		1 ☐ Yes 2 ☐ No – <i>Go to item</i>	n 3a	<b>4.</b> FIELD REPRESENTATIVE INSTRUCTION – Refer to the chart below. Complete all appropriate parts for each new property disposed of in the reference period and for each new property currently owned before moving on to the next property.
). <i>If YES</i> – For which proposition home equity loan obtain	If YES – For which property was this additional mortgage of home equity loan obtained?			Enter the appropria and property code(s from the property in 1a and 1e).	te property number(s) s) in item 2g below nventory chart (items	PROPERTY STATUS  Currently owned Disposed of ("Yes" in item 3b) ("No" in item 3b)
Ask for each property.  Was this a mortgage or a home equity loan?			0020 1 ☐ Mortgage – Mark (X) "Yes" in mortgage column in item 2g			B, E, I B, D, E, I
_			/////	2 Home Equity Lo	oan – Continue with item 2d	(NOTE: Do not fill any parts for property code 600.)
I. 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 a check or using a special credit card?						NOTES
Is this new loan a lump sum home equity loan?			0030 1 \(\sum \) Yes - Mark (X) "Yes" in lump sum home equity loan column in item 2g 2 \(\sum \) No - Continue with item 2f			
Ask or verify.  Is this new loan a line of credit home equity loan?			0040 1 ☐ Yes – Mark (X) "Yes" in line of credit home equity loan column in item 2g			
Complete the chart below	Complete the chart below for each additional mortgage/home equ		ty loan.			
Property number	Property code	Mortgage (Complete a p	Lump sum home Line of credit home equity loan equity loan (Complete a part G) (Complete a part H)		equity loan	
		□Yes		□Yes	□Yes	
		□Yes		☐Yes	☐Yes	
		□Yes		☐Yes	☐Yes	
		□Yes		☐Yes	☐Yes	
		□Yes		☐Yes	☐Yes	
Since the 1st of (month members of your CU) p property or real estate:	ourchased or otherwis	ou (or any e acquired any		1 ☐ Yes – Ask items 2 ☐ No – Go to nex		
Please look at (page 7, Information Booklet). What kind of 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  600 Property for business or investment purposes only  300 A second home, vacation home or recreational property  400 Unimproved land with no buildings on it		F	Property code	Still owned		
		0060		0070 1  Yes 2  No		
		es only	0080		0090 1 ☐ Yes 2 ☐ No	
<ul><li>500 Other property – Spe</li><li>C. Do you still have this p</li><li>Mark (X) the appropriate</li></ul>	roperty?	ımn	0100		0110 1  Yes 2  No	
ge 8	Zon III om ownou con				Continu 2	Part A.1 (Continued)

# 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.

<b>)</b> I	Part A.2 – Screening Questions – <i>For Ne</i>	w Con	sumer Units C	Only		
				1 03 02 8		NOTES
1.	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 🗆	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$ 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? – $Specify_{\overrightarrow{k}}$			 		
		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)					
	<ul><li>200 - A home in which you (your CU) used to live</li><li>600 - Property for business or investment purposes only</li></ul>		0150	0160	0170	
	<ul> <li>300 - A second home, vacation home, or recreational pr</li> <li>400 - Unimproved land with no buildings on it</li> <li>500 - Other property - Specify √</li> </ul>	operty	0180	0190	0200	
	· · · · / <u>/</u>		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 ("VF	rently owned	Disposed of /ES" in item 7a)	
	Note – Do not fill any parts for property code 600.		1720	B, E, I	B, D, E, I	

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

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

								- 1- 1-			- 3 - 3	-17
Pa	art B – Detailed Property Des	cription										
1.	FIELD REPRESENTATIVE CHECK ITEM	PROCES	SSING USE ONLY		1 03 03 6 ↓			1 03 04 4 🗸			1 03 05 1 ↓	
	New Consumer Units – Assign a property number to each property in consecutive order starting with 1.	property number to each property in <b>a.</b> PROPERTY NUMBER		0010 Number		0010 Number			0010 Number			
	Enter the property number in item 1a, the property code in item 1b, a brief	<b>b.</b> PROPERT item 3b c	TY CODE from part A.1, or part A.2, items 1–7	0020	Code		0020 C	Code		0020	Code	
	description of the property (such as "own home") in item 1c, and appropriate ownership status in item 1d.	C. DESCRIP	TION	Description		Description  1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item 7)			Description			
	Property numbers listed for interviews 2–5 begin with the next highest available number form section 3A.1, column a.	d. CURREN' STATUS part A.2	T OWNERSHIP from part A.1 or	1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item 7)					1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item 7)			
2a.	Now I'm going to ask you some question. Are (Were) any of the expenses for the business, farm, or rental expenses?	ons about (pr	roperty description). deducted as	0040 1 ☐ Yes	2 □ No – <i>Go</i>		0040 1 □ Yes	2 □ No – <i>Go to</i>	o item 3	0040 1 □ Yes	2 □ No – <i>G</i> e	•
b.	What percent of the expenses for this deducted?	is property a	re (were)	0060 .0	0 Percent – <i>If 100%, d</i>	elete this property.	0060 .0	0 Percent – If 100%, dele	te this property.	0060	Percent – <i>If 100%, a</i>	delete this property
3a.	In what month and year did you (you property? If land contract – In what mo contract begin?	r CU) close onth and yea	or settle on this or did the land	0080 Mont		Year	0080 Mont		Year	0080 Mon		Year
<b>b.</b> FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box for each property and follow appropriate skip pattern.			1  ltem 3a is after the 1st of the month 3 months ago – Go to item 4 2  ltem 3a is before the 1st of the month 3 months ago – Go to item 8		0100 1 ☐ Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 ☐ Item 3a is before the 1st of the month 3 months ago – Go to item 8		0100 1  ltem 3a is after the 1st of the month 3 months ago – Go to item 4 2  ltem 3a is before the 1st of the month 3 months ago – Go to item 8					
4.	How did you (your CU) acquire this p Mark (X) the FIRST answer that applies.	property?		1 A purchase 2 A gift or inl 3 Other – Spe		der, or a trade-in?  Go to item 8	1 ☐ A purchase 2 ☐ A gift or inl 3 ☐ Other – Spe		Go to item 8	1 A purchase 2 A gift or in 3 Other – Sp		ilder, or a trade-in?  Go to item 8
5.	Hand the respondent Information Bookle Closing costs include these kinds of costs, what was the total price paid	things. Not	including closing erty?	0130 \$	.00		0130 \$	.00		0130 \$	.00	
6.	What was the amount of the down pa	ayment?		0140 \$	.00		0140 \$	.00		0140 \$	.00	
7.	About how much were the closing co	osts?		0160 \$	.00		0160 \$	.00		0160 \$	.00	
8.	About how much do you think this p today's market?	roperty wou	ıld 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 unimproved land (code 400).  Is this property a condominium, cooperative, or something else?			0210 1 $\square$ A condom 2 $\square$ A coopera		ing else	0210 1 $\square$ A condom 2 $\square$ A coopera	•	g else	0210 1 ☐ A condom		hing else
	If vacation property/second home (code 300), ask questions 11–13. All other properties, go to part D or E as appropriate.  1. Where is (property description) located?		stions 11–13. All	City or place		State	City or place		State	City or place		State
11.				Foreign country		Foreign country			Foreign country			
			OFFICE USE ONLY	0220			0220			0220		
12.	Do you (Does your CU) share owners property with anyone else outside you	ship of this 'our CU?		0230 1 ☐ Yes 2 ☐	No – Go to part D or E	as appropriate	0230 1 ☐ Yes 2 ☐ No – Go to part D or E as appropriate		0230 1 Yes 2 No – Go to part D or E as appropriate			
13.	3. Do you (Does your CU) share ownership for the entire year, or is this a time-sharing arrangement where you have (your CU has) ownership of the property only for a specified time period each year?			ership for entire year ng arrangement	Go to part D or E as appropriate			Go to part D or E as appropriate		nership for entire year ing arrangement	r Go to part D or E as appropriate	

Page 11		Page 1
NOTE: As of April 1999, Section 3 Part C no longer exists.		
	NOTES	

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

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

P	art D – Disposed of	f 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 property is reported as	a. PROPERTY NUMBER	0010 Number	0010 Number	0010 Number	0010 Number	
	being disposed of. Enter the property number in	<b>b.</b> PROPERTY CODE	0020 Code	0020 Code	0020 Code	0020 Code	
	item 1a, the property code in item 1b, and a brief description of the property in item 1c.		Description	Description	Description	Description	
	A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.	C. DESCRIPTION					
2. Did you (your CU) sell this property, give it to someone else (outside your CU), or do 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."	Mark property traded-in as "sold."	Mark property traded-in as "sold."	Mark property traded-in as "sold."	
3. In what month and year did you (your CU) (sell/response to item 2) this property?		did you (your CU) nis property?	Month Year  0040  0050	Month Year  0040  0050	Month Year  0040  0050	Month Year 0040	
			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 price (trade-in value)?		ce (trade-in value)?	0060 \$	0060 \$	0060 \$	0060 \$	
	5. Hand the respondent Information Booklet, page 9.  Here is a list of some of the costs people may have when selling (trading) property. Looking at the list may help you remember what your (your CU's) expenses were. What were the total expenses in selling (trading) this		0070 \$ .00	0070 \$ .00	0070 s	0070 \$ .00	
property?  6a. Did you (your CU) finance any part of the sale (trade) for the buyer?		ee 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>b.</b> What was the amount of the mortgage that you (your CU) financed?		the mortgage ced?	0090 \$	0090 \$	0090 \$	0090 \$	
				NOTES			

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

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

	Part E – Mortgage/Home E	<b>Equity Loan Scre</b>	ening Questions				
1.	FIELD REPRESENTATIVE ITEM  Enter the property number in item 1a, the property code in item 1b,	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	and a brief description of the property in item 1c.  A property number listed must match to a previously reported	<b>b.</b> PROPERTY CODE	Code Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)		F
	number from section 3A.1, column a and/or section 3B, item 1a.	C. DESCRIPTION			<b>b.</b> Enter number of lump sum home equity loans for this property		G
2.	I want to ask next about any more (your CU) had in the last three m description).  FIELD REPRESENTATIVE CHECK ITE	onths on (property	1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op	item 4a	(from item 6a)  C. Enter number of line of credit home equity loans for this property		н
	Mark (X) appropriate box based upo				(from item 6b)		
За	Excluding home equity loans, do presently have a mortgage on th	you (does your CU) is property?		If YES ask – How many mortgages have you (has your CU) had on this	<ul> <li>After completing the appropriate parts F, G, and/or H, continue with part I</li> <li>If no mortgages nor home equity loans on this property, go to part I</li> </ul>		
			_	property since the 1st of (month, three months ago)?	NOTES		
			☐ Yes ☐ No - Go to item 3b	– Go to item 5 Number			
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?		ortgage on this . 3 months ago)?	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number			
4a	4a. In addition to your (your CU's) share of the cooperative's total costs, do you (does your CU) make payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?		☐ Yes ☐ No - Go to item 4b	Go to item 5			
b	Since the lst of (month, 3 months (has your CU) made any payment that was obtained from an outsid (your CU's) shares in the coopera	ts on a mortgage de lender for your	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number			
5.	Do you (Does your CU) have a ho loan or any other loan which giv claim on this property in case th	es the lender		If YES ask – How many loans like this have you (has your CU) had on this			
	repaid?		<b></b>	property since the 1st of (month, three months ago)?			
			☐ Yes ☐ No – Go to item 7	Number			
6.	Now let's talk about your (your ( description). There are two basic to equity loans. I'll describe both ty me which more closely describe	types of home					
	A loan where you (your CU) rec lump-sum borrowed when you out the loan; or	eived the entire					
	A line of credit loan where you increase the amount borrowed	(your CU) can					
а	writing a check or using a spec  Do you (Does your CU) have a lu	ial credit card.	☐ Yes ☐ No. Co to itam 6b	Number			
b	equity loan?  Do you (Does your CU) have a lin	ne of credit	□ No – Go to item 6b	Number			
	home equity loan?		☐ Yes ☐ No – Go to item 7	Number			

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

	Part E – Mortgage/Home E	<b>Equity Loan Scr</b>	eening Questions - Co	ontinued			
1. FIELD REPRESENTATIVE ITEM  Enter the property number in item  1. **The property code in item 15**  NUMBER			Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	1a, the property code in item 1b, and a brief description of the property in item 1c.	<b>b.</b> PROPERTY CODE	Code			mortgagos/round	each loan/mortgage
	A property number listed must match to a previously reported number from section 3A.1, column		Description		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)		F
	a and/or section 3B, item 1a.	C. DESCRIPTION			<b>b.</b> Enter number of lump sum home equity loans for this property		G
2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description).  FIELD REPRESENTATIVE CHECK ITEM  Mark (X) appropriate box based upon part B, item 10.		onths on	1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op	item 4a	(from item 6a)  C. Enter number of line of credit home equity loans for this property (from item 6b)		н
3a	Excluding home equity loans, do your CU) presently have a mortg this property?	you (does gage on		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of	<ul> <li>After completing the appropriate parts F, G, and/or H, continue with part I</li> <li>If no mortgages nor home equity loans on this property, go to part I</li> </ul>		
			☐ Yes ☐ No - Go to item 3b	(month, three months ago)?  ———————————————————————————————————	NOTES		
b	Have you (Has your CU) had a me property since the 1st of (month,	ortgage on this , 3 months ago)?	☐ Yes ☐ No - Go to item 5	— — — — — — — — — — — — — — — — — — —			
4a	In addition to your (your CU's) si cooperative's total costs, do you make payments on a mortgage t from an outside lender for your in the cooperative?	hat was obtained	☐ Yes ☐ No – Go to item 4b	– Go to item 5 Number			
b	<ul> <li>Since the lst of (month, 3 months (has your CU) made any paymen that was obtained from an outsi (your CU's) shares in the cooper</li> </ul>	ts on a mortgage de lender for your	☐ Yes ☐ No – Go to item 5	– Go to item 5 Number			
5.	Do you (Does your CU) have a holoan or any other loan which giv claim on this property in case the repaid?	es the lender		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)?			
			☐ Yes ☐ No - Go to item 7	Number			
6.	Now let's talk about your (your description). There are two basic	CU's) (loan					
	equity loans. I'll describe both ty me which more closely describe • A loan where you (your CU) red	ypes. Please tell s your loan. ceived the entire					
	lump-sum borrowed when you out the loan; or • A line of credit loan where you	(your CU) took					
	increase the amount borrowed writing a check or using a spec	by simply card.	□Voo				
а	Do you (Does your CU) have a lu equity loan?	mp sum home	☐ No – Go to item 6b	Number			
b	<ul><li>Do you (Does your CU) have a lir home equity loan?</li></ul>	ne of credit	☐ Yes ☐ No - Go to item 7	 Number			
			INO - GO TO ITEITI /	Nullibel			

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

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

	Part E – Mortgage/Home E	quity Loan Scr	eening Questions - Co	ntinued			
1.	1. FIELD REPRESENTATIVE ITEM  Enter the property number in item 1a, the property code in item 1b, and a brief description of the  a. PROPERTY NUMBER  b. PROPERTY		Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	property in item 1c.  A property number listed must match to a previously reported	CODE	Description Code		<b>a.</b> Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)		F
_	from section 3A.1, column a and/or section 3B, item 1a.	C. DESCRIPTION			<b>b.</b> Enter number of lump sum home equity loans for this property		G
2.	I want to ask next about any more (your CU) had in the last three me (property description).  FIELD REPRESENTATIVE CHECK ITE Mark (X) appropriate box based upon	onths on M	1 ☐ Co-op property – <i>Go to a</i> 2 ☐ Not co-op	item 4a	(from item 6a)  C. Enter number of line of credit home equity loans for this property (from item 6b)		Н
За	Excluding home equity loans, do your CU) presently have a mortg this property?	you (does age on		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of	<ul> <li>After completing the appropriate parts F, G, and/or H, continue with part I</li> <li>If no mortgages nor home equity loans on this property, go to part I</li> </ul>		
			☐ Yes ☐ No - Go to item 3b	(month, three months ago)?  ———————————————————————————————————	NOTES		
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?			☐ Yes ☐ No - Go to item 5	– Go to item 5 Number			
4a. In addition to your (your CU's) share of the cooperative's total costs, do you (does your CU) make payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?		ı (does your CU) hat was obtained	☐ Yes ☐ No - Go to item 4b	– Go to item 5 Number			
b	Since the lst of (month, 3 months (has your CU) made any payment that was obtained from an outsic (your CU's) shares in the coopera	ts on a mortgage de lender for your	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number			
5.	Do you (Does your CU) have a ho loan or any other loan which give claim on this property in case the repaid?	es the lender		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month,			
			☐ Yes ☐ No - Go to item 7	three months ago)?  Number			
6.	Now let's talk about your (your of description). There are two basic to equity loans. I'll describe both tyme which more closely describes	types of home					
	<ul> <li>me which more closely describes</li> <li>A loan where you (your CU) reclump-sum borrowed when you out the loan; or</li> </ul>	eived the entire					
	<ul> <li>A line of credit loan where you increase the amount borrowed</li> </ul>	by simply	*				
а	writing a check or using a spec  Do you (Does your CU) have a lue equity loan?		☐ Yes ☐ No - Go to item 6b	Number			
b	Do you (Does your CU) have a lin home equity loan?	ne of credit	☐ Yes ☐ No - Go to item 7	 Number			

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

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

Pa	art F – Mortgages			
1.	FIELD REPRESENTATIVE ITEM  Enter the property number in item  PROCESSING USE ONLY	1 03 43 2 ↓	1 03 44 0 ↓	1 03 45 7 ↓
	1a, the property code in item 1b, a brief description of the property in NUMBER	0010 Number	0010 Number	0010 Number
	must match to a previously reported number from section 3A.1, column a	0020 Code	0020 Code	0020 Code
	and/or section 3B, item 1a.  Enter the 3-digit loan number in item 1d, beginning with 101 and TION	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 0045	Month Year  0035 0045	Month Year 0035
3.	Is this a 30-year mortgage, a 15-year mortgage, or something else?	0055 1 ☐ 30-year 3 ☐ Something else – Specify 7 2 ☐ 15-year 0065 Number of years	0055 1 ☐ 30-year 3 ☐ Something else – Specify 2 ☐ 15-year 0065 Number of years	1 30-year 3 Something else - Specify - 0065 Number of years
4.	What was the rate of interest at the time the mortgage was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0075 Percent	0075 Percent	0075 Percent
5.	What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.)	0080 Percent 6a. If different, go to item 6b.	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 6b.
6a	. Is this a fixed rate mortgage?	0085 1 ☐ Yes – <i>Go to item 7</i> 2 ☐ No	0085 1 ☐ Yes – Go to item 7 2 ☐ No	0085 1 ☐ Yes - Go to item 7 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 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 5 ☐ Deferred interest 2 ☐ Variable or adjustable 6 ☐ Other – Specify      rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable X ☐ Don't know
7.	Have you (Has your CU) refinanced or renegotiated this mortgage?	1 ☐ Yes - Read to respondent - The following question refers to this current mortgage.	1 ☐ Yes - Read to respondent - The following question refers to this current mortgage.	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 \$	0130 \$ .00	0130 \$
9.	How often are (were) mortgage payments due?	0170 1 ☐ Weekly 5 ☐ Semiannually 2 ☐ Biweekly 6 ☐ Annually 7 ☐ Other – Specify ✓ 4 ☐ Quarterly	0170 1 ☐ Weekly 5 ☐ Semiannually 2 ☐ Biweekly 6 ☐ Annually 7 ☐ Other - Specify ✓ 4 ☐ Quarterly	0170 1 ☐ Weekly 5 ☐ Semiannually 2 ☐ Biweekly 6 ☐ Annually 3 ☐ Monthly 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.)  Mark (X) all that apply.	0175 1 ☐ Principal and interest	0175 1 □ Principal and interest   0220 5 □ Mortgage guarantee insurance   0190 2 □ Property taxes   0230 6 □ Any other payments − Specify	0175 1 □ Principal and interest
11.	On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?	0235 \$	0235 \$ .00	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 \$

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

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

Pa	art G – Lump Sum Home I	<u> </u>	S							
1.	FIELD REPRESENTATIVE ITEM Enter the property number in item	PROCESSING USE ONLY	1 03	58 0 ↓		1 03 59 8	<b>\</b>		1 03 60 (	3 ↓
	1a, the property code in item 1b, a brief description of the property in	<b>a.</b> PROPERTY NUMBER	0010 Number		0010N	lumber		0010 Numl	oer	
	item 1c. A property number listed must match to a previously reported number from section 3A.1, column a	<b>b.</b> PROPERTY CODE	0020 Code		0020	Code		0020 Cod	e	
	item 1d, beginning with 201 and	C. DESCRIP- TION	Description		Description			Description	•	
	assigning loan numbers consecutively, regardless of property number.	d. LOAN NUMBER	0030 <b>2</b> Number		0030 2	Number		0030 <b>2</b> Nui	mber	
2.	I'd like to ask some additional que your lump sum home equity loan. month and year did you (your CU) (your CU's) first payment on this l	In what make your	Month 0035 00	Year 45	Month	Ye	ear	Month 0035	0045	/ear
3.	Is this a 30-year home equity loa home equity loan, or something		0055 1 30-year 2 15-year	3 Something else – Specify Number of years	0055 1 ☐ 30-year 2 ☐ 15-year	0065	Something else – Specify – Number of years	0055 1 ☐ 30-year 2 ☐ 15-year	0065	Something else – Specify – Number of years
4.	What was the rate of interest at home equity loan was obtained decimal places, such as 9.50% for all FHA guarantee insurance if appl	? Enter in two 3 1/2%. (Include	0075 Perce	nt	0075	Percent		0075	Percent	
5.	What is the current interest rate (your CU's) home equity loan? (of fractions to decimals.)	e on your Convert	0080 Perce	If same as item 4, go to item nt 6a. If different, go to item 6b.	0080	If s Percent <i>6a.</i>	same as item 4, go to item . If different, go to item 6b.	0080	/ Percent <i>6</i>	f same as item 4, go to item Sa. If different, go to item 6b.
6a.	Is this a fixed rate home equity	loan?	0085 1 ☐ Yes – Go to item 7	2 🗆 No	0085 1 ☐ Yes – <i>Go</i>	to item 7 2	□No	0085 1 ☐ Yes – <i>Go to it</i>	em 7 2	. □No
b.	There are many different kinds on home equity loans. Which one on the respondent Information Booklet, particles to yours (your CU's)?	of these (hand	1 Fixed rate of interest 2 Variable or adjustable rate of interest 3 Graduated payment 4 Rollover or renegotia		1 Fixed rate 2 Variable orate of in 3 Graduate 4 Rollover	or adjustable 6 🗆 terest	□ Deferred interest □ Other – <i>Specify</i> □ Don't know	1 Fixed rate of 2 Variable or acrate of interes 3 Graduated pa	ljustable 6 t vment	□ Deferred interest □ Other – Specify  □ □ Don't know
7.	Have you (Has your CU) refinance renegotiated this lump sum hon loan?	ced or ne equity	0105 1 ☐ Yes – Read to respon	dent – The following question refers to this current lump sum home equity loan.	0105 1 □ Yes – <i>Rea</i>	·	The following question refers to this current lump sum home equity loan.	0105 1 ☐ Yes – Read to	respondent	- The following question refers to this current lump sum home equity loan.
8.	What was the amount of the lump equity loan when you (your CU) of excluding any interest?		0130 \$ .00		0130 \$	.00		0130 \$	.00	
9.	How often are (were) Ioan paym	ents due?	0170 1 Weekly 2 Biweekly 3 Monthly 4 Quarterly	5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other – <i>Specify <sub>▼</sub></i>	1 Weekly 2 Biweekly 3 Monthly 4 Quarterly	6 <u> </u>	☐ Semiannually ☐ Annually ☐ Other – <i>Specify <sub>▼</sub></i>	1 Weekly 2 Biweekly 3 Monthly 4 Quarterly	6	i □ Semiannually i □ Annually r □ Other – <i>Specify <sub> </sub></i> 
10.	On your (your CU's) last regular which of these things were included respondent Information Booklet, part (X) all that apply.	uded? (Hand	interest	5 ☐ Mortgage guarantee insurance  30 6 ☐ Any other payments –  Specify   ✓	0175 1 Principal interest 0190 2 Property 0200 3 Property 0210 4 Life insur	taxes 0230 6 Insurance	☐ Mortgage guarantee insurance ☐ Any other payments – Specify —	1 Principal and interest  0190 2 Property taxe 3 Property insu 0210 4 Life insurance	s 0230 6	i ☐ Mortgage guarantee insurance i ☐ Any other payments – Specify   ✓
11.	On your (your CU's) last regular what was the total amount you paid for those things?	payment, (your CU)	0235 \$	<u> </u>	0235 \$	.00		0235 \$	.00	
12.	If any of codes 2–6 marked in item How much of that amount was and interest?	10, ask – for principal	0245 \$	x □ Don't know	0245 \$	.00	x □ Don't know	0245 \$	.00	x □ Don't know

Section 3 -	<b>OWNED</b>	LIVING C	<b>UARTERS</b>	AND O	THER OV	<b>NNED RE</b>	EAL ESTA	TE - (	Continued
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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 Cred	it Home Equity L	Loans			
1. FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 03 68 9 ↓	1 03 69 7 ↓	1 03 70 5 🗼	NOTES
Enter the property number in item 1a, the property code in item 1b, a brief description of	<b>a.</b> PROPERTY NUMBER	0010 Number	0010 Number	0010 Number	
the property in item 1c. A property number listed must match to a previously	<b>b.</b> PROPERTY CODE	0020 Code	0020 Code	0020 Code	
reported property number in section 3A.1, column a and/or section 3B, item 1a.		Description	Description	Description	
Enter the 3-digit loan number in item 1d, beginning with 301	C. DESCRIPTION				
and assigning loan numbers consecutively, regardless of property number.	<b>d.</b> LOAN NUMBER	0030 <b>3</b> Number	0030 <b>3</b> Number	0030 <b>3</b> Number	
2. I'd like to ask some addition about your (your CU's) line equity loan. Since the 1st on have you (has any member made any payments for thi	onal questions of credit home of (last month), of your CU)	0040 1 ☐ Yes 2 ☐ No – Go to next loan or part I	0040 1 ☐ Yes 2 ☐ No – Go to next loan or part I	0040 1 ☐ Yes 2 ☐ No – Go to next loan or part I	
3. If YES – What was the amou payment?		0050 \$ .00	0050 \$ .00	0050 \$	
4. Prior to the last payment, v	what was the	0060 \$	0060 \$	0060 \$	

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

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

P	art I – Ownership Costs									
	and/or section 3B, item 1a. TION	1 03 77 0 ↓  0010 Number  0020 Code  Description	8.	If property is co-op, ask –  Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments?	0170 03 0180 03 0190 04	Repayment of loans owed by cooperative Property taxes Management Repairs and maintenance, including lawn care and snow removal	<b>11a</b> .	If property is co-op: Hand respondent Information Booklet, page 12.  If property is condo/something else: Hand respondent Information Booklet, page 13.  Have you (Has your CU) made any SPECIAL payments to a management service for any of these	0430 1 □ Yes 2 □ No – Go to item 1	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.	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 0	☐ Improvements ☐ Recreational, including swimming, golf, and tennis facilities ☐ Security, including guards and	b.	items?  Since the 1st of (month, 3 months ago), what services were provided?  For co-op, use codes	SERVICES FOR CO-OPS  0440 0 0450 0  0460 0 0470 0	
	Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?	0040 1 ☐ Yes 2 ☐ No – <i>Go to item 4a</i>			0250 10	alarm systems ☐ Utilities: such as gas, electricity, water, heat ☐ Trash collection ☐ Other – Specify  ☐		from item 8. For condos/something else, use codes from item 9.	0480         0         0490         0           0500         0         0510         0           0520         0         0530         1           0540         1         0         0	
C.	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?  How much of the (amount in item 3b) did you	0050 \$	9.	If property is not co-op, ask – Which of the services and privileges		n ☐ Management ☑ ☐ Repairs and maintenance,			SERVICES FOR CONDOS, SOMETHING ELSE  0550 2 0560 2	/ 
d.	(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.	0290 23	including lawn care and snow removal  Improvements  Utilities: such as gas,			0570         2         0580         2           0590         2         0600         2           0610         2         0620         2	
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 (your CU) pay since the 1st of (current month)?	0080 \$ .00	_			electricity, water, heat  Parking  Recreational, including swimming, golf, and tennis facilities	C.	Since the 1st of (month, 3 months ago), how much	0630 2 0640 3 0650 3 0660 \$	.00
4a.	Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?  If YES – What was the total amount paid?	0100 1  Yes 2  No – Go to item 5	-		0340 29	7 ☐ Security, including guards and alarm systems B ☐ Maid service D ☐ Medical services	d.	were these special payments?  Of the (amount in item 11c), how much was paid since the 1st of (current month)?	0670 \$	.00
C.	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0110 \$ .00				D ☐ Trash collection  □ Other – <i>Specify</i>	12a.	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 – <i>Go to item</i> 1	13
	FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box.  If property is condo, mark box 1.  If property is co-op, mark box 2.  If property is neither, mark box 3.  If property is neither, mark box 3.	0130 1 ☐ Condominium – Go to item 7 2 ☐ Co-op – Go to item 8 3 ☐ Neither condo nor co-op – Continue		Are any of the costs included in your (your CU's) mortgage payment?  If YES – How much per month?		I ☐ Yes I ☐ No – Go to item 10d I ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		or repair of roads, sidewalks, or other things like that?  What was the total amount paid?	0690 \$	.00
6.	If property is not condo/co-op, ask –  Do you (Does your CU) make regular payments to a homeowner's association?	with item 6  1  Yes – Go to item 9 2  No – Go to item 11a		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?		ı □Yes ₂ □No – Go to item 11a	13.	How much of the (amount in item 12b) was paid since the 1st of (current month)?  Ask if code 100, 200, or 300 in item 1b.	0700 \$	.00
	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		If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?	0710 \$	.00

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

P	art I – Ownership Costs – Continued									
	FIELD REPRESENTATIVE ITEM  Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.  A property number listed must match to a previously reported number in section 3A.1, column a and/or section 3B, item 1a.  PROCESSING USE ONLY  a. PROPERTY NUMBER  b. PROPERTY CODE  C. DESCRIPTION	0010 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 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	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	<b>11</b> a.	If property is co-op: Hand respondent Information Booklet, page 12.  If property is condo/something else: Hand respondent Information Booklet, page 13.  Have you (Has your CU) made any SPECIAL payments to a management service for any of these	0430 1 ☐ Yes 2 ☐ No – <i>Go to item</i>	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.	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	b.	items?  Since the 1st of (month, 3 months ago), what services were provided?	SERVICES FOR CO-OPS 0440 0 0450 0 0460 0 0470 0	
	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	alarm systems  09 ☐ Utilities: such as gas, electricity, water, heat  10 ☐ Trash collection  11 ☐ Other – Specify		For co-op, use codes from item 8. For condos/something else, use codes from item 9.	0480     0     0490     0       0500     0     0510     0       0520     0     0530     1       0540     1	
C.	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?  How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?	0050 \$ .00	9.	If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information		21 ☐ Management 22 ☐ Repairs and maintenance,			SERVICES FOR CONDOS   SOMETHING ELSE	
d.	Were there any penalty charges as a result of the extra payments?	0070 1 Yes 2 No – Go to item 4a		Booklet, page 13) are included in those payments?  Mark (X) all that apply.	===	including lawn care and snow removal 23 Improvements 24 Utilities: such as gas, electricity, water, heat			0570         2         0580         2           0590         2         0600         2           0610         2         0620         2           0630         2         0640         3	
	Since the 1st of (month, 3 months ago), how much were these penalty charges?  How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0080 \$ .00			0320	25 Parking 26 Recreational, including swimming, golf, and tennis facilities 27 Security, including guards and	C.	Since the 1st of (month, 3 months ago), how much were these special	0650 3	.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	alarm systems 28 □ Maid service 29 □ Medical services	d.	Downward of the (amount in item 11c), how much was paid since the 1st of (current month)?	0670 \$	.00
C.	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0110 \$ .00				30 $\square$ Trash collection 31 $\square$ Other – <i>Specify</i>	12a.	3 months ago), have you (has your CU) paid any special assessments by a local government for construction	0680 1 ☐ Yes 2 ☐ No – Go to item	13
	FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box.  If property is condo, mark box 1. Refer to part B,	0130 1 ☐ Condominium – <i>Go to</i> item 7 2 ☐ Co-op – <i>Go to item 8</i>		Are any of the costs included in your (your CU's) mortgage payment?  If YES – How much per month?	0380	1 □Yes 2 □ No – <i>Go to item 10d</i>	b.	or repair of roads, sidewalks, or other things like that?  What was the total amount	0690 s	.00
_	If property is co-op, mark box 2. If property is neither, mark box 3. If property is neither, mark box 3. If property is not condo/co-op, ask –	3 □ Neither condo nor co-op – Continue with item 6		In addition to those costs, since the 1st of (month, 3 months ago), have you	0390	\$	C.	paid?  How much of the (amount in item 12b) was paid since the 1st of (current month)?	0700 \$	.00
	Do you (Does your CU) make regular payments to a homeowner's association?	0140 1 ☐ Yes – Go to item 9 2 ☐ No – Go to item 11a	d.	(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	0410	2 □ No – Go to item 11a	13.	Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how	0710 s	.00
	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	е.	CU) paid for these services?  How much of the (amount in item 10d) was paid since the 1st of (current month)?	0420	\$		much do you think it would rent for monthly, unfurnished and without utilities?	x □ Don't know	_ [.00
Daga									Do	200

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

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

P	Part I – Ownership Costs – Continued					
	FIELD REPRESENTATIVE ITEM  Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.  A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.  PROCESSING USE ONLY  a. PROPERTY NUMBER  C. DESCRIPTION	1 03 79 6 ↓  0010 Number  0020 Code  Description  0030 1 □ Mortgage/lump sum	8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments?  Mark (X) all that apply.	0160 01 ☐ Repayment of loans owed by cooperative  0170 02 ☐ Property taxes  0180 03 ☐ Property insurance  0190 04 ☐ Management  0200 05 ☐ Repairs and maintenance, including lawn care and snow removal  0210 06 ☐ Improvements	11a. If property is co-op: Hand respondent Information Booklet, page 12.  If property is condo/ something else: Hand respondent Information Booklet, page 13.  Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?	0430 1 ☐ Yes 2 ☐ No – Go to item 12a
	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.	home equity loan  2 No mortgage/no lump sum home equity loan – Go to item 4a	If any entry in boxes 1–11, go to item 10a.  If no entries in boxes 1–11, go to item 11a.	0220 07 Recreational, including swimming, golf, and tennis facilities 0230 08 Security, including guards and	<b>b.</b> Since the 1st of (month, 3 months ago), what services were provided?	SERVICES FOR CO-OPS           0440         0         0450         0           0460         0         0470         0
3a.	Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?	0040 1 ☐ Yes 2 ☐ No – Go to item 4a		alarm systems  0240 09 ☐ Utilities: such as gas, electricity, water, heat  0250 10 ☐ Trash collection  0260 11 ☐ Other – Specify	For co-op, use codes from item 8. For condos/something else, use codes from item 9.	0480       0       0490       0         0500       0       0510       0         0520       0       0530       1         0540       1       0       0
C.	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?  How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?	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	0270 21 Management 0280 22 Repairs and maintenance, including lawn care and snow		SERVICES FOR CONDOS/           SOMETHING ELSE           0550         2         0560         2           0570         2         0580         2
e.	Were there any penalty charges as a result of the extra payments?  Since the 1st of (month, 3 months ago), how	0070 1 ☐ Yes 2 ☐ No – Go to item 4a	payments?  Mark (X) all that apply.	removal  0290 23  Improvements  0300 24  Utilities: such as gas, electricity, water, heat  0310 25  Parking		0590         2         0600         2           0610         2         0620         2           0630         2         0640         3           0650         3
f.	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?  Since the 1st of (month, 3 months ago), have you	0080 \$ .00		0320 26 Recreational, including 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?	0650 3 .00
_	(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 0360 30 Trash collection	d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?	0670 \$00
C.	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0110 \$ .00	100 100 100 100 100 100 100 100 100 100	0370 31 ☐ Other – Specify →	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,	0680 1 ☐ Yes 2 ☐ No – Go to item 13
5.	FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box.  If property is condo, mark box 1.  If property is co-op, mark box 2.  If property is neither, mark box 3.  Refer to part B, item 10 or part A.1, item 1, and part A.1.	0130 1 ☐ Condominium – Go to item 7 2 ☐ Co-op – Go to item 8 3 ☐ Neither condo nor co-op – Continue	10a. Are any of the costs included in your (your CU's) mortgage payment?  b. /f YES – How much per month?	0380 1 ☐ Yes 2 ☐ No – Go to item 10d	b. What was the total amount paid?  C. How much of the (amount in	0690 \$ .00
6.	If property is not condo/co-op, ask –  Do you (Does your CU) make regular payments to a homeowner's association?	with item 6  0140 1 □ Yes – Go to item 9 2 □ No – Go to item 11a	C. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?  d. Since the 1st of (month, 3 months)	0400 1 ☐ Yes 2 ☐ No – Go to item 11a	item 12b) was paid since the 1st of (current month)?  13. Ask if code 100, 200, or 300 in item 1b.  If someone were to rent	0700 \$
7.	If property is condo, ask –  Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?	0150 1 ☐ Yes – Go to item 9 2 ☐ No – Go to item 11a	ago), how much have you (has your CU) paid for these services?  CHow much of the (amount in item 10d) was paid since the 1st of (current month)?	0410 \$ .00 0420 \$ .00	your home today, how much do you think it would rent for monthly, unfurnished and without utilities?	0710 \$00 x □ Don't know

<b>I</b>	Part J – Change in Mortg	gage or Lump Sum Home E	quity Loan Payment		
1.	FIELD REPRESENTATIVE ITEM  Complete a separate page for	PROCESSING USE ONLY	1 03 92 9 ↓	6. How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 Weekly 2 Biweekly
	each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k.	a. PROPERTY NUMBER	0010 Number		3 ☐ Monthly 4 ☐ Quarterly 5 ☐ Semiannually
	Enter the property number in item 1a, the property code in	<b>b.</b> PROPERTY CODE	0020 Code  Description	-	6 □ Annually 7 □ Other – <i>Specify</i>
	item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark	C. DESCRIPTION	Description		
	(X) the appropriate type of loan in item 1e.  A property number listed must	d. MORTGAGE (LOAN) NUMBER	0030 Number	7. What is the current interest rate for this mortgage (lump sum home equity loan)?	
	match to a previously reported property number in section 3A.1, column a.	e. TYPE OF LOAN	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.	What was the reason for the cl mortgage (lump sum home equ description)?	<u> </u>		<ul> <li>Hand respondent Information Booklet, page 11.</li> <li>On your (your CU's) last regular payment, which of these things were included?</li> </ul>	0125 1 ☐ Principal and interest 0130 2 ☐ Property taxes 0140 3 ☐ Property insurance
			0040 1 ☐ Go to item 8 2 ☐ Go to item 7 3 ☐ Go to item 11 4 ☐ Go to item 8 5 ☐ 6 ☐		0150 4 ☐ Life insurance  0160 5 ☐ Mortgage guarantee insurance  0170 6 ☐ Any other payments – Specify
	<ul><li>(loan))</li><li>6 - Refinanced mortgage (loan) (to f the mortgage (loan))</li><li>7 - Other reasons</li></ul>	this 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 \$
	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 \$00 x □ Don't know
3.	Is this a 30-year mortgage (lun 15-year mortgage (home equit	np sum home equity loan), a y loan), or something else?	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 (l	ump sum home equity loan)?	0055 1 ☐ Yes – Go to item 5 2 ☐ No		
b.	Hand respondent Information Boo There are many different kinds	s 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) obta	nortgage (lump sum home equity ined it, excluding any interest?	0070 \$		

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

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

Part J – Change in Morto	gage or Lump Sum Home E	quity Loan Payment – Continued		
1. FIELD REPRESENTATIVE ITEM  Complete a separate page for	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
each change in the amount of the mortgage or lump sum home equity loan payment reported in part A.1, item 1, column k.	a. PROPERTY NUMBER	0010 Number	-	3 ☐ Monthly 4 ☐ Quarterly 5 ☐ Semiannually
Enter the property number in item 1a, the property code in	<b>b.</b> PROPERTY CODE	0020 Code	-	6 □ Annually 7 □ Other – <i>Specify</i> <sub>☑</sub>
item 1b, the property description in item 1c, and the mortgage (loan) number in item 1d. Mark	C. DESCRIPTION	Description		
(X) the appropriate type of loan in item 1e. A property number listed must	d. MORTGAGE (LOAN) NUMBER	0030 Number	7. What is the current interest rate for this mortgage (lump sum home equity loan)?	
match to a previously reported property number in section 3A.1, column a.		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. What was the reason for the c	e. TYPE OF LOAN  hange in the amount of your uity loan) payment for (property		<ul> <li>Hand respondent Information Booklet, page 11.</li> <li>On your (your CU's) last regular payment, which of these things were included?</li> </ul>	0125 1 ☐ Principal and interest 0130 2 ☐ Property taxes
description)?  1 - Change in escrow account pa		0040 1 ☐ Go to item 8	timigs were included:	0140 3 ☐ Property insurance
2 - Change in interest rate	,	2 Go to item 7		0150 4 ☐ Life insurance  0160 5 ☐ Mortgage guarantee insurance
<ul><li>3 - Paid off</li><li>4 - Change in amount of the grad</li></ul>	duated payment for a graduated	3 ☐ Go to item 11 4 ☐ Go to item 8		0170 6 ☐ Any other payments – Specify →
payment mortgage (loan)		5 🗌 🕽		one only other payments opening
<b>5</b> – Mortgage (Ioan) renegotiated (Ioan))	(rollover or renegotiable mortgage	6		
6 - Refinanced mortgage (loan) (softhe mortgage (loan))	this includes changing the term	8	9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$ .00
<ul><li>7 - Other reasons</li><li>8 - More than one of the above</li></ul>		^_J	If any of Codes 2–6 marked in item 8 ask –	0185 ¢ .00
<b>X</b> – 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 (lun 15-year mortgage (home equit	np sum home equity loan), a ry 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	
<b>4a.</b> Is this a fixed rate mortgage (I	ump sum home equity loan)?	0055 1 ☐ Yes – <i>Go to item 5</i> 2 ☐ No		
Hand respondent Information Boo b. There are many different kinds equity loans). Which one of the		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 n loan) when you (your CU) obta	nortgage (lump sum home equity ined it, excluding any interest?	0070 \$ .00		

### FORM CE-302 FIELD REPRESENTATIVE – Complete a separate page for each mortgage or lump sum home equity Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued loan that has changed. Part J - Change in Mortgage or Lump Sum Home Equity Loan Payment - Continued 1. FIELD REPRESENTATIVE ITEM 6. How often are (were) mortgage (lump sum home equity loan) PROCESSING USE ONLY 1 03 94 5 0090 1 Weekly payments due? 2 Biweekly Complete a separate page for each change in the amount of the 3 Monthly 0010 mortgage or lump sum home Number a. PROPERTY NUMBER 4 Quarterly equity loan payment reported in part A.1, item 1, column k. 5 Semiannually 6 Annually 0020 Enter the property number in item 1a, the property code in **b.** PROPERTY CODE Code 7 ☐ Other – Specify → Description 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 7. What is the current interest rate for this mortgage (lump sum in item 1e. 0030 Number **d.** MORTGAGE (LOAN) NUMBER home equity loan)? A property number listed must Enter in two decimal places, such as "9.50%" for 9 1/2%. match to a previously reported 0035 1 ☐ Mortgage 0100 property number in section 3A.1, (Include all FHA quarantee insurance if applicable.) Percent 2 Lump sum home equity loan column a. e. TYPE OF LOAN Hand respondent Information Booklet, page 11. 0125 1 Principal and interest 8. On your (your CU's) last regular payment, which of these What was the reason for the change in the amount of your 0130 2 Property taxes mortgage (lump sum home equity loan) payment for (property things were included? 0140 3 Property insurance description)? 0150 4 Life insurance 0040 1 ☐ Go to item 8 **1** - Change in escrow account payment 0160 5 Mortgage guarantee insurance 2 Go to item 7 **2** – Change in interest rate 0170 6 Any other payments – Specify -3 ☐ Go to item 11 3 - Paid off 4 Go to item 8 **4** – Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 🔲 **5** – Mortgage (loan) renegotiated (rollover or renegotiable mortgage 6 🗌 9. On your (your CU's) last regular payment, what was the total .00 7 🗆 0175 s Go to item 3 amount you (your CU) paid for these things? **6** – Refinanced mortgage (loan) (this includes changing the term of the mortgage (loan)) 8 🗌 If any of Codes 2-6 marked in item 8 ask х□ **7** – Other reasons .00 0185 \$ 10. How much of that amount was for principal and interest? 8 - More than one of the above x ☐ Don't know X - Don't know 11. In what month did the amount of your regular mortgage (lump Go to next property 0195 Is this a 30-year mortgage (lump sum home equity loan), a sum home equity loan) payment change? 0045 1 30-year Month or next section 15-year mortgage (home equity loan), or something else? 2 15-year NOTES 3 ☐ Something else – Specify ¬ 0050 Number of years **4a.** Is this a fixed rate mortgage (lump sum home equity loan)? 0055 1 ☐ Yes – Go to item 5 2 No Hand respondent Information Booklet, page 10. □ Fixed rate of interest **b.** There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)? 2 Variable or adjustable interest rate 3 Graduated payment 4 Rollover or renegotiable 5 Deferred interest 6 ☐ Other - Specify ~ X ☐ Don't know What was the amount of the mortgage (lump sum home equity .00 0070 \$ loan) when you (your CU) obtained it, excluding any interest?



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\$	Section 4 – UTILITIES AND FUELS FO	OR OWNED A	AND RENTED PR	OPERTIES									
F	Part A – Telephone Expenses												
1.	Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any bills for telephone or pager services?	PROCESSING □Yes		1 04 01	8 🔽							NO <sup>-</sup>	TES
	Do not include bills for telephones or pagers used entirely for business purposes.	□No -	- Go to part B										
2.	What is the name of the company which provides the telephone (or pager) services?	Name of telep	hone company										
3.	How many telephone (or pager) bills were received from (company name)?	0010	Number										
	Complete a separate column for each bill received since the 1st of (month, 3 months ago.)		Bill 1		Bill 2		Bill 3		В	Sill 4			
4a.	What was the total amount of bill (bill	0020 \$	00 <sub>0</sub> None	0230 \$	.00 <sub>0</sub> None	0440 \$_	.00 0 □ 1	None 0650 \$		1□ 0 00.	None		
	number)? Exclude any unpaid bills from a previous billing period.		Month		Month		Month		М	onth			
b.	In what month was the bill received?	0030		0240		0450		0660					
5.	What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)	0040 1 ☐ Resid	dential service		dential service		esidential service	0670 1	Residen	itial service			
	uid the bill include: (Mark (A) all that apply)		ile/Cellular Service		le/Cellular Service		lobile/Cellular Service			Cellular Service			
			r/Beeper Service	0270 3 ☐ Page	r/Beeper Service	0480 3 ∐ P	ager/Beeper Service	0690 3	J Pager/B	eeper Service			
62	Hand the respondent Information Booklet, Page 13a.	Yes No	Amount	Yes No	Amount	Yes	No Amount	Yes	No	Amount			
Оa.	Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)					 							
	(1) Basic (local) service charge	0070 1 🗆 2 🗆		0280 1   2		0490 1 🗆 :	<b></b> √////////////	///	] 2 🗆				
	(2) Domestic long distance charge	0080 1 🗆 2 🗆		0290 1   2		0500 1 🗆 :			] 2 🗆				
	(3) International long distance charge	0090 1 🗆 2 🗆		0300 1   2		0510 1 🗆	:□ ////////////////////////////////////	0720 1□	] 2 🗆				
	(4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services)	0100 1 2		0310 1   2		0520 <sub>1</sub>	\	0730 1	 			Month bill received	RE Total amount of bill
	(5) Installation or repair of telephone line(s)	0110 1 2		0320 1 2		0530 1	<del></del> //////////////////////////////////		] 2			from item 4b	from item 4a
	(6) Telephone or pager purchases or rentals	0120 1   2		0330 1   2	V/////////////////////////////////////	0540 1	<del></del> \//////////////////////////////////						\$ .00
	If YES (7–10) Ask – How much? (7) Internet access or data services	0130 1   2		0340 1 2	0350 s .00	0550 <sub>1</sub>		.00 0760 1	T (	0770 <sub>\$</sub>	.00	Name of telephone of	company
	(8) Cable or satellite television services			0360 1 2		0570 1	Ψ			Ψ	.00		
	(9) DSL or ISDN charges		0180 \$ .00		Ψ	0590 1	·	.00 0800 1			.00	Month bill received	Total amount of bill
	(10) Non-telephone related rentals or				Ψ				1 _		.00	from item 4b	from item 4a
b.	(If unable to separate (7–10) above) What was	0190 1   2	\$[.00]	0400 1   2	0410 \$	0610 1 🗆 ¦	9 0620 \$	.00 0820 1	」		.00	Name of talankana	\$ .00
	the total amount for these non-telephone related services?	0210 \$	.00	0420 \$	.00	0630 \$	.00	0840 \$		.00		Name of telephone of	company
C.	FIELD REPRESENTATIVE CHECK ITEM	0220 1 Bills		0430 1 Bills		0640 1 □ B		0000	Bills				
	Was a bill or checkbook used or was an estimate given?	2 □Estim 3 □Checl		2 ☐ Estim 3 ☐ Chec		2 ∐Es	stimate neckbook		Estimate Checkbo				
7a.	Is any of the total charge to be deducted as a business expense?	0900 1 ☐ Yes		3 Little	RDOOK		TECKDOOK	3 🗆	JOHOGRAC	JOK 💃		Month bill received from item 4b	Total amount of bill from item 4a
b.	If YES – What percentage will be deducted?		Go to item 8										\$ .00
		0910	.00 Percent									Name of telephone of	company
8.	Did you (or any members of your CU) receive any other bills for telephones or pagers not used entirely for business purposes from any other companies?		- Complete a separate pa Go to part B										

S	Section 4 – UTILITIES AND FUELS FO	OR OWN	ED AND	RENTED PR	OPERTIES -	- Continu	ed							
F	Part A – Telephone Expenses – Conti	inued												
		PROCESS	SING USE O	NLY	1 04 0	2 6 🕶							NO.	TES
2.	What is the name of the company which provides the telephone (or pager) services?	Name of	telephone c	ompany							,,,,,,			
3.	How many telephone (or pager) bills were received from (company name)?	0010	N	Number										
	Complete a separate column for each bill received since the 1st of (month, 3 months ago.)		Bill 1			Bill 2			Bill 3		E	Bill 4		
4a.	What was the total amount of bill (bill	0020 \$		00 <sub>0</sub> None	0230 \$	.00	₀□None	0440 \$	00 <sub>0</sub> None	0650	\$	00 <sub>0</sub>		
	number)? Exclude any unpaid bills from a previous billing period.		Month			Month			Month		N	lonth		
b.	In what month was the bill received?	0030			0240			0450		0660				
5.	What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)		Residential		0250 1 ☐ Res				ential service			ntial service		
	uid the bill include: (Mark (X) all that apply)			ular Service	0260 2  Mol				le/Cellular Service			Cellular Service		
		0060 3	Pager/Beep	er Service	0270 3 ☐ Pag	er/Beeper Serv	vice	0480 3 Page	/Beeper Service	<b>0690</b> 3	☐ Pager/E	Beeper Service		
62	Hand the respondent Information Booklet, Page 13a.	Yes	No	Amount	Yes N	o Amo	ount	Yes No	Amount	Yes	No	Amount		
oa.	Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)													
	(1) Basic (local) service charge	0070 1	2 🗆		0280 1 🗆 2			0490 1 🗆 2		0700 1				
	(2) Domestic long distance charge	0080 1	2		0290 1 🗆 2			0500 1 🗆 2		0710 1				
	(3) International long distance charge	0090 1	2 🗆		0300 1 🗆   2 🗆			0510 1   2		0720 1				
	(4) Telephone related services such as caller ID, call waiting, or voice							I					Pi	RE
	mailboxes? (Do not include data services)	0100 1	2 🗆		0310 1 2			0520 1   2		0730 1	□   2 □		Month bill received from item 4b	Total amount of b
	(5) Installation or repair of telephone line(s)	0110 1	2		0320 1   2			0530 1   2		0740 1				
	(6) Telephone or pager purchases or rentals	0120 1	2		0330 1     2			0540 1   1   2		0750 1			Name of telephone of	\$ .0
	If YES (7–10) Ask – How much? (7) Internet access or data services	0130 1	0140	.00	0340 1   2	0350 \$	.00	0550 1     2	0560 \$ .00	0760 1		0770 s .00	Name of telephone t	Joinparry
				<del>-</del>			.00			1			1	
	(8) Cable or satellite television services	1 150	0160	·	0360 1 2	0370 \$	.00	0570 1 2		0780 1	2   2	·	-	
	(9) DSL or ISDN charges	0170 1	0180	\$00	0380 1   2	0390 \$	.00	0590 1   2	0600 \$ .00	0800 1		0810 \$ .00	Month bill received from item 4b	Total amount of b from item 4a
	(10) Non-telephone related rentals or purchases	0190 1	0200	\$	0400 1   2	0410 \$	.00	0610 1 2	0620 \$ .00	0820 1	_   2 _	.00		\$ .0
b.	(If unable to separate (7–10) above) What was the total amount for these non-telephone related services?	0210 \$	.00		0420 \$	.00		0630 \$	.00	0840 \$		.00	Name of telephone of	company
C.	FIELD REPRESENTATIVE CHECK ITEM	0220 1 🗆			0430 1 ☐ Bills	3		0640 1 ☐ Bills		1	Bills			
	Was a bill or checkbook used or was an estimate given?		Estimate Checkbook	<b>*</b>	2 □ Esti			2 Estim			Estimat			
7a	Is any of the total charge to be deducted as a				] 3 ∟ Cne	СКОООК		3 ∟ Cnec⊦	KDOOK	3	Checkb	OOK 🗸	Month bill received from item 4b	Total amount of b
, a.	business expense?	10000	No – Go to i	item 8									Hom Rem 40	HOIII ILGIII 4d
b.	If YES – What percentage will be deducted?	0910	.00	Percent									Name of telephone of	\$ .(
8.	Did you (or any members of your CU) receive any other bills for telephones or pagers not used entirely for business purposes from any other companies?			lete a separate pa	ge for each telep	ohone compan	у						Traine of telephone (	λοπιραιτή

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

F	Part A – Telephone Expenses – Conti	nued														
		PROCES	SING USE	ONLY	1 0	04 03 4 🗸								NO <sup>-</sup>	TES	
2.	What is the name of the company which provides the telephone (or pager) services?	Name of	ftelephone	company												
3.	How many telephone (or pager) bills were received from (company name)?	0010		Number												
	Complete a separate column for each bill		Bill	1		Bill 2	2		Bi	ill 3		E	Bill 4			
4a.	received since the 1st of (month, 3 months ago.)  What was the total amount of bill (bill number)? Exclude any unpaid bills from a	0020 \$		.00 ₀ □ None	0230 \$		.00 <sub>0</sub> None	9 0440 \$_		.00 <sub>0</sub> None	0650 \$		.00 <sub>0</sub> None			
	previous billing period.		Mor	nth		Mont	h		Mo	onth 		M	lonth	_		
b.	In what month was the bill received?	0030			0240			0450			0660					
5.	What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)		Residentia			Residential				tial service			ntial service			
	the bill illetide: (Mark (X) all that apply)			Ilular Service			lular Service			Cellular Service			Cellular Service			
		0060 3	Pager/Bee	per Service	0270 3	Pager/Beep	per Service	0480 3 P	ager/Be	eeper Service	0690 з 🗆	Pager/B	Beeper Service			
62	Hand the respondent Information Booklet, Page 13a.	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount			
Оa.	Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)															
	(1) Basic (local) service charge	0070 1	<del>'</del>		0280 1 🗆	<del>:</del>			2 🗆 🖊		0700 1	<del>:</del>				
	(2) Domestic long distance charge	0080 1	] 2 🗆			2 🗆		0500 1 🗆 ¦ :	2 🗆 🖊		0710 1	2 🗆				
	(3) International long distance charge	0090 1	]¦2 🗆		0300 1 🗆	2 🗆		0510 1 □ ¦:	2 🗆 🖊		0720 1	2 🗆				
	(4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services)	0100 1	 		0310 1			0520 <sub>1</sub> □ .	2 🗆 🖊		0730 1	  -  2		PF Month bill received	<b>RE</b> Total amount of	f bil
	(5) Installation or repair of telephone line(s)	0110 1	1//		0320 1				2 🗆			2 🗆		from item 4b	from item 4a	
	(6) Telephone or pager purchases or rentals		]   2		0330 1			0540 1 🗆	— <u>(/</u> /						\$	.00
	If YES (7–10) Ask – <b>How much?</b>		1 /		1	!		1				1		Name of telephone of	company	
	(7) Internet access or data services	0130 1	]   2	\$ .00	0340 1	0350	00 \$	0550 1   2	2 🔲 0!	\$ .00	0760 1	2 🗆 🗓	0770 \$ .00	-		
	(8) Cable or satellite television services	0150 1	010	50 \$	0360 1	2 0370	00 \$	0570 1 🗆	2 🔲 0!	\$ .00	0780 1	2 🗆	0790 \$	-		
	(9) DSL or ISDN charges	0170 1	018	30 \$	0380 1	039	00 \$	0590 1	2 🔲 🔽	600 \$	0800 1	1 2 🗆	0810 \$	Month bill received from item 4b	Total amount of from item 4a	
	(10) Non-telephone related rentals or purchases	0190 1	] 2   020	00 \$	0400 1	041	00 \$	0610 1	2 🗆 0	620 \$ .00	0820 1	2 🗆	00.00		\$	.00
b.	(If unable to separate (7–10) above) What was the total amount for these non-telephone related services?	0210 \$		00	0420 \$	.0	00	0630 \$		.00	0840 \$		.00	Name of telephone of	company	
C.	FIELD REPRESENTATIVE CHECK ITEM	0220 1	Bills		0430 1 🗆	Bills		0640 1 □ B	ills		0850 1	Bills		1		
	Was a bill or checkbook used or was an	2	Estimate	A	2 🗆	Estimate	1	2 🗆 Es	stimate		2	Estimat				
	estimate given?		Checkboo	k	3 🗌	Checkbook		3 🗆 C	heckbo	ook ′	3 🗆	Checkbo	ook 🔽	Month bill received	Total amount of	f bil
7a.	Is any of the total charge to be deducted as a business expense?	10000	]Yes ]No – <i>Go t</i> e	o item 8										from item 4b	from item 4a	<u> </u>
b.	If YES – What percentage will be deducted?	0910		00 Percent											\$	.00
8.	Did you (or any members of your CU) receive any other bills for telephones or pagers not used entirely for business purposes from any other companies?	0920 1		nplete a separate pa	ge for each t	elephone c	ompany							. Name of telephone o	ompany	
	otiloi odilipulliosi															

### Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued Part A – Telephone Expenses – Continued PROCESSING USE ONLY 1 04 04 2 🗸 **NOTES** Name of telephone company 2. What is the name of the company which provides the telephone (or pager) services? How many telephone (or pager) bills were 0010 Number received from (company name)? Complete a separate column for each bill Bill 1 Bill 2 Bill 3 Bill 4 received since the 1st of (month, 3 months ago.) .00 <sub>0</sub> None .00 .00 .00 4a. What was the total amount of bill (bill 0020 0230 o 🗌 None 0440 o 🗆 None 0650 o 🗌 None number)? Exclude any unpaid bills from a Month Month Month Month previous billing period. 0240 0660 0030 0450 **b.** In what month was the bill received? 5. 0040 1 Residential service 0250 1 Residential service 0460 1 Residential service 0670 1 Residential service What types of telephone (or pager) services did the bill include? (Mark (X) all that apply) 0050 2 Mobile/Cellular Service 0260 2 Mobile/Cellular Service 0470 2 Mobile/Cellular Service 0680 2 Mobile/Cellular Service 0060 3 Pager/Beeper Service 0270 3 Pager/Beeper Service 0480 з 🗌 Pager/Beeper Service 0690 3 Pager/Beeper Service Hand the respondent Information Booklet, Page 13a. Yes i No Yes i No Amount Yes i No Yes No Amount Amount Amount **6a.** Which of the following telephone service items were included in the bill? (Mark (X) all that apply.) 0070 1 2 2 0**280** 1 🔲 2 0700 1 2 2 (1) Basic (local) service charge . . . . . . . . . . 0490 1 🔲 2 🔲 0080 1 🗆 🗘 🗆 0290 1 🗆 📜 0500 1 🗆 🗘 🗆 0710 1 2 (2) Domestic long distance charge ...... 0300 1 🗆 ¦ 2 🗀 0090 1 🔲 2 🔲 **0510** 1 □ ¦ 2 □ 0720 1 2 2 (3) International long distance charge (4) Telephone related services such as **PRE** caller ID, call waiting, or voice 0520 1 2 2 0730 1 2 2 0100 0310 1 🗌 🖁 2 🗀 Month bill received 1 | 2 | Total amount of bill mailboxes? (Do not include data services) from item 4b from item 4a 0530 1 | 2 | 0740 1 2 (5) Installation or repair of telephone line(s) .00 (6) Telephone or pager purchases or rentals Name of telephone company *If YES (7–10) Ask –* **How much?** .00 .00 0340 0350 4 0550 0560 0770 (7) Internet access or data services ||0140| ¢ 1 🔲 🖁 2 🔲 1 🗆 ¦2 🗆 1 🔲 ¦ 2 🔲 .00 .00 .00 .00 0150 1 | 1 | 2 | 0160 6 0370 0570 1 | 1 | 2 | 0360 0780 1 🗌 | 2 🔲 | 0790 💲 (8) Cable or satellite television services . . . 1 🔲 | 2 🔲 0580 Month bill received Total amount of bill .00 .00 .00 .00 0170 1 | 2 | 0180 🕏 0380 0390 🕏 0590 1 1 1 2 0600 🚓 0800 1 | 2 | 0810 \$ (9) DSL or ISDN charges ....... 1 🗆 i 2 🗀 from item 4b from item 4a (10) Non-telephone related rentals or .00 .00 .00 .00 0400 |[0410]<sub>\$</sub> 0610 1 | 2 | 0620 6 0820 1 | 2 | 0830 ¢ 1 🗆 🖁 2 🗀 ||0200| ¢ 1 🗆 . 2 🗀 .00 **b.** (If unable to separate (7–10) above) **What was** Name of telephone company .00 .00 .00 the total amount for these non-telephone .00 0420 8 0630 s 0210 0840 € related services? C. FIELD REPRESENTATIVE CHECK ITEM 0430 1 ☐ Bills 0850 1 ☐ Bills 0220 1 ☐ Bills 0640 1 ☐ Bills Was a bill or checkbook used or was an 2 Estimate 2 Estimate 2 Estimate 2 Estimate estimate given? 3 Checkbook 3 Checkbook 3 Checkbook 3 ☐ Checkbook ✓ Month bill received Total amount of bill 0900 1 ☐ Yes **7a.** Is any of the total charge to be deducted as a from item 4b from item 4a business expense? $_{2}\square$ No – Go to item 8 .00 **b.** If YES – What percentage will be deducted? .00 Percent Name of telephone company Did you (or any members of your CU) receive 0920 1 $\square$ Yes – Complete a separate page for each telephone company any other bills for telephones or pagers not 2 □ No – Go to part B used entirely for business purposes from any other companies?

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

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

Part C – Screening Questions	1 04 25 7 ↓	<del>)</del>							
1. Since the first of (month, 3 months ago), have you (or any members of your CU) received any bills for any of the following utilities, fuels, or services? Do not include bills for rented vacation properties or	2a. Since the 1st o CU) received a such as a cotta	of (month, 3 months ago), have yo ny bills for utilities or fuels for age?	u (or any members of your a rented vacation property,	TRA	ANSCRIBE LAS	T 2 BILLS P	ER PROPERTY FC	<b>PRE</b> OR EACH UTILITY OR SE	ERVICE REPORTED IN PART D
properties used entirely for business.	☐ Yes	☐ No – <i>Go to part D</i>		1	2	3	4	5	6
FIELD REPRESENTATIVE: Read each item in bold listed below.  UTILITY CODE YES NO	+	,		Property number from	Utility code from	Month bill received	Amount of bill	Unit-of- measure consumed from from	Name of utility company or government agency from part D, item 3
Electricity	<b>b. Which utility o</b> n reported.	r fuel was the charge for? Enter	a utility code below for each bill	part D, item 2	part D, item 1a	from part D, item 7b	from part D, item 7a	part D, part D, item 7d	Company code
Natural or utility gas	C. In what month	was the bill received? Enter mod	nth below for each bill reported.			I			
Combined gas and electricity 120	d. What was the t	total amount of the charges? En	nter amount below for each bill				\$   .00		
Fuel oil	_						1.00		
Kerosene	Utility code		PRE				\$   .00		
Bottled or tank gas 150	Utility code	Month Amount	Utility Month Amount				\$   .00		
Wood	PROC		otility Month Amount				\$ 1.00		
Coal 170	0020						\$ .00		
Other fuels	0020	\$ .00	0 \$ .00				\$ .00		
Combined expenses for items 130–180	0030	\$ .00	0 \$ .00				\$ .00		
Piped-in water	0040	\$ .00	0 \$ .00				\$ .00		
Trash/Garbage collection 210	0050	\$ .0	0 \$ .00				\$ .00		
Sewerage maintenance 220		Ι φ	0	NOT	II TES	'	[Φ 1.00		
Combined trash/garbage/ water/sewerage 230									
Combined trash/garbage/water 240									
Combined trash/garbage/sewerage 250									
Combined water/sewerage 260									
Water softening service 270									
Septic tank cleaning 280									
Cable TV, satellite services, or community antenna, if not already reported									
Internet connection and other computer data services not already reported									
Combined electric/water/sewerage 310									
Ask item 2, then complete a column in part D for each utility, fuel, or service reported in item 1.									
7 20			Continue 4 Pout C						Do 20

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

<u> </u>	art D – Detailed Questions																		
<u> </u>											1								
1.	FIELD REPRESENTATIVE TRANSCRIPTION ITEM	PROCESSING USE ONLY				1 04 5	1 3 🖵				ļ			1	1 04 5	52 1 🖵			
	Enter a utility code in item 1a and	a. UTILITY CODE	0010		Coc	le					0010			Code					
	a description of utility or fuel in item 1b from part C, item 1.		Descript	tion							Descri	iption							
	nem 18 hem part e, nem 1.	<b>b.</b> DESCRIPTION OF UTILITY OR FUEL																	
2.	<ul> <li>What property were the charges:</li> <li>Owned properties – Enter a descrip property number for – Property previously reported in Property reported at this intervie.</li> <li>All other properties – Mark (X) applied the property.</li> </ul>	section of the property and enter a section 3, part A.1, item 1, col. a ew in section 3, part B, item 1a	9	7  Rentec 8  Other I 9  Proper rented	I sample un rented un tv not ow	it	Descrip	tion			0020	97	ited san er rente	ed unit ot owned		Descrip	tion		
3.	Ask for utility codes 100–120, 200–26 What is the name of the company provides (utility or fuel description)	v or government agency which	Name								Name	,							
4.	How many bills were received for description)?	r (utility or fuel) for (property	0045		Number						0045		Nun	nber					
5.	What period of time was covered changed for a utility or fuel during the separate column for each different p	by the bill? If period covered ne reference period, complete a eriod of time.		☐Month ☐2 month		□ Quarter □ Other – <i>Spec</i>	ify				0055	1 ☐ Mon			Quarter Other – <i>Spec</i>	eify			
6.	Do you have any of these bills or (utility or fuel) charges?		0060 1	0060 1 ☐ Yes		2 □ No					0060	1 □ Yes		2 🗌	No				
	Complete a separate column for each (month, 3 months ago).	h bill received since the 1st of	0070	Bill 1	0140	Bill 2	0210	Bill 3	0280	Bill 4	0070	Bill 1		0140	II 2	0210	Bill 3	Bill 4	
7a	. What was the amount of bill (bill	number) <b>?</b>	\$	.00	\$	.00	\$	.00	\$	.00	\$		00	\$	.00	\$	.00	\$	.00
b	. In what month was the bill receiv	ved?	0800	Month	0150	Month	0220	Month	0290	Month	0080	Month		0150	lonth	0220	Month	0290 Mont	:h
C	Ask items 7c-f for utility codes 100-1 records are available (code 1, item 6. What was the unit-of-measure, sucubic feet or therms?	130 only if bills, receipts, or other ), otherwise go to item 7g. uch as kilowatt hours, gallons,	Unit-of-ı	measure	Unit-	of-measure	Unit-o	f-measure	Unit-of-	-measure	Unit-o	of-measure	9	Unit-of-m	neasure	Unit-o	f-measure	Unit-of-mea	sure
	OFFICE USE ONLY		0095		0165		0235		0305		0095			0165		0235		0305	
d	. What was the quantity consumed	for bill (bill number)?	0105	Quantity	0175	Quantity	0245	Quantity	0315	Quantity	0105	Quantity	١.	O 0175	uantity	0245	Quantity	Quan	itity
е	Did the bill include any charges f services which were not part of t	or merchandise, repairs, or other the cost of (utility or fuel)?	0110 1	☐ Yes □ No – Go to item	0180 7g	1 ☐ Yes 2 ☐ No – <i>Go</i> to item 7g		1 □Yes 2 □ No – <i>Go</i> to item 7g	2	Yes No – Go to item 7g		2 🗌 No –		0180 1 2	☐ Yes ☐ No – Go to item 7g		1 □Yes 2 □ No – Go to item 7g	0320 1  Y 2  N	es o – Go o item 7 <u>o</u>
f	. How much were these charges?		<b>0120</b> \$	.00	0190 \$	.00	0260 \$	.00	9330	.00	0120 \$		00	0190 \$	.00	0260 \$	.00	0330 \$	.00
g	FIELD REPRESENTATIVE CHECK ITEI Was a bill or other record used or we Checks or checkbooks are not consid	as an estimate given?		☐Records used ☐Estimate	4	1 □ Records used 2 □ Estimate		1 □ Records used ≠ 2 □ Estimate		Records used		1 □ Reco used 2 □ Estin	<b>.</b>		□Records used □Estimate		1 □ Records used 2 □ Estimate	us	ecords sed stimate j
8.	Was any part of the charge deduc	cted as a business expense?	0420 1	□Yes	:	2 □ No					0420	ı□Yes		2 🗌	No				
9.	Since the 1st of (month, 3 months members of your CU) receive any	ago), did you (or any other utility or fuel bills?	0440 1	1 ☐ Yes – Complete a separate column for each property 2 ☐ No							0440 1 ☐ Yes – Complete a separate column for each property 2 ☐ No								

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

Pa	art D - Detailed Questions	- Continued																
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY				1 04 5	3 9 📑							1 04 5	54 7 🖵	•		
	TRANSCRIPTION ITEM	a. UTILITY CODE	0010		Code		• •				0010		Code		• • •			
	a description of utility or fuel in	a: OHEH FOOL	Descrip	ll otion	Code	·					Descr	iption	Code	<del>,</del>				
	item 1b from part C, item 1.	<b>b.</b> DESCRIPTION OF UTILITY OR FUEL										•						
2	What property were the charges f						Descrip	tion							Descri	ntion		
۷.	<ul> <li>Owned properties – Enter a descript</li> </ul>		0020		Propert	y number					0020		Propert	y number		<b>.</b>		
	property number for – Property previously reported in s	eaction 2 part A 1 item 1 col a		97 $\square$ Rented s								97 🗌 Rented s						
	Property reported at this interview	w in section 3, part B, item 1a		98 🔲 Other rer								98 Other rei						
	<ul> <li>All other properties – Mark (X) approof the property.</li> </ul>	opriate box and enter a description		99 Property rented by	not own v CU	ed or						99 Property rented by	not own v CU	ied or				
	Ask for utility codes 100–120, 200–260	D. and 290 only.	Name		,						Name		,					
3.	What is the name of the company	or government agency which																
	provides (utility or fuel description)?																	
4.	How many bills were received for	(utility or fuel) for (property	0045								0045							
	description)?		0045	N	umber						0045	N	umber					
5.	What period of time was covered changed for a utility or fuel during the	by the bill? If period covered	0055	1 ☐ Month	3 [	Quarter					0055	1 Month	з[	Quarter				
	separate column for each different pe	eriod of time.		2 2 months	Other – <i>Spec</i>					2 2 months	4 [	Other – <i>Spec</i>	ify					
6.	Do you have any of these bills or	other records showing these	0060	1 □Yes	2	□No					0060	ı□Yes	2	□No				
	(utility or fuel) <b>charges?</b> Complete a separate column for each	hill received since the 1st of		Bill 1	Bill 2			Bill 3		Bill 4	Bill 1		Bill 2		Bill 3		Ri	ill 4
	(month, 3 months ago).		0070	J 1	0140	J 2	0210	5 0	0280	J 1	0070	5 1	0140	J 2	0210	2 0	0280	
			0070		0140		0210		0200		0070		0140		02 10		0200	
7a	What was the amount of bill (bill n	number) <b>?</b>	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00	\$	.00
b	In what month was the bill receive	ed?		Month	<u> </u>	Month		Month		Month	<del> </del>	Month		Month	+	Month		1onth
			0800		0150		0220		0290		0800		0150		0220		0290	
	Ask items 7c–f for utility codes 100–13 records are available (code 1, item 6),	30 only if bills, receipts, or other	Unit-of	-measure	Unit-o	f-measure	Unit-of	-measure	Unit-of	f-measure	Unit-d	of-measure	Unit-o	f-measure	Unit-d	of-measure	Unit-of-n	neasure
C	What was the unit-of-measure, su																	
	cubic feet or therms?									<u> </u>	<del>                                     </del>				1	T T		
	OFFICE USE ONLY		0095		0165		0235		0305		0095		0165		0235		0305	
d	What was the quantity consumed	for bill (bill number)?		Quantity		Quantity		Quantity		Quantity	1	Quantity		Quantity	1	Quantity		uantity
			0105		0175		0245		0315		0105		0175		0245		0315	
е	Did the bill include any charges for	or merchandise, repairs, or other	0110	ı □ Yes	0180	1 ☐ Yes	0250	ı ∐Yes	0320	1 ☐ Yes	0110	1 ☐ Yes	0180	ı □ Yes	0250	ı∐Yes	0320 1	Yes
	services which were not part of the	ie cost of (utility or fuel)?		2 □ No – <i>Go</i>		2 □ No – <i>Go</i>	:	2 □ No – <i>Go</i>		2 □ No – <i>Go</i>		2 □ No – <i>Go</i>		2 □ No – Go		2 □ No – <i>Go</i>	2	$\Box$ No – $Go$
£				to item 7g	9	to item 7g		to item 7g		to item 7g	1	to item 7g	9	to item 7g		to item 7g	1	to item 7g
Т	How much were these charges?		0120		0190		0260		0330		0120		0190		0260		0330	
			Φ.	.00	<b>6</b>	.00	•	.00	_	.00		.00	<b>c</b>	.00	•	.00	•	.00
			Ф		<b>a</b> —		<b>»</b>		<b>\$</b>		<b></b>		<b>a</b> —		<b>D D D D D D D D D D</b>		<b>\$</b>	
g	FIELD REPRESENTATIVE CHECK ITEM	1	0130	1 ☐ Records	0200	1 ☐ Records	0270	ı □ Records	0340	1 ☐ Records	0120	1 ☐ Records	0200	1 □ Records	0270	1 □ Records	0340 1	Records
	Was a bill or other record used or wa	s an estimate given?	0130	used	0200	used	0270	used ₄	0340	used	0130	used	0200	used	0270	used	0340 11	used
	Checks or checkbooks are not consider	ered records.		2 $\square$ Estimate $^{7}$	`	2 □ Estimate <sup>7</sup>	:	₂ □ Estimate ′		2 □ Estimate 📈	1 4 4						☐Estimate =	
0									1									
8.	Was any part of the charge deduct	ted as a business expense?	0420	1 □Yes	2	□No					0420 1 □ Yes 2 □ No							
9.	Since the 1st of (month, 3 months a	ago), did you (or any	0440	1 ☐ Yes – Complete a separate column for each property 2 ☐ No								0440 1 ☐ Yes – Complete a separate column for each property 2 ☐ No						
	members of your CU) receive any	otner utility or fuel bills?	0440	. <u> </u>	ipiele a	oparate colulli	. IUI Gal	ι ρισροιίν - 2	NO		Tes – Complete a separate column for each property 2 🗆 No							



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#### Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued Part D - Detailed Questions - Continued PROCESSING USE ONLY FIELD REPRESENTATIVE 1 04 55 4 1 04 56 2 TRANSCRIPTION ITEM 0010 0010 a. UTILITY CODE Code Code Enter a utility code in item 1a and a description of utility or fuel in Description Description item 1b from part C, item 1. **b.** DESCRIPTION OF UTILITY OR FUEL Description Description 2. What property were the charges for? 0020 0020 • 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 What is the name of the company or government agency which provides (utility or fuel description)? 4. 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 0055 1 ☐ Month 3 Quarter changed for a utility or fuel during the reference period, complete a <sub>2</sub> 2 months 4 ☐ Other – *Specify* 4 ☐ Other – *Specify* 2 2 months 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 0070 0140 0210 0280 .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? 0800 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 **C.** Did the bill include any charges for merchandise, repairs, or other 0110 1 ☐ Yes 0180 1 ☐ Yes |0250| 1 ☐ Yes | 0250 | 1 ☐ Yes 0320 1 ☐ Yes 0110 1 Yes 0180 1 ☐ Yes 0320 1 TYes services which were not part of the cost of (utility or fuel)? 2 □ No – *Go* 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 used Checks or checkbooks are not considered records. 2 ☐ Estimate 2 ☐ Estimate ′ 2 Estimate 2 Estimate <sub>2</sub> Estimate <sup>1</sup> <sub>2</sub> Estimate <sup>/</sup> 2 ☐ Estimate ot = ot8. Was any part of the charge deducted as a business expense? 0420 1 ☐ Yes 2 $\square$ No 0420 1 ☐ Yes 2 $\square$ No 9. Since the 1st of (month, 3 months ago), did you (or any 0440 1 $\square$ Yes – Complete a separate column for each property 2 $\square$ No 0440 1 $\square$ Yes – Complete a separate column for each property 2 $\square$ No members of your CU) receive any other utility or fuel bills?

# 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).

F	Part A – Screening Questions												
1.	Information Booklet, page 14 Since the 1st of (month, 3 months ago), have		JOB YES NO	)		PROCESS	SING L	JSE ONLY		1 05 00	7 🟳		
	you (or any members of your CU) had expenses for -?	Dwellings under construction including a vacation or second home	100	4a.	(prop	there been any e erty that you do pers of your CU)	not o	ses for any ot wn or rent) b	her 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.		n jobs were those job code(s) from it	_			0010 002	0		
	following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)	Finishing a basement or an attic or enclosing a porch	120							0030 004	0		
	thon 55.7	Remodeling one or more rooms in the house	130	5.		REPRESENTATIVE odes items 1, 2, 3,				0050 1 All "No"			
		Landscaping the ground or planting new shrubs or trees	140			the 1st of (mont			cluding the	2 ☐ At least one "Yes" r	narked		_
	Information Booklet, page 14	Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools	150	-	curre CU) p	nt month, have y urchased any ma arted?	vou (o	r anv membe	rs of vour	$ \begin{array}{c c}  & 1 & Yes \\  & 2 & No - Go \text{ to item 7a} \end{array} $			
3a.	Have there been any expenses that deal with the upkeep or improvement of this unit or any other unit you owned or rented	Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools	160	b.		– What kind of j	ob wi	II the materia	ls be	Description			
	(Renters should not include jobs that have been or will be totally reimbursed by	Inside painting or papering	170			a 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 suppl	was the total co ies?	ost of	these materia	ils and	0080 \$			
		Plumbing or water heating installations and repairs	200	7a.	curre	the 1st of (mont nt month, have y urchased any ma	vou (o	r any membe	rs of your	0090 1  Yes 2  No - Go to item 8			
		Electrical work	210	┨.	speci	fic job?			not for any				
		Heating or air-conditioning jobs	220	D.	. If YES	- What was the	total	cost?		0100 \$00			
		Flooring repair or replacement, including inlaid linoleum or vinyl tile	230	8.	FIELD	REPRESENTATIVE	E INST	RUCTION – If	any box marked	"Yes" in item 1, 2, 3, or 4, fill sec	tion 5B.		
		Insulation	240			1			PRI				
					1	2		3		4		5	
		Roofing, gutters, or downspouts	260	f	code rom art B,	Property description from part B,	- 1	Property description code		Description from part B, item 3a		Total cost from part B, item 4	
		Siding	270		em 1	item 2a		from part B, item 2b		part b, item sa		part b, item 4	
		Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like	280								\$		.00
		Masonry, brick, or stucco work	290								\$		.00
		Other improvements or repairs	300								\$		.00
											\$		.00
		Use only if unable to itemize above – Combined expenses	310 /////								\$		.00

#### Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY - Continued Part B – Job Description OFFICE Description NOTES PROCESSING USE ONLY 1 05 50 2 ↓ 7. Which of these items did it include and what USE ONLY 1. FIELD REPRESENTATIVE was the cost of each? JOB NUMBER 1 ITEM 0130 Enter the job code from part A. (For combined 0010 iobs use code 310.) Code 0140 s x ☐ Don't know **2a.** On which property was the (job description) Description **OFFICE** Description **USE ONLY** done? 0150 **b.** Enter a property number – For owned property enter the property number from section 3. Mark Property number 0160 x Don't know (X) the appropriate box for all other properties. 97 Rented sample unit 8a. Have you (or any members of your CU) 98 Other rented unit 0250 1 ☐ Yes An owned property number listed must match a PURCHASED any materials, supplies, tools, or previously reported property number in section 3A.1, column a and/or section 3B, item 1a. 99 Property not owned or rented 2 ☐ No – Go to item 9a equipment for doing this job? by CU Description 3a. What work was done? Description should be **b.** What was the total cost for all items purchased for adequate to classify as "alteration," "repair," etc., this job in -0260 \$ .00 <sub>0</sub> $\square$ None and to identify in next interview. FIELD REPRESENTATIVE CHECK ITEM 1 Addition 0030 **b.** Job classification – Mark (X) one. .00 0270 s 2 Alteration 0 None 3 ☐ Replacement 4 Maintenance and repair 0280 \$ .00 o □ None 5 New construction **OFFICE USE ONLY –** Enter detail job codes. .00 0040 0290 s o □ None What was the total cost of the job? Include 9a. Have you (or any members of your CU) RENTED any 0300 1 Yes all costs paid for by you (or any members of tools or equipment for doing this job? 2 ☐ No – Go to item 10a your CU) or by any non-CU member, such as 0050 .00 insurance companies, and so forth. **b.** What was the total cost for all items rented for this **5a.** Did you do all the work yourself or did you 1 ☐ Self only – Go to item 8a pay someone or contract with a builder to do .00 0310 \$ o □ None 2 Paid or contracted with all or part of the work? someone else .00 **b.** What was the cost for all labor, materials, 0320 s o □ None appliances, or equipment THEY PROVIDED IN -.00 0070 (month, 3 months ago)? . . . . . . . . . . . . . . . o □ None .00 0330 \$ o ☐ None .00 0080 \$ o □ None .00 0340 \$ 0 None .00 0090 \$ o ☐ None 10a. Was (Will) any of the total cost of (read entry in 0350 1 ☐ Yes item 4) (be) reimbursed or paid by someone $_{2}$ $\square$ No – Go to item 11a .00 0100 \$ outside of your CU? o ☐ None C. Since the 1st of (month, 3 months ago), how **b.** What percent of the total cost was (will be) 0370 .00 .00 Percent much have you paid for labor and any materials THEY PROVIDED? reimbursed or paid by someone outside of your CU? 0 ☐ None - Go to item 8a 11a. Were (Will) any of these expenses for this job (be) 0380 1 Yes If codes 100-130, 200-220, or 300 in item 1, ask deducted as a business expense? 2 ☐ No – Go to next job items 6 and 7; for all other codes, go to item 8a. 0120 1 ☐ Yes

**b.** What percent was (will be) deducted?

.00 Percent

0390

Information Booklet, page 15

appliances or equipment?

Did the charge(s) include the cost of any

2 ☐ No – Go to item 8a

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

# Page 37 Page 37 Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY - Continued Part B – Job Description – Continued 7. Which of these items did it include and what was the cost of each? NOTES PROCESSING USE ONLY 1 05 52 8 🗸 OFFICE USE ONLY Description **1.** FIELD REPRESENTATIVE ITEM JOB NUMBER 3 1 0130 Enter the job code from part A. (For combined jobs use code 310.) 0010 Code 0140 s 2a. On which property was the (job description) done? Description x ☐ Don't know OFFICE USE ONLY Description

<ul> <li>Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties.</li> <li>An owned property number listed must match a</li> </ul>	Property number 97 Rented sample unit 98 Other rented unit	2	0150	
previously reported property number in section 3A.1, column a and/or section 3B, item 1a.	99 Property not owned or rented by CU		0160 \$	
<b>Ba. What work was done?</b> Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.	Description	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?	0250 1 ☐ Yes 2 ☐ No – Go to item 9a	
FIELD REPRESENTATIVE CHECK ITEM <b>b.</b> Job classification – <i>Mark (X) one.</i>	1 Addition 2 Alteration 3 Replacement	<b>b.</b> What was the total cost for all items purchased for this job in –  (month, 3 months ago)?	0260 \$	
	4 ☐ Maintenance and repair 5 ☐ New construction	(month, 2 months ago)?	0270 \$	
OFFICE USE ONLY – Enter detail job codes.	0040	(last month) <b>?</b>	0280 \$	
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		(the current month)?	0290 \$	
insurance companies, and so forth.  Da. Did you do all the work yourself or did you	0050 \$	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>	
pay someone or contract with a builder to do all or part of the work?	0060 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 –		
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN –		(month, 3 months ago)?	0310 \$	
(month, 3 months ago)?	0070 \$00 <sub>0</sub> None	(month, 2 months ago)?	0320 \$	
(month, 2 months ago)?	0080 \$	(last month) <b>?</b>	0330 \$	
(last month) <b>?</b>	0090 \$ .00 0 None	(the current month)?	0340 \$	
(the current month)?	0100 \$	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 – <i>Go to item 11a</i>	
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 – 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 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?	0380 1 ☐ Yes 2 ☐ No - Go to next job	
Information Booklet, page 15  Did the charge(s) include the cost of any appliances or equipment?	2 ☐ No – Go to item 8a	<b>b.</b> What percent was (will be) deducted?	0390 .00 Percent	
			I .	

FORM CE-302

**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 Hou	sehold	Appliances	8	06 02 6 -	<b>→</b>														
	a			b		С	d		е	f	g	h		i	j	j		PRE			
_	Information Booklet, page			What type did you purchase or rent?		ENTER ITEM	Was this –		When did	What was the	If code 2 in column d –	Did this include		Were there any extra charges	Did y		1	2		3	
1.	Since the 1st of (month, have you (or any member purchased or rented any following items for you someone outside your (  Do not list any appliance preported in section 5B, ite appliance is reported in be section 6, probe to verify a duplicated.  MICROWAVE OVEN	ers of you y of the r CU, or f CU? oreviously m 7. If an oth section that they a	or CU)	Enter a brand name or a brief description of item.	ESSING USE ONLY	CODE from column a	1 - Purcha for ow use? 2 - Rented Go to column 3 - Purcha for someo outside your C	rsed n ??	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 re	nt r? o" go ext in	Description from column b and section 5B item 7	Mon fron colum	1	Cost from column f or column g and section 5B item 7	
	COOKING STOVE, RANGE, OR OVEN				PROC		Mark (X) I										-				
	Electric	100							Month	<u>.</u>	!	i :	10	NO ¦	YES	1		Mon	th	<u> </u>	_
	Gas	110	-		0010		1 2 2	3 🗌		\$ .00	\$ .00	1 2		0□ \$ .00		¦ 🗆				\$ .00	_
	Other	130			0020		1 2	з□		\$ .00	\$ .00	1   2		0□		¦ 🗆				\$ .00	j
	REFRIGERATOR	140			0030		1 2	з□		\$ .00	\$ .00	1 2		∘□						\$ .00	)
	HOME-FREEZER	150	-		0040		1 2	3 🗆		1					$I_{\Box}$					1	
	DISHWASHER									\$   .00	\$ .00	+ +				-				\$ .00	_
	Built-in	160			0050		1 2 2	3 🗌		\$ .00	\$ .00	1 2		0□   \$   .00		;				\$ .00	_
	Portable	170			0060		1 2	з□		\$ .00	\$ .00	1 2		∘□ ¦\$ .00						\$ .00	į
	GARBAGE DISPOSAL	180			0070		1 2	з□		\$ .00	\$ .00	1 2		∘□		<u> </u>				\$ .00	٠
	CLOTHES WASHER	190			0080		1 2			i			-+			<u> </u>				I	
	CLOTHES DRYER	200			0080			3 🗀		\$   .00	\$ .00			○□ \$ .00		<del> </del>				\$   .00	_
	RANGE HOOD				0090		1 2	з□		\$ .00	\$ .00	1 2		0□ \$ .00		¦ 🗆				\$ .00	1
_	the above items	220	$\sim\sim\sim$		0100		1 2	з□		\$ .00	\$ .00	1 2		∘□						\$ .00	)
۷.	FIELD REPRESENTATIVE CHECK ITEM	1 06 0			0110		1 2	з□		\$ .00	\$ .00	1 2		0□						\$ 1.00	
	Mark (X) box if there are no entries recorded in columns b–j.	0010 999	□ Go to Part B		0120		1 2			\$  .00						<u> </u>				\$   .00	
	NOTES				0130		1 2	з□		\$ .00	\$ .00	1 2		∘□ \$ .00						\$ .00	)
					0140		1 2	з□		\$ .00	i			∘□ ¦\$ .00		<u> </u>				\$ .00	
					0150		1 2	з□		\$ .00	\$ .00	1 2		∘□ ¦\$ .00		<u> </u>				\$ .00	)
					0160		1 2	з□		\$ .00					$L_{\Box}$	1				\$ 1.00	
					0170		1 2	з□		\$ .00	ĺ	;				<del> </del>				\$ .00	
					ı	1 1 1	1					1			1						_

# 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 – Purc	hase of H	ousehold Ap	pliances and Othe	er Sele	cted Ite	ems	6 06	04 6 →							
	а		b	\ F ≺	С	d	е	f	g	h	i	NOTES		PRE	
Information Bookle  1. Since the 1st of (you (or any mem)	month, 3 mon pers of your	nths ago), have CU) purchased	What type did you purchase or rent?  Enter brand name or	USE ONL	ENTER ITEM CODE	Was this – 1 – Purchased for own use?	you	What did it cost (Include delivery charges, exclude installation	If code 2 in column d – What was the total rental	Did this include sales tax?	Did you purchase or rent any other?		1	2 Month	3
or rented any of t CU, or for someo	he followin ne outside y	rour CU?	a brief description of the item.	CESSING	from column a.	2 - Rented? Go to column g 3 - Purchased for someone out-		charges.)	expense since the 1st of (month, 3	laxi	If "No," go to next item		Description from column b	from column e	Cost from column f or column g
SMALL HOUSEHO APPLIANCES	)LD 	CODE YES NO		PROC		side your CU?	·	Go to column h.	months ago), excluding the current month?	YES NO	in column a. YES   NO			Month	
Small electrical kitchen appliand Electric persona		230		0010		1 2 3		\$ .00		1					\$ .00
appliances Smoke detector		240 250		0020		1 2 3 3		\$ .00	\$ .00	1					\$ .00
Electric floor cle equipment	eaning 	260		0030		1 2 3		\$ .00		1					\$ 1.00
OTHER HOUSEHO APPLIANCES	LD 	270		0040		1 2 3		\$ .00		1 2	1				\$   .00
SEWING MACHIN	<b>ES</b>			0050						i i	i				
CALCULATORS .		590	-	0030		1 2 3 3		\$ .00	\$ .00	1 2					\$ .00
TELEPHONE AND ACCESSORIES		660		0060		1 2 3 3		\$ .00	\$ .00	1  2					\$ .00
TELEPHONE ANS DEVICES		610	4	0070		1 2 3 3		\$ .00	\$ .00	1    2					\$ .00
TYPEWRITERS AN OFFICE MACHINE NON-BUSINESS U	S FOR	620		0800		1 2 3		\$ .00	\$ .00	1					\$ .00
COMPUTERS, CO SYSTEMS AND R	MPUTER ELATED			0090		1 2 3 3		\$ .00	\$ .00	1    2					\$ 1.00
HARDWARE FOR NON-BUSINESS U	ISE	640		0100		1 2 3 3		\$ .00	\$ .00	1  2					\$ .00
COMPUTER SOFT ACCESSORIES FO NON-BUSINESS U	R	650		0110		1 2 3		\$ .00	\$ .00	1  2					\$ .00
PHOTOGRAPHIC E		300		0120		1 2 3		\$ .00	\$ .00	1					\$ 1.00
LAWNMOWING M AND OTHER YAR EQUIPMENT	ACHINERY D	310		0130		1 2 3 3		\$ .00	\$ .00	1					\$ 1.00
TOOLS FOR HOM		320		0140		1 2 3 3		\$ .00	\$ .00	1					\$ 1.00
Power tools Non-power tool	s	330		0150		1 2 3 3		\$ .00	\$ .00	1					\$ 1.00
HEATING AND CO EQUIPMENT Window air con		340	_	0160		1 2 3 3		\$ .00	\$ .00	1    2					\$ .00
Portable cooling equipment	g and heating			0170		1 2 3 3		\$ .00	\$ .00	1					\$ .00
Use only if unable t above – Combined	expenses	800		0180		1 2 3		\$ .00	\$ .00	1					\$ .00
2. FIELD REPRESENTA		1 06 03 9 ↓  0010 999 □ Go to		0190		1 2 3		\$ .00	\$ .00	1					\$ 1.00
Mark (X) box if the no entries recorded columns b–i.	re are I in	next page		0200		1 2 3		\$ .00	\$ .00	1		_			\$   .00

Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS – Continued FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through i as each item is reported.

	Part B – Purchase of H	ouseh	old	l Ap <sub>l</sub>	oliances and Oth	er Sel	lect	ted I	tems – Co	ntinu	ıed	6 06 06 1 →											
	а				b			С	d		е	f		g		h		i	NOTES		PRI	<b>=</b>	
	Information Booklet, page 18				What type did you purchase or rent?		EN7 ITEI	TER M	Was this -	4	When lid	What did it cost? (Include delivery		code 2 in olumn d –	Did t		Did y			1	2		3
	Since the 1st of (month, 3 mor you (or any members of your or rented any of the following CU, or for someone outside y	CU) pur	chas for v	ve sed vour	Enter a brand name or a brief description of the item.	E ONLY	COL fron	DE	1 - Purchase for own use? 2 - Rented? Go to	ea y p it	you ourchase t?	charges, exclude installation charges.)	to ex th	hat was the otal rental expense since he 1st of (month, months ago).		s tax?	or rei any other	nt ? ," go			Mon		
	TELEVISIONS, RADIO, VIDEO, SOUND EQUIPMENT (DO NOT INCLUDE PURCHASES INSTALLED IN VEHICLES)	ITEM CODE	YES	S NO		OCESSING USE			column g 3 – Purchase for some outside y CU?	ed eone		Go to column h.		ccluding the urrent month?			to nex item i colum	n		Description from column b	fron colun e		Cost from column f or column g
	Color televisions (portable and	360	1		-	PRO			Mark (X) bo	ox _	Month		1		YES	NO	YES	NO			Mont	h	ı
	Color televisions consoles and	300			_	0010			1 2	3 🗆		\$ .00	\$	.00	1 🗌	2		¦ □				\$	.00
	combinations of TV; large screen color TV projection equipment; color monitors and					0020			1 2	3 🗌		\$ .00	\$	.00	1	2		<u> </u>				\$	.00
	other items	370				0030			1 2	з 🗌		\$ .00	\$	.00	1	2						\$	.00
	Black and white TV's and combinations of TV's with other items	380				0040			1 2	з□		\$ .00	\$	.00	1	2		¦ 🗆				\$	.00
	VCR, video camera, video disc				_	0050			1 2	з 🗆		\$ .00	\$	.00	1 🗆	2						\$	.00
	player, camcorder	390			-	0060			1 2	з□		\$ .00	\$	.00	1	2						\$	.00
	Satellite dishes	670			_	0070			1 2	з□		\$ .00	\$	.00	1	2						\$	.00
	Radio, all types	400			_	0800			1 2	з 🗌		\$ .00	\$	.00	1	2						\$	.00
	Tape recorders and players	420			-	0090			1 2	з□		\$ .00	\$	.00	1	2						\$	.00
	Sound components, component systems, and compact disc sound systems	430				0100			1 2	з□		\$ .00	\$	.00	1	2		 				\$	.00
	Other sound and video equipment, including					0110			1 2	з□		\$ .00	\$			2		¦ 🗆				\$	.00
	accessories (audio/video tapes, etc. should be recorded in					0120			1 2	з 🗆		\$ .00	\$	.00	1	2		<u> </u>				\$	.00
	Section 17)	440				0130			1 2	з□		\$ .00	\$			2						\$	.00
	above – Combined expenses .	810				0140			1 2	з□		\$ .00	\$	.00	1	2		¦ 🗆				\$	.00
	MUSICAL INSTRUMENTS, SUPPLIES AND ACCESSORIES					0150			1 2	з□		\$ .00	5 \$	.00	1	2		 				\$	.00
		4-0				0160			1 2	з 🗌		\$ .00	5 \$	.00	1	2						\$	.00
	Piano, organ, or keyboard	450			-	0170			1 2	зП		\$ .00		i	1	2		 				\$	.00
2	Other	<b>460</b>	05	 4 ↓	-	0180			1 2	з 🗌		\$ .00	\$	.00	1	2						\$	.00
	CHECK ITEM	0010 9		Go to		0190			1 2				\$	<u>'</u>				<u> </u>				\$	.00
	Mark (X) box if there are no entries recorded in columns b-i.			next page		0200			1 2			\$ .00		i		2		 				\$	1.00

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# 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 Ho	usehold App	liances and Othe	r Sele	cted It	ems	- Contir	nue	d	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?	ПО	ENTER ITEM		s this -			What did it co		If code 2 in column d –	Did this include	Did you purchase	0.5	1	2	3
<ol> <li>Since the 1st of (month, 3 mont you (or any members of your C or rented any of the following CU, or for someone outside yo</li> </ol>	U) purchased items for your	Enter brand name or a brief description of the item.	Sn	CODE from column a	2-	Purchased own use? Rented? Go to colum		you purchase it?	charges, excluinstallation charges.)	de	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	the nem.	CESS		3 -	Purchased someone of					months ago), excluding the		to next ite	n	from column b	е	column f or column g
SPORTS, RECREATION, AND EXERCISE EQUIPMENT	///		PROCESSING			side your C Mark (X) box		Month	Go to column		current month?	YES NO	+			Month	
General sports equipment (Include here athletic shoes for sports related use, such as	r		0010		1 🗆	2 3			\$	.00	\$ .00	1		]			\$ .00
football, baseball, soccer, or bowling)	470		0020		1 🗆	2 3			\$	.00	\$ .00	1 2		]			\$ .00
Health and exercise equipmen	t <b>480</b>		0030		1 □	2 3 3			\$	.00	\$ .00	1		]			\$ .00
Camping equipment	490		0040		1 □	2 3			\$	     .00	\$ .00	1		]			\$ .00
Hunting and fishing equipmen	t . <b>500</b>	-	0050		1 🗆	2 3			\$	.00	\$ .00	1 2		]			\$ .00
Winter sports equipment	510		0060		1 🗆	2 3			\$	.00	\$ .00	1  2		]			\$ .00
Water sports equipment	520		0070		1 [	2 3			\$	1.00	<u> </u>	1   2	<del>                                     </del>	]			\$ .00
Outboard motors	530	-	0800		1 [	2 3	]		•	.00		1		]			\$ .00
Bicycles	540	_	0000		+_		_			1				_			1.00
Tricycles and battery powered riders			0090		+	2 3			\$	.00	\$ .00		1				\$ .00
Playground equipment	560		0100		1 🗆	2 3 3			\$	.00	\$ .00	1   2		]			\$ .00
Other sports and recreation equipment	570		0110		1 🗆	2 3			\$	.00	\$ .00	1		]			\$ .00
Use only if unable to itemize above – Combined expenses	820		0120		1 □	2 3			\$	     .00	\$ .00	1		]			\$ .00
2. FIELD REPRESENTATIVE CHECK ITEM	1 06 07 0 ↓		0130		1 🗆	2 3			\$	.00	\$ .00	1		]			\$ .00
Mark (X) box if there are no entries recorded in	999		0140		1 🗆	2 3			\$	.00	\$ .00	1		]			\$ .00
columns b-i.  NOTES		-	0150		1 □	2 3			\$	.00	\$ .00	1		]			\$ .00
			0160		1 [	2 3			\$	.00	\$ .00	1    2					\$ .00
			0170		1 [	2 3			\$	.00	\$ .00	1		]			\$ .00
			0180		1 [	2 3			\$	.00	\$ .00	1		]			\$ .00
			0190		1 [	2 3	]			.00		1	I	]			\$ .00
			0200		1 [	2 3	]		\$	.00		<u> </u>	i	]			\$ .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.

Information Booklet, page 20					a .		b		С	d		е		f			PRE			
a. Since the 1st of (month, 3 months ago), did you (or any members of your CU) have	□ Y	es – <i>Go to co</i>			What is/was (repaired/covered		<b>1 –</b> Equ	<u></u>		In what		What was the		Did th		1	2	3	4	
you (or any members or your CO) have any expenses for maintenance or repair of household equipment?	□N	1a belov o	V	Repair or contract No.	by service contract)?  Describe the item repaired or the type of service or equipment		mei rep	it iir	ITEM CODE from	month w (repair done/ser	as vice	total cost?		includ sales	de	•	Repair or	Month		
b. Did you (or any members of your CU) have any expenses for service contracts?	□ Ye	es – Go to co 1b belov			covered by the service contract. Include all items covered.	PROCESSING USE ONLY	con <i>Mark</i>	ract	part A.	contract	ed)?			\/=0		Description from column a	service contract from column b	from column d	Cost fre	
		O				0010				Monti	1			YES						
	ITEM		or 1b. Service	1			1					\$	.00	1					\$	.00
	CODE		ce contracts  YES NO	2		0020	1	2				\$	.00	1	2				\$	.00
Garbage disposal, range hood, or built-in		123 110	123 110	3		0030	1 🗆 🗎	2□				\$	.00	1	2				\$	.00
dishwasher	100			4		0040	1	<u>.</u> □				\$	.00	1 🗆	2					। ∣.00
Other household appliances, such as washer, refrigerator, or range/oven	110	I I		5		0050	1	2 🗆				\$	.00	1	2				\$	.00
Television, radio, video and sound equipment, except those installed in automobiles or other		I	i	6		0060	1   1					¢	.00							1.00
vehicles	120			7		0070	<u> </u>	2 🗆				·								.00     .00
Computers, computer systems, and related equipment for non-business use	220											\$	.00	1						1
	400			8		0080	1   1					\$	.00	1	2 🗆				\$	.00
Lawn and garden equipment	130		<del>                                     </del>	9		0090	1					\$	.00	1	2					.00
Musical instruments and accessories	140	1	1	10		0100	1 🗆 🗎	2				\$	.00	1	2					.00
Hand or power tools	150			11		0110	1	2□				\$	.00	1	2				\$	.00
			1	12		0120	1					\$	.00	1□	2				1	.00
Photographic equipment	160	i	<u>i</u> i	13		0130	1	2 🗆				\$	.00	1	2				\$	.00
Sport and recreational equipment	170	I		14		0140	1   1					•	.00	1	2					.00
Termite or pest control treatment	190					0150	1						.00							+
Termine of post control troutinent	100			15		0160	i					\$	ı	-						.00
Heating or air conditioning equipment	200		// i	16			1					\$	.00	1					\$	.00
Use only if unable to itemize above – Combined expenses	210			17		0170	i	2				\$	.00	1					\$	i .00
. 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 next	19		0190	1	2				\$	.00	1 🗆	2				\$	.00
		sect	tion	20		0200	1 🗆 ¦	2□				\$	.00	1	2				\$	.00
					!	NOTES														



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

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.

# **Section 8 - HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS**

Part A – Purchases					5 0	8 01 0 -	<b>&gt;</b>															
а				b		С		d	,	е	f		و	g		h		NOTES	F	PRE		
Information Booklet, pages 21 and 22				What did you purchase?		ENTER ITEM	In w		Was th		What was the		Did incl	this	Dic	d you rcha	u		1	2		3
Since the 1st of (month, 3 months ago any members of your CU) purchased or for someone outside your CU any following?	), have for you of the	you (o ur CU	r	Enter a brief description of the item purchased.	ONLY	CODE from column a.	did pur	you chase	for you or for someo outsid	ur CU one e	purchase price?		sale tax?	S	any							
LIVING, FAMILY, OR RECREATION	ITEM CODE	YES	NO		G USE				your C  1 - For	use by					go iter	'No," to ne m in	ext		Description	Month from column d		t from
ROOM FURNITURE	100	4			SSIN				<b>2</b> – For						COI	lumn	a.		from column b		COL	umn f
	100				l ë				sor	neone side												
Living room chairs					PRO					ur CU.							ŀ					
Living room tables	102						М	onth	Mar	k box	-		YES	NO	YES	s ¦ r	NO			Month	-	
Modular wall units, shelves or cabinets Ping-pong, pool tables and other similar	103				0010				1	2			1	1 2		]   [	П					
recreation room items	104				0010					<sup>2</sup>	\$ .	00									\$	.00
Other living room, family or recreation room furniture including desks	105				0020				1	2		00		   2   		]   [					\$	.00
Living room furniture combinations	106				0030				1	2	<b> </b>	00	1	2		]					\$	.00
DINING ROOM AND KITCHEN FURNITURE					0040				1	2		00		   2	1	] [					\$	1.00
All dining room and kitchen furniture	110									<del> </del>											, ,	1
BEDROOM FURNITURE					0050				1 🗆	2	\$	00	1	2  <u> </u>	L	]					\$	.00
Mattress and springs	120				0060				1	2	<b> </b>	00	1	   2		]					\$	.00
Bedroom furniture other than mattresses and springs	121		, , ,		0070				1	     2	·		1	-		]   [					\$	1.00
Combined bedroom furniture (codes 120 and 121)	122				0080				1	1			1	1	1	] ! [					,	
INFANTS FURNITURE AND EQUIPMENT					0090				1 🗆	i			1	<u> </u>		]   [					\$	.00
Infants furniture	130				0100				1 🗆		l '	- 1	1□	I		]   [					\$	.00
Infants equipment	131	<del>                                     </del>			0100				1111	<u> </u>				-	+	1   [					\$	.00
EQUIPMENT		4			0110				1	2	\$	00	1	2		]					\$	.00
Patio, porch or outdoor furniture	140				0120				1	   2	¢	.00	1□	2		]	$_{\square}$ $ $				\$	.00
Outdoor equipment	141									+	Ψ .		<b> </b>	i		<u> </u>					Ψ	+
OFFICE FURNITURE FOR HOME USE		4			0130				1	2	\$ .	00	1	2   		]   [	Ш				\$	.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		ו : [					\$	.00
HOUSEHOLD DECORATIVE ITEMS			///		0160				1	2	\$	00	1□	2		ו ְׁוַ					\$	.00
Clocks	170				0170				1	2	\$	00	1	l   2□		]   [	$\Box$				\$	.00
Lamps, and other lighting fixtures	171							+		l l		30		<u>                                     </u>		,					Ψ	.00
Other household decorative items	173				0180				1	2	\$ .	00	1∐	2		] [	Ш				\$	.00

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

а		b		C	d	(	е	f	g	h	n	NOTES		PRE	
Information Booklet, pages 23 and 24 Have you (or any members of your Coryour CU or for someone outside of the following?	CU) purchased your CU any	What did you purchase?  Enter a brief description of the item purchased.		ENTER ITEM CODE from column a.	month did you purchase	Was the purchate for you or some outside your C	ised ur CU ieone e	What was the purchase price?	Did this include sales tax?	Did y purch any other	hase		1	2	3
CLOSET STORAGE AND TRAVEL TEMS Storage items Travel items DISHES, DINNERWARE, FLATWARE,	ITEM CODE YES NO  180  181					2 – For sor out	CU.			If "No go to item i colum	next in —		Description from column b	Month from column d	Cost from column f
GLASSWARE, AND COOKWARE	190	-			Month	Mar	k box		YES NO	VEC	NO			Month	<u> </u> 
China and other dinnerware	190		<u>                                     </u>	$\top$	IVIOIILII		I	1	<del>                                     </del>					IVIOIILII	
Stainless, silver, and other flatware	192	-	0010			1 🗆	l 2□ l	\$ .00	1 2						\$ 1.0
Glassware	193		0020			1	l 1 2□		1 2						
Serving pieces other than silver	195		0020			'	<u> </u>	\$ .00							\$ .0
Non-electric cookware	196		0030			1 🗆	l   2□	\$ .00	1 2		¦ □				\$ .0
Use only if unable to itemize above – Combined kitchenware (Codes 190–196)	197		0040			1	<del> </del>   2□		1 2						
Silver serving pieces	198						I	\$   .00		I					\$   .0
HOUSEHOLD LINENS			0050			1 🗆	l 2□	\$ .00	1   2		¦ □				\$ .0
Bedroom linens	200		0000				     2	i		$T_{\Box}$	! 🗆 🕇				i
Bathroom linens	201		0060			1	2∐ 	\$ .00	1   2		<u> </u>				\$ .0
Kitchen and dining room linens	202	_	0070			1	l 1 2□	ф I 00	1 2						
Other linens	203		0080			1	' <del> </del>   2□	\$ .00		<u> </u>	!				\$   .0
Slipcovers, decorative pillows and cushions	205		0090			1	   2□	\$ .00	<u> </u>						l
FLOOR AND WINDOW COVERINGS							<u> </u>	\$ 1.00	+ +	1	-				\$ .0
Original wall-to-wall carpet	210		0100			1	ı 2□ 	\$ .00	1 2						\$ .0
Replacement wall-to-wall carpet	211	-	0110			1	l   2□	\$ .00	1 2						\$ .0
Room size rugs and other non- permanent floor coverings, including carpet squares	212		0120			1	   2     	\$ .00		1					\$ .0
Curtains and drapes	214	1	0130			1	2 □	\$ .00	1   2		¦ □				\$ .0
/enetian blinds, window shades, other window coverings	215		0140			1	l l 2□	\$ .00			<del>                                     </del>				\$ .0
Use only if unable to itemize above – Combined expenses	220		0150			1	l 2 □	\$ .00		<u> </u>					\$ .0
,		A		1	1	1	NOTE		1 1	1					

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

Page 47 Page 47

# **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		1	0 (	09 02 4 →				1	I	1		T					
a		b		С	d		е	f	g		h	ļ i			PRE	1	
Information Booklet, page  Since the 1st of (month, have you (or any membe CU) purchased any of the items, for persons age 2 either for members of your comeone outside your Your Your Your Your Your Your Your Y	3 months ago), ers of your le following and over, our CU or for	What did you buy?  Describe briefly the item purchased.	USE ONLY	ENTER ITEM CODE from column a.	For whom was it purchas CU member, enter name and number from Control Card.  If someone outside CU, ente and appropriate code as foll  90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15	d line er name	How many did you purchase?  Enter number of identical items purchased.		How much did it cost?	Did incl sale	this ude s tax?	Did you purcha any other .  If "No," to next item in column	? go	Description from column b	Person from column d	Month from column	Cost from column g
Coats, jackets, and furs	TTEM YES NO  100		PROCESSING		Name	Line N		Month		YES	NO NO	YES	NO		Name	Month	
Sport coats and tailored jackets	110		0010						\$ .00	1	2						\$ 1.0
Suits	120		0020						\$ .00	1	   2						\$
Vests	130		0030						\$ .00	1	2						\$
Sweaters and sweater sets	140		0040						\$ .00	1	2						\$
Pants, slacks, and jeans	150		0050						\$ .00	1	2						\$ 1.0
Shorts and short sets Exclude all athletic shorts	160		0060						\$ .00		2	1 !					\$ 1.0
Dresses	170		0070						\$ .00		2	+ +					\$ 1.
Skirts	180		0080						\$ .00		2						\$   .0
Shirts, blouses, and tops	190		0100						\$   .00								\$ 1.0
FIELD REPRESENTATIVE CHECK ITEM	1 09 01 7 🗸		0110						\$ .00		2	+ +					\$   .0 \$   .0
Mark (X) box if there are no entries recorded in columns b–i.	999 Go to next page		0120						\$ .00		2						\$
NOTES	F - 0 -		0130						\$ .00		2						\$
			0140						\$ .00	1	2						\$   .(
			0150						\$ .00	1□	2	<del>                                     </del>					\$
			0160						\$ .00	1 🗆	2						\$ .0
			0170						\$ 1.00		2						\$ 1.0
			0180						\$ .00	1 -	2						\$ .

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	<ul><li>Continued</li></ul>		6 0	9 04	0 →													
а		b		C		d		е	f	g		h		i		PRE		
Information Booklet, page		What did you buy?		ENTE	R I	For whom was it purchased	<b>!?</b> If	How	In what	How much		Did this	Did y	ou	1	2	3	4
Have you (or any memb CU) purchased any of the items, for persons age a either for members of y someone outside your to	he following 2 and over.	Describe briefly the item purchased.		ITEM CODE from colum	nn a.	CU member, enter name and I number from Control Card.  If someone outside CU, enter I and appropriate code as follow  90 – Male 16 and over  91 – Female 16 and over  92 – Male 2–15  93 – Female 2–15	name	many did you purchase? Enter number of identical items purchased.	it?	did it cost?		include sales tax?	If "No to ne. item i colum	r? o," go xt in	Description from column b	Person from column d	Month from columr f	Cost from column g
	ITEM YES NO	-	ROC			Name	Line No		Month			YES NO	YES	NO		Name	Month	
Undergarments	200				П		or code							<u> </u> 				 
		-	0010					-		\$	.00	1 2		<u> </u>				\$ 00. i
Hosiery	210		0020							\$	.00	1 2						\$ .00
			0030							\$	.00	1 2						\$ .00
2. FIELD REPRESENTATIVE CHECK ITEM	1 09 03 3 ↓		0040							\$	.00	1 2						\$ .00
Mark (X) box if there are no entries recorded in	0010 999 ☐ Go to		0050							\$	.00	1 2		¦ 🗆				\$ i i .00
columns b–i.	next page		0060								.00	1 2	I —					\$ .00
NOTES			0070							\$	.00	1 2		<u> </u>				\$ .00
			0080								.00	1 2		<u> </u>				\$ 00.
			0090							\$	.00	1 2		<u> </u>				\$ .00
			0100							\$	.00	1   2		<u> </u>				\$ .00
			0110							\$	.00	1 2		¦ 🗆				\$ .00
			0120							\$	.00	1 2		¦ 🗆				\$ .00
			0130							\$	.00	1 2		<u> </u>				\$ .00
			0140							\$	.00	1 2		<u> </u>				\$ .00
			0150							\$	.00	1 2						\$ .00
			0160								.00	1 2 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 1 2 1						\$ .00
			0170								.00	1 2						\$ 00. 1
			0180								.00	1 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, for the SAME PERSON.

Part A – Clothing	- Continued		6 0	9 06 5 →														
a		b		С	d		е	f	g		ŀ	1		i		PRE		
Information Booklet, page		What did you buy?		ENTER ITEM	For whom was it purcha CU member, enter name a	sed? If	How	In what	How much did it cost?		Did th	nis	Did y		1	2	3	4
Have you (or any member CU) purchased any of the items, for persons age either for members of your comeone outside your comeone your comeone outside your comeone outside your comeone y	he following 2 and over, your CU or for	Describe briefly the item purchased.	USE ONLY	CODE from column a.	If someone outside CU, en and appropriate code as for 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15	l. ter name	many did you purchase? Enter number of identical items purchased.	month did you purchase it?	did it cost?		sales		other  If "No, to nex item i. colum	," go kt n	Description from column b	Person from column d	Month from column f	Cost from column g
Nightwear and loungewear	220		PROCESSING															·
Accessories	230		PROC		Name	Line No. or code		Month		-	YES	NO	YES	l NO		Name	Month	
Active sportswear  Uniforms, for which	240		0010						\$	00	1	2						\$ .00
the cost is not reimbursed	250		0020						\$	00	1	2						\$ .00
Costumes	260		0030						\$	00	1	2						\$ .00
Combined clothing – This should be used only if the respondent cannot			0040						\$	00	1	2						\$ .00
itemize clothing purchases. Specify (in the Notes) the types of			0050						\$	00	1	2		- - -				\$ .00
clothing combined  Footwear (Include here athletic	270 /////		0060						\$	00	1	2		<u> </u>				\$ .00
shoes not specifically purchased for sports	200		0070						\$	00	1	2						\$   .00
related use.)  2. Have you (or any members of your CU)	280		0800						\$	00	1	2						\$ .00
purchased any other clothing which you have not previously			0090						\$	00	1	2						\$ .00
mentioned? Do not include infants			0100						\$	00		2						\$ .00
clothing. If YES – probe and assign an item code.			0110						\$	00	1	2		<u> </u>				\$ .00
3. FIELD REPRESENTATIVE CHECK ITEM			0120						\$	00	1	2		<u> </u>				\$ .00
Mark (X) box if there are no entries recorded in columns b–i.	999 🗀 Go to part B		0130						\$	00	1	2						\$ .00
NOTES			0140						\$	-		2		<u> </u>				\$ .00
			0150						\$	00				<u> </u>				\$ .00
			0160						\$	00	1	2						\$ .00
			0170						\$	00	1	2						\$ .00
			0180						\$ .	00	1	2						\$ .00

Part A – Clothing	- Cor	Tinuea		6 09 07 3 →			1	1				1		NOTEC				
b		С		d		е	f	g			h		i	NOTES		PRE	<b>.</b>	
What did you buy?  Describe briefly the item purchased.	USE ONLY	ENTER ITEM CODE from column a from the preceding pages.	If CU r number If some and ap 90 – N	hom was it purchase member, enter name an er from Control Card. eone outside CU, enter propriate code as follo lale 16 and over emale 16 and over lale 2–15 emale 2–15	nd line	How many did you purchase?  Enter number of identical items purchased.		How much did it cost?	I	Did the sales	de	any othe	chase er? o," go ext in		Description from column b	Person from column d	Month from column f	Cost from column g
	PROCESSING		93 - F	Name	Line No		Month		_	YES	l NO	YES	NO		_	Name	Month	
					01 0000						<u> </u> 	+	_!					 
	0010							\$	.00	1	2∐ 	$\perp$						\$ .00
	0020							\$	.00	1	2		<u> </u>					\$ .00
	0030							\$	.00	1	2		¦ 🗆					\$ .00
	0040							\$	.00	1	2 🗆		<u> </u>					\$ .00
	0050							<b> </b>  \$	.00	1	l   2□ 							\$ .00
	0060							\$	.00	1	2		<u> </u>					\$ .00
	0070							ļ	.00	1	2		; <sub>□</sub>					\$ .00
	0080								.00	1	2		-					\$ .00
	0090								.00	1	   2		<u> </u>					\$ .00
	0100								.00	1	<u> </u>		<u> </u>					\$ 1.00
	0110							İ	.00		<b>—</b>		<u> </u>					\$   .00 \$   .00
	0120							ļ	.00	1	' ├── <sup> </sup> ₂□							
	0130								.00	1								\$   .00
	0140							\$	.00	1 🗆	· 2   							\$ 1.00
								\$	.00	1□	2∐ 		<u>                                    </u>					\$   .00
	0150								.00	1 🗆	2 🗆		<u> </u>					\$   .00
	0160								.00	1	2							\$ .00
	0170								.00	1	2		<u> </u>					\$ .00
	0180							\$	.00	1	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.

a		h		С		d	е	f	g	h		:	PRE		
Information Booklet, page	e 26 and 27	What did you buy?				ased for your CU	How	In what	How much	Did this	Did	vou	1	2	3
1a. Have you (or any meml CU) purchased clothin under 2 years of age ei members of your CU o outside your CU?	pers of your g for infants ther for	Describe briefly the item purchased.	ONLY	ENTER ITEM CODE from column a.	or for someone CU?	outside of your	many did you purchase? Enter number of identical	month did you purchase it?	did it cost?	include sales tax?	purcany othe If "No to no item	hase r? o," go ext in			
Coats, jackets, or snowsuits	290	_	USE				items purchased.				colui	mn a.	Description from column b	Month from columr f	Cost from column g
Dresses and other outerwear	300		PROCESSING												
Underwear and diapers, including disposable	310		PROC		CU member	Non-CU member		Month		YES NO	YES	NO			
Sleeping garments	320		0010		1 🗆	   2			\$ .00	1 2					\$ .00
Layettes	330		0020		1 🗆	2			\$ .00	1 2		¦ 🗆			\$ .00
Accessories  Combined clothing for infants – This should be	340		0030		1	2			\$ .00	1 2					\$ .00
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					\$ .00
clothing combined. <b>b.</b> Have you (or any	360	4	0060		1 🗆	2			\$ .00	1 2		<u> </u>			\$ .00
members of your CU) purchased any other infants clothing which			0070		1 🗆	2			\$ .00	1		¦ □			\$ .00
you have not previously mentioned?			0080		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	1 2					\$ .00
2. Have you (or any members of your CU) purchased any of the			0110		1 🗆	   2			\$ .00	1					\$ .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	<u> </u>					\$ .00
Watches	370		0140		1 🗆	2 🗆			\$ .00	1 2					\$ .00
Jewelry	380		0150		1□	2			\$ .00	1 2					\$ .00
toupees	390		0160		1	2			\$ .00	1 2					\$ .00
3. FIELD REPRESENTATIVE CHECK ITEM	1 09 11 6 ↓	-	0170		1 🗆	2			\$ .00	1 2		<u> </u>			\$ 1.00
Mark (X) box if there are no entries recorded in columns b–i.	0010 999 □ Go to part C		0180		1 🗆	   2			\$ .00		1	<u> </u>			\$ .00

Part B – Infants	Clothi	ng, Wate	ches, Jewelry,	and Hairpiec	es – Con	tinued	6 09 13 1 →	>										
b		С		d	е	f	g		I	h		i	NOTES	PR	RE			
What did you buy?  Describe briefly the item purchased.		ENTER ITEM CODE from column	Was this purchas or for someone o CU?		How many did you purchase?	In what month did you purchase it?	How much did it cost?		Did the sales	de		hase r?		1	2		3	
	PROCESSING USE ONLY	a from the preceding page.			Enter number of identical items purchased.			_			If "No to ne item colur	in		Description from column b	Mon fror colur f	m	Cost from column g	<b>1</b>
	PRO		CU member	Non-CU member		Month			YES	NO	YES	NO						
	0010		1	   2□ 			\$	.00	1	   2 		 					\$	.00
	0020		1□	l l 2□			\$	.00	1	2		<u> </u>					\$	.00
	0030		1□	2			\$	.00	1	2							\$	.00
	0040		1□	2			\$	.00	1	2							\$	.00
	0050		1	2			\$	.00	1	2							\$	.00
	0060		1 🗆	l l 2□			\$	.00	1	   2  -		 					\$	.00
	0070		1 🗆	2			\$	.00	1	2		¦ 🗆					\$	.00
	0080		1 🗆	2 🗌			\$	.00	1	2							\$	.00
	0090		1 🗆	2			\$	.00	1	2							\$	.00
	0100		1 🗆	l l 2□ ⊢				.00	1	2							\$	.00
	0110		1 🗆	2 🗌			\$			2		¦ □					\$	.00
	0120		1 🗆	2				.00	1	2							\$	.00
	0130		1 🗆	2 <u> </u>			\$	.00	1	2							\$	.00
	0140		1 🗆	l l 2□ <del>l</del>			\$	.00	1	   2 							\$	.00
	0150		1 🗆	2			\$	.00	1								\$	.00
	0160		1 🗆	2			\$	.00	1	2							\$	.00
	0170		1□	2 🗌			\$	.00	1	2							\$	.00
	0180		1□	2 🗌			\$	.00	1	2		<u> </u>					\$	.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 C – Sewing Materi				b			С		d	е	f		g			h		PRE		
	Information Booklet, page 27			-	What did you	huv2	<b>-</b> _ <b>≥</b>	ENTER	Was this purc		In what	How much did it	١,	9 Did tl		Did y				$\top$	2
1.	Have you (or any members of purchased any sewing mater members of your CU or for so your CU?	to item 2	outside	<u> </u>	Describe briefly item purchased	y the	ESSING USE ONLY	ITEM CODE from column a	your CU or fo outside of you	or someone	month did you purchase it?	cost?	∣ i	inclu	de	purc any othe	hase r? o," go ext in	Description from column b	Month from column		Cost from column f
	If YES, read the list of individual below. Complete columns b-h fo item purchased.	or each					PROCE		CU member	Non-CU member	Month		,	YES	NO	YES	1				
	Were these – Sewing materials for making	CODE	YES N	10			0010		1 🗆	2 🗆		\$ .00	)	1 🗆 ¦	2					\$	.00
	slipcovers, curtains, etc., and for handwork in the home including yarn?						0020		1 🗆	2		\$ .00		1			I			\$	.00
	Sewing materials for making clothes?	410					0030		1 🗆	2		\$ .00	0	1 🗆 ¦	2		¦			\$	.00
	Sewing notions?	420					0040		1□	2		\$ .00	0	1 🗆 ¦	2					\$	.00
	Other sewing materials?	430					0050		1 🗆	2		\$ .00	0	1 🗆 ¦	2					\$	.00
	Use only if unable to itemize separately – Combined sewing materials	440					0060		1 🗆	2		\$ .00	0	1 🗆 ¦	2					\$	.00
2.	FIELD REPRESENTATIVE CHECK ITEM	1 09	21 5				0070		1 🗆	   2		\$ .00	0	1 🗆	2					\$	.00
	Mark (X) box if there are no entries recorded in columns b-h.	0010	999 🗌 <b>Go</b> :	to _			0080		1 🗆	   2		\$ .00	ס	1 🗆	2					\$	.00
			part	t D			0090		1□	   2		\$ .00	0	1 🗆	2					\$	.00
	NOTES	•					0100		1 🗆	   2		\$ .00	0	1 🗆	2					\$	.00
							0110		1 🗆	2		\$ .00	0	1 🗆 ¦	2					\$	.00
							0120		1 🗆	2		\$ .00								\$	.00
							0130		1 🗆	2		\$ .00	0	1 🗆 ¦	2					\$	.00
							0140		1 🗆	2		\$ .00	0	1 🗆 ¦	2 🗆					\$	     .00
							0150		1 🗆	2		\$ .00		1□ ¦	2					\$	l I
							0160		1 🗆	   2		\$ .00	0	1 🗌	2		<u> </u>			\$	.00
							0170		1 🗆	   2   		\$ .00		1	2					\$	.00
							0180		1 🗆	2		\$ .00	- 1	1 🗆	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 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.

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

	Part D – Clothing Service	ces		5 09	32 3 →											
	a			b		c		d	е	f	g	h	F	PRE		
1.	Information Booklet, page 27	vour CI	I) had	What did you buy?	ONLY	ENTER ITEM	Was this purc	chased for or someone	In what month	How much did it cost?	Did this include	Did you purchase	1	2	3	
••	expenses for any of the follow members of your CU or for so your CU?	ITEM CODE	her for outside	Describe briefly the item purchased.	PROCESSING USE	CODE from column a	outside of yo	ur CU?	did you purchase it?		sales tax?	I any other?  If "No," go to next item in column a.		Month from column e	Cost from column f	
	Repair, alteration, and tailoring for clothing and accessories	450			PRO		CU member	Non-CU member	Month		YES NO	YES NO				
	Shoe repair and other shoe services	460			0010		1 🗆	   2		\$ .0	i	1			\$	.00
					0020		1 🗆	2		\$ .0	1 2				\$	1.00
	Watch or jewelry repair	470			0030		1 🗆	2		\$ .0	1 2				\$	.00
	Clothing rental	480			0040		1 🗆	2		\$ .0	0 1 2 2				\$	.00
2	Clothing storage	490	31 4 ↓	_	0050		1 🗆	2 🗆		\$ .00	1 2				\$	     .00
	CHECK ITEM  Mark (X) box if there are no		•		0060		1 🗆	2		\$ 1.0	1 2				\$	1.00
	entries in columns b-h.	0010 99	99   Go to section 10	n	0070		1 🗆	   2		\$ .0	1   2	1				1 .00
	NOTES				0800		1 🗆	   2		\$ .00	1				\$	1.00
					0090		1 🗆	   2		\$ .0	0 1				\$	.00
					0100		1 🗆	l   2□ 		\$ .0	0 1 2 2				\$	.00
					0110		1 🗆	2		\$ .0	1 2				\$	.00
					0120		1 🗆	2		\$ .0					\$	.00
					0130		1 🗆	2		\$ .0	1 2 2				\$	00.
					0140		1 🗆	2		\$ .00						     .00
					0150		1 🗆	2   		\$ .0	1					     .00
					0160		1 🗆	1 1 2		\$ .0	1   2				\$	1 .00
					0170		1 🗌	   2		\$ .0					\$	.00
					0180		1 🗆	   2    		\$ .0						1.00

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### **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.

														<b>-</b>										
Part A.1 – Scr	eenin	g Questions	(If Nev	v Cons	umer	Unit,	Go to Pa	art A.2.)																
Information Booki	et, page	28	<b>2.</b> FIE	ELD REPRE	ESENTA	TIVE ITE	M PROC	ESSING USE ONLY		1 10	01 5 ↓			1 10	02 3 ↓			1 1	0 03 1	<del> </del>			10 04 9 ↓	
1a. Since the 1st of	(month,	3 months ago),					VEHIC	CLE NUMBER			1				2				3				4	
have you (or any CU) rented any vented any vented ENTIRE not include lease	ehicles LY for ed vehic	which were business? Do		escribe bri "boat."	efly the	type of	vehicle rente	ed, such as "auto"	Descrip	tion			Descrip	otion			Descri	iption			Des	scription		
If YES – Read the below and mark (	list of in	dividual items	<b>b.</b> En	nter vehicle	e code t	rom iten	n 1b.		0010		Code		0010		Cod	le	0010		C	ode	00	10	Code	
or "No" box.	x) the ap	opropriate Yes						ation, overnight										-						
<b>b.</b> If YES to an indivimany?	dual itei	m ask – <b>How</b>	tri	p, or a tr	ip of 7	5 miles	or more on	e way?		1 □ Yes 2 □ No	– Go to ne vehicle d	or item 6		1 ☐ Yes 2 ☐ No	- Go to vehicle	e or item	ed 0030 6	1	vehic	next rer ele or iten	nted 00 n 6	2 🗆	Yes – <i>Go to next rent</i> vehicle or item No	
	VEHICL CODE	E YES NO HOW	cu		th) wha			), excluding (the pense for renting									1							_
Automobile Truck, including	100		an ind	nount of th curred dur	he payn ing the	nent and referenc	the number	n the notes the of payments mpute the total em.	0800 ;	\$		.00	0800	\$		.00	0800	\$		.0	0	80 \$	.00	ַ
vans	110		as	ere (Will) business meone el	s exper	the ren ises, rei	tal expense mbursed, o	es (be) deducted r paid by		1 □ Yes 2 □ No -	- Go to ne: vehicle o			1 ☐ Yes 2 ☐ No -	Go to r	ext rente or item 6	0130 3		– Go to	next ren le or item	ted	30 1 <u> </u>	Yes No – Go to next rente vehicle or item	ed 6
Trailer-type camper	130						he total exp ole percent.	pense will this	0140		.00 Pe	ercent	0140		.00	Percent	0140		.00	Percent	01	40	.00 Percent	
Other attachable-																								
type camper	140											LEASE	ED VEHI	CLES										
Motorcycle, motor scooter, or moped			<b>6.</b> As	sk column	f for ea			e previously reported ept if vehicle has bee							<b>—</b>									
(motorized bicycle)	150		7 10	0 10 3 →		_		.,			LEASEI	D VEHICI							Ι.		_			
•	100		1 ,,	а		b		Vehicle i	dentificati	on			<u> </u>		f		9			1	1		j	
Boat, with a motor	160		SIN		l			С			d Vahiala		Enter ve	m	Do yοι have v	ehicle?	How ma miles are	e on	was ti	month ne lease	Were a fees in	ny curred	If YES – How much?	
Boat, without a motor	. 170		PROCESSING USE ONLY	Vehicle number		nicle sed of	Vehicle	identification from p	art B, iten	n 2	Vehicle for bus from pa item	iness art B,	part B, i	tem 1b.	If NO – box and item 6h	d go to	Enter and to next vo or to item	d go ehicle	termin	nated?	at the termina of the		Enter and go to next vehicle or item 7a.	
Trailer, other					YES	NO	YEAR	MAKE	MOE	DEL	YES	NO			YES	NO	01 10 11011	,	М	onth	YES	NO		
than camper type, such as for a boat or cycle	180		0010	1		  -  -					 				1 🗌	2 🗆					1 🗆	2 🗆	\$	.00
Private plane	. 190		0020	2		 <del> </del>					İ				1 🗌	2□					1 🗆	2 🗌	\$	.00
Any other vehicle	200		0030	3		[ [									1 🗆	2 🗌					1 🗆	2 🗌	\$	.00
N	OTES		0040	4		 					 				1 🗆	2 🗌					1 🗆	2 🗌	\$	.00
			0050	5		 									1 🗆	2 🗆					1 🗌	2 🗌	\$	.00
			0060	6		 									1 🗆	2 🗌					1 🗆	2 🗌	\$	.00
			0070	7		İ					ļ				1□	. 2□					1□	2□	\$	00

CHOIL IO - REIVIED AND LE	ASED VEHICLES – Continued	FIELD REPRESENTATIVE – Ask item 7 for all respondents.
rt A.1 - Screening Question	s – Continued	
ince the 1st of (month, 3 months ago), ou (or any members of your CU) begue easing any automobile or truck not us NTIRELY for business?	1 10 11 4 V  1 10 11 4 V  1 10 10 11 1	NOTES
YES – What kind of vehicle was it?	0020 0030	
	EHICLE CODE 0040 0050	
	100 0060 0070	
	110 0080 0090	
	0100 0110	
ELD REPRESENTATIVE INSTRUCTION		
mplete part B for each newly leased ve	nicle.	

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.

Part A 2 - Scr	eenina C	)uestions .	- FC	OR NEW CONSUMER UN	NITS ON	II Y			purpos	e, compine entires n	ito one c	olullili. Ol	nerwise, complete a s	ерагате (	COIGIIIII IO	i each venicle rented	. ASK ILEITI	o ioi ali res	spondents.
Information Bookl		2003(10113	_	FIELD REPRESENTATIVE ITEM		SSING US	E ONLY		1 10	12 2 ↓		1 10	) 13 0 ↓		1 10	14 8 ↓		1 10 1	5 5 ↓
1a. Since the 1st of	(month, 3 m	nonths ago),		TIEED TIET TIEDETTY TITLE TIET	VEHICLI	E NUMBE	R			1			2			3		4	•
have you (or any CU) rented any v not used ENTIRE not include lease	members of ehicles wh LY for busi	of your ich were iness? Do	а	<ul> <li>Describe briefly the type of vehice or "boat."</li> </ul>	icle rented,	such as "a	auto"	Descript	tion		Descri	ption		Descrip	otion		Descript	ion	
If YES – Read the I	ist of individ	dual items	lь	■ Enter vehicle code from item 1b.	)			0010		Code	0010		Code	0010		Code	0010		Code
below and mark () or "No" box.	() the approp	priate "Yes"	3.	Was it rented solely for use o		ion over	niaht												
<b>b.</b> If YES to an individually?	dual item as	k – <b>How</b>	.	trip, or a trip of 75 miles or m	nore one v	vay?	iligiit		1 □ Yes 2 □ No	- Go to next rented vehicle or item 6	0030	1 ☐ Yes 2 ☐ No	<ul> <li>Go to next rented vehicle or item 6</li> </ul>		1 ☐ Yes 2 ☐ No	<ul> <li>Go to next rented vehicle or item 6</li> </ul>		ı □ Yes – ⊵ □ No	Go to next rented vehicle or item 6
	VEHICLE YE	S NO HOW MANY?	4.	Since the 1st of (month, 3 mon current month) what has been this vehicle?															
Automobile Truck, including	100			If periodic payments were made amount of the payment and the incurred during the reference pe expense and enter the amount in	number of eriod. Com	f payments bute the to	s	0080	\$	.00	0800	\$	.00	0080	\$	00.	0080 \$	S	.00
vans	Motorized camper-coach 120  5a. Were (Will) any of the rental expense as business expenses, reimbursed, or someone else?  Trailer-type						cted		1	- Go to next rented vehicle or item 6	0130		– Go to next rented vehicle or item 6	0130	1 ☐ Yes 2 ☐ No -	- Go to next rented vehicle or item 6		ı □ Yes ⊵ □ No – (	Go to next rented rehicle or item 6
Trailer-type camper	130		b	O. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.				0140		.00 Percent	0140		.00 Percent	0140		.00 Percent	0140		.00 Percent
attachable- type camper	140				LEASED	VEHICLE	S	1 10 20	5 ↓						N	OTES	<u> </u>		
Motorcycle, motor scooter, or moped (motorized bicycle)	150		6a	A. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any lease payments or begun leasing any automobile or truck not used ENTIRELY for business?				1	Go to se	ction 11									
Boat, with a motor	160		l <u>.</u>																
Boat, without	170		b	If YES – What kind of vehicle vehicle code		VELUOLE	0020			0030									
Trailer, other than camper				Automobile		VEHICLE CODE 100	0040			0050									
type, such as for a boat or cycle	180			Truck, including vans		110	0060			0070									
Private plane	190						0800			0090									
Any other vehicle	200						0100			0110									
NO	DTES						0120			0130									
FIELD REPRESENTATIVE INSTRUCTION  Complete part B on next page for each leased vehicle.																			

Part B – Detailed Questions	for Leased Vehic	cles			
FIELD REPRESENTATIVE ITEM     A. New CU's – Assign vehicle     numbers in consecutive order	PROCESSING USE ONLY	1 10 21 3 ↓	10a. What was the number of payments contracted for?	[0100]	NOTES
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?	0190 Payments  Month Year  0200 0210	
	b. VEHICLE CODE	Code Year Make Model	C. What is the amount of each payment?	0220 \$	
2. What is the year, make, and mode	el?	0030 Wake Wake	d. What period is covered by each payment?	0230 1 Week 5 Semiannually 2 2 weeks 6 Annually	
	OFFICE USE ONLY 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)	Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1  Yes 2  No	
4. Does it have –  a. Automatic transmission?		Yes No 0060 1 □ 2 □		x Don't know Go to item 11	
b. Power steering?			f. If YES – How much of the payment is for these extra charges?	0250 \$ .00 x \( \to \text{Don't know} \)	
d. Air conditioning? e. Sun roof? f. Turbo charged engine?		0100 1 . 2	11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 ☐ Yes – If YES – <b>How much?</b> 2 ☐ No	
g. Diesel engine?			12. Was a trade-in allowance received?	0270 \$	
(Ask for vehicle code 100) 5a. How many doors does it have?		0122 Doors		2 □ No .00	
<b>b.</b> Is it a?		0123 1 Station wagon? 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 – <b>How much?</b> 2  No – Go to item 14a	
6a. Is it used for business?		1 Yes, used for business 2 Personal use only – Go to item 7	<b>b.</b> Was any portion of the cash down payment paid by an employer?	0310 \$	
b. If used for business – What percent counted as a business expense?	of the mileage is	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?	0340 1 ☐ Yes – Go to next vehicle or section 11 2 ☐ No	
8. Was it new or used when first lea	sed?	(Enter to nearest whole mile)  0160 1 □ New 2 □ Used	<b>b.</b> In what month was the lease terminated?	Month	
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?	1 Yes – If YES – How much? 2 No – Go to next vehicle or section 11	
				0370 \$	

Part B – Detailed Questions	for Leased Vehic	cles – Continued			
1. FIELD REPRESENTATIVE ITEM  a. New CU's – Assign vehicle numbers in consecutive order beginning with 1.	ROCESSING USE ONLY	1 10 24 7 ↓	10a. What was the number of payments contracted for?	0190 Payments	NOTES
2nd through 5th interviews –	• VEHICLE NUMBER	0010 Number	<b>b.</b> In what month and year was the first payment made?	Month Year	
<b>b.</b> Enter a vehicle code from part A.1 or A.2.	• VEHICLE CODE	0020 Code	C. What is the amount of each payment?	0220 \$ .00	
2. What is the year, make, and mode	1?	Year Make Model	d. What period is covered by each payment?	0230 1 Week 5 Semiannually	
	OFFICE USE ONLY Enter auto code			2 □ 2 weeks 6 □ Annually 3 □ Month 7 □ Other – Specify  4 □ Quarter	
3. How many cylinders does it have?	•	O050 Cylinders  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 Go to item 11	
4. Does it have –  a. Automatic transmission?		Yes No 0060 1 □ 2 □	f. If YES – How much of the payment is for	x Don't know Go to item 11	
b. Power steering?			these extra charges?	0250 \$00 x □ Don't know	
d. Air conditioning?		0100 1 . 2 .	11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1  Yes - If YES - How much? 7	
f. Turbo charged engine?		0120 1 . 2 .	12	0270 \$00	
(Ask for vehicle code 100)		0121 1 2 2	12. Was a trade-in allowance received?	0280 1  Yes - If YES - How much? 2  No	
<b>5a.</b> How many doors does it have? <b>b.</b> Is it a?		0122 Doors  0123 1 ☐ Station wagon?	13a. Was a cash down payment made? (A down	0290 \$	
		2 Convertible? 3 Hatchback?	payment is a capitalized cost reduction.)	2 □ No – Go to item 14a	
6a. Is it used for business?		4 Other?  0130 1 Yes, used for business	b. Was any portion of the cash down payment	0310 \$	
<b>b.</b> If used for business – What percent counted as a business expense?	of the mileage is	2 Personal use only – Go to item 7  O140  Percent If 100%, delete this vehicle	paid by an employer?	2 No No .00	
·		Percent and go to next vehicle.	14a. Do you still have this vehicle?	0340 1 ☐ Yes – Go to next vehicle or section 11	
7. How many miles are currently on	the vehicle?	0150 Miles (Enter to nearest whole mile)	<b>b.</b> In what month was the lease terminated?	2 □ No Month	
8. Was it new or used when first leas	sed?	0160 1 New 2 Used		0350	
9. Was this vehicle leased from a –		0170 1 New or used vehicle dealer? 2 Independent leasing company?	C. Were any fees incurred at the termination of the lease?	1 Yes – If YES – How much? – 2 No – Go to next vehicle	
		3 ☐ Bank? 4 ☐ Someplace else? – Specify →		or section 11  0370 \$ .00	
				<del></del>	1

Part B – Detailed Questions	for Leased Vehic	cles – 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 –	a. VEHICLE NUMBER	0010 Number	<b>b.</b> In what month and year was the first payment made?	0190 Payments  Month Year	
column a.  • Enter a vehicle code from part A 1	<b>b.</b> VEHICLE CODE	0020 Code	C. What is the amount of each payment?	0200 0210 0210 0000	
2. What is the year, make, and mod	el?	Year Make Model	d. What period is covered by each payment?	0230 1 Week 5 Semiannually	
	OFFICE USE ONLY Enter auto code	0040		2 ☐ 2 weeks 6 ☐ Annually 3 ☐ Month 7 ☐ Other – Specify ✓ 4 ☐ Quarter	
3. How many cylinders does it have	9?	O050 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	
4. Does it have –  a. Automatic transmission?		Yes No 0060 1 □ 2 □		x □ Don't know Go to item 11	
b. Power steering?		0070 1	f. If YES – How much of the payment is for these extra charges?	0250 \$	
d. Air conditioning? e. Sun roof? f. Turbo charged engine?			11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1  Yes – If YES – <b>How much?</b> 2  No	
g. Diesel engine? h. Four wheel drive?		0120     1 □     2 □       0121     1 □     2 □	12. Was a trade-in allowance received?	0270 \$	
(Ask for vehicle code 100)  5a. How many doors does it have?		0122 Doors		2 No 0290 \$	
<b>b.</b> Is it a?		0123 1 Station wagon? 2 Convertible? 3 Hatchback? 4 Other?	<b>13a. Was a cash down payment made?</b> (A down payment is a capitalized cost reduction.)	0300 1  Yes - If YES - How much? 2  No - Go to item 14a	
6a. Is it used for business?		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?	0310 \$	
b. If used for business – What percencounted as a business expense?	t of the mileage is	0140 Percent { If 100%, delete this vehicle and go to next vehicle.		2 □ No 0330 \$ .00	
7. How many miles are currently or	the vehicle?	0150 Miles	14a. Do you still have this vehicle?	0340 1  Yes – Go to next vehicle or section 11 2 No	
8. Was it new or used when first lea	ased?	(Enter to nearest whole mile)  0160 1 □ New 2 □ Used	<b>b.</b> In what month was the lease terminated?	Month 0350	
9. Was this vehicle leased from a –		0170 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?	1 Yes – If YES – How much? 2 No – Go to next vehicle or section 11	
		·		0370 \$ .00	

#### Page 61 Page 61 FIELD REPRESENTATIVE - Ask part A.1 questions 1 and 2. Complete part B for each newly acquired **Section 11 - OWNED VEHICLES** vehicle. Complete part C for each vehicle disposed of. Part A.1 - Screening Questions (If New Consumer Unit, Go to Part A.2) Information Booklet, page 28 1 11 01 3 🗸 ☐ If this box is marked, no vehicles were previously reported – Go to item 2a. **2a.** Since the 1st of (month, 3 months ago), have you (or any members of 1. Ask column h for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b). 0010 1 ☐ Yes your CU) purchased or acquired any vehicle not used exclusively 2 ☐ No - Go to next part or section For each vehicle code 100 through 120 and 150 listed which has not been disposed of, ask column i. for business? Include those vehicles purchased for your own use or as a 4 11 00 9 → **OWNED VEHICLE INVENTORY CHART** gift to others. **b.** If YES – What kind of vehicle Vehicle identification g ONLY 0020 was it? Do you Codes 100-120 Codes 100– Enter vehicle C d Enter vehicle code from item 3 below. 120 and code from still have and 150 only 0040 150 only part B, (vehicle)? Vehicle Vehicle How many miles item 1b. used for If NO – are currently on Enter disposed **PROCESSING** business complete Vehicle of (part C mileage the vehicle? 0060 0070 Vehicle identification from part B, item 3 completed) Vehicle description from part B, number from part C for Enter to nearest from part B, item 2 part B, all vehicles whole mile. item 7a 0080 0090 disposed of item 10b or part A.1 YES | NO YES | NO YEAR MAKE MODEL YES NO column i 0100 0110 1 2 0010 FIELD REPRESENTATIVE INSTRUCTION Complete part B for each new vehicle. 0020 1 2 2 2 CODE 1 2 0030 100 110 0040 1 🔲 4 2 120 130 0050 5 1 2 2 140 Motorcycle, motor scooter, or moped (motorized bicycle) . . . . . . . . . . . . 150 0060 1 2 160 170 0070 7 1 2 2 Trailer other than camper type, such as for a boat or cycle . . . . . . . . . 180 190 0080 8 1 2 Any other vehicle (snowmobile, dune buggy, riding golf cart, etc.) . . . . 200 **NOTES** 1 2 0090 9 0100 10 1 2 0110 11 0120 12 1 🗌 2 0130 13 1 2 2 1 2 0140 14 0150 15 1 2 0160 16 1 2 0170 1 2 17

1 2

0180 FORM CE-302 18

Section 11 - OWNED VEHICLES - Continued		FIELD REPRESENT	ATIVE – 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 CONSUM</i>	IER UNITS ONLY		
Information Booklet, page 28  1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?	CLE 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.
<b>a.</b> Automobile	0010 1 2 0020		NOTES
<b>b.</b> Truck, including vans	0030 1 2 0040		
C. Motorized camper-coach	0050 1 2 0060		
<b>d.</b> Trailer type camper	0070 1 2 0080		
e. Other attachable type camper	0090 1 2 0100		
<b>f.</b> Motorcycle, motor scooter, or moped (motorized bicycle)	0110 1 2 0120		
g. Boat, purchased with a motor	0130 1 2 0140		
h. Boat, purchased without a motor	0150 1 2 0160		
i. Trailer other than camper type, such as for a boat or cycle 180	0 0170 1 2 0180		
<b>j.</b> Private plane	0190 1 2 0200		
<b>k.</b> Any other vehicle	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 2b a 2 ☐ No – Go to item 3a	and 2c	
b. If YES – How many?	0240 Number		
C. What kind of vehicle(s) did you purchase?  Enter a separate code for each vehicle.	0250     0260       0280     0290       0310     0320	0270	
<b>3a.</b> Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)?	0340 1 ☐ Yes – Ask items 3b 2 ☐ No – Go to item 4	and 3c	
<b>b.</b> If YES – How many?	0350 Number		
C. What kind of vehicle(s) did you dispose of?  Enter a separate code for each vehicle.	0360     0370       0390     0400       0420     0430       0450     0460	0380 0410 0440 0470	

Pa	art 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
•	<b>2nd through 5th interviews –</b> Assign the next available vehicle number from chart in part A.1, column a.	a. VEHICLE NUMBER	0010 Number	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
D.	Enter a vehicle code from part A.1 or A.2.	<b>b.</b> VEHICLE CODE	Couc		last 3 months, go to item 13a.
2.	Do not ask for vehicle codes 100 or 110.  Briefly describe the (vehicle).  Complete items 3, 4, and 5 for autos and trucks of	nlv	Description  Year Make Model	<ul> <li>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?</li> </ul>	0220 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?		0030	13a. Was a trade-in allowance received?	0230 1 ☐ Yes 2 ☐ No – Go to item 13c
		Enter auto code	0040	b. If YES – How much?	0240 \$
4.	How many cylinders does it have?		0050 Cylinders  0 \[ \text{No cylinders (rotary, turbine, or electric)}	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$
	Does it have – Automatic transmission?		Yes No 0060 1 □ 2 □	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
	Power brakes?		0080 1	f. If YES – How much?	0280 \$
_	. 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 \$
_	Diesel engine?     Four wheel drive?  Ask for vehicle code 100.		0120       1 □       2 □         0121       1 □       2 □	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
_	. 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>b. Was this a home equity loan?</b>	0305 1 Yes 2 No
			3 ☐ Hatchback? 4 ☐ Other?	C. How much was borrowed, excluding any interest?	0310 \$
7a.	. Is it used for business?		0130 1 ☐ Yes, used for business 2 ☐ 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	0140 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 Yes  2 No
b.	Ask for item codes 100–120 and 150 only.  How many miles are currently on the vehicle	?	Miles – If item 10a is code 3, 1 stop and go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$ .00 x □ Don't know

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 04 7 ↓	11. In what month and year was it purchased?	Month Year 0190 0200			
<b>2nd through 5th interviews –</b> Assign the next available vehicle number from chart in part A.1, column a.	a. VEHICLE NUMBER	0010 Number	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			
<b>b.</b> Enter a vehicle code from part A.1 or A.2.	<b>b.</b> VEHICLE CODE	- Cede		last 3 months, go to item 13a.			
Do not ask for vehicle codes 100 or 110.		Description	<b>b.</b> If YES – <b>On the 1st of</b> (month, 3 months ago), were all	0220 1 Paid off – If item 11 is prior to 3 months			
2. Briefly describe the (vehicle).	,	Year Make Model	loans on (vehicle) paid off or were there any remaining payments to be made?	ago, go to next vehicle. 2 ☐ Remaining payments			
Complete items 3, 4, and 5 for autos and trucks o (vehicle codes 100 and 110).  3. What is the year, make, and model?	nıy	0030   Wake   Wodel	13a. Was a trade-in allowance received?	0230 1 Yes			
3. What is the year, make, and model?	OFFICE USE ONLY			2 □ No – Go to item 13c			
<b>A</b>	Enter auto code	0040	b. If YES – How much?	0240 \$			
4. How many cylinders does it have?		0050 Cylinders  O No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$			
5. Does it have –  a. Automatic transmission?		Yes No 0060 1 □ 2 □	d. Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No			
<b>b.</b> Power steering?		0070 1 . 2 .	Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No – Go to item 14			
C. Power brakes?		0080 1 . 2 .	f. If YES – How much?				
d. Air conditioning?		0090 1 . 2 .	1. II 123 - How much:	0280 \$00			
<b>e.</b> Sun roof?		0100 1 . 2 .	Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0290 \$ .00			
f. Turbo charged engine?		0110 1 . 2 .	14. What was the amount of the cash down payment?	<u> </u>			
g. Diesel engine?		0120 1 . 2 .	15a. What was the source of credit?	0300 1 ☐ Auto dealer 5 ☐ Insurance company			
h. Four wheel drive?		0121 1 . 2 .		2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ~			
Ask for vehicle code 100.  6a. How many doors does it have?		0122 Doors		4 Credit Union			
b. Is it a?		0123 1 ☐ Station wagon? 2 ☐ Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b.</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?		1 ☐ Yes, used for business 2 ☐ Personal use only – Go to item 8	d. What was the number of payments contracted for?	0320 Payments			
<b>b.</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 –		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  Go to next vehicle or part  x  Don't know or section			
Ask for item codes 100–120 and 150 only. <b>b.</b> How many miles are currently on the vehicle	?	Miles – If item 10a is code 3, stop and go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$			

Pa	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 05 4 ↓	11. In what month and year was it purchased?	Month Year  0190 0200					
		a. VEHICLE NUMBER	0010 Number	12a. Was any portion of the purchase price financed?	0210 1 Yes 2 No - If item 11 is prior to 3 months ago, go					
b.	Enter a vehicle code from part A.1 or A.2.	<b>b.</b> VEHICLE CODE	0020 Code		to next vehicle. If item 11 is during the last 3 months, go to item 13a.					
2.	Do not ask for vehicle codes 100 or 110.  Briefly describe the (vehicle).  Complete items 3, 4, and 5 for autos and trucks of	nlv	Description  Year 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?	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?		0030	13a. Was a trade-in allowance received?	0230 1 Yes 2 No - Go to item 13c					
		OFFICE USE ONLY Enter auto code	0040	b. If YES – How much?	0240 \$					
4.	How many cylinders does it have?		O050 Cylinders  O No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$ .00					
	Does it have – Automatic transmission?		Yes No 0060 1 □ 2 □	d. Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No					
	Power steering?		0070 1 2	e. Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No – <i>Go to item 14</i>					
	. Power brakes?			f. If YES – How much?	0280 \$					
_	Sun roof?		0100 1 ☐ 2 ☐ 0110 1 ☐ 2 ☐	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? Four wheel drive?  Ask for vehicle code 100.		0120       1 □       2 □         0121       1 □       2 □	15a. What was the source of credit?	0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ✓ ✓					
_	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>b.</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 ☐ Yes, used for business 2 ☐ 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	0140 Percent { If 100%, delete this vehicle and go to next vehicle.}	e. In what month and year was the first payment made?	Month Year  0330  0340					
8.	Was it new or used when acquired?		0150 1 ☐ New 2 ☐ Used	f. What is the amount of each payment?	0350 \$					
	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 ✓ ✓					
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					
b.	Ask for item codes 100–120 and 150 only.  How many miles are currently on the vehicle	?	0180 Miles – If item 10a is code 3, stop and go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$00 x □ Don't know					

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 06 2 ↓	11. In what month and year was it purchased?	Month Year 0190 0200			
<b>2nd through 5th interviews –</b> Assign the next available vehicle number from chart in part A.1, column a.	a. VEHICLE NUMBER	0010 Number	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			
<b>b.</b> Enter a vehicle code from part A.1 or A.2.	<b>b.</b> VEHICLE CODE	- Gede		last 3 months, go to item 13a.			
Do not ask for vehicle codes 100 or 110.		Description	<b>b.</b> If YES – <b>On the 1st of</b> (month, 3 months ago), were all	0220 1 Paid off – If item 11 is prior to 3 months			
2. Briefly describe the (vehicle).	,	Year Make Model	loans on (vehicle) paid off or were there any remaining payments to be made?	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?	nıy	0030 Wake Wodel	13a. Was a trade-in allowance received?	0230 1 Yes			
3. What is the year, make, and model?	OFFICE USE ONLY			2 □ No – Go to item 13c			
<b>A</b>	Enter auto code	0040	<b>b.</b> If YES – <b>How much?</b>	0240 \$			
4. How many cylinders does it have?		0050 Cylinders  O No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$			
5. Does it have –  a. Automatic transmission?		Yes No 0060 1 □ 2 □	d. Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No			
<b>b.</b> Power steering?		0070 1	Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No – Go to item 14			
C. Power brakes?		0080 1 . 2 .	f. If YES – How much?				
d. Air conditioning?		0090 1	1. II 123 - How much:	0280 \$00			
<b>e.</b> Sun roof?		0100 1	Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0290 \$ .00			
f. Turbo charged engine?		0110 1 . 2 .	14. What was the amount of the cash down payment?	<u> </u>			
g. Diesel engine?		0120 1 2	15a. What was the source of credit?	0300 1 ☐ Auto dealer 5 ☐ Insurance company			
h. Four wheel drive?		0121 1 2		2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ~			
Ask for vehicle code 100.  6a. How many doors does it have?		0122 Doors		4 Credit Union			
b. Is it a?		0123 1 ☐ Station wagon? 2 ☐ Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. <b>b.</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 ☐ Yes, used for business 2 ☐ Personal use only – Go to item 8	d. What was the number of payments contracted for?	0320 Payments			
<b>b.</b> If used for business – What percent of the mile business expense?	age is counted as a	O140 Personal use only – Go to item 8    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  Go to next vehicle or part  x  Don't know or section			
Ask for item codes 100–120 and 150 only. <b>b.</b> How many miles are currently on the vehicle	?	Miles – If item 10a is code 3, stop and go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$			

Pa	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 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	a. VEHICLE NUMBER	0010 Number	12a. Was any portion of the purchase price financed?	0210 1 Yes 2 No - If item 11 is prior to 3 months ago, go					
b.	part A.1, column a.  Enter a vehicle code from part A.1 or A.2.	<b>b.</b> VEHICLE CODE	0020 Code		to next vehicle. If item 11 is during the last 3 months, go to item 13a.					
2.	Do not ask for vehicle codes 100 or 110.  Briefly describe the (vehicle).  Complete items 3, 4, and 5 for autos and trucks o	nlv	Description  Year Make Model	<b>b.</b> If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	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?	<u></u>	0030	13a. Was a trade-in allowance received?	0230 1 ☐ Yes 2 ☐ No - Go to item 13c					
		OFFICE USE ONLY Enter auto code	0040	<b>b.</b> If YES – How much?	0240 \$					
4.	How many cylinders does it have?		Output  Output	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$					
	Does it have – . Automatic transmission?		Yes No 0060 1 □ 2 □	d. Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No					
	Power steering?		0070 1 2	e. Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No - <i>Go to item 14</i>					
	Power brakes?			f. If YES – How much?	0280 \$					
_	Sun roof?		0100     1 □     2 □       0110     1 □     2 □	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?  Four wheel drive?  Ask for vehicle code 100.		0120       1 □       2 □         0121       1 □       2 □	15a. What was the source of credit?	1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ✓ ✓					
_	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>b. Was this a home equity loan?</b>	0305 1 Yes 2 No					
			3 Hatchback?	C. How much was borrowed, excluding any interest?	0310 \$					
7a.	. Is it used for business?		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.}	e. In what month and year was the first payment made?	Month Year  0330  0340					
8.	Was it new or used when acquired?		0150 1 ☐ New 2 ☐ Used	f. What is the amount of each payment?	0350 \$					
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					
b.	Ask for item codes 100–120 and 150 only.  How many miles are currently on the vehicle	?	Miles – If item 10a is code 3, stop and go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$00 x □ Don't know					

Pa	Description   Company cylinders does it have?   0,000   Collinders   0												
	New CU's - Assign vehicle numbers in	PROCESSING USE ONLY			1 11	08 8 ↓		11.	In what month and year was it pure	chased?		I [	ear
b.	2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.	_						12a	. Was any portion of the purchase pi	ice financed?		lf item 11 is to next vehi	cle. If item 11 is during the
2.	Briefly describe the (vehicle).		·		,			b	loans on (vehicle) paid off or were t			l off – <i>If item</i> ago, go	11 is prior to 3 months to next vehicle.
3.	(vehicle codes 100 and 110).	nly	l	Year		Make	Model	13a	. Was a trade-in allowance received?		0230 1 ☐ Yes		
			0040					b	. If YES – How much?				
4.	How many cylinders does it have?		Symmatric			urbine, or electric		. What was the amount paid for it af allowance and discount?	ter trade-in	0250 \$		.00	
a.	Automatic transmission?		0060	1 🗌	2 🗌			d	Did this price include sales tax?		2 □ No		x □ Don't know
	_						е	<b>e.</b> 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.			0290 \$		.00
g.	Diesel engine?		0120	1 🔲	2 🗌						2 ☐ Fina 3 ☐ Ban	ince company k	6 🗌 Individual
_	How many doors does it have?								Ask if codes "2 " "3 " or "4" marked in it	'em 15a			
D.	. Is it a?			2 🗆 Conv	ertible/	?		b					
								C	. How much was borrowed, excludin	g any interest?	0310 \$		.00
7a.	. Is it used for business?			-				d	. What was the number of payments	contracted for?			
b.		eage is counted as a				∫ If 10 ent √veh	00%, delete this nicle and go to	e	. In what month and year was the fir	st payment made?		l	ear
8.	Was it new or used when acquired?		0150	ı □ New	2 🗌		a vomoro.	f	. What is the amount of each payme	nt?	0350 \$		.00
	•			<sup>2</sup> ☐ Priva <sup>3</sup> ☐ Othe	r? – Spe	vidual? ecify		g	. What period is covered by each pay	rment?	2 □ 2 wo 3 □ Mor	eeks nth	6 Annually
iva.	. Was this vehicle –			2 🗌 Purcl	hased a item 11	s a gift t	ise? to others? –	h	Does the payment include any char principal and interest such as auto life insurance?	ges other than insurance or credit	0370 1  Yes 2  No x  Don	Go 't know or s	to next vehicle or part ection
b.	Ask for item codes 100–120 and 150 only.  How many miles are currently on the vehicle	•?	0180				n 10a is code 3, 🏄 o next vehicle	i	If YES – How much of the payment in charges?	s for these extra	0380 \$		.00 x □ Don't know

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### **Section 11 - OWNED VEHICLES - Continued** Part C – Disposed of Vehicles 1. FIELD REPRESENTATIVE PROCESSING USE ONLY 1 11 51 8 🗸 1 11 54 2 🗸 1 11 52 6 🗸 1 11 53 4 🗸 Complete a column in the 1st interview in which the vehicle is disposed of. Enter 0010 Number \_ Number Number vehicle number and vehicle a. VEHICLE NUMBER code. Vehicle number and code must match a previously reported vehicle number and code from section 11A.1, columns a 0020 0020 **b.** VEHICLE CODE Code Code Code Code and g, or section 11B, items 1a and 1b. 2a. How did you dispose of the vehicle? 0030 1 Sold? 0030 1 ☐ Sold? 0030 1 Sold? 0030 1 Sold? Mark (X) one box. 2 Traded in? 2 Traded in? 2 Traded in? 2 Traded in? $_3\,\square$ Given away to someone outside the CU, including students away at $3 \square$ Given away to someone outside the $\mathfrak{Z} \square$ Given away to someone outside the $3 \square$ Given away to someone outside the CU, including students away at CU, including students away at CU, including students away at school? school? school? school? 4 ☐ Damaged beyond repair? 4 ☐ Damaged beyond repair? 4 ☐ Damaged beyond repair? <sup>4</sup> ☐ Damaged beyond repair? 5 Stolen? 5 ☐ Stolen? 5 ☐ Stolen? 5 Stolen? 6 Other - Specify \_\_\_\_ 6 🗆 Other - Specify \_\_\_\_ 6 ☐ Other - Specify \_\_\_\_ 6 Other - Specify \_\_\_\_ **b.** In what month was it (read answer from Month – If code 3 in item 2a, Month – *If code 3 in item 2a,* Month – If code 3 in item 2a, Month – If code 3 in item 2a, 0040 item 2a)**?** go to item 5a go to item 5a go to item 5a go to item 5a If sold (code 1, item 2a). .00 Go to item 5a .00 Go to item 5a .00 Go to item 5a .00 Go to item 5a 0050 s 0050 s 0050 s 0050 s 3. How much did you sell it for? If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a). 0060 1 \( \text{Yes} 0060 1 ☐ Yes 0060 1 ☐ Yes 0060 1 Yes 4a. Were you reimbursed for the value of 2 $\square$ No – Go to item 4c $_2$ $\square$ No – Go to item 4c $_2$ $\square$ No – Go to item 4c $_2$ $\square$ No – Go to item 4c the vehicle? **b.** How much did you receive for the vehicle? .00 Go to item 5a .00 Go to item 5a .00 Go to item 5a .00 Go to item 5a 0070 \$ 0070 \$ 0070 s 0070 s **C.** Do you expect to be reimbursed for the value 0080 1 ☐ Yes 0080 1 ☐ Yes 0080 1 ☐ Yes 0080 1 ☐ Yes of the vehicle? 2 ☐ No – Go to item 5a 2 ☐ No – Go to item 5a $_2 \square$ No – Go to item 5a 2 ☐ No – Go to item 5a x ☐ Don't know x ☐ Don't know x ☐ Don't know x ☐ Don't know **d.** How much will you receive for the vehicle? .00 .00 .00 .00 0090 \$ 0090 \$ 0090 \$ x ☐ Don't know x ☐ Don't know x ☐ Don't know x ☐ Don't know 5a. Were there any outstanding loans on 0100 1 Yes 0100 1 Yes 0100 1 Yes 0100 1 Yes the vehicle when it was disposed of? 2 ☐ No – Go to next vehicle 2 ☐ No – Go to next vehicle 2 ☐ No - Go to next vehicle 2 ☐ No - Go to next vehicle **b.** Were any final payments made on the loan? 0110 1 ☐ Yes 0110 1 ☐ Yes 0110 1 ☐ Yes 0110 1 ☐ Yes 2 ☐ No – Go to next vehicle 2 ☐ No – Go to next vehicle 2 ☐ No - Go to next vehicle 2 ☐ No – Go to next vehicle **C.** If YES – How much was the final payment? .00 0120 \$ .00 0120 \$ 0120 \$ 0120 \$ .00 NOTES

## **Section 11 - OWNED VEHICLES - Continued**

Part C – Disposed of Vehicles – Contin	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. Enter vehicle number and vehicle code. Vehicle number and	0010 Number	0010 Number	0010 Number	0010 Number
code must match a previously reported vehicle number and code from section 11A.1, columns a and g, or section 11B, items 1a and 1b.	0020	0020 Code	0020 Code	0020 Code
2a. 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	0030 1 ☐ Sold? 2 ☐ Traded in? 3 ☐ Given away to someone outside the CU, including students away at school? 4 ☐ Damaged beyond repair? 5 ☐ Stolen? 6 ☐ Other - Specify
<b>b.</b> In what month was it (read answer from item 2a)?	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
If sold (code 1, item 2a).  3. How much did you sell it for?	0050 \$	0050 \$	0050 \$	0050 \$
If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a).  4a. Were you reimbursed for the value of the vehicle?	0060 1 ☐ Yes 2 ☐ No – Go to item 4c	0060 1 ☐ Yes 2 ☐ No – Go to item 4c	0060 1 ☐ Yes 2 ☐ No – Go to item 4c	0060 1 ☐ Yes 2 ☐ No – Go to item 4c
<b>b.</b> How much did you receive for the vehicle?	0070 \$	0070 \$	0070 \$	0070 \$
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 \( \square \text{Don't know} \)	0090 \$ .00 x \( \sum \) Don't know	0090 \$
<b>5a.</b> Were there any outstanding loans on the vehicle when it was disposed of?	0100 1 ☐ Yes 2 ☐ No – Go to next vehicle	0100 1 ☐ Yes 2 ☐ No – Go to next vehicle	0100 1 ☐ Yes 2 ☐ No – Go to next vehicle	0100 1 ☐ Yes 2 ☐ No – Go to next vehicle
<b>b.</b> Were any final payments made on the loan?	0110 1 ☐ Yes 2 ☐ No – Go to next vehicle	0110 1 ☐ Yes 2 ☐ No – Go to next vehicle	0110 1 ☐ Yes 2 ☐ No – Go to next vehicle	0110 1 ☐ Yes 2 ☐ No – Go to next vehicle
<b>C.</b> If YES – How much was the final payment?	0120 \$	0120 \$	0120 \$	0120 \$
		NOTES		

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### Page 71 FIELD REPRESENTATIVE - Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask **Section 12 - VEHICLE OPERATING EXPENSES** column a and complete columns b through k for each expense reported before going to the next item in column a. Complete a separate line for each item. Part A – Vehicle Maintenance and Repair, Parts, and Equipment 8 12 02 4 -> PRE h g Did this IF YES -Information Booklet, pages 29 and 30 What was the ENTER Which vehicle was it for? What was the Did this Has any of Did you Month In what Description Cost from ONLY ITEM expense for? expense month total cost? include this expense have any from I will now ask about expenses for from column b column g Describe briefly and or will any How much? CODE did you sales tax? include other column t vehicle services, parts, and enter the vehicle code Enter a brief labor? from have this of it be expenses equipment. Please do not include from the vehicle code list. PROCESSING USE description. column a expense? reimbursed? for . . .? expenses for vehicles used entirely .00 for business. If "No", go to If "No", go to next item in column k. .00 column a. 1. Since the 1st of (month, 3 months ago), have you (or any members of your □.00 CU) had expenses for any of the Vehicle following? Description YES | NO Month YES | NO YES | NO YES | NO code .00 1 2 0010 1 2 2 .00 .00 .00 YES NO CODE 0020 1□ | 2□ 1 . i 2 i 2 .00 .00 Oil change, lubrication, 1.00 100 and oil filter . . . . . . . 0030 1 2 .00 .00 Motor tune-up . . . . . . 110 1 2 2 2 0040 120 .00 .00 .00 Brake work . . . . . . . 1 2 1 2 **Battery purchases** 0050 1 1 2 1.00 .00 .00 and installation 130 1 I 2□ 1 2 1 I 2□ 0060 .00 .00 .00 Tire purchases 140 and mounting 1 2 ¦ 2 🗌 2 0070 .00 .00 .00 150 Tire repair . . . . . . . . . . . . 1 2 ¹ 2□ 0080 **VEHICLE CODES** .00 .00 Front end alignment, wheel balancing and 1 2 2 wheel rotation . . . . . . 160 0090 .00 .00 100 Automobile . . . . . . . . . . . . . . . . . . Steering or front-end 0100 1□ | 2□ 1 2 .00 .00 170 work . . . . . . . . . . . . . 110 2 🗆 0110 ¦ 2□ 2 180 Electrical system work .00 .00 120 Motorized camper . . . . . . . . . . Engine repair 0120 2 1 .00 .00 or replacement ..... 190 130 1 2 0130 Air conditioning work . . 200 .00 .00 140 Other attachable-type camper . . . . **Engine cooling** 1 2 0140 . 2□ i 2 🗌 .00 .00 system work 210 Motorcycle, scooter, or moped . . . 150 1 2 0150 2 .00 160 Boat, with motor . . . . . . . . . . . . . **NOTES** 170 Boat, without motor . . . . . . . . . Trailer, other than camper such 2. FIELD REPRESENTATIVE 1 12 01 1 180 as for boat ......... **CHECK ITEM** 190 Mark (X) box if there are 0010 999 ☐ Go to no entries recorded in

Any other vehicle . . . . . . . . . . .

200

columns b-k.

next

page

Section 17 - VEHICLE OPERALING EXPENSES - Continue	Section 12 -	<ul> <li>VEHICLE OPERATING EXPENSES</li> </ul>	- Continue
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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.

Information Booklet, page 1. Since the 1st of (month have you (or any memb CU) had expenses for a	s 30 and			b		c		d				f	g		n										
have you (or any memb			<b> </b>	What was the expense for?	EN'	TER	Did 1	his	e Which vehicle v	vas it for?		vhat nth	What was the total cost?	Did 1		Has any o	<u>'</u> F	IF YES –	Di	d yo	k ou any	Description	Month from		st from
	ers of v	our	E ONLY	Enter a brief description.	CO. froi	DE	inclu	ıde	Describe briefly enter the vehic from the vehicl	le code	did hav	you e this ense?	total doot.		s tax?	this e or wil	xpense I any	How much?	ot ex	her	ıses	from column b	column f		umn g
following?			NG USE													reimb	ursed? ", go to		lf.	"No'	", go to tem in			\$ \$	00.
	ITEM CODE	YES N	PROCESSING					1		1							Т		co	lum	nn a.			\$	1.00
Exhaust system work	300		PRC				YES	NO	Description	Vehicle code	Mo	onth		YES	NO	YES	NO		Y	ES	NO			\$	.00
Clutch or transmission work	310		0010				1	2					\$ .00	1 🗆	2	1	   2	\$	.00					\$	.00
Body work and painting	320		0020				1	2					\$ .00	1 🗆	2	1	l   2□ 	\$	.00					\$	.00
Shock absorber replacement	330		0030				1	2					\$ .00	1 🗆	2	1	2	\$	.00		<u> </u>			\$	.00
Drive shaft or rear-end work	340		0040				1	2					\$ .00		2	1	2 🗆	\$	.00					\$	.00
Audio equipment and installation	350		0050				1	2					\$ .00	) 1 <u></u>	2	1	1 1 2	\$	.00					\$	.00
Vehicle accessories and			0060				1	2					\$ .00	o 1□	2	1	l   2□ 	\$	.00					\$	00.
customizing Other vehicle services,	360		0070				1	2					\$ .00	<sub>1</sub>	2	1	l   2□	\$	.00		¦ 🗆			\$	.00
parts, and equipment	370		0800				1	2					\$ .00	1 🗆	2	1	2 <u> </u>	\$	.00				NOTE	S 	
Use only if unable to itemize separately.			0090				1	2					\$ .00	1 🗆	2	1	   2 	\$	.00						
Combined expenses (Codes 100–370)	500		0100				1	2					\$ .00		2	1		\$	.00						
(Codes 100-570)	300	<u>////</u>	0110				1	2					\$ .00	1 -	2	1	l 2□ l	\$	.00		<u> </u>				
			0120				1	2					\$ .00		2	1	2 🗌	\$	.00						
			0130				1	2					\$ .00		2	1	2	\$	.00						
			0140				1	2					\$ .00	1 -	2	+		\$			<u> </u>				
			0150				1	2					\$ .00	1 -	2	1	l   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 9	99 □ Go t Part	0																						

## 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, Registrati	on an	nd Inspection of Veh	icles		3 10	2 26 4 →			
									NOTES
a	-	b	ENTER	d In what	e What was the	f Did you	PRE 1 2	3	NOTES
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –	ONLY		ITEM CODE from	month did you have this . expense?	total amount of the expense?	have any other expenses for?	Description Month from from column b column d	Cost from column e	
Driver's license? 400  Vehicle inspection? 410	∣ ш	Enter the item description from column a.	ooramii a	. Cxpolice.		If "No," go to next item in column a.		\$ .00	
State vehicle registration? 415	PRO			Month		YES NO		\$ .00	
Local vehicle registration?	0010				\$ .00			\$ .00	
Use only if unable to itemize above – Combined expenses 430	0020				\$ .00			\$ .00	
2. FIELD REPRESENTATIVE 1 12 25 0 ↓ CHECK ITEM	0030				\$ .00			\$   .00	
Mark (X) box if there are no entries recorded 0010 999 ☐ Go to part C	0040				\$ .00			\$ 1.00	
in columns b-f.	0050				\$ .00			\$ .00	
NOTES	0060				\$ .00	1		\$ .00	
	0070				\$ .00			\$ 1.00	
	0080				\$ .00	I		\$ .00	
	0090				\$ .00	1		\$ .00	
	0100				\$ .00	i		\$ .00	
	0110					i		\$ .00	
	0120				\$ 1.00	i		\$ .00	
	0130					i		\$ .00	
	0140				\$ 1.00	i		\$ .00	
	0150				\$ .00	i		\$ .00	
					\$ 1.00	i		\$ .00	
	0160				\$ .00			\$ .00	
	0170				\$ .00			\$ .00	
	0180							\$ .00	

### **Section 12 - VEHICLE OPERATING EXPENSES - Continued**

I	Part C – Other Vehicle Operating Expenses	1 12 51 6 ↓			
	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 \$	4. a	had expenses for –  1. 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	b	entirely for business.  1. If YES – How much was paid, excluding any payments made this month?	0130 \$ .00
C	. If YES – How much?	0030 \$	C		0 □ None
d	Was any of the average monthly cost counted as a business expense?	0040 1 ☐ Yes 2 ☐ No – Go to item 2a	d	I. If YES – How much was paid, excluding any payments made in the	2 □ No – Go to item 4e
e	How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$ .00		current month?	0 □ None
2a	Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any oil for operating vehicles, other than oil	0060 1 □Yes		Docking and landing fees for boats and planes?	0160 1 ☐ Yes 2 ☐ No – Go to item 5a
	included with the purchase of an oil change? Do not include purchases for vehicles used entirely for business.	2 ☐ No – Go to item 3a	f 	f. If YES – How much was paid, excluding any payments made in the current month?	0170 \$ .00 None
	. What was the total cost?	0070 \$	5a	A. 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	0180 1 ☐ Yes 2 ☐ No – Go to item 5c
C	. Was any of this purchased this month?	0080 1 ☐ Yes 2 ☐ No – Go to item 3a	b	business.  If YES – How much?	0190 \$ .00
d	. If YES – <b>How much was purchased this month?</b>	0090 \$	C	2. Automobile service clubs, such as AAA?	0200 1 Yes 2 No – Go to item 6a
3a.	Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any antifreeze, brake fluid, transmission fluid, or additives, except if purchased with a tune-up? Do not include purchases for vehicles used entirely for business.	0100 1 ☐ Yes 2 ☐ No – Go to item 4a	d	I. If YES – How much?	0210 \$
	· · · · · · · · · · · · · · · · · · ·		6a	A. 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?	1 Yes 2 No – Go to next section
D	. What was the total cost of these purchases?	0110 \$	b	). If YES – How much?	0230 \$
		NO	TES		

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### **Section 13 - INSURANCE OTHER THAN HEALTH**

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed.

Ask items 1 through 3 in part A.1 and then complete a column in part B for each new policy reported.

Pa	rt A	1.1 - SCRE	:EN	IING	QUESTIONS	(For Nev	v Con	sum	er Units	s, Go to	Part A	4.2														1 13	01 9 🖵
	If this	s box is marke	d, no	o polic	cies were previously	reported – 0	Go to ite	m 2a																_	formation Booklet, page 32		
1.	Com whic	plete columns h premiums ar	i thr re en	ough itirely	m for each previous paid by someone or	sly reported putside of the	policy. D CU ("Ye	o not s" box	ask for poli c checked ir	icies previon column f	ously disc ).	ontir	ued ("Yes"	box cl	necked	l in co	lumn e	). Also	do not ask for p	olicie	es fo	r			a. Since the 1st of (month, 3 months ago), have you (or any members of	0010 1 Y	es o – <i>Go to</i>
7 13	00 8	8→						N	ONHEALT	TH INSUI	RANCE I	POL	ICY INVE	NTOF	RY CH	IART	1							╛	your CU) purchased any (additional)		item 3a
>	а	b		С	d	е	f		g		ŀ				i		j		k		I		m		insurance, other than health		
SE ONL		Insurance description from part B, item 2a	CC	SUR- NCE ODE om	Insurance company name from part B, item 3	Policy discon- tinued	Premiu paid ent by some outside	tirely eone	Payroll deduc- tion from				vious intervi 8a, and 8c	h	ave (p	olicy ion) ?	<b>of</b> (mo		If YES – How much?	o a	Vas a of the mou paid	e ´ ınt	If YES –		insurance?	Insurance code	How man
PROCESSING USE ONLY	number	item za	pai	rt B, n 2b		from part B, item 1b		om item des 3	part B, item 6b									pense		n	nont	:h?	was paid this month?		<b>b. What kind of</b> insurance is it? Enter the insurance code from below.	0020	0030
PROCE	Policy					YES NO	YES	NO	YES   NO	Payment period	Total pa	aid	Amount pa	aid Y	ES	NO	YES	NO		Y	ES	NO		'	C. How many policies did you purchase?	0040	0050
0010	1					1			     		\$	.00	\$	.00 1		2 🗌	1 🗆	2 🗌	\$ .0	0 1		2 🔲	\$ .0	0	Complete a column in part B for each new policy or plan.	0060	0070
0020	2										_														formation Booklet, page 32		
2000											\$	.00	\$	.00 1		2 🔲	1 📙	2 🗆	\$ .0	0 1	<u>ы</u>	2 🗌	\$ .0	<u>0</u> <b>3</b> ∂	a. Since the 1st of (month, 3 months ago), have you (or		
0030	3										\$	.00	\$	.00 1		2 🗌	1 🗌	2 🗌	\$ .0	0 1		2 🔲	\$ .0	0	any members of your CU) made	0080 1 Y	
0040	4					1					\$	.00	\$	.00 1		2 🗆	1 🗆	2 🗌	\$ .0	0 1		2 🔲	\$ .0	0	any payments for insurance, other than health, for	2 □ N	0
0050	5										\$	.00	\$	.00 1		2 🗌	1 🗆	2 🗌	\$ .0	0 1		2 🗌	\$ .0	0	persons not in your CU?		
0060	6										\$	     .00	<b>s</b>	.00 1		2□	1	2 🗌	\$ .0	0 1		2 🔲	\$ .0	ا ،	If YES – Ask items 3b and 3c.	Insurance code	How ma
0070	7								     		\$	.00	İ				I	2 🗆			I	2 🗆		1 '	b. What kind of insurance policy(ies) was it	0090	0100
0800	8										\$	.00	1				İ	2 🗆			<u> </u>	2 🗆			(were they)? Enter the insurance code from below.	0110	0120
0090	9								     		<u> </u>	l I												1	C. How many?  Complete a column in		
0100											\$	.00	\$	.00 1	<u> </u>	2 🔲	1 📙	2 🗌	\$  .0	0 1	<u>     </u>  -	2 🗌	\$ .0		part B for each policy reported.	0130	0140
0100	10					İ					\$	.00	\$	.00 1		2 🗌	1 🗆	2 🗌	\$ .0	0 1		2 🔲	\$ .0		DDES FOR INSURANCE CHA		INSURAN CODE
0110	11										\$	.00	\$	.00 1		2 🗆	1 🗆	2 🗌	\$ .0	0 1		2 🔲	\$ .0	0 be	e insurance or other policies venefits in case of death or disal	oility	. 100
0120	12										\$	.00	\$	.00 1		2 □	1 🗆 !	2 🗌	\$ .0	0   1		2 🔲	\$ .0	٨	utomobile or other vehicle insu		. 200
0130	13										\$	.00		.00 1	İ			2 🗌			i	2 🗌	i	pe	surance protecting your hom ersonal effects, or other prop e, theft, loss, or damages fro eans –	erty against	
0140	14											.00		.00 1				2 🗆				2 🗆		١.	eans – Homeowner's insurance		. 300
0150	15										*				<u>-  </u>	_	· —     				<u> </u>	2 🗆			Tenant's insurance		. 400

							Hand the respondent the Information Booklet with instructions to look at the item list as you proceed.
Section 13 – INSURANCE OTHER THAN HEALTH	- Continue	ed					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 O	NLY		1 13	02 7 🕶	
Information Booklet, page 32  1. Do you (or any members of your CU) have any –	Insurance code		YES	NO	If YES	<ul> <li>How many policies or p does your CU have?</li> </ul>	Dians NOTES
a. Life insurance or other policies which provide benefits in case of death or disability?	100	0010	1 🗆	2 🗆	0020	Number	
b. Automobile or other vehicle insurance?	200	0030	1 🗌	   2	0040	Number	
C. Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –				 			
(1) Homeowner's insurance?	300	0050	1 🗌	2 🗆	0060	Number	
(2) Tenant's insurance?	400	0070	1 🗌	2 🗆	0800	Number	
d. Other types of nonhealth insurance?	500	0090	1 🗌	   2   	0100	Number	
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?	0130 1  Ye	es – Ask i o – Go to			•		
ien <b>g</b> er mare.	Ins	surance c	ode			How many?	
<b>b.</b> What kind of insurance policy(ies) was it (were they)?  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	Number	
3a. Have you (or any members of your CU) made any payments for insurance policies, other than health, for persons not in your CU?	0300 1  Ye	es – Ask i o – Go to		b and 3d	;		
	Ins	surance c	ode			How many?	
<b>b.</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	
C. How many?	0330				0340	Number	
	0350				0360	Number	
	0370				0380	Number	
	0390				0400	Number	
<b>4.</b> FIELD REPRESENTATIVE INSTRUCTIONS  Complete a column in part B for each policy reported.  Complete a column in part B for each discontinued policy. Be sure to be	mark the disco	ntinued b	ox, par	t B, iten	n 1b.		

\$	Section 13 – INSURANCE OTHER THAN I	HEALTH – Continued	FIELD REPRESENTATIVE – Combine pa insurance (f	ayments if more than one policy is held throug for example: automobile insurance) and for the	th the same company for the same type of same time period.
F	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.  2nd through 5th interviews -	0010 Number	0010 Number	0010 Number	0010 Number
	Enter the next available policy number from chart in part A.1. <b>b.</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
_	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 A.1 or 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	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	0220 1  Entirely by CU  2  Partially by CU and partially by someone outside the CU  3  Entirely by an employer or union  4  Entirely by another group or persons outside the CU
b.	Are any premiums paid through payroll deductions?	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	0250 \$ .00 0 □ None – Go to next policy	0250 \$	0250 \$	0250 \$00
b.	any expenses paid for the CU by others.  Were any payments made this month?	0260 1 ☐ Yes	0260 1 ☐ Yes	0260 1 ☐ Yes	0260 1 \( \text{Yes} \)
	If YES – How much was paid this month?	2 ☐ No – Go to next policy	2 No – Go to next policy	2 No – Go to next policy	2 No – Go to next policy

Section 13 – INSURA	NCE OTHER THAN I	HEALTH – Continued	FIELD REPRESEN	TATIVE – Combine pa insurance (f	nyments if more than one or example: automobile	e policy is held throug insurance) and for the	h the same com same time perio	pany for the same type of od.
Part B - Detailed Que	estions - Continued							
1. FIELD REPRESENTATIVE ITEM New CU's - Enter policy	PROCESSING USE ONLY	1 13 07 6 🔎	1 13 08	4 🕶	1 13 09	2 🗸		1 13 10 0 🟳
numbers in consecutive order beginning with 1.  2nd through 5th interviews	a. POLICY NUMBER	0010 Number	0010 Numbe	r	0010 Numb	er	0010	Number
Enter the next available policy number from chart in part A.1.	<b>b.</b> DISCONTINUED	0020 1	0020 1 🗆		0020 1 🗆		0020 1 🗆	
2a. What type of insurance is	(was) it?	Description	Description		Description		Description	
<b>b.</b> Enter insurance code from p	part A.1 or part A.2.	0030 Code	0030 Code		0030 Code		0030	Code
3. What is the name of the in Enter name of insurance con insurance agent.		Insurance company name	Insurance company name		Insurance company name	•	Insurance compa	any name
<b>4.</b> Ask only for insurance code Describe briefly what vehicle	es are covered.	Description	Description		Description		Description	
<b>5a.</b> Ask only for insurance code Describe briefly the property		Description	Description		Description		Description	
<b>b.</b> Enter property number from	section 3, part A.1 or part B.	0160 0170 0180	0160 0170	0180	0160 0170	0180	0160	0170 0180
6a. Are the policy premiums		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 someone outsid 3 Entirely by an eunion 4 Entirely by ano	de the CU employer or Go to next policy	1  Entirely by CU 2  Partially by CU someone outs 3  Entirely by an union 4  Entirely by an persons outside	J and partially by ide the CU employer or Go to next policy	some 3 ☐ Entire union 4 ☐ Entire	ally by CU and partially by cone outside the CU ely by an employer or
b. Are any premiums paid the deductions?	nrough payroll	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  Mark (X) the appropriate bo		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 – direct 4  Monthly – in mo 5  Quarterly 6  Semiannually 7  Annually 8  Paid-up policy – 9  Other – Specify	ortgage payment  Go to next policy	1 Weekly 2 Biweekly 3 Monthly – dired 4 Monthly – in m 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy 9 Other – Specify	ortgage payment  - Go to next policy	4 □ Montl 5 □ Quart 6 □ Semia 7 □ Annu 8 □ Paid-u	ekly hly – directly hly – in mortgage payment terly annually
8a. Since the 1st of (month, 3 your total expense for thi	s insurance policy?	0250 \$ .00	0250 \$	.00	0250 \$	.00	0250 \$	.00
Enter the actual amount the any expenses paid for the C	CU paid, do not include U by others.	0 ☐ None – Go to next policy	0 □ None – Go to ne	ext policy	0 ☐ None – <i>Go to r</i>	next policy		e – Go to next policy
<b>b.</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 nex	t policy	0260 1  Yes 2  No -	Go to next policy
C. If YES – How much was pa	nid this month?	0270 \$	0270 \$	.00	0270 \$	.00	0270 \$	.00

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

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

		a.1 - Screening Questions (For			to P	art A	1.2)																
		box is marked, no policies were previously			each no	olicy pr	evious	ly reno	rted evcent														
		e columns i through m in the "Health Insura. hat were discontinued ("YES" in column f).	nce i oncy iii																				
8 14	00		<u> </u>				JRAN(	CE POL	ICY INVENTO						Ι.								
>	а	b	С	d	'	е		Ť	Evr	g penses reporte	d in	+	h		Do you	Since the	J 1st of	k Since the 1st of	v	I Nere an	nv	m If YES – <b>How</b> n	nuch
NO										revious intervi		pa	Premi aid en	itirely	still have (policy)?	(month, 3 were any	months ago), payments	(month, 3 months ago	o),   p n	paymen nade d	nts	was paid this month?	
PROCESSING USE ONLY	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 ctions part B, m 7.	disco from	olicy ntinued part B, m 1b	Enter payment from part B, item 8a or item 10 or 14A.1 column k	Enter time period covered from part B, item 8b	Enter payments made this month fron part B, item 11b of 14A.1	n c	cutside CU fr part item (cod 3 or	e the om B, o 6 le		by any my your CU?	(Include de by eductions.)	amount paid by CU members for this policy?	li n it	the curinonth?  If NO – (next polification)  If last polification items (next)	Go to licy or olicy		
PR(	Policy				YES	NO	YES	NO			column m	Y	YES	NO	YES NO	YES	NO			YES	NO		
0010	1								\$ .00		\$	00 1	1 🗆 ¦	2	1 🗆   2 🗆	1 🗆	2	\$	00	1 🗆	2	\$	.00
0020	2					<u> </u>		i 🗆	\$ .00		\$	00 1	1 🔲 !	2	1 🗆 🕴 2 🗆	1 🗆	2	\$	00	1 🗌 🚶	2	\$	.00
0030	3					¦ 🗆		<del> </del>	\$ .00		\$ 1.0		1 🗆 ¦	2	1 🗆 ¦ 2 🗆	1 🗆	   2	\$		1 🗆 ¦	2		1.00
0040	4					<u> </u>		<u> </u>	\$ .00				1 🗆 !	2	1 📗 ½ 2	1 🗆	2 🗆			1 🗆 !	2		.00
0050	5					<u> </u>		<del> </del>	\$ 1.00		\$ 1.0		1 🗆 ¦	2 🗌	1 🗆   2 🗆	1 🗆	   2	\$		1 📗	2 🗌		1.00
0060	6				$\dagger \Box$	<u> </u>		<u> </u>	\$ .00		\$		1 🗆 !	2	1 🗆	1 🗆	2 🗆			1 🗆 !	2		.00
0070	7				$\dagger$	<u> </u> 		<del> </del>	\$ .00		\$ 1.0		1 🗆 ¦	2	1 🗆   2 🗆	1 🗆	   2	\$		1	2		1.00
0080	8					<u> </u>		<u> </u>	\$ .00		\$		-	2	1 🔲	1 🗆	<u> </u> 2		-	1 🗆 ¦			.00
0090	9				$\dagger_{\Box}$				\$ .00		\$ 1.0		1 🔲 ¦		1	1 🗆	     2	\$ 1.0		1 📗			1.00
0100	10					-		<u> </u>	\$ .00		\$	_	1 🗆 ¦		<u> </u>	1 🗆	2	\$		1 🗆 ¦	2		.00
0110	1						<del>                                     </del>	   	i		· · · · · ·				1		     2		-	<u> </u>	2		1.00
0120	12					<u> </u>	<del> </del>	<u> </u>			\$ 1.0				1 🗆 ¦ 2 🗆		2			1 🗆			1.00
	'-					1		ı	1 14 01 7	<b>\</b>	NOTES	JU	ı,		'		I	3 1.0	JO			Φ	1.00
2a. s	ince U) pu	the 1st of (month, 3 months ago), have yourchased any (additional) health or hosp	ou (or any m italization	nembers of your insurance?					ı □ Yes 2 □ No – <i>Go to</i>	item 3a													
		- <b>How many policies did you buy?</b> ete a column in part B for each new policy.						0020	N	umber													
n -	nade	the 1st of (month, 3 months ago), have yo any payments for health insurance plan	ou (or any m s for perso	nembers of your CU) ns outside of your CU?					ı □ Yes ₂ □ No – <i>Go to</i>	next part													
		- <b>How many policies did you buy?</b> ete a column in part B for each policy.						0040	N	umber													
<b>4.</b> F	ELD	REPRESENTATIVE INSTRUCTIONS ete a column in part B for each new policy r	eported. If "I	No," to items 2 and 3 – Go	to part	· C.																	

Section 14 - HOSPITALIZATION AND HEALTH IN	SURANCE – Continued	FIELD REPRESENTATIVE – Ask items 1, 2, and 3 and complete part B for each policy reported. Complete part C for all CU's.
Part A.2 – Screening Questions – FOR NEW CONS	SUMER UNITS ONLY - C	Continued 1 14 02 5 <b>√</b>
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.		NOTES
<b>b.</b> If YES – How many policies do you have?	0020Number	
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made payments for hospitalization or health insurance policies which you no longer have?	0030 1 ☐ Yes 2 ☐ No – <i>Go to item 3a</i>	
<b>b.</b> If YES – <b>How many policies?</b>	0040Number	
3a. Have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?	0050 1 ☐ Yes 2 ☐ No – Go to item 4	
<b>b.</b> If YES – How many policies?	0060Number	
<b>4.</b> 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 by the interest of the policy was 1, 2, and 3 – Go to part C.	box in part B, item 1b.	

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

Pa	art B – Detailed Questions					
1.	FIELD REPRESENTATIVE ITEM  New CU's – Enter a policy number in consecutive  PROCESSING USE ONLY	1 14 03 3 ↓	1 14 04 1 ↓	1 14 05 8 ↓	1 14 06 6 ↓	1 14 07 4 ↓
	order beginning with 1.  2nd thru 5th interviews – Enter policy number in  NUMBER	0010 Number	0010 Number	0010 Number	0010 Number	0010Number
	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?	Insurance company name	Insurance company name	Insurance company name	Insurance company name	Insurance company name
	Enter name of insurance company, not the insurance agent.  If Blue Cross/Blue Shield, Mark (X) box.	0030 1 Blue Cross/Blue Shie	d 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 Number 0 \( \subseteq \text{Nc}				0060 Number 0 \square None
12	Information Booklet, page 32a What type of insurance plan is it?	0061 1 ☐ Go to 4b 4 ☐ Go to	d 0061 1 ☐ Go to 4b 4 ☐ Go to 4d	0061 1 ☐ Go to 4b 4 ☐ Go to 4d	0061 1 ☐ Go to 4b 4 ☐ Go to 4d	0061 1 ☐ Go to 4b 4 ☐ Go to 4d
<del>4</del> a.	1 – Health Maintenance Organization 2 – Fee for Service Plan  3 – Commercial Medicare Supplement 4 – Other special purpose plan	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		2  Go to 4c × Don't 3  Go to 5 know – Go to 5	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	2
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?	0062 1  Yes Go to item 5	0062 1  Yes Go to item 5	0062 1 $\square$ Yes $\bigcirc$ Go to item 5	0062 1  Yes Go to item 5	0062 1  Yes 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	$\begin{bmatrix} 0063 & 1 & \square \\ 2 & \square \end{bmatrix}$ Go to item 5	$\begin{bmatrix} 0063 & 1 & \square \\ 2 & \square \end{bmatrix}$ Go to item 5	0063 1	0063 1	0063 1
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?	0064 1	0064 1	0064 1	0064 1	1
5.	Was the policy obtained on an individual or group basis?  1 - Individually obtained 3 - Group through other organization 2 - Group through place of employment	0070 1 2 3 3	0070 1 2 3	0070 1 2 3	0070 1 2 3	0070 1 2 3 3
6.	Are premiums paid –  1 – Entirely by CU members?  2 – Partially by CU members?  3 – Entirely by an employer or union?	0090 1 3 1 If code 3 or 4 go to next policy	0090 1 $\square$ 3 $\square$   If code 3 or 4, 2 $\square$ 4 $\square$   go to next policy	$ \begin{array}{c c} \hline 0090 & 1 \square & 3 \square \\ 2 \square & 4 \square \\ \end{array} \begin{array}{c c} \text{If code 3 or 4,} \\ \text{go to next} \\ \text{policy} $	0090 1  3  If code 3 or 4, 2  4  Solicy	0090 1 3   If code 3 or 4, 2   4   go to next policy
	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 \$	0110 \$	0110 \$00	0110 \$	0110 \$
b	. What period of time is covered by the regular payment?	0120 1 Week 5 6 month 2 2 2 weeks 6 Year 3 Month 7 Other – 4 Quarter Specify	2 □ 2 weeks 6 □ Year 3 □ Month 7 □ Other –	1 Week 5 6 months 2 2 2 weeks 6 Year 3 Month 7 Other - 4 Quarter Specify	0120 1 Week 5 6 months 2 2 2 weeks 6 Year 3 Month 7 Other – 4 Quarter Specify	1 Week 5 6 months 2 2 2 weeks 6 Year 3 Month 7 Other – 4 Quarter Specify
_	Since the 1st of (month, 3 months ago), were any payments made on this policy?	0130 1 Yes 2 No - Go		next policy	next policy	next policy
b.	. Was each payment in the amount of (regular payment amount reported in item 8a)?	0140 1 Yes 2 No - Go	item 10	item 10	item 10	item 10
C.	How many payments were made?	0150 Number item	11a 0150 Number item 11a	Go to Number∫ item 11a	0150Number   Go to	0150Number item 11a
10.	Ask only if item 9b is "NO."  What was the total expense paid for this policy?	0160 \$	0160 \$	0160 \$00	0160 \$	0160 \$
11a.	Were any payments made during the current month?	0170 1 Yes 2 No - Go			0170 1 Yes 2 No - Go to next policy	0170 1 Yes 2 No - Go to next policy
b	. If YES – How much was paid during the current month?	0180 \$	0180 \$	0180 \$	0180 \$	0180 \$00

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

Pa	art B – Detailed Questions															
1.	FIELD REPRESENTATIVE ITEM  New CU's – Enter a policy number in consecutive  PROCESSING USE ONLY	i	1 14 0	8 2 🗼		1 14 0	9 0 ↓		1 14 1	10 8 ↓		1 14 1	1 6 ↓		1 14 1	2 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.	ED 0020	1 🗌		0020	1 🗌		0020	1 🔲		0020	1 🗌		0020	1 🔲	
2.	What is the name of the insurance company?	Insurar	nce compan	y name	Insura	nce compan	ny name	Insura	nce compar	ny name	Insura	nce compar	ıy name	Insura	nce compan	y name
	Enter name of insurance company, not the insurance agent.  If Blue Cross/Blue Shield, Mark (X) box.	0030	1 □ Blue C	ross/Blue Shield	0020	1 □ Blue C	Cross/Blue Shield	0020	1 □ Blue C	Cross/Blue Shield	0020	1 □ Blue C	ross/Blue Shield	0020	1 □ Blue C	ross/Blue Shield
3.	How many CU members are covered by this policy?	0060		mber 0 None	0060		mber 0 $\square$ None			ımber 0 ☐ None	0060		mber 0 $\square$ None			mber 0 None
	Information Booklet, page 32a		1 Go to 4			1 Go to 4		+			0061	1 Go to 4		_	1 Go to 4	
4a.	What type of insurance plan is it?		2 🗌 Go to 4	c ×□ Don't		2 🗌 Go to 4	<i>tc</i> ×□ Don't	0001	2 🗌 Go to	<i>4c</i> ×□ Don't	0001	2 🗌 Go to 4	c ×□ Don't	0001	2 🗌 Go to 4	c ×□ Don't
	<ul> <li>1 - Health Maintenance Organization</li> <li>2 - Fee for Service Plan</li> <li>3 - Commercial Medicare Supplem</li> <li>4 - Other special purpose plan</li> </ul>	ent	з □ Go to 5	know – Go to 5		з □ Go to 5	5 know – Go to 5		з □ Go to !	5 know – <i>Go to 5</i>		з □ Go to 5	know – Go to 5		з □ Go to 5	know – <i>Go to 5</i>
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, withou a referral, will the plan pay any of your expenses?	0062	1  Yes }	Go to item 5	0062	1  Yes 2 No	Go to item 5	0062	1  Yes 2 No	Go to item 5	0062	1  Yes 2 No	Go to item 5	0062	1  Yes }	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 Pla	0063	$\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go t	to item 5	0063	1	to item 5	0063	$\left\{ \begin{array}{c} 1 \ \square \\ 2 \ \square \end{array} \right\} \ \textit{Go}$	to item 5	0063	1	to item 5	0063	$\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go t	o item 5
d.	Ask only if item 4a is "4."  Is this special purpose insurance plan—  1 - Dental insurance?  2 - Vision insurance?  3 - Prescription drug insurance?  6 - Other type of special purpose heal insurance?	0064	2 🗌 .	4 □ 5 □ 6 □ Specify 📝		2 🗌	4 □ 5 □ 6 □ Specify ⊋	0064	2 🗌	4 □ 5 □ 6 □ Specify ⊋	0064	2 🗌	4 □ 5 □ 6 □ Specify	0064	2 🗌 5	4 □ 5 □ 6 □ Specify 📝
5.	Was the policy obtained on an individual or group basis?  1 - Individually obtained 2 - Group through place of employment  3 - Group through other organizatio	n 0070	1	з 🗆	0070	1 2 0	3 🗆	0070	1 2 0	3 🗌	0070	1 2 0	3 🗌	0070	1 2 2	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?	0090	1	If code 3 or 4, go to next policy	0090	1		0090	1 3 2 4 2	If code 3 or 4, go to next policy	0090		If code 3 or 4, go to next policy	0090		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?	0120	1  Week 2  2 weeks 3  Month 4  Quarter					0120		s 6 Year 7 Other –	0120		5 ☐ 6 months s 6 ☐ Year 7 ☐ Other – Specify ⊋	0120	1  Week 2  2 weeks 3  Month 4  Quarter	7 🗌 Other –
9a.	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
	. 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



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,	Section 14 – HOSPITALIZATION AND HEALTH INSU	JRANCE – Continued	FIELD RE	PRESENTATIVE – Ask part C for all CU's.	
	Part C – Medicare, Medicaid, and Other Health Insu	rance Plans Not Directly Paid For By 1	Γhe 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 TRICARE, CHAMPUS or military health care?	0050 1  Yes 2  No			

**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 Qu	estions for	P	art B -	- Payments For Me	dical Expenses			4 15 02		JAIVIL	- IVIOIV	TH. FOI COMBINED SERVICES	complete one ille.			
Payments Payments			a		b			C	d		е		PRE			
Hand respondent Information Boo	klet, pages 33 and 34.	>	ENTER	Ask if not apparent –			A	lways ask	What was the	Didy		1	2	3		4
Now I am going to ask you so about medical payments and	ome questions	ONLY	ITEM CODE	What was the (care/serv	rice or item) <b>?</b>			n what	amount of the payment?	make						
I will begin with your payme	nts.	USE (	from part A.	Who received the (care,	/service or item) <b>?</b>			nonth vas			nent(s)					
By payments I mean any exp members of your CU directly provider by cash, check, or c medical service or item. Incli	redit card for a ıde all payments,	PROCESSING U		Was the person a CU n	nember?		t p	were) he payment(s) nade?		for .  If "No go to next	o," )	Care/service or item from column b	Name from column b	Mor fro colun	m	Total from column d
even those for persons who a members.		ROCE		Care/service or item	Person's name	CU meml	oer	B4 (1	-	in pa	rt A.					
1. Since the 1st of (month, 3 mo you (or any members of your any navments for the follows:	CU) made					YES	+	Month			NO			Mor	nth	l I
any payments for the following Read all bold items below.	9.	0010				1 🗆 ¦	2 🔲		\$ .00		¦ 🗆				:	\$ .00
	THEIVITE '	0020				1 🗆 ¦	2 🗆		\$ .00						:	\$ .00
	CODE YES NO	0030				1   1	2 🗆									
EYE CARE, such as						1			\$ .00		<u> </u>					\$   .00
Eye examinations, treatment, or surgery	110	0040				1   1	2 🔲		\$ .00						:	\$   .00
Purchase of eye glasses or		0050				1 🗆 📙	2 🗌		\$ .00						:	\$ .00
contact lenses	120	0060				1 🗆 🖟	2 🗆									
Combined eye care services	130								\$ 1.00							\$   .00
		0070				1 🗆 ¦	2 🔲		\$ .00		¦ 🗆					\$ .00
DENTAL CARE	200	0800				1 🗆 📙	2 🗆		\$ .00		¦ 🗆					; \$ .00
INPATIENT HOSPITAL CARE, such as		0090				1 🗆				$I_{\Box}$						<u> </u>
Haspital room	. 310					1			\$ .00		1					\$ .00
Hospital room	310	0100				1   1	2 🗌		\$ .00							\$ .00
Hospital services	320	0110				1 🗆	2 🗌		\$ .00							\$   .00
Combined hospital room and services	330	0120				1 🗆 🕸	2 🔲				<u> </u>					
SERVICES BY MEDICAL PROFESSIONALS OTHER	410	0130					_		\$ .00		<del> </del>		NOTES			\$ .00
THAN PHYSICIANS	410	0130				1 🗆 ¦			\$ .00		¦ 🗆					
PHYSICIAN SERVICES	420	0140				1 🗆 🕸	2 🗆		\$ .00							
Combined hospital care and physicians' services	430	0150				1 🗆	2 🗆		\$ .00							
2. FIELD REPRESENTATIVE CHECK ITEM	1 15 01 4 ↓	0160				1 🗆	2 🗆		\$ .00							
Mark (X) box if there are no entries recorded in	0010 999 Go to next page	0170				1   1				$I_{\Box}$	<u> </u>					
part B.	7 3-	است ا					_		\$ .00	I						

## 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 Saraaning Oug	estions for	D	art B	- Payments For Me	dical Evnances	Con	tini	uod	4 15 05 0				·					_
	Part A – Screening Que Payments – Continued	stions for	P		- Payments For Me	b	Con	LIII	I	4 15 05 9 d	<b>→</b>	_			DDF				
				a	A-laif and annument	D			C		_		<b>e</b>		PRE				
	Hand respondent Information Book	iet, pages 34 and 35.	ONLY	ITEM	Ask if not apparent –				Always ask –	What was th amount of the	he	Did y make		1	2	3		4	
1.	Since the 1st of (month, 3 mon	ths ago), have		CODE from	What was the (care/serv				In what month	payment?		any other	r						
	you (or any members of your of any payments for the following	rg?	USE	part A.	Who received the (care,	/service or item) <b>?</b>			was (were)			paym for				Montl	n		
	Read all bold items below.				Was the person a CU m	nember?			the payment(s) made?			If "No, go to next in	),"	Care/service or item from column b	Name from column b	from columr		Total from column d	
			PROCESSING		Care/service or item	Person's name	C men				-	in par	rt A.	-		Montl			
		ITEM Payments						1			1		+			IVIOITI	<u> </u>	Г	
		CODE YES NO	0010				1 🗆	2		\$	.00		¦ □				\$	 	.00
	OTHER MEDICAL CARE SERVICES, such as		0020				1 🗆	   2			.00						\$	1	.00
	Lab tests or x-rays	. 510	0030				1 🗆	2		\$	.00						\$	s !	.00
	Care in convalescent or nursing home	520	0040				1 🗆	2   _		\$	.00						\$	, i	.00
	Other medical care	530	0050				1 🗆	   2   		\$	.00		 				\$	i	.00
	Combined medical care services	. 540	0060				1 🗆	2		\$	     .00						\$	 	.00
	MEDICINE AND MEDICAL SUPPLIES, such as		0070				1 🗆	2 🗆		\$	.00						\$	j j	.00
	Hearing aids	610	0800				1 🗆	2 		\$	.00		 				\$	; ;	.00
	Prescribed medicines or prescribed drugs	. 620	0090				1 🗆	2 🗆		\$	.00						\$	S	.00
	Rental of supportive or convalescent equipment	. 630	0100				1 🗆	   2     		\$	.00						\$	I	.00
	Purchase of supportive or convalescent equipment	. 640	0110				1 🗆	2		\$	.00		l				\$	1	.00
	Rental of medical or surgical equipment for	. 650	0120					2 <u> </u>		\$	.00				NOTES		\$	<b>S</b> 1	.00
	general use  Purchase of medical or surgical equipment for	. 650	0130					2 🗆		\$	.00		<u> </u>		NOTES				
	general use		0140					2 1		\$	.00		¦ □						
_	medical supplies	. 0,0 ///////	0150				1 🗆	2 🗆		\$	.00		¦						
2.	FIELD REPRESENTATIVE CHECK ITEM  Mark (X) box if there are	1 15 04 8 ↓  0010 999 □ Go to	0160				1 🗆	   2		\$	.00								
	no entries recorded in part B.	next page	0170				1 🗆	   2     		\$	.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 Qu	estions for	P	art D	- Reimbursements	For Medical Exp	enses	<b>S</b>	4 15 07			07 11112 7 2		ON, III THE GAME MONTH.			
Reimbursements			а		b			С		d	е			PRE		
Hand respondent Information Boo	klet, pages 33 and 34.	>:	ENTER	Ask if not apparent –			,	Always asl	- Wha		Did you		1	2	3	4
Now I am going to ask you so about your reimbursements.	ome questions	ONLY	ITEM CODE	What was the (care/ser	vice or item) <b>?</b>			In what	rein	ount of the nbursements?						
-		USE (	from part C.	Who received the (care	/service or item) <b>?</b>			month was			reimburs ment(s)	se-				
By reimbursements I mean m any members of your CU froi company, medical care provi member, for medical expense	der, or non CU	PROCESSING U		Was the person a CU r	nember?			(were) the reimburs ment(s)	<b>-</b>		for?  If "No,"  go to  next item		Care/service or item from column b	Name from column b	Month from column c	Total from column d
previously paid or will pay.	,	CES		Care/service or item	Person's name	CL mem	, ,	received?	<u>'</u>		in part C.					
1. Since the 1st of (month, 3 month)	nths ago) <b>, have</b>	PR(		Carcy service of item	1 craon a name	YES	ΝО	Month			YES N	10			Month	
you (or any members of your any reimbursements for the tage of the second all bold items below.	CU) received following?	0010				1 🗆 ¦	2 🗌		\$	.00						.00
	Reimburse- ITEM ments	0020				1 🗆	2 🗆		\$	.00						.00
	CODE YES NO	0030				1   1	أ٦					7				İ
EYE CARE, such as		0030				101			\$	.00						.00
Eye examinations,	(//////////////////////////////////////	0040				1 🗆	2 🗆		s	.00						.00
treatment, or surgery	110					-			<b>-</b>   <sup>Φ</sup>	.00	I	_				1.00
Purchase of eye glasses or		0050				1 🗆 ¦	2 🔲		\$	00.		_				00.
contact lenses	120	0060				1 🗆 ¦	2 🗆			I I		7 [				
Combined eye care services	130						_		\$	00.						00.1
ocivioco	100 /////	0070				1□¦	2 🗆		\$	.00		┚┃				.00
DENTAL CARE	200	0000							<b>—</b>			7				
INPATIENT HOSPITAL		0800				1 🗆 ¦	2 🔲		\$	.00					!	.00
CARE, such as		0090				1   1	2 🗆		s							1
Uponital voom	310					1			*	.00	<u> </u>	+				.00.
Hospital room	310	0100				1 🗆	2 🗆		\$	.00						.00
Hospital services	320	0110				1   1	2□					7				İ
Combined hospital room		0110				- '- '			\$	.00		_				.00
and services	330	0120				1 🗆	2 🗆		s	.00						.00
SERVICES BY MEDICAL PROFESSIONALS OTHER		0400							+			Ţ		NOTES		, 100
THAN PHYSICIANS	410	0130				1 🗆 ¦	2 🔲		\$	.00						
PHYSICIAN SERVICES	420	0140				1 🗆	2 🔲									
Combined hospital care			,			<del>                                     </del>			<b>*</b>	.00	· ·	+				
and physicians' services	430	0150				1 🗆 ¦	2 🔲		\$	.00						
2. FIELD REPRESENTATIVE CHECK ITEM	1 15 06 3 ↓	0160				1 🗆	2					$\neg T$				
Mark (X) box if there are	0010 999 ☐ Go to next								\$	.00						
no entries recorded in part D.	page	0170				1 🗆	2 🗆		\$	.00						

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### **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 Que	estion	s for	P	art D -	- Reimbursements	for Medical Exp	oenses	- C					15 09 1	I →					
Reimbursements - Co	ntinue	d		а		b			С	d			е		PRE				
Hand respondent Information Book	klet, pages	s 34 and 35.	>:	ENTER	Ask if not apparent –				Always ask –	What was t	he	Did		1	2	3		4	
1. Since the 1st of (month, 3 month)	nthe agol	have	ONLY	ITEM CODE	What was the (care/serv	vice or item) <b>?</b>			In what	amount of reimbursen		othe	ive any r						
you (or any members of your any reimbursements for the f	CU) rece	eived	USE (	from part C.	Who received the (care,	/service or item) <b>?</b>			month was			men				N/1			
Read all bold items below.	onowing	gr			Was the person a CU m	nember?			(were) the			for .  If "No	0,"	Care/service or item	Name from	Mont from colum	า	Total fron	n
			PROCESSING				CL	J	reimburse- ment(s) received?			go to next	item	from column b	column b	Colum		column c	i
			CE		Care/service or item	Person's name	mem	ber		1		in pa	1						
	ITEM	Reimburse- ments	<u> </u>				YES	NO	Month			YES	NO			Mont	th		
	CODE	YES NO	0010				1□ ¦	2 🗆		<b> </b>  \$	.00		¦ 🗆					\$	1.00
OTHER MEDICAL CARE SERVICES, such as			0020				1 🗆	2 🗌		\$	.00							\$	.00
Lab tests or x-rays	. 510		0030				1 🗆	2 🗆		\$	.00							<u> </u>	.00
Care in convalescent or nursing home	. 520		0040				1	2 🗌		\$	.00							\$	.00
Other medical care	. 530		0050				1 🗆	2 🗌		\$	.00						9	\$	00.
Combined medical care services	. 540		0060				1 🗆 ¦	2 🗌		\$	.00						5	\$	     .00
MEDICINE AND MEDICAL SUPPLIES, such as			0070				1 🗆	2 🗆		\$	.00							\$	.00
Hearing aids	610		0800				1 🗆	2 🗆		\$	.00							\$	.00
Prescribed medicines or prescribed drugs	. 620		0090				1 🗆	2 🗆		\$	.00							\$	.00
Rental of supportive or convalescent equipment	. 630		0100				1 🗆	2 🗌		\$	.00		 					\$	.00
Purchase of supportive or convalescent equipment	640		0110				1 🗆	2 🗌		\$	.00							\$	1.00
Rental of medical or surgical equipment for			0120				1 🗆	2 🗌		\$	.00							\$	.00
general use	. 650		0130				1 🗆	2 🗌		\$	.00				NOTES				
surgical equipment for general use	. 660		0140				1 🗆	2 🗌		\$	.00								
Combined medicine and medical supplies	. 670		0150				1 🗆	2 🗌		\$	.00								
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are		08 9 ↓ • □ Go to	0160				1 🗆	2 🗌		\$	.00								
no entries recorded in part D.		the next section	0170				1	2 🔲		\$	.00	ΙП							

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 i 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** same month. 7 16 02 7 → d f i PRE b C ITEM YES NO Complete without Information Booklet, ENTER What was the expense for? Who was it for? In what How much was If "Yes" in Did you Has any of 1 2 3 4 ITEM CODE asking if information month paid? page 36. this amount column h make If CU member, Describe briefly the expense. is known. been or wil 1. Since the 1st of (month, from enter name and payment any of it be other What kind of 3 months ago), have you How much was column a. line number from reimbursed payments school was it? or will be (or any members of Control Card. If by an for . . .? ONLY 1 - College or reimbursed? your CU) paid for any someone outside emplover. recreational lessons or CU, enter 99. university agency, or Month ltem If "No," go other instructions for 2 - Elementary or other NSE code from members of this CU to next Name from Cost from high school person? column f 100 item in or other persons? . column d column g column 3 - Child day column a. **PROCESSING** Have you (or any care center members of your CU) If "No," go to 4 - Nursery school paid for nursery school column j. or preschool or child day care centers Name No. or **5** - Other school for members of this CU code Month or other persons? . . . 200 Mark (X) box Month YES | NO YES NO 3a. Have you (or any 1 3 5 5 members of your CU) 0010 1 2 🗆 2 4 paid for any (other) .00 .00 .00 school related 1 🗆 3 🗆 5 🗆 expenses for 1 2 0020 members of this CU 2 🗌 4 🔲 .00 .00 .00 or other persons? 1 3 5 5 1 2 **b.** If YES – Did you 2 🗌 4 🔲 1.00 1.00 .00 pay for -1 3 5 5 **Tuition?** . . . . . . . . . . . ļ 2 🗌 300 0040 2 🔲 4 🔲 .00 00. ا .00 1 🗌 3 🗎 5 🗌 0050 2 🗌 Housing while attending 2 🔲 4 🔲 .00 .00 .00 school? 1 3 5 5 1 2 2 🗌 4 🔲 .00 .00 .00 Food or board while 1 🗌 3 🗎 5 🗌 320 attending school? . . . 1□ i 2 □ 2 🗌 4 🔲 .00 .00 .00 Use only if unable to 1 3 5 5 1 2 L separaté – Combined 2 🗌 4 🔲 ٠.00 .00 .00 room and board 330 (Codes 310 and 320) 1 3 5 5 2 🗌 2 🗌 4 🔲 .00 .00 .00 1 🗌 3 🗎 5 🗌 1 2 🗌 2 4 .00 .00 .00 1 3 5 5 1 2 2 🔲 4 🔲 .00 .00 .00 1 🗌 3 🗎 5 🗌 4. **FIELD** 1 16 01 2 👃 1 2 🗆 **REPRESENTATIVE** 2 4 1.00 1.00 □.00 CHECK ITEM **0010** 999 ☐ *Go to* 1 3 5 5 0130 Mark (X) box if 2 4 .00 00. ا .00 page there are no entries recorded 1 3 5 5 0140 2 in columns b-j. 2 4 .00 .00 .00 1 3 5 5 0150 1 2 2 4 0 .00 .00

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### Section 16 - EDUCATIONAL EXPENSES - Continued

a b c d									f	g	l h		i	1 i			PRE	
Information Booklet, page	26				What was the expense for?	Who was it	for?	Complete without	In what	How much was	Has ar		If "Yes" in	Did you	1	2		4
<b>3b.</b> Did you pay for – (Continue	ITEM YES	NO	USE ONLY	ENTER ITEM CODE from column a.	Describe briefly the expense.	If CU member enter name line number Control Card someone ou CU, enter 99	er, and from I. If tside	asking if information is known.  What kind of school was it?  1 - College or university  2 - Elementary or high school  3 - Child day care center	month was the paymen made?	paid?	this ar been of any of reimbe by an emplo agenc other persor	mount or will it be ursed yer, y, or	column h –  How much was or will be reimbursed?	make any other payments for?  If "No," go to next item in column a.	:	Name from column d	Month from column f	Cost from
Private school bus?  Purchase of any school books, supplies, or equipment which	340		PROCESSING			Name	Line No. or code	4 - Nursery schoo or preschool 5 - Other school Mark (X) box	Month	-	If "No, columi	n j.		YES NO			Month	-
has not already been	350	<del>                                     </del>	0010					1 3 5 5 2 4 0		\$ .00	1	2 🗌	\$ .00					\$ .00
expenses not already reported?	360		0020					1 3 5 5		\$ .00	1□	2 🗌	\$ .00					\$ .00
Use only if the respondent is unable to separate expenses.			0030					1 3 5 5 2 4 1		\$ .00	1	2 🗌	\$ .00					\$ .00
Combined expenses for books and tuition (Codes 300 and 350)	370		0040					1		\$ .00	1 🗆	2 🗌	\$ .00					\$ .00
Other combined education expenses (Include any			0050					1 3 5 5		\$ .00	1□	2 🗌	\$ .00					\$ .00
combined educational expenses not previously reported.) (Codes 100,			0060					1 3 5 5		\$ .00	1□	2 🗌	\$ .00					\$ .00
200, 300, 310, 320, 340–360)	380	3//4	0070					1 3 5 5		\$ .00	1 🗆	2 🗌	\$ .00					\$ .00
			0800					1 3 5 5		\$ .00	1	2 🗌	\$ .00					\$ .00
		[	0090					1 3 5 5		\$ .00			\$ .00					\$ .00
			0100					1 3 5 5 2 4 0		\$ .00	1	2 🗌	\$ .00	1 !				\$ .00
A FIELD	10.00.0		0110					1		\$ .00	<u>'</u>	2 🗌	\$ .00	†				\$ 1.00
REPRESENTATIVE	16 03 8 0 999 $\square$ G	o to	0120					1		\$ .00	<u>'</u>	2 🗌	\$ .00	i				\$ .00
Mark (X) box if there are no entries recorded	n se	ection	0130					1 3 5 5 1 1 3 3 5 5 1		\$ .00		2 🗌	\$ .00					\$ .00
in columns b-j.			0140					1 3 5 5		\$ .00	<del>-</del>	2 🗌	\$ .00	† †				\$ .00
			0150					2 4 4		\$ .00	1 🗆	2 🗌	\$ .00					\$ .00

FORM CE-302

# 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.

<u> </u>	Part A – Subscr	ription	s and M	embe	rships		4 17 02 2 →	•														_
	а				b		С	1		d	е		f	g					PRE			
1.	Since the 1st of (mor have you (or any mer purchased any of the	mbers of y	your CU) a for vour	ONLY	ENTER ITEM CODE		name of the , club, or organi olumn a)?	ization	for you	is purchase ir CU or ne outside	What wa total cos during th	t	uch of this t was paid onth?	Did yo	ase	1	2		<b>3</b>	<b>4</b> OST		
	CU or someone outsi FIELD REPRESENTATIV Read each item listed below.	VE – ITEM	YES NO	PROCESSING USE C	from column a.	Enter name : "Redbook," " and "Book o	such as "Daily N Columbia Recor the Month Club	lews," rd Club," b."	<b>1</b> – For <b>2</b> – For		period? (Include shipping handling fees.)	and		other.  If "No, to nex in colu	" go : item	Description from column c	Item code from column b		Total from column e	This mo from colu		
	Newspaper delivery	100		PR									Non	e YES	NO						No	n
	Books purchased fro book club	om a		0010					1	2 🗆	\$	.00	\$ .00 0					\$	.00		.00	
	Compact discs, tapes	s,		0020					1	2 🗌	\$	.00	\$ 00. □					\$	.00	\$	.00   □	]
	videos, or records purchased from a mail-order club	300		0030					1	   2	\$	.00	\$ 00.					\$	.00	-	.00	
	Magazina ay nayiadia			0040					1□	2 🗌	\$	.00	\$ 00. □					\$	1 .00	\$ .	.00 ┆ □	l
	Magazine or periodic subscriptions	<u>400</u>		0050					1	2 🗆	\$	.00	\$ 00.					\$	.00	\$	.00   00.	J
	Theater, concert, ope	era,		0060					1□	2 🗆	\$	.00	\$ │.00	□				\$	.00	\$	.00	]
	or other musical seri season tickets	es, <u>500</u>		0070					1	2 🗆	\$	.00	\$ .00					\$	.00		.00   00.	
	Season tickets to sporting events	600		0800					1	2 🗆	\$	.00	\$ .00					\$	.00	\$ .	.00	
	Reference books NO	т		0090					1□	2 🗌	\$	.00	\$ 00 0					\$	.00	\$.	.00   □	]
	in sets			0100					1	2 🗆	\$	.00	\$ .00					\$	.00	\$ .	.00	]
	Encyclopedias or			0110					1□	2 🗌	\$	.00	\$ 00 0 □					\$	.00	\$	.00 ┆ □	l
	other sets of reference books	700		0120					1	2 🗆	\$	.00	\$ .00					\$	.00	\$ .	.00   □	J
				0130					1□	2 🗆	\$	.00	\$ 00.					\$	.00	\$	.00   □	J
				0140					1	2 🗆	\$	.00	\$ 00.					\$	.00	\$ .	.00	]
				0150					1□	2 🗆	\$	.00	\$ 00 0 □					\$	.00		.00   □	
				0160					1	2 🗆	\$	.00	\$ .00					\$	.00	\$	.00   □	J
2.	FIELD	1 17	01 0 ↓	0170					1	2 🗆	\$	.00	\$ .00 0					\$	.00	\$ .	.00   □	J
	REPRESENTATIVE CHECK ITEM  Mark (X) box if		99 🗌 Go to	0180					1	2 🗌	\$	.00	\$ .00 0 □					\$	.00	\$ .	.00   □	]
	there are no entries recorded	_	next page	0190					1	2 🗆	\$	.00	\$ 00.					\$	.00	\$	.00   00.	J
	in columns b-g.			0200					1	2 🗆	6	00	. 00 0					•	00	¢	00   [	ī

# 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.

<b>F</b>	Part A – Subscr	iptions and	Men	nbei	rships -	- Continued 4 17 04 8 →			Т								
	а				b	С		d	е		f	g				PRE	
3.	Have you (or any men had any membership	nbers of your CU	J)		ENTER ITEM	What is the name of the (subscription, club, or organization	Was this for your	CU or	What was th total cost			Did yo		1	2	3	4
	expenses related to a Do not include contribu	ny of the following to or	ing?	ōΙ	ITEM CODE from	reported in column a)?	someone your CU?	outside	during this period?		this month?	any other.				(	COST
	membership in religiou business, or other tax o organizations. FIELD REPRESENTATIV	s, professional, leductible		USE	column a.	Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor Club."	1 – For C 2 – For so outsid					If "No," to next in colu	item [	Description from column c	from	Total from	This month
	Read each item listed below.  Country clubs, health		NO	PROCESSING			CU	Outside CU							column b	column e	from column f
	clubs, swimming poo tennis clubs, social o	ols,		<u> </u>							None	YES	NO			Т	None
	other recreational organizations	800	0	0010			1□	2 🗌	\$ .	.00	\$ .00				9	S   .00	\$ .00
	Ciata assudas as		0	0020			1	2 🗌	\$	.00	\$ .00 0				\$	.00	\$ .00
	Civic, service, or fraternal organizations	810	0	030			1	2 🗌	\$ .	.00	\$ .00					i .00	\$ .00
	Credit card		0	0040			1	2 🗌	\$	.00						.00	\$ .00
	membership fees	820	0	050			1	2 🗌	\$	.00	\$ .00 0				4	5 .00	
	Shopping club memberships such		0	060			1	2 🗌	\$ .	.00	\$ .00				5	5 .00	\$ .00
	as Costco and Sam's	1 17 03 6 ↓	0	0070			1	2 🗌	\$	.00					\$	i .00	\$ .00
4.	REPRESENTATIVE _	0010 999 ☐ <i>Go</i>	<u></u>	080			1	2 🗌	\$	.00					3	i .00	\$ .00
	Mark (X) box if there are no entries recorded	the nex	,	090			1	2 🗌	\$	.00	\$ .00 0 □				\$	.00	\$ .00
	in columns b–g.  NOTES			100			1	2 🗌	\$	.00	\$ .00					.00	\$ .00
	NOTES	,	0	110			1	2 🗌	\$	.00	\$ .00 0					.00	\$ .00
			0	120			1	2 🗌	\$	.00	\$ .00					S .00	
			0	130			1	2 🗌	\$ .	.00						s .00	\$ .00
			0	140			1	2 🗌	\$	.00	00 0					s .00	\$ .00
			0	150			1	2 🗌	\$	.00	\$ .00					S .00	\$ .00
			0	160			1	2 🗌	\$	.00	\$   .00   0				9	s .00	
			0	170			1	2 🗌	\$	.00	\$ .00 0				\$	s   .00	' I 🗂
			0	180			1	2 🗌	\$	.00					\$	.00	\$ .00
			0	190			1	2 🗌	\$	.00					9	s .00	\$ .00   □
			0	200			1	2 🗌	\$ .	.00	\$ .00 0				9	i .00	

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

	Part B – Books and Entertai	nment Fynenses	1 17 26 7 ↓				
	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 ite	·	5a. Have any CU members bought any magazines not included in a subscription?  b. What was the total expense	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 for them?	0020 \$	.00	for them?  C. How much of the total amount was spent this month?	0140 \$ .00  0150 \$ .00  None	<ul><li>b. What was the total expense for them?</li><li>C. How much of the total amount was spent this month?</li></ul>	0290 \$ .00 0300 \$ .00
С	How much of the total amount was spent this month?	0030 \$	.00	6a. Have any CU members purchased single copies of newspapers (non-subscription)?	0 ☐ None  1 ☐ Yes 2 ☐ No – Go to item 7a	11a. Have any CU members rented any video cassettes, video	0 ☐ None  0310 1 ☐ Yes
2a	<ul> <li>Have you (or any members of your CU) paid any single admissions to spectator sporting events such as football, baseball, hockey, or soccer?</li> </ul>	0040 1 ☐ Yes 2 ☐ No – Go to ite	em 3a	b. What was the total expense for them?  C. How much of the total amount	0170 \$ .00	b. What was the total expense for them?	2 No – Go to next section  0320 \$ .00
b	. What was the total expense for them?	0050 \$	.00	was spent this month?  7a. Have any CU members	0180 \$	C. How much of the total amount was spent this month?	0330 \$
C	How much of the total amount was spent this month?	0060 \$ None	.00	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	TES
За	Have you (or any members of your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts?	0070 1 ☐ Yes 2 ☐ No – <i>Go to ite</i>	em 4a	b. What was the total expense for them?  C. How much of the total amount was spent this month?	0200 \$ .00  0210 \$ .00  None		
b	. What was the total expense for them?	0080 \$	.00	8a. Have any CU members purchased any photographic film?	0220 1 ☐ Yes 2 ☐ No – Go to item 9a		
С	. How much of the total amount was spent this month?	0090 \$ None	.00	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 club? (Exclude reference books or	0100 1 ☐ Yes 2 ☐ No – <i>Go to ite</i>	em 5a	C. How much of the total amount was spent this month?	0240 \$ .00 0 None		
b	School books.)  What was the total expense for them?	0110 \$	.00	9a. Have any CU members paid for film processing?	0250 1 ☐ Yes 2 ☐ No – Go to item 10a		
				<b>b.</b> What was the total amount spent?	0260 \$ .00		
C	. How much of the total amount was spent this month?	0120 \$ 0 □ None	.00	C. How much of the total amount was spent this month?	0270 \$ .00 0 \( \text{None} \)		

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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. **Section 18 - TRIPS AND VACATIONS** 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). 1 18 01 8 🖵 Part A - Screening Questions 1 18 00 0 🗸 8. Ask columns c-i for each trip reported in items 2-7b. Do not record any trip more than once. Trips reported in item 1b will be recorded in part D. 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 0010 1 ☐ Yes а h your CU) which were paid for by someone else. Since 2 □No - Go to the 1st of (month, 3 months ago), have you (or any Did or will a How many of these How many trips did members of your CU) taken any trips entirely paid for by How many of these business, employer, trips were or will Trip In what month you (or members anyone outside your CU, such as a business, employer, Where did you (they) or any other trips were paid for be partially paid for I ine of your CU) take or relative? not Trip type did this No. go on this trip? entirely by you non-CU member by a business, ended trip end? to (destination) in pay any of the (your CU)? employer, or other (month ended)? **b.** If YES – How many trips like this did you have? 0020 costs for this trip? non-CU member? **Trips** City or place Go to item 2 FROM ITEM -☐ FIELD REPRESENTATIVE – Ask if box is marked. 1 3b (relatives or friends) Yes – Enter "1" in Trips paid for entirely by CU – Enter trip I.D. Trips Complete items 8e-8i Trips partially Month 2. item 8i – Go to Last interview you reported trip(s) which had not 2 4b (business) for each trip checked State reimbursed -(If more than one yet ended. I'd like to ask about that trip (those trips) next trip з 🗌 5b (sightseeing, sports, etc.) o Not ended -No. below. If number Enter trip I.D. trip, go to item 8h) 2 🗌 No – Enter "1" in of trips is the same as No. below Go to next 4 \Bullet 6b (any others) (If one trip, go to item 8h - Go to in 8f, go to next trip. trip 3a. (Other than the trips you already mentioned,) Since the 5 Tb (day trips) Foreign country item 8g) next trip Trip identifi-1st of (month, 3 months ago), have you (or any members 0030 1 ☐ Yes Trip identification No. cation No. of your CU) been away overnight or longer to visit 2 □ No – *Go to* relatives or friends? item 4a City or place FROM ITEM **b.** If YES – How many trips were taken to visit relatives or $1 \square 3b$ (relatives or friends) ı □ Yes – Enter "1" in 0040 Trips paid for entirely by CU – Enter trip I.D. Trips partially Trips friends? Month item 8i - Go to 2 4b (business) reimbursed -State Ask items 8c-8i for (If more than one next trip No. below. If number 2 3 5b (sightseeing, sports, etc.) o 🗌 Not ended -Enter trip I.D. each trip reported trip, go to item 8h) 2 □ No – Enter "1" in of trips is the same as No. below 4 $\square$ 6b (any others) Go to next (If one trip, go to item 8h – Go to in 8f, go to next trip. 4a. (Other than the trips you already mentioned,) Since the trip Foreign country 5 7b (day trips) item 8a) next trip Trip identifi-1st of (month, 3 months ago), have you (or any members 0050 1 ☐ Yes Trip identification No. cation No. of your CU) been away overnight or longer for business? 2 □ No – *Go to* City or place FROM ITEM **b.** If YES – How many trips were taken for business? 0060 1 ☐ 3b (relatives or friends) ☐ Yes – Enter "1" in Trips Trips paid for entirely by CU – Enter trip I.D. Trips Trips partially Month item 8i - Go to Ask items 8c-8i for 2 4b (business) reimbursed -State (If more than one next trip each trip reported No. below. If number Enter trip I.D. 3 3 5b (sightseeing, sports, etc.) o Not ended trip, go to item 8h) 2 🗌 No – Enter "1" in of trips is the same as No. below 4 Gb (any others) Go to next (If one trip, go to 5a. (Other than the trips you already mentioned,) Since the item 8h – Go to in 8f, go to next trip. trip 5 Tb (day trips) Foreign country item 8g) 1st of (month, 3 months ago), have you (or any members next trip Trip identifi-0070 1 ☐ Yes of your CU) been away overnight or longer for Trip identification No. cation No. 2 □ No – *Go to* recreation such as sightseeing, sports events, club or item 6a organizational meetings, or outdoor recreation? City or place FROM ITEM **b.** If YES - How many trips were taken for these reasons? 0080 1 3b (relatives or friends) ☐ Yes – Enter "1" in Trips paid for entirely by CU – Enter trip I.D. Trips Trips partially Trips Month item 8i – Go to 2 4b (business) reimbursed -Ask items 8c-8i for State (If more than one next trip 4 3 5b (sightseeing, sports, etc.) No. below. If number Enter trip I.D. each trip reported o Not ended trip, go to item 8h) 2 ☐ No – Enter "1" in of trips is the same as No. below Go to next 4 Gb (any others) (If one trip, go to item 8h - Go to in 8f, go to next trip. 6a. (Other than the trips you already mentioned,) Since the trip 5 Tb (day trips) Foreign country item 8a) next trip Trip identifi-1st of (month, 3 months ago), have you (or any members 0090 1 ☐ Yes of your CU) been away overnight or longer on any other Trip identification No. cation No. 2 □ No – *Go to* kind of trip? item 7a 9. TRIP TALLY CHART PRE • For trips ENTIRELY paid for by someone outside the CU, complete one part D. **b.** If YES – How many trips were taken for these reasons? 0100 1 2 Trips • For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below Ask items 8c-8i for and complete the appropriate detailed part for each trip. Destination Month ende each trip reported Trip partially Trip partially Trip paid for Trip Trip paid for paid for by paid for by dentification entirely by CU dentification entirely by CU **7a.** Now let's talk about times when you (or any members of non-CU members non-CU members No. (from column h) No. (from column h) your CU) did not stay away overnight, but went 0110 1 ☐ Yes (from column i) (from column i) somewhere at least 75 miles away from home. Since the 2 □ No – *Go to* ☐ Complete part B ☐ Complete part C ☐ Complete part B Complete part C 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that? Complete part B 2 Complete part B Complete part C Complete part C **b.** If YES - How many such trips were taken? 0120 Trips 3 $\square$ Complete part B $\square$ Complete part C 7 ☐ Complete part B ☐ Complete part C Ask items 8c-8i for each trip reported ☐ Complete part B ☐ Complete part C $\square$ Complete part B ☐ Complete part C

Section 18 – TRIPS AND VACATION	ONS -	- Cont	inued									
Part A – Screening Questions – Co	ontin	ued	1 18 01 8 🗸									
NOTES	<b>8.</b> <i>A</i>	sk colum	nns c–i for each trip reported in i	items 2–7b. Do not recor	d any trip more	e than c	once. Trips reporte	ed in item 1	1b will be reco	rded in part l	D.	
	а	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 mon this trip e		How many trips (or members of take to (destin (month end	your CU) ation) in	Did or will a employer other n member p the costs fo	r, or any on-CU av 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?
			FROM ITEM –  1  3b (relatives or friends)  2  4b (business)	City or place State	Mor	nth	Trips	9	1		Trips paid for entirely by CU – Enter trip I.D. No.	Trips partially reimbursed –
		5	3 ☐ 5b (sightseeing, sports, etc. 4 ☐ 6b (any others)		0 ☐ Not ende	ed –	(If more than one go to item 8h)	e trip,	next trip 2 □ No – Ent	er "1" in	below. If number of trips is the same as in 8f, go to next trip.	Enter trip I.D. No. below
			5 ☐ 7b (day trips)				(If one trip, go to	item 8g)	item 8h - next trip	- Go to	Trip identification No.	Trip identifi- cation 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	Mor □ □ Not ende Go to ne	ed –	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	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)	City or place  State )  Foreign country	Mor □ □ Not ende Go to ne	ed –	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	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.  Trip identification No.	reimbursed –
		8	FROM ITEM –  1	City or place  State )  Foreign country	Mor 0 □ Not ende Go to nes	ed –	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	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.  Trip identification No.	Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.
	1:	For trips For trips	Y CHART – Continued ENTIRELY paid for by someone paid for by CU or trips partially low and complete the appropria	paid for by someone ou	itside the CU, fi	ïll out ti	he				NOTES	
	i	Trip dentifica No.	ition entirely by CU	Trip partially paid for by non-CU members (from column i)	Trip identification No.	enti	ip paid for irely by CU m column h)	by non-Cl	ally paid for U members column i)			
		9	☐ Complete part B	☐ Complete part C	13	□ Co.	mplete part B	☐ Comp	lete part C			
		10	☐ Complete part B	☐ Complete part C	14	☐ Co	mplete part B	☐ Comp	lete part C			
		11	☐ Complete part B	☐ Complete part C	15	□ Co.	mplete part B	☐ Comp	lete part C			
		12	☐ Complete part B	☐ Complete part C	16	□ Co.	mplete part B	☐ Comp	lete part C			

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

S	Section 18 – TRIPS AN	ID VACATIONS – Continued	d		for one trip or about other tri	set of identical trips befor	re asking questions in this part
F	Part B – Trips Paid Ent	rirely By CU					
1.	FIELD REPRESENTATIVE ITEM In item 1a, enter Trip I.D. number from Trip Tally	PROCESSING USE ONLY  a. TRIP IDENTIFICATION NUMBER	1 18 34 9 ↓	fication number	Hand respondent Information Booklet, page 37.  3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home	3b. Ask for each code 1 How much did yo spend for (transpo package deal cov	ou (or any members of your CU) ortation) (other than what the
	Chart in part A. Transcribe trip destination in item 1b, the number of (identical) trips in item 1c, and the	<b>b.</b> DESTINATION			to the time you (they) got back home.  PROBE – Any other kinds of transportation on this	How much did vo	6–12 marked in item 3a. ou (or any members of your CU) ortation) not including gas you (or your CU) bought (other than what
	month the trip ended in item 1d.	C. NUMBER OF (IDENTICAL) TRIPS	0020 Numb	oer	trip?  If no codes 1–12 marked, go to item 4.	any members of y the package deal	our CU) bought (other than what covered)?
		<b>d.</b> MONTH ENDED	0040		COMMERCIAL	COMMERCIAL	
e	similar trips, I will ask about	nce you (your CU) took a set of them as a group. Please give the ch of the following questions.			0120 01 ☐ Local (taxi, etc.)		.00 0 □ None .00
f.	Now I'd like to ask some add you (your CU) took to (destin	litional questions about the trip(s) ation). If day trip, go to item 2a.			0140 03 Train	. 0310 03 \$	00 □ None
g	Verify if already reported. Other you (or any members of your this trip?	rwise, ask – How many nights did r CU) spend away from home on	0050 Night	s	0150 <sub>04</sub> □ Bus		00
2a.	. Sometimes when people ta package deal that covers s part of this trip covered by	ke a trip they have some sort of ome or all of the costs. Was all or a package deal?	0060 1  Yes 2  No – Go to item 3a		RENTED  O170 06  Car, jeep	RENTED	00 □ None
b	If "Yes," ask for each item: Die	d the package deal include		Yes No DK			
	FIELD REPRESENTATIVE – Re	ad each item listed.	0070 Food and beverages	1	0180 07 ☐ Truck, van		00  None
			0080 Lodging	1	1   0.190     D.A	. 0360 08 \$	00
			0090 Transportation	1 🗆   2 🗆   X 🗆		. 0370 09 \$	0 □ None
			0100 Anything else <sub>▼</sub>	1 🗆   2 🗆   X 🗆	0210 10 Boat, trailer	. 0380 10 \$	.00 0 None
			Specify		0220 11 Camper	. 0390 11 \$	0 □ None
c	How much did you (or any	members of your CII) nay for the		1 1	0230 12 Cher vehicles	. 0400 12 \$	.00 0 None
	package deal?	members of your CU) pay for the	0110 \$		PRIVATE		
		NOTES			0240 13 Car owned by CU		
					0250 14 U Vehicle leased by CU		
					0260 15 $\square$ Other vehicle owned by CU		
					0270 16 Uehicle owned by someone else		
					0280 17 🗆 Other transport		
					4. Codes 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item		

<b>I</b>	Part B – Trips Paid Entirely by CU – Contir	nued			NOTES
5a.	. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 ☐ Yes 2 ☐ No – <i>Go to item 5c</i>	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0590 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	How much did you (or any members of your CU) spend for that?	0420 \$	h. How much did you (or any members of your CU) pay?	0600 \$	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 ☐ Yes 2 ☐ No – <i>Go to item 5e</i>	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	0610 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES –  . How much did you (or any members of your CU) spend for tolls?	0440 \$	Information Booklet, page 40.)  If YES –  D. How much did you (or any members of your CU) spend?	0620 \$ .00	
e.	Did you (or any members of your CU) have any parking fees?	0450 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>	12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist	0620 \$	
f.	If YES – How much were they?	0460 \$	booklets, and so on?	2 □ No – Go to item 13a	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0470 1 ☐ Yes	b. How much were these expenses?	0640 \$	
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?	0650 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
		<b>— —</b> —	<b>b.</b> Did these expenses include anything for?	YES NO DK	
/a.	<ul> <li>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)?</li> </ul>	0490 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0660 Food and beverages 1   2   X   -	
b.	If YES –  What was the cost, including taxes and tips?	0500 \$		0670         Lodging         1 □   2 □   X □           0680         Transportation         1 □   2 □   X □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>		0690 Other expenses 1 □	
d.	If YES –  . What was the cost for alcoholic beverages, including		C. How much of the total expenses for this trip were for persons outside your CU?	0700 \$	
8a.	taxes and tips?  Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0710 \$	
b.	If YES – . What were the expenses, including taxes?	0540 \$ .00	b. Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0720 Food and beverages 1   2     x	
d.	If YES – What was the cost for alcoholic beverages, including			0730 Lodging	
	taxes?	\$		0740 Transportation 1 □   2 □   x □	
ya.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i>		0750 Other expenses 1 □ 2 □ X □	
b.	If YES –  . How much did you (or any members of your CU) pay to rent sports equipment?	0580 \$	GO TO NEXT TRIP; AFTER LAST	7760 Expenses for others 1	

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

### Section 18 - TRIPS AND VACATIONS - Continued about other trips.) Part B - Trips Paid Entirely By CU - Continued Hand respondent Information Booklet, page 37. **1.** FIELD REPRESENTATIVE **3b.** Ask for each code 1–5 marked in item 3a. PROCESSING USE ONLY 1 18 36 4 How much did you (or any members of your CU) 3a. Starting at the beginning of this trip, please tell me spend for (transportation) (other than what the In item 1a, enter Trip I.D. all the kinds of transportation you (or any members package deal covered)? 0010 number from Trip Tally a. TRIP IDENTIFICATION NUMBER Identification number of your CU) used from the time you (they) left home Chart in part A. Transcribe to the time you (they) got back home. Ask for each code 6-12 marked in item 3a. trip destination in item 1b, How much did you (or any members of your CU) **b.** DESTINATION the number of (identical) PROBE - Any other kinds of transportation on this spend for (transportation) not including gas you (or any members of your CU) bought (other than what trips in item 1c, and the **OFFICE USE ONLY** 0020 month the trip ended in the package deal covered)? item 1d. If no codes 1-12 marked, go to item 4. 0030 C. NUMBER OF (IDENTICAL) TRIPS Number COMMERCIAL COMMERCIAL 0040 **d.** MONTH ENDED .00 0290 01 \$ o □ None e. If set of identical trips read - Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions. .00 0300 02 \$ o ☐ None 0310 03 \$ **f.** Now I'd like to ask some additional questions about the trip(s) o ☐ None you (your CU) took to (destination). If day trip, go to item 2a. .00 0320 04 \$ o ☐ None **g.** Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on 0050 .00 Nights 0330 05 \$ o □ None 2a. Sometimes when people take a trip they have some sort of 0060 1 ☐ Yes RENTED package deal that covers some or all of the costs. Was all or **RENTED** 2 □ No – Go to item 3a part of this trip covered by a package deal? .00 0340 o ☐ None **b.** If "Yes," ask for each item: **Did the package deal include** . . . Yes No DK .00 0180 <sub>07</sub> Truck, van 0350 07 \$ o ☐ None FIELD REPRESENTATIVE - Read each item listed. 1 🗌 | 2 🔲 | X 🗍 Food and beverages . . . 0360 0190 08 Motorcycle, moped o ☐ None Lodging . . . . . . . . . . . . . .00 0370 09 \$ 1 □ i 2 □ i x □ o ☐ None 0090 Transportation 1 □ | 2 □ | X □ 0100 Anything else 🗸 0380 .00 0 None Specify\_ .00 0390 11 \$ 0 None .00 0400 12 \$ o ☐ None C. How much did you (or any members of your CU) pay for the .00 0110 s package deal? PRIVATE NOTES 0240 13 Car owned by CU 0250 14 U Vehicle leased by CU 0260 15 Other vehicle owned by CU 0270 16 Vehicle owned by someone else 0280 17 Other transport **4.** Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6-17 marked, continue with item 5a.

<b>I</b>	Part B – Trips Paid Entirely by CU – Contir	nued			NOTES
5a.	. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 ☐ Yes 2 ☐ No – <i>Go to item 5c</i>	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0590 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	How much did you (or any members of your CU) spend for that?	0420 \$	h. How much did you (or any members of your CU) pay?	0600 \$	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 ☐ Yes 2 ☐ No – <i>Go to item 5e</i>	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	0610 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES –  . How much did you (or any members of your CU) spend for tolls?	0440 \$	Information Booklet, page 40.)  If YES –  D. How much did you (or any members of your CU) spend?	0620 \$ .00	
e.	Did you (or any members of your CU) have any parking fees?	0450 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>	12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist	0620 \$	
f.	If YES – How much were they?	0460 \$	booklets, and so on?	2 □ No – Go to item 13a	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0470 1 ☐ Yes	b. How much were these expenses?	0640 \$	
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?	0650 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
		<b>— —</b> —	<b>b.</b> Did these expenses include anything for?	YES NO DK	
/a.	<ul> <li>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)?</li> </ul>	0490 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0660 Food and beverages 1   2   X   -	
b.	If YES –  What was the cost, including taxes and tips?	0500 \$		0670         Lodging         1 □   2 □   X □           0680         Transportation         1 □   2 □   X □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>		0690 Other expenses 1 □	
d.	If YES –  . What was the cost for alcoholic beverages, including		C. How much of the total expenses for this trip were for persons outside your CU?	0700 \$	
8a.	taxes and tips?  Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0710 \$	
b.	If YES – . What were the expenses, including taxes?	0540 \$ .00	b. Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0720 Food and beverages 1   2     x	
d.	If YES – What was the cost for alcoholic beverages, including			0730 Lodging	
	taxes?	\$		0740 Transportation 1 □   2 □   x □	
ya.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i>		0750 Other expenses 1 □ 2 □ X □	
b.	If YES –  . How much did you (or any members of your CU) pay to rent sports equipment?	0580 \$	GO TO NEXT TRIP; AFTER LAST	7760 Expenses for others 1	

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

						about other trips	)•/		
P	art B – Trips Paid Ent	irely By CU – Continued							
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 18 38 0 ↓			Hand respondent Information Booklet, page 37.	3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU)		
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.	from Trip Tally <b>a.</b> TRIP IDENTIFICATION NUMBER	0010 Identification number		3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home		spend for (transportation) (other than what the package deal covered)?		hat the
		<b>b.</b> DESTINATION				to the time you (they) got back home.  PROBE – 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 your CU)		
		OFFICE USE ONLY	0020 Number		1	rip?	spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?		
		C. NUMBER OF (IDENTICAL) TRIPS			ļ <i>'</i>	f no codes 1–12 marked, go to item 4.			
		<b>d.</b> MONTH ENDED	0040		0400	COMMERCIAL	COMMERCIAL	.00 <sub>0</sub> No	
e.	similar trips, I will ask about	ice you (your CU) took a set of them as a group. Please give the				2000 (taxiy 000)	0290 01 \$		
£	total of all these trips for eac	•	0050 Nights			02 Airplane	0300 02 \$		
т.	you (your CU) took to (destina	itional questions about the trip(s) ation). If day trip, go to item 2a.				03	0310 03 \$		
g.	Verify if already reported. Otherwood (or any members of your	wise, ask – How many nights did CU) spend away from home on				04 ☐ Bus	0320 04 \$		
2a.	this trip?  Sometimes when people tal	ke a trip they have some sort of	have some sort of		0160		0330 05 \$	[.00] 0	one
	package deal that covers so part of this trip covered by	ome or all of the costs. Was all or a package deal?	2 □ No – Go to item 3a		0170	RENTED  06 ☐ Car, jeep	RENTED 06 \$	.00 <sub>0</sub> No	one
b.		the package deal include		Yes No DK		07  Truck, van	0350 07 \$		
	FIELD REPRESENTATIVE – Rea	ead each item listed.  0070 Food and beverages	0070 Food and beverages			08 Motorcycle, moped	0360 08 \$	.00 <sub>0 No</sub>	
			0080 Lodging	1		08   Motorcycle, moped	0370 09 \$		
			0090 Transportation			09 ☐ Private plane	0380 10 \$		
			Specify			10 ☐ Boat, trailer			
				- 1 1					
C.	How much did you (or any n	nembers of your CU) pay for the	0110 \$ .00		0230	TEL STILL FORMULES	0400 12 \$	[.00] 0	one
		NOTES			0240	PRIVATE  13  Car owned by CU			
						14 ☐ Vehicle leased by CU			
						15 ☐ Other vehicle owned by CU			
						16 Vehicle owned by someone else			
						17 ☐ Other transport			
					0200	7 - Other transport			
					4.	Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6	a.		
						If any codes 6–17 marked, continue with item 5a			

<b>I</b>	Part B – Trips Paid Entirely by CU – Contir	nued			NOTES
5a.	. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 ☐ Yes 2 ☐ No – <i>Go to item 5c</i>	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0590 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	How much did you (or any members of your CU) spend for that?	0420 \$	h. How much did you (or any members of your CU) pay?	0600 \$	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 ☐ Yes 2 ☐ No – <i>Go to item 5e</i>	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	0610 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES –  . How much did you (or any members of your CU) spend for tolls?	0440 \$	Information Booklet, page 40.)  If YES –  D. How much did you (or any members of your CU) spend?	0620 \$ .00	
e.	Did you (or any members of your CU) have any parking fees?	0450 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>	12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist	0620 \$	
f.	If YES – How much were they?	0460 \$	booklets, and so on?	2 □ No – Go to item 13a	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0470 1 ☐ Yes	b. How much were these expenses?	0640 \$	
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?	0650 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
		<b>— —</b> —	<b>b.</b> Did these expenses include anything for?	YES NO DK	
/a.	<ul> <li>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)?</li> </ul>	0490 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0660 Food and beverages 1   2   X   -	
b.	If YES –  What was the cost, including taxes and tips?	0500 \$		0670         Lodging         1 □   2 □   X □           0680         Transportation         1 □   2 □   X □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>		0690 Other expenses 1 □	
d.	If YES –  . What was the cost for alcoholic beverages, including		C. How much of the total expenses for this trip were for persons outside your CU?	0700 \$	
8a.	taxes and tips?  Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0710 \$	
b.	If YES – . What were the expenses, including taxes?	0540 \$ .00	b. Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0720 Food and beverages 1   2     x	
d.	If YES – What was the cost for alcoholic beverages, including			0730 Lodging	
	taxes?	\$		0740 Transportation 1 □   2 □   x □	
ya.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i>		0750 Other expenses 1 □ 2 □ X □	
b.	If YES –  . How much did you (or any members of your CU) pay to rent sports equipment?	0580 \$	GO TO NEXT TRIP; AFTER LAST	7760 Expenses for others 1	

P	art B – Trips Paid Enti	rely By CU – Continued							
1. FIELD REPRESENTATIVE PROCESSING USE ONLY  1 18 40 6 ↓			land respondent Information Booklet, page 37.	3b. Ask for each code 1–5 marked in How much did you (or any me	item 3a. mbers of your CU)				
	Chart in part A. Transcribe	a. TRIP IDENTIFICATION NUMBER	0010	Identi	fication number	a	Starting at the beginning of this trip, please tell me ill the kinds of transportation you (or any members of your CU) used from the time you (they) left home o the time you (they) got back home.	spend for (transportation) (othe package deal covered)?	r than what the
		<b>b.</b> DESTINATION					PROBE – Any other kinds of transportation on this	Ask for each code 6–12 marked in How much did you (or any me spend for (transportation) not in	mbers of your CU)
		OFFICE USE ONLY	0020			If no codes 1–12 marked, go to item 4.		any members of your CU) bought (other than with the package deal covered)?	
		C. NUMBER OF (IDENTICAL) TRIPS	0030	Numb	per	<b>,</b> '	The codes 1–12 marked, go to item 4.		
		<b>d.</b> MONTH ENDED	0040			0120	COMMERCIAL	COMMERCIAL .00	
	similar trips, I will ask about t	ce you (your CU) took a set of them as a group. Please give the					01 Local (taxi, etc.)	01 \$	0 □ None
	total of all these trips for each	h of the following questions.					02 Airplane	0300 02 \$	0 □ None
f.	Now I'd like to ask some addi you (your CU) took to (destinate	tional questions about the trip(s) tion). If day trip, go to item 2a.				03 🗆 Train	0310 03 \$00	o ☐ None	
g.	Verify if already reported. Otherv	vise, ask – How many nights did CU) spend away from home on				0150	04 🗆 Bus	0320 04 \$	o □ None
	this trip?		0050	Nights	S	0160	05 🗆 Ship	0330 05 \$00	o □ None
2a.	Sometimes when people tak package deal that covers so part of this trip covered by a	ce a trip they have some sort of me or all of the costs. Was all or a package deal?	0060 1 ☐ Yes 2 ☐ No -	Go to item 3a		0170	RENTED  06 □ Car, jeep	RENTED .00	. ¬ N
b.	If "Yes," ask for each item: Did	the package deal include			Yes No DK			00 \$	0 □ None
	FIELD REPRESENTATIVE – Rea	d each item listed.	0070 Food and	d beverages	1		07 🗆 Truck, van	0350 07 \$	0 □ None
			0080 Lodging		1	0190	08 Motorcycle, moped	0360 08 \$	₀ ☐ None
				rtation	1 🗆   2 🗆   X 🗆		09 🗆 Private plane	0370 09 \$00	o □ None
			0100 Anythin	g else 📈	1 🗆   2 🗆   X 🗆	0210	10 🗆 Boat, trailer	0380 10 \$00	o □ None
			Specify_			0220	11 🗆 Camper	0390 11 \$00	o □ None
c	How much did you (or any m	nembers of your CU) pay for the			i i	0230	12 Other vehicles	0400 12 \$00	o □ None
0.	package deal?	ioniboro or your oo, pay for the	0110 \$	.00			PRIVATE		
		NOTES				0240	13 🗌 Car owned by CU		
						0250	14 🗌 Vehicle leased by CU		
						0260	15 $\square$ Other vehicle owned by CU		
						0270	16 🗌 Vehicle owned by someone else		
						0280	17 🗌 Other transport		
						4.	Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a		
							,		

<b>I</b>	Part B – Trips Paid Entirely by CU – Contir	nued			NOTES
5a.	. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 ☐ Yes 2 ☐ No – <i>Go to item 5c</i>	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0590 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	How much did you (or any members of your CU) spend for that?	0420 \$	h. How much did you (or any members of your CU) pay?	0600 \$	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 1 ☐ Yes 2 ☐ No – <i>Go to item 5e</i>	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	0610 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES –  . How much did you (or any members of your CU) spend for tolls?	0440 \$	Information Booklet, page 40.)  If YES –  D. How much did you (or any members of your CU) spend?	0620 \$ .00	
e.	Did you (or any members of your CU) have any parking fees?	0450 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>	12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist	0620 \$	
f.	If YES – How much were they?	0460 \$	booklets, and so on?	2 □ No – Go to item 13a	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0470 1 ☐ Yes	b. How much were these expenses?	0640 \$	
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?	0650 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
		<b>— —</b> —	<b>b.</b> Did these expenses include anything for?	YES NO DK	
/a.	<ul> <li>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)?</li> </ul>	0490 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0660 Food and beverages 1   2   X   -	
b.	If YES –  What was the cost, including taxes and tips?	0500 \$		0670         Lodging         1 □   2 □   X □           0680         Transportation         1 □   2 □   X □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>		0690 Other expenses 1 □	
d.	If YES –  . What was the cost for alcoholic beverages, including		C. How much of the total expenses for this trip were for persons outside your CU?	0700 \$	
8a.	taxes and tips?  Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?	0530 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0710 \$	
b.	If YES – . What were the expenses, including taxes?	0540 \$ .00	b. Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0720 Food and beverages 1   2     x	
d.	If YES – What was the cost for alcoholic beverages, including			0730 Lodging	
	taxes?	\$		0740 Transportation 1 □   2 □   x □	
ya.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i>		0750 Other expenses 1 □ 2 □ X □	
b.	If YES –  . How much did you (or any members of your CU) pay to rent sports equipment?	0580 \$	GO TO NEXT TRIP; AFTER LAST	7760 Expenses for others 1	

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

Part C – Partially Reim	bursed Trips			
1. FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 77 01 4 ↓	Hand respondent Information Booklet, page 37.	<b>3b.</b> Ask for each code 1–5 marked in item 3a.  How much did you (or any members of your CU)
In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe	a. TRIP IDENTIFICATION NUMBER	0010 Identification number	3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.	spend for (transportation) (other than what the package deal covered)?
trip destination in item 1b, the number of (identical)	<b>b.</b> DESTINATION		PROBE – 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 your CU)
trips in item 1c, and the month the trip ended in	OFFICE USE ONLY	0020	trip?	spend for (transportation) not including gas you (or any members of your CU) bought (other than what
item 1d.	C. NUMBER OF (IDENTICAL) TRIPS	0030 Number	If no codes 1–12 marked, go to item 4.	thé package deal covered)?
	<b>d.</b> MONTH ENDED	0040	COMMERCIAL	COMMERCIAL
<b>e.</b> If set of identical trips read – <b>Sin</b>			0120 01 Local (taxi, etc.)	0290 <sub>01</sub> \$00
similar trips, I will ask about total of all these trips for each	them as a group. Please give the		0130 02 Airplane	0300 <sub>02</sub> \$ 0 □ None
f. You told me that someone ou trip(s) you (your CU) took to (	itside your CU paid for part of the trip destination). In the next in the costs you (your CU) had to		0140 03  Train	0310 <sub>03</sub> \$ 0 □ None
pay, not those paid or to be p day trip, go to item 2a.	paid by a business or employer. If		0150 04 🗆 Bus	0320 04 \$00 0 None
	wise, ask – How many nights did CU) spend away from home on	0050 Nights	0160 05 Ship	0330 <sub>05</sub> \$00
this trip?		Nights	RENTED	RENTED
2a. Sometimes when people tal package deal that covers so part of this trip covered by	ke a trip they have some sort of ome or all of the costs. Was all or a package deal?	0060 1 ☐ Yes 2 ☐ No – Go to item 3a		
<b>b.</b> If "Yes," ask for each item: <b>Did</b>		Yes No DK	0180 07  Truck, van	0350 <sub>07</sub> \$00
FIELD REPRESENTATIVE – Rea			0190 08  Motorcycle, moped	0360 <sub>08</sub> \$00
		0070 Food and beverages 1   1   2     X	0200 09 Private plane	0370 <sub>09</sub> \$
		0080 Lodging	0210 10 Boat, trailer	
		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	0220 11 Camper	
		Specify		II \$ IN ONE
			0230 12 Other vehicles	0400 <sub>12</sub> \$00
C How much did you (or ony n	nembers of your CU) pay for the		PRIVATE	
package deal?	nembers of your CO/ pay for the	0110 \$	0240 13 $\square$ Car owned by CU	
	NOTES		0250 14  Vehicle leased by CU	
			0260 15 Cher vehicle owned by CU	
			0270 16 Uehicle owned by someone else	
			0280 17  Other transport	
			<b>4.</b> Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a	∂a. a.

Part C - Partially Reimbursed Trips	Continued			NOTES
<u> </u>		140		NOTES
5a. While on the trip did you (or any members of CU) stop to buy any gasoline, oil, diesel fuel, other fuels?	our or any  1  Yes 2  No - Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0590 1 ☐ Yes 2 ☐ No – Go to item 11a	
b. What costs for gasoline or other fuels won't be reimbursed?	e 0420 \$	If YES – <b>b.</b> What costs for playing sports won't be reimbursed?	0600 \$	
C. While on the trip, did you (or any members of CU) spend anything for tolls?	your 0430 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	0610 1 ☐ Yes 2 ☐ No – Go to item 12a	
If YES – d. What costs for tolls won't be reimbursed?	0440 \$00 <sub>0</sub> \_None	Information Booklet, page 40.)  If YES –		
Did you (or any members of your CU) have an parking fees?	0450 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>	b. What costs for entertainment and admissions won't be reimbursed?	0620 \$00 0 None	
If YES –  f. What costs for parking fees won't be reimbur		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?	0630 1 ☐ Yes 2 ☐ No – Go to item 13a	
6a. Did you (or any members of your CU) spend a for hotels, motels, cottages, trailer camps, or	ovthing	<pre>/f YES - b. What costs for these things won't be reimbursed?</pre>	0640 \$	
lodging (not counting what the package deal covered)?  If YES -	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?	0650 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
b. What costs for lodging, including taxes and ti won't be reimbursed?	os, 0480 \$00 □ None	b. Did these expenses include anything for?	YES NO DK	
7a. Did you (or any members of your CU) spend a for meals, snacks, or drinks at restaurants, ba fast food places (not counting what the packadeal covered)?	ything rs, or ge 1 Yes 2 No - Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.	0660 Food and beverages 1 🗆 ¦ 2 🗆 ¦ X 🗆	
If YES –  b. What costs for these things won't be reimbur	sed? 0500 \$ .00 0 None	-	0670         Lodging         1 □ 2 □ X □           0680         Transportation         1 □ 2 □ X □	
C. Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>		0690 Other expenses 1 □	
If YES –  d. What costs for alcoholic beverages, including and tips, won't be reimbursed?	taxes 0520 \$ .00 0 None	C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0700 \$	
8a. Did you (or any members of your CU) spend a for food or beverages at grocery stores, convestores, or liquor stores on this trip?	nything object of the second o	<b>14a.</b> 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	0710 \$	
If YES – <b>b.</b> What costs, including taxes, won't be reimbut		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 beverages?	0550 1 □ Yes	<b>b.</b> Does this (amount) include anything for?  FIELD REPRESENTATIVE – Read each item listed.	YES NO DK    NO DK   DX   O720   Food and beverages   1   2   X   X	
If YES –  d. What cost for alcoholic beverages, including the	2 □ No - Go to item 9a  axes, 0560 \$ .00 o □ None	_	0730 Lodging	
won't be reimbursed?			0740 Transportation 1 □   2 □   x □	
9a. Did you (or any members of your CU) have an expenses for rental of sports equipment (not counting what the package deal covered)? (Harespondent Information Booklet, page 38.)	0570 1 Yes		0750 Other expenses 1 □	
If YES – <b>b.</b> What costs for renting sports equipment won reimbursed?	t be 0580 \$	GO TO NEXT TRIP; AFTER LAST T	0760 Expenses for others 1  2  X	

# **Section 18 - TRIPS AND VACATIONS - Continued**

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

Part C – Partially Reim	hursed Trins – Continued					
1. FIELD REPRESENTATIVE ITEM  In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.  e. If set of identical trips read – Sin similar trips, I will ask about total of all these trips for each	them as a group. Please give the	1 77 03 0 ↓  0010 Identification number  0020 Number  0040	0120	Hand respondent Information Booklet, page 37.  Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.  PROBE – Any other kinds of transportation on this trip?  If no codes 1–12 marked, go to item 4.  COMMERCIAL  O 01 — Local (taxi, etc.)  O 02 — Airplane	3b. Ask for each code 1–5 marked in it How much did you (or any mer spend for (transportation) (other package deal covered)?  Ask for each code 6–12 marked in How much did you (or any mer spend for (transportation) not in any members of your CU) boug the package deal covered)?  COMMERCIAL  0290 01 \$ .00  0310 03 \$ .00	nbers of your CU) than what the  item 3a. nbers of your CU) cluding gas you (or
questions I'm interested only pay, not those paid or to be p day trip, go to item 2a.	in the costs you (your CU) had to aid by a business or employer. If	0050 Nights	0150	0 04  Bus	0320 <sub>04</sub> \$	0 ☐ None
2a. Sometimes when people tal package deal that covers so part of this trip covered by a b. If "Yes," ask for each item: Did FIELD REPRESENTATIVE – Rea	ome or all of the costs. Was all or a package deal? the package deal include	0060   1   Yes   2   No - Go to item 3a   Yes   No   DK	0180 0190 0200 0210 0220 0230 0240 0250	O 06 Car, jeep O 07 Truck, van O 08 Motorcycle, moped O 09 Private plane O 10 Boat, trailer O 11 Camper O 12 Other vehicles PRIVATE O 13 Car owned by CU O 14 Vehicle leased by CU O 15 Other vehicle owned by CU O 16 Vehicle owned by someone else O 17 Other transport	0360 08 \$	o ☐ None  o ☐ None  o ☐ None  o ☐ None  o ☐ None  o ☐ None  o ☐ None
			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 5a	ो ∂a. a.	

# **Section 18 - TRIPS AND VACATIONS - Continued**

<u> </u>	Part C – Partially Reimbursed Trips – Cont	inued	_							NOTES
5a	. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0410 1 ☐ Yes 2 ☐ No – Go to item 5c	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.)		1 □Yes 2 □No – <i>Go to item 11a</i>				
b	. What costs for gasoline or other fuels won't be reimbursed?	0420 \$	b	If YES – . What costs for playing sports won't be reimbursed?	0600	\$	o [	None		
C	While on the trip, did you (or any members of your CU) spend anything for tolls?	0430 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	0610	1 □Yes 2 □No – Go to item 12a				
d	If YES $-$ . What costs for tolls won't be reimbursed?	0440 \$00 ₀ □ None		Information Booklet, page 40.)  If YES –						
е	Did you (or any members of your CU) have any parking fees?	0450 1 ☐ Yes 2 ☐ No – Go to item 6a		. What costs for entertainment and admissions won't be reimbursed?	0620	\$00	o [	None		
f.	If YES – What costs for parking fees won't be reimbursed?	0460 \$	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?		1 □ Yes 2 □ No – <i>Go to item 13a</i>				
6a	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other ladicals.	0470 1 □Yes	b	If YES – . What costs for these things won't be reimbursed?	0640	\$	o [	None		
h	lodging (not counting what the package deal covered)?  If YES –	2 □No − Go to item 7a	1	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?		1 □ Yes 2 □ No – Go to next trip; afte	er last t	rip, go t	o part L	
	. What costs for lodging, including taxes and tips, won't be reimbursed?	0480 \$00 <sub>0</sub> None	b	Did these expenses include anything for?			YES	NO	DK	
7a	<ul> <li>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)?</li> </ul>	0490 1 ☐ Yes 2 ☐ No – Go to item 8a		FIELD REPRESENTATIVE – Read each item listed.		Food and beverages	1 🗌	2 🗆	x	
b	If YES – What costs for these things won't be reimbursed?	0500 \$				Lodging			1	
C	Was any of the (amount in item 7b) for alcoholic beverages?	0510 1 ☐ Yes 2 ☐ No – Go to item 8a				Other expenses		ı	I.	
d	If YES –  What costs for alcoholic beverages, including taxes	0520 \$		How much of the total non-reimbursed expenses for this trip were for persons outside your CU?		\$			'	
8a	and tips, won't be reimbursed?  Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience	0530 1  Yes	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		.00				
h	stores, or liquor stores on this trip?  If YES –  What costs, including taxes, won't be reimbursed?	2 No – Go to item 9a		non-reimbursed expenses a respondent is not able to break down should be combined and entered here	0/10	\$				
	<u> </u>	0540 \$	b	Does this (amount) include anything for?			YES	NO	DK	
C	Was any of the (amount in item 8b) for alcoholic beverages?	0550 1 ☐ Yes 2 ☐ No – Go to item 9a		FIELD REPRESENTATIVE – Read each item listed.	0720	Food and beverages	1 🗌	2 🗆	x□	
d	If YES –  . What cost for alcoholic beverages, including taxes, won't be reimbursed?	0560 \$00 <sub>0</sub> □None			0730	Lodging	1 🗌	1	¦ x□	
9a	. Did you (or any members of your CU) have any				0740	Transportation	1 🗌	2 🗌	¦ x□	
	expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0570 1 ☐ Yes 2 ☐ No – Go to item 10a				Other expenses		2 🗆	x	
b	If YES – . What costs for renting sports equipment won't be reimbursed?	0580 \$		GO TO NEXT TRIP; AFTER LAST T		TO PART D.	1 📙	2 🗌	ı x∐ 	
		1								

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 – Go to part E				
2a. You told me that you (your CU) had (number from item 1) trip(s) entirely paid for by non-CU members. Even on trips entirely paid for by non-CU members there are sometimes miscellaneous expenses which are not paid for. Did you (your CU) have any expenses on this trip (these trips) that will not be covered by a business, employer, or other non-CU member?	0020 1 ☐ Yes 2 ☐ No – Go to part E				
b. Did these expenses include anything for -?		YES	NO	DK	
FIELD REPRESENTATIVE – Read each item listed.	0030 Food and beverages		2 🗌		
	0040 Lodging	1□	l   2 □	! ! x□	
			l	İ	
	0050 Transportation	1 🗌	l   2□ 	¦ x□	
	0060 Anything else - Specify ✓	1 🗌	2 🗆	¦ x□	
C. What was the total amount for these expenses?					
	0070 \$				
GO 1	TO PART E				

Section 18 – TRIPS AND VACATION	NS – Continued				FIELD REPRESENTATIVE – Ask part E for all CU's.
Part E – Trip Expenses for Non-CU I	Viembers 1 77 68 3	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 –					
b. How many trips was that?	0020 Trips				
C. Did these expenses include anything for –?		YES	NO	DK	
FIELD REPRESENTATIVE – Read each item listed.	0030 Food and beverages	1 🗆	2 🗌	√x□	
	0040 <b>Lodging</b>	1 🗆	2	¦ x□	
	0050 Transportation	1 🗆	2 🗆	¦x□	
	0060 Anything else - Specify <sub>₹</sub>	1 🗆	2 🗆	¦ x□	
d. What was the total amount that you (your CU) paid for that trip (those trips)?			<u>:</u>	<u>:</u>	
	0070 \$				
GO 1	O PART F				

	Section 18 – TRIPS AND VACATIONS – C	Continued	FIE	ELD RE	EPRESE	: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	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					A. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?	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					<ul><li>What were the expenses, including taxes?</li><li>Was any of the (amount in item 6b) for alcoholic</li></ul>	0160 \$
3&	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 2  No – Go to item 4a					d. What was the cost for alcoholic beverages, including taxes?	0170 1 ☐ Yes 2 ☐ No – Go to item 7a
k	Ask for each item – Did the package deal include anything for?	0040 Food and beverages	YES .			Ļ		0180 \$ .00
	FIELD REPRESENTATIVE – Read each item listed.	0050 Lodging	. 1	2	x□   x□	/ 6	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 – Go to item 8
_		0070 Anything else - Specify   ———————————————————————————————————	1    1	2 🗌	¦ x□	<b>!</b>	b. How much did you (or any members of your CU) pay?	0200 \$
	<ul> <li>How much did you (or any members of your CU) pay for the package deal?</li> </ul>	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 \$ .00
46	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
k	• What was the cost, including taxes and tips?	0100 \$00					FIELD REPRESENTATIVE – Read each item listed.	0230 Lodging       1
5	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.	stays at local hotels or motels?	0260 1 ☐ Yes – Complete part F for each stay 2 ☐ No – Go to next section
k	What was the cost, including taxes and tips?	0120 \$					NO	TES
C	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 ☐ Yes 2 ☐ No – Go to item 6a						
C	What was the cost for alcoholic beverages, including taxes and tips?	0140 \$						

	Section 18 - TRIPS AND VACATIONS - C	Continued	FIELD REPRESE	ENTATIVE – 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	ıed 1 77 70 9 ↓								
1.	We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1 ☐ Yes 2 ☐ No – 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?	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		<b>b.</b> What were the expenses, including taxes?	0160 \$					
38	Sometimes when people stay away from home overnight they have some sort of package deal			C. Was any of the (amount in item 6b) for alcoholic beverages?	0170 1 ☐ Yes 2 ☐ No – Go to item 7a					
	that covers some or all of the costs. Was all or part of this stay covered by anything like that?	0030 1 ☐ Yes 2 ☐ No – Go to item 4a	YES NO DK	d. What was the cost for alcoholic beverages, including taxes?	0180 \$					
	Ask for each item - Did the package deal include anything for?  FIELD REPRESENTATIVE - Read each item listed.	0040         Food and beverages           0050         Lodging	. 1 🗆   2 🗆   X 🗆	7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything	0190 1 ☐ Yes					
	TIELD HEI HEGENTYTTVE TIGGG GGGT ROTT HISTOG.	0060 Entertainment	. 1 🗆 ¦ 2 🗆 ¦ X 🗆	on this stay for entertainment or admissions (not counting what the package deal covered)?	2 ☐ No – Go to item 8					
		0070 Anything else - Specify   ———————————————————————————————————		<b>b.</b> How much did you (or any members of your CU) pay?	0200 \$					
	. 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 \$					
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 – Go to item 5a		Did the (amount) include anything for?	0220 Food and beverages		x			
k	• What was the cost, including taxes and tips?	0100 \$		FIELD REPRESENTATIVE – Read each item listed.	0230       Lodging       1         0240       Entertainment       1         0250       Other expenses       1		¦ x□			
58	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?	1 Yes – Complete part F for each stay 2 No – Go to next section		1			
k	• What was the cost, including taxes and tips?	0120 \$		- NC	TES					
C	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 ☐ Yes 2 ☐ No – Go to item 6a								
C	I. What was the cost for alcoholic beverages, including taxes and tips?	0140 \$								

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## **Section 19 - MISCELLANEOUS EXPENSES**

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

	Part A – Miscellan	eous Expen	ses	4	19 02	8 →									тепсе репоа, ехспату т		
	а		b	ONLY	С		d		е	f		g		NOTES		PRE	
1	Information Booklet, page  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 months ago), ers of your CU) the following.	What was the expense for?  Describe briefly.	PROCESSING USE ON	ENTEI ITEM CODE from colum	n a. li	n what month did ou have this xpense? it is a continuous xpense throughou ne reference period nark box.	for you some of you t 1 - For	ur CU or ne outside r CU?	What was the total amount of the expense?  For continuing expenses, do not include expenses for the expense for the expenses for the expenses for the expenses for the expenses for the expenses for the expenses for the expenses for the expense for th	1	Did y have other exper	any r nses		<b>1</b> Description from column b	Month or code from column d	3  Expense from column f
		ITEM YES NO		PROC			Month Continuou expense	_	Outside CU	Tine current month.		YES	NO			Month	
	FUNERALS, BURIALS, OR CREMATION	100		0010			13	1 🗆	2	\$ .00	00						\$ .00
	PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS	110		0020			13	1 🗆	2 🗆	\$ .00	T						\$ .00
	COMBINATIONS OF THE ABOVE			0030			1 3 🗆	1	2 🗆	\$ .00	0						\$ .00
	Use only if cannot itemize the above	120		0040			13 🗆	1 🗆	2 🗆	\$ .00	0						\$ .00
	CATERED AFFAIRS	130		0050			13	1	2 🗌	\$ .00	0						\$ .00
	FRESH FLOWERS OR POTTED PLANTS	140		0060			1 3 🗆	1	2 🗆	\$ .00	00						\$ .00
	LEGAL FEES	150		0070			13	1	2	\$ .00	0						\$ .00
	related to real estate closing costs which were reported in section 3.			0080			13	1	2 🗆	\$ .00	0						\$ .00
	ACCOUNTING FEES	160		0090			1 3 🗆	1	2 🗆	\$ .00	0						\$ .00
	OCCUPATIONAL EXPENSES	380		0100			13	1	2 🗆	\$ .00	00						\$ .00
	HOME SERVICES			0110			13	1	2 🗆	\$ .00	00						\$ .00
	Gardening or lawn care services	170		0120			13	1	2	\$ .00	00						\$ .00
	Housekeeping services	180		0130			13	1	2 🗆	\$ .00	00						\$ .00
	Other home services and small repair jobs around the house, not previously			0140			13	1	2 🗌	\$ .00	0						\$ .00
	reported	210		0150			13	1	2 🗆	\$ .00	0						\$ .00
	Babysitting or other child care in your own home	190		0160			13	1	2 🗆	\$ .00	00						\$ .00
	Babysitting or other child care in someone else's home	220		0170			13	1	2 🗆	\$ .00	00						\$ .00
	Care for invalids,			0180			13	1	2	\$ .00	00						\$ .00
	convalescents, handicapped or elderly persons in the home	200		0190			13	1	2	\$ .00	00						\$ .00
2	FIELD REPRESENTATIVE	1 19 01 6 ↓		0200			13 🗆	1	2	\$ .00	0						\$ .00
	CHECK ITEM  Mark (X) box if there	010 999 □ Go to next		0210			13	1	2 🗆	\$ .00	0						\$ .00
	are no entries recorded in columns b – g.	page		0220			13	1	2 🗌	\$ .00	00						\$ .00

# Section 19 - MISCELLANEOUS EXPENSES - Continued

Part A - Miscella	aneous E	xpenses – Continued			4 19 04 4 ->									
a		b	ONLY	С	d		е	f		g	NOTES		PRE	
Information Booklet, pa 3. Since the 1st of (mon ago), have you (or any your CU) had expense the following, either for someone outside	oth, 3 months y members es for any o for vour CL	of f	USE	ENTER ITEM CODE from column	In what month did you have this expense?  If it is a continuous expense throughout the reference period,	for your	his expense our CU or one outside ur CU? r CU r someone	What was the total amount of the expense?  For continuing expenses, do not	hav oth exp	d you ve ar her pens	ny	<b>1</b> Description	Month or code from column d	3 Expense from
for someone outside	ITEM CODE YES	NO	PROCESSING		Month Continuous expense	ou	Outside CU	include expenses for the current month.	YES	S   N	10	from column b	Month	column f
ADULT DAY CARE CENTERS	350		0010		1 3 🗆	1□	2	\$ .00	- 1	<del> </del> 				\$ .0
PROFESSIONAL PHOTOGRAPHY			0020		13	1	2	\$ .00		]   [				\$
FEES	360		0030		13 🗆	1	2 🗆	\$ .00		]				\$
HOME SECURITY SYSTEM SERVICE FEES	370		0040		13	1	2	\$ .00		]   [				\$
TV COMPUTER			0050		13	1	2	\$ .00		]				\$ .0
GAMES AND COMPUTER GAME SOFTWARE	290		0060		13	1	2	\$ .00		]   [				\$ 1.0
HAND HELD COMPUTER			0070		13	1	2 🗆	\$ .00		] [				\$
GAMES AND COMPUTER BOARD GAMES	300		0090		13 🗆	1 🗆	2 🗆	\$ .00		]				\$
TOYS AND GAMES	330		0100		13	1 🗆	2 🗆	\$ .00		]   [				\$
HOBBIES			0110		13 🗆	1	2 🗆	\$ .00		] ¦ [				\$
MOVING, STORAGE, AND FREIGHT			0120		13	1	2	\$ .00		]   [				\$
EXPRESS	230		0130		13 🗆	1	2	\$ .00		] ¦ [				\$ .0
PURCHASE OF PETS, PET SUPPLIES, AND			0140		1 3 🗆	1□	2 🗆	\$ .00		]				\$
FOR PETS	240		0150		13 🗆	1	2 🗆	\$ .00		]				\$ .0
PET SERVICES	250		0160		1 3 🗆	1	2 🗆	\$ .00		]   [				\$
VETERINARIAN EXPENSES FOR PETS	260		0170		13 🗆	1□	2	\$ .00		]				\$
LOTTERIES AND GAMES OF CHANCE			0180		13	1	2	\$ .00		]				\$ .0
FIELD	1 19 03 2	,	0190		13 🗆	1 🗆	2	\$ .00		<u>ן נ</u>				\$ .0
REPRESENTATIVE CHECK ITEM	10 999 □ <i>Go</i>	to	0200		13 🗆	1	2 🗆	\$ .00		]				\$ .0
there are no entries recorded	Par	B	0210		13 🗆	1	2 🗆	\$ .00		]   [				\$ .0
in columns b-g.			0220		13	1	2	\$ .00	$\Box$	ַן נ ביי נ				\$ .0

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## **Section 19 - MISCELLANEOUS EXPENSES - Continued**

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 f for each "YES" response. For continuing payments/contributions such as alimony or child support, mark the box in column d and enter the total expense for the reference period, excluding the current month.

							5	support, mark the box in	colum	n d and ei	nter the total expense fo	or the reference period, ex	cluding the cur	rent month.
	Part B – Contrib	utions			19 06 6	<u>→</u>								
	a		b	ONLY	С		d	е		f	NOTES		PRE	
1	Information Booklet, pa Since the 1st of (mon ago), have you (or any your CU) paid any of to help support some of your CU?	th, 3 months y members of the following one outside	What was the (payment/contribution) for?  Describe briefly the payment/contribution.	PROCESSING USE O	ENTER ITEM CODE from column	a.	In what month did you make the [payment/contribution]? If it is a continuous payment/contribution throughout the reference period, mark box.	amount of the (payment/contribution)?	any o (payn	nents/ ibutions)		Description from column b	Month or code from column d	Expense from column e
	College students living away from home	ITEM CODE YES NO		PRO			Month Continuous expense	for the current month.	YES	NO			Month	
	Child support	110		0010			13	\$ 1.00		<u> </u>				\$ .00
	Alimony	120		0020			13 🗆	\$ .00						\$ .00
2	. Since the 1st of (month, 3 months ago),			0030			13	\$ 1.00						\$ .00
	have you (or any members of your CU) given any money by	<i>Y///X//X///</i>		0040			13 🗆	\$ .00						\$ .00
	cash, checks, money orders, or credit cards to benefit –			0060			13 🗆	\$ .00		<u>                                     </u>				\$ .00
	Educational institutions	130		0070			13 🗆	\$ .00						\$ .00
	Political organizations	140		0800			13 🗆	\$ .00						\$ .00
	Religious	140		0090			13	\$ .00		_				\$ .00
	organizations, including churches, temples, and			0100			13 🗆	\$ .00						\$ .00
	mosques, but not including parochial schools	150		0110			13 🗆	\$ .00						\$ .00
	Charities and all other organizations	160		0130			13	\$ .00						\$ .00
	Any and all other			0140			13 🗆	\$ .00						\$ .00
	persons not in your CU, such as friends, co-workers, or	170		0150			13	\$ .00						\$ .00
3	homeless persons  . Have you (or any	170		0160			1 3 🗆	\$ .00						\$ .00
	members of your CU given any stocks, bonds, or mutual			0170			13	\$ .00						\$ .00
	funds to persons or organizations outside your CU?	180		0180		$\perp$	13	\$ .00						\$ .00
4.	FIELD REPRESENTATIVE	1 19 04 8 \$		0190		-	13	\$ .00						\$ .00
	CHECK ITEM  Mark (X) box if	10 999 □ Go to next		0210		+	13	\$ .00						\$ .00
	there are no entries recorded in columns b–f.	page		0220		+	13 🗆	\$ 1.00						\$ .00

#### Section 20 – EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS Part A – Food and Beverages 1 20 01 4 🗸 1a. Since the 1st of (month, 3 months ago), what has been your usual WEEKLY expense at the grocery store or supermarket? NOTES 7. Have you (or any members of your CU) received any free food, .00 0140 1 ☐ Yes 0010 s beverages, or meals through public or private welfare agencies, including religious organizations? Do not include free 2 🗌 No 0 ☐ None - Go to item 2a meals in school or preschool programs. 8a. Have you (or any members of your CU) received any free meals **b.** About how much of this amount was for nonfood items, such 0150 1 ☐ Yes at work as part of your pay? .00 0020 \$ as paper products, detergents, home cleaning supplies, pet 2 ☐ No – Go to item 10a foods, and alcoholic beverages? o 🗌 None **b.** About what was the WEEKLY dollar value of such meals? 0160 s 2a. Have you (or any members of your CU) purchased any food or 0030 1 ☐ Yes nonalcoholic beverages from places other than grocery stores, C. Since the 1st of (month, 3 months ago), how many weeks did such as convenience stores, specialty stores, bakeries, home $_2 \square$ No – Go to item 3a members of your CU receive such meals? Number of weeks delivery, vegetable stands, or farmers' markets? Include any large purchases made for freezing or canning. Ask only if preschool or school age students; otherwise mark "No." 0180 1 ☐ Yes **9a.** Since the 1st of (month, 3 months ago), not including (this $_2 \square$ No – Go to part B **b.** What was your usual WEEKLY expense at these places? month), have you (or members of your CU) purchased any .00 meals at school for preschool through high school age 0040 \$ children? 3a. Have you (or any members of your CU) purchased any beer, **b.** If YES – What are the names of all CU members who purchased 0050 1 ☐ Yes wine, or other alcoholic beverages to be served at home? meals at school? Enter the name of each CU member purchasing meals at school in $_2$ $\square$ No – Go to item 4a column a, then ask columns b through d for each name entered. b. What was your usual MONTHLY expense for beer and wine? а d .00 C 0060 \$ ONLY What is the Enter **How many** o 🗌 None usual WEEKLY line weeks PROCESSING USE number expense for the did . . . from meals . . . purchase C. What was your usual MONTHLY expense for other alcoholic Control purchased at meals? Name beverages? .00 0070 <sub>\$</sub> Card. school? Enter o 🗌 None number of weeks. 4a. Have you (or any members of your CU) purchased any beer, 3 20 02 8 → 0080 1 ☐ Yes wine or other alcoholic beverages in restaurants, taverns, cocktail lounges, or clubs? 2 ☐ No – Go to item 5a 0010 .00 **b.** What was the usual MONTHLY expense? 0020 .00 0090 <sub>\$</sub> □.00 0030 5a. Have you (or any members of your CU) purchased meals, .00 0100 1 ☐ Yes snacks, or fast food from restaurants, cafeterias, carry-outs, street vendors, or other such places? $_2$ $\square$ No – Go to item 6a 0040 .00 b. What was the usual MONTHLY expense for these purchases? 0050 .00 0110 s .00 0060 .00 6a. Have you (or any members of your CU) paid for board outside 0120 1 Yes of a boarding house? 0070 $_2$ $\square$ No – Go to item 7a ٠.00 0080 **b.** What was the usual MONTHLY expense? .00 .00 0130 \$ 0090 .00

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#### 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) had any expenses for 0160 1 ☐ Yes 6a. Have you (or any members of your CU) had any expenses for 0010 1 ☐ Yes checking accounts or other banking services, such as ATM 2 ☐ No – Go to item 7a 2 ☐ No - Go to item 2a coin-operated laundry or dry cleaning machines? **b.** What is the usual MONTHLY charge? **b.** What was the total cost? .00 0170 \$ 0020 \$ **7a.** Since the 1st of (month, 3 months ago), excluding (this 0180 1 ☐ Yes month) have vou (or any members of your CU) had C. Was any of this amount for items other than clothes such as 0030 1 ☐ Yes 2 ☐ No – Go to item 8a expenses for taxis or limousine service? Do not include linens or drapes? 2 ☐ No - Go to item 2a expenses entirely reimbursed for business purposes or expenses incurred on a trip. **d.** How much? **b.** If YES – What was the total expense? .00 0040 \$ .00 x Don't know 8a. Do you (or any members of your CU) use mass transportation 0200 1 ☐ Yes services such as a bus, subway, mini-bus or train, including $_{2}$ $\square$ No – Go to next section 0050 1 ☐ Yes 2a. Have you (or any members of your CU) had any expenses for commuter bus and train service? dry cleaning or laundry services? $_2 \square$ No – Go to item 3a **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? .00 .00 C. Was any of this amount for items other than clothes such as 0070 1 ☐ Yes linens or drapes? $_2 \square$ No – Go to item 3a .00 (2) School? ..... d. How much? .00 .00 (3) Other places? ..... 0230 s x ☐ Don't know NOTES 3. Have you (or any members of your CU) purchased tobacco products, such as -0090 1 ☐ Yes $_2$ $\square$ No – Go to item 3ca. Cigarettes? **b.** If YES – What is the usual WEEKLY expense for cigarettes? C. Cigars, pipe tobacco, or other tobaccos, including chewing 0110 1 ☐ Yes 2 ☐ No – Go to item 4 d. If YES - What is the usual WEEKLY expense for cigars, pipe .00 tobacco, or other tobaccos? 0120 \$\_ 4. Since the 1st of (month, 3 months ago), excluding (this month), what has been the expense for haircuts, styling, and other related services for all members of your CU? .00 0130 \$ o 🗌 None 5a. Have you (or any members of your CU) had any expenses for 0140 1 ☐ Yes the rental of a safe deposit box located in a bank or similar $_2 \square$ No – Go to item 6a financial institution? **b.** What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago), excluding this month? <sub>0</sub> $\square$ None

Soction	21	<b>CREDIT</b>	IIADII	ITV
Section	<i>/</i>   _	L-KFIJII	LIABII	1 I Y

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

Part A.1 – Credit Balances	s – Se	econd Q	uarte	er O	nly	1 21 02 0 🕶						
а					b	С		d		•	•	NOTES
1. On the 1st of (the current month), dimembers of your CU) owe any mother following? Do not include mortgloans, automobile loans, or business	lid you oney to gage, h related	o (or any of any of equity loans.	,   ;	E ONL	ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owe money?  Enter name of store, credit card, finance	How much wa (credit source)?		0	Did any m your CU o money to (credit sout	we anv	
Read each item listed below. Complet for each individual store, credit card,	te a se <sub>l</sub> etc.	parate line		PROCESSING U		company, bank, credit union, insurance company, etc.				If "No," go credit sour column a.	to next ce in	
CREDIT SOURCE	ITI CC	EM YES N	10	PRO				 	Don't know	YES	NO	
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa,			00	010			\$	.00	х□			
MasterCard, etc	10	00	00	020			\$	.00	х□			
accounts	20	00	00	030			\$	.00	x□			
Banks and savings and loan companies	30	00	00	040							   	
Credit unions	40	00		740			\$	00.	х□			
Finance companies Insurance companies (Do not	50	00	00	050			\$	.00	х□			
include insurance premium payments)	60	00	00	060			\$	.00	х□			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered			00	070			\$	.00	х□			
by insurance		00	00	080			\$	.00	х□			
Other credit sources	80	00		090								
			[00	J9U			\$	00.1	х□		<u> </u>	
			01	100			\$	.00	х□			
			01	110			\$	.00	х□			
			01	120			\$	.00	х□			
2. FIELD REPRESENTATIVE CHECK ITEM	1 :	21 01 2 ↓	01	130			\$	.00	x□			
Mark (X) box if there are no entries	0010	999□ Go to next		140								
recorded in columns b–e.		secti	on Lui	140			\$	00.	x□			
			01	150			s	00	xΠ		! п I	

# 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 -	- Seco	nd Quart	ter Only 1 21 03 8 🖵						
а		b	С	d			е		NOTES
	SING 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 owe (credit source)?	ed to		Did any my your CU or money to a (credit sour If "No," go t credit sourc column a.	any other ce)? o next	
CREDIT SOURCE ITEM CODE	PROCESSING					on't	YES	NO	
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa,	0010			\$	00 ×	: 🗆			
MasterCard, etc	0020			\$ .	00 ×				
Banks and savings and loan	0030			\$ .	00   X				
companies	0040			\$ .	00   X				
Finance companies 500	0050			\$	00   00   X	: 🗆			
Insurance companies (Do not include insurance premium payments) 600	0060			\$	00   00   X	:			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered	0070			\$ .	00   ×	: 🗆			
by insurance         700           Other credit sources         800	0080			\$	00 ×				
	0090			\$ .	00   X	: 🗆			
	0100			\$	00   00   x	: 🗆			
	0110			\$	) 00 i x				
	0120			\$	00   X	: 🗆			
	0130				00  ×				
	0140				00 i ×				
	0150				00 x				

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

Ī	Part A.2 – Credit Balance	s – Fift	h Quar	ter On	ly	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 in the following? Do not include moleans, automobile loans, or busine.	, did you noney to ortgage, ho	(or any any of ome equit	λη NO	ENTER ITEM CODE from	What is the name of the (credit source) to which you owed money?	Ask if "Yes" in it  How much wa (credit source)?			What was the total amou on the 1st of (current mon year ago)?			Did any m your CU o money to (credit sou	we any anv other	
	Read each item listed below. Comp	olete a sep		.   sn	column a	company, bank, credit union, insurance	(orean source):						If "No," go		
	for each individual store, credit car  CREDIT SOURCE		1	NISS		company, etc.							credit sour column a.	ce in	
		CODE	YES N	PROCESSING					on't		None	Don't know	YES	ı NO	
	Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	. 100		0010			\$		x 🗆	\$ .00	       o	KIIOW			
	Stores for installment credit accounts			0020			\$	.00	×□	\$ .00	0 🗆	   x			
	Banks and savings and loan companies	. 300		0030			\$	.00	x 🗆	\$ .00		   x			
	Credit unions	. 400		0040			\$	.00	×□	\$ .00	     o	¦ x□		 	
	Finance companies Insurance companies (Do not	. 500		0050			\$	.00	<b>√</b> □	\$ .00		. x □			
	include insurance premium payments)	. 600					<u> </u>				l	l		1	
	Doctors, dentists, hospitals, or other medical practitioners for			0060			\$	.00	x 🗆	\$ 1.00	i o ∐ i	x		<u> </u>	
	expenses not covered by insurance	. 700		0070			\$	.00	х□	\$ .00	0 🗆	χ□			
<b>2</b> a	Other credit sources			0080			\$	.00	×□	\$ .00	0 🗆	¦ x□			
	you (or any members of your Cl any creditor that you did not ov 1st day of (the current month, the	J) owe money	oney to to on th				\$	.00	×□	\$ .00		¦ ¦ x□		;	
	□YES □NO			0100			\$	.00	× 🗆	\$ .00	  -   0			 	
b	What was the source of the credit?	Item cod	le(s)	0110			\$	.00	× 🗆	\$ .00	       0	;   x□			
	Complete columns b, c, e, and f for each credit source reported.			0120			\$		x 🗆			¦ x□		 	
3.	FIELD REPRESENTATIVE	1 21	10 3 ↓	0130							   	I I		i i	
	CHECK ITEM	0010 99	9□ Go to	,			\$	.00	x 🗆	\$ .00	0 📙	x		<u> </u>	
	Mark (X) box if there are no entries recorded in columns b–f.		part l	0140			\$	.00	×□	\$ .00	0 🗆	x □			
				0150			\$	.00	×П	\$ .00	l   o □	¦ x □		¦ _ [	

#### Section 21 - CREDIT LIABILITY - Continued FIELD REPRESENTATIVE - Complete columns b through f for each store, bank, credit account, etc., reported in column a. 1 21 12 9 🖵 Part A.2 - Credit Balances - Continued - Fifth Quarter Only NOTES d f C ENTER ITEM CODE Ask if "Yes" in item 1. What is the name of the (credit source) What was the total amount owed Did any member of ONLY to which you owed money? on the 1st of (current month, one your CÚ owe any How much was owed to year ago)? money to any other from (credit source)? (credit source)? PROCESSING USE column a Enter name of store, credit card, finance company, bank, credit union, insurance If "No," go to next company, etc. credit source in column a. None Don't ITEM CODE **CREDIT SOURCE** Don't YES NO know **Revolving credit accounts** including store, gasoline, and 0010 $\mathsf{x} \square$ .00 0 X .00 general purpose credit cards, such as Sears, Amoco, Visa, 100 0020 .00 ⊨ x □ .00 | 0 | x | Stores for installment credit accounts 200 0030 .00 x □ Banks and savings and loan 300 companies ..... 0040 .00 $\mathsf{x} \square$ .00 0 X 400 500 0050 Finance companies ...... .00 × .00 i o □ i x □ **Insurance companies** (Do not include insurance 0060 .00 x □ 600 premium payments) ..... Doctors, dentists, hospitals, or 0070 .00 o x other medical practitioners for expenses not covered 700 0080 .00 x .00 | 0 | x | Other credit sources ..... 800 0090 .00 x □ 0100 .00 $\mathsf{x} \square$ .00 0 X 0110 .00 i x 🗆 .00 i 0 □ i x □ 0120 .00 x □ .00 | 0 | x | 0130 .00 | 0 | x | 0140 .00 × .00 i o 🗆 i x 🗆 0150 .00 0 □ $\mathsf{x} \square$

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



11  $\square$  \$120,000 and over

Page 121

#### Page 121 **Section 22 – WORK EXPERIENCE AND INCOME** FIELD REPRESENTATIVE - Ask a separate page of part A for each CU member 14 years old and over. Part A – Second Quarter, Fifth Quarter or New Consumer Units Only PROCESSING USE ONLY 6e. Was there any money deducted from Ask if item 2 marked "Did not work" -1 22 01 0 🗸 REPRESENTATIVE ...'s last pay for -ITFM What was the main reason . . . did If YES - How much? Enter the first name a. NAME not work during the past 12 months? and line number of 0140 \$ \_ 0130 1 ☐ Yes .00 each CU member 14 (1) Federal income tax? ...... years old and over. 0010 2 🗌 No **b.** LINE NUMBER CODE 0070 In the last 12 months, how many 1 - Retired? \_Code 0160 <sub>\$</sub> 0020 0150 1 Yes .00 weeks did . . . work either full time or Weeks 2 - Taking care of home/family? part time, not counting work around (2) State and local income tax? . . . 2 No 0 ☐ Did not work – 3 - Going to school? the house? Include paid vacation and Go to item 5 4 - III, disabled, unable to work? paid sick leave. 0170 1 ☐ Yes 0180 s .00 5 - Unable to find work? 3. In the weeks that . . . worked, how (3) Private pension fund? . . . . . . . 2 $\square$ No 6 - Doing something else? - Specify -0030 many hours did . . . work per week? Hours per week 0190 1 ☐ Yes 0200 \$ .00 Information Booklet, page 43 (4) Government retirement? . . . . . 2 No 4a. The job in which . . . received the most During the last 12 months, 0080 1 ☐ Yes – Go to item 6a did . . . receive any money in wages earnings during the past 12 months 2 □ No – Go to item 7 0220 \$ .00 0210 1 ☐ Yes fits best in the following category: or salary? Include all wages, salaries, commissions, tips, allowances, (5) Railroad retirement? . . . . . . . . 2 $\square$ No Manager, professional Armed Forces pay, severance pay, teaching fellowships, and the like. 01 – Administrator, manager 02 - Teacher 0230 1 Yes - Go to item 6a 03 - Professional (6) Social Security including Medicare? ..... a. During the last 12 months, how 2 □ No – Go to item 6f Administrative support, technical, sales .00 04 - Administrative support, including much did . . . receive in wages and salaries for ALL JOBS before any clerical f. Are Social Security payments 0240 1 \(\sum \) Yes - Go to item 6g Go to item 6c deductions? Sales, retail NORMALLY deducted from . . . 's pay? 2 ☐ No - Go to item 6h - Sales, business goods and services If "Don't know" or 07 - Technician "Refuse" - Go to item 6b g. Does the money deducted for Social 0250 1 ☐ Yes Service Security cover only the Medicare 0040 2 No 08 - Protective service Code Ask only if "Don't know" or "Refuse" to **0100** 1 $\square$ \$0–\$4,999 portion of Social Security? 09 - Private household service item 6a. Information Booklet, page 44. 2 🗆 \$5,000–\$9,999 10 - Other service h. Other than Social Security, did any 0260 1 \( \text{Yes} \) з 🗌 \$10,000–\$14,999 b. Could you tell me which range on employer or union contribute to a Operator, assembler, laborer CARD A best reflects . . .'s total wages and salaries for all jobs 2 No 4 🗆 \$15,000–\$19,999 11 - Machine operator, assembler, pension or retirement plan for . . . in the last 12 months? inspector 5 🗆 \$20,000–\$29,999 during the last 12 months? 12 - Transportation operator 6 🗆 \$30,000–\$39,999 13 - Handler, helper, laborer During the last 12 months, did . . . 0270 1 ☐ Yes – Go to item 7a 7 🗌 \$40,000–\$49,999 have any income or loss from . . . 's Precision production, craft, repair 14 - Mechanic, repairer, precision $_{2}$ $\square$ No – Go to item 7c own nonfarm business, partnership, 8 🗆 \$50,000–\$69,999 or professional practice? production 9 🗆 \$70,000–\$89,999 15 - Construction, mining 10 🗆 \$90,000-\$119,999 a. What was the amount of income or 0280 \$ \_ .00 Farming, forestry, fishing loss after expenses? Go to item 7c 11 \Bigs \$120,000 and over 16 - Farming 17 - Forestry, fishing, groundskeeping 0290 1 Loss Armed forces If "Don't know" or "Refuse" - Go to item 7b. C. What was the amount of . . .'s last 18 - Armed forces 0110 \$ .00 pay before deductions? 0300 0 Loss Ask only if "Don't know" or "Refuse" to **b.** Was . . . item 7a. Information Booklet, page 44. 1 🗆 \$0 –\$4,999 0050 CODE Code d. What period of time did this cover? 0120 1 \( \Box 1 \) week 2 🗆 \$5,000–\$9,999 **b.** Could you tell me which range on 1 - An employee of a PRIVATE 2 $\square$ 2 weeks з 🗌 \$10,000–\$14,999 CARD A best reflects . . . 's income or Ask if code 5 and not a company, business, or individual з 🗌 Month loss from . . .'s own nonfarm farm - Is the business 4 🗆 \$15,000–\$19,999 working for wages or salary? business, partnership or professional incorporated? 4 🗌 Quarter 5 🗆 \$20,000–\$29,999 2 - A Federal government employee? practice during the last 12 months? 3 - A State government employee? 5 🗌 Year 6 🗆 \$30,000-\$39,999 0060 1 ☐ Yes 4 - A local government employee? 6 ☐ Other – *Specify* 7 🗆 \$40,000–\$49,999 5 - Self-employed in OWN business, 2 No 8 50.000-\$69.999 professional practice, or farm? - Working WITHOUT PAY in family 9 🗆 \$70,000–\$89,999 business or farm? 7 Twice a month 10 \Bigsim \$90,000-\$119,999

#### FORM CE-302 Section 22 – WORK EXPERIENCE AND INCOME – Continued Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued NOTES 9f. Is this amount AFTER the deduction **7c.** During the last 12 months, did . . . have 0310 1 ☐ Yes – Go to item 7d 0420 1 ☐ Yes for a Medicare premium? any income from . . .'s own farm? $_2 \square$ No – Go to item 8 2 $\square$ No **d.** What was the amount of income or loss 0320 \$ .00 **g.** During the past 12 months, how many after expenses? 0430 Go to item 8 Number **Social Security or Railroad Retirement** 0330 1 ☐ Loss payments did . . . receive? If "Don't know" or "Refuse" - Go to item 7e 10. During the last 12 months, did . . . receive any -0340 0 □ Loss Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44. 1 🗌 \$0 -\$4,999 0440 1 ☐ Yes a. Supplemental Security Income (SSI) payments from the U.S. Government? 2 \( \)\\$5,000-\\$9,999 2 $\square$ No e. Could you tell me which range on CARD A best reflects . . . 's income з 🗆 \$10,000–\$14,999 or loss from . . .'s own farm during the last 12 months? **b.** Supplemental Security Income (SSI) 4 🗆 \$15,000–\$19,999 0450 1 ☐ Yes payments from the STATE or LOCAL 5 🗆 \$20,000-\$29,999 2 🗌 No government? 6 🗆 \$30,000–\$39,999 If "Yes" in items 10a and/or10b -7 \Bigsim \$40,000-\$49,999 8 \(\simeg\) \$50,000-\$69,999 0460 \$ .00 Go to item 11 C. During the last 12 months, how 9 🗆 \$70,000–\$89,999 much did . . . receive in **Supplemental Security Income** 10 \Bigsim \$90,000-\$119,999 If "Don't know" or "Refuse" -Go to item 10d checks form ALL government 11 - \$120,000 and over sources? Ask only if "Don't know" or "Refuse" to **0470** 1 $\square$ \$0 -\$999 During the last 12 months, did . . . place 0350 1 ☐ Yes item 10c. Information Booklet, page 46. 2 \Bigsim \$5,000-\$1,999 any money in a retirement plan such as 2 $\square$ No an Individual Retirement Account (IRA) d. Could you tell me which range on з 🗆 \$2,000–\$2,999 CARD C best reflects the amount . . . or Keogh? Do not include rollovers. 4 🗌 \$3,000–\$3,999 received in Supplemental Security 0360 \$ .00 If YES - How much? 5 🗌 \$4,000–\$4,999 Income from all government sources during the last 12 months? 6 \(\supsymbol{\Sigma}\) \$5,000-\$9,999 During the last 12 months, did . . . 7 \[ \$10,000-\$14,999 receive from the U.S. Government any 8 🗌 \$15,000–\$19,999 money from -0370 1 ☐ Yes 9 🗌 \$20,000–\$29,999 2 $\square$ No a. Social Security checks? 10 🗌 \$30,000–\$39,999 0380 1 ☐ Yes 11 \Bigsim \$40,000-\$49,000 2 🗌 No $12 \square $50,000$ and over **b.** Railroad Retirement checks? C. FIELD REPRESENTATIVE CHECK ITEM 0390 1 ☐ Yes – Go to item 9d 11. FIELD REPRESENTATIVE CHECK ITEM 0480 1 Records Is "Yes" marked in items 9a and/or 9b? $_{2}$ $\square$ No – Go to item 10 Mark (X) the appropriate box based 2 No records used upon the respondent's use of records in d. What was the amount of the last providing responses to items 6–10 **Social Security or Railroad** 0400 s .00 Go to item 9f Retirement payment received? If "Don't know" or "Refuse" - Go to item 9e Ask only if "Don't know" or "Refuse" to 0410 1 Less than \$300 item 9d. Information Booklet, page 45. 2 🗆 \$300–\$399 e. Could you tell me which range on з 🗌 \$400–\$499 CARD B best reflects the amount of 4 🗌 \$500–\$599 ..'s last Social Security or Railroad 5 🗌 \$600–\$699 Retirement payment received? 6 🗌 \$700–\$799 7 🗌 \$800–\$899 8 🗌 \$900–\$999

9 🗌 \$1,000–\$1,499 10 - \$1,500 and over

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

<b>)</b>	Part A – Second (	Quarter, Fifth (	Quarter or New Consur	ner	Units Only - Continued					
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 22 06 9 ↓		Ask if item 2 marked "Did not work" –		6e. Was there any money deducted from 's last pay for –			
	ITEM Enter the first name and line number of	a. NAME		5.	What was the main reason did not work during the past 12 months? Was		If YES – How much?	0130 1 ☐ Yes	0140 \$	.00
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010		CODE		(1) Federal income tax?	2 No	0140 \$ _	
2.	In the last 12 months weeks did work of part time, not count the house? Include p paid sick leave.	either full time or ing work around	0020 Weeks 0 □ Did not work - Go to item 5		<ul> <li>1 - Retired?</li> <li>2 - Taking care of home/family?</li> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> </ul>	0070Code	(2) State and local income tax?	0150 1  Yes 2  No	0160 \$	.00
3.	In the weeks that many hours did v	. worked, how vork per week?	0030 Hours per		<ul> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify </li> </ul>		(3) Private pension fund?	0170 1 ☐ Yes 2 ☐ No	0180 \$ _	.00
4-	Information Booklet, p	_	week	_			(4) Government retirement?	0190 1  Yes 2  No	0200 \$ _	.00
<b>4</b> a.	The job in which earnings during the pitts best in the follow Manager, professional 01 – Administrator, professional to the following th	past 12 months ving category:		6.	During the last 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay,	0080 1 ☐ Yes – Go to item 6a 2 ☐ No – Go to item 7	(5) Railroad retirement?	0210 1 Yes 2 No	0220 \$ _	.00
	<ul><li>02 - Teacher</li><li>03 - Professional</li><li>Administrative support</li></ul>	, technical, sales		a	teaching fellowships, and the like.  During the last 12 months, how much did receive in wages and	0090 \$	(6) Social Security including Medicare?	0230 1  Yes - Go		
	04 - Administrative s clerical 05 - Sales, retail 06 - Sales, business				salaries for ALL JOBS before any deductions?	Go to item 6c	f. Are Social Security payments NORMALLY deducted from's pay?	0240 1  Yes - Go		
	07 - Technician Service 08 - Protective servi 09 - Private househo		0040 Code		Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.	"Refuse" – Go to item 6b.  1  \$0-\$4,999 2 \$5,000-\$9,999	g. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1  Yes 2  No		
	10 - Other service Operator, assembler, la 11 - Machine operator inspector	or, assembler,		b	Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?	3 \( \) \$10,000-\$14,999 4 \( \) \$15,000-\$19,999 5 \( \) \$20,000-\$29,999	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for in the last 12 months?	0260 1  Yes 2  No		
	12 - Transportation of 13 - Handler, helper, Precision production, of 14 - Mechanic, repair production	laborer raft, repair			during the last 12 months.	6  \$30,000-\$39,999 7  \$40,000-\$49,999 8  \$50,000-\$69,999 9  \$70,000-\$89,999	7. During the last 12 months, did have any income or loss from 's own nonfarm business, partnership, or professional practice?	0270 1 ☐ Yes – Go 2 ☐ No – Go		
	15 - Construction, m Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing	ng				10 \(\sim \\$120,000 \) \$119,999 11 \(\sim \\$120,000 \) and over	What was the amount of income or loss after expenses?	0280 \$	.00	> Go to item 7c
	Armed forces 18 - Armed forces	,, g. caaccopg		C	What was the amount of's last pay before deductions?	0110 \$	Ask only if "Don't know" or "Refuse" to		ow" or "Refus	e" – Go to item 7b.
b.	CODE  1 - An employee of a company, busine working for wage 2 - A Federal govern 3 - A State governme 5 - Self-employed in professional prace 6 - Working WITHOU business or farm	ss, or individual es or salary? ment employee? ent employee? own business, tice, or farm?	O050 Code  Ask if code 5 and not a farm – Is the business incorporated?  O060 1 □ Yes 2 □ No	d	. What period of time did this cover?	0120 1  1 week 2  2 weeks 3  Month 4  Quarter 5  Year 6  Other - Specify	item 7a. Information Booklet, page 44. <b>b.</b> Could you tell me which range on CARD A best reflects 's income or loss from 's own nonfarm business, partnership or professional practice during the last 12 months?	1  \$0 -\$4,9 2  \$5,000-\$ 3  \$10,000- 4  \$15,000- 5  \$20,000- 6  \$30,000- 7  \$40,000- 8  \$50,000- 9  \$70,000- 10  \$90,000-	\$9,999 \$14,999 \$19,999 \$29,999 \$39,999 \$49,999 \$69,999	
								11 🗆 \$120,000		

#### Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued NOTES 9f. Is this amount AFTER the deduction **7c.** During the last 12 months, did . . . have 0310 1 ☐ Yes – Go to item 7d 0420 1 ☐ Yes for a Medicare premium? any income from . . . 's own farm? $_2 \square$ No – Go to item 8 2 $\square$ No **d.** What was the amount of income or loss 0320 \$ .00 **g.** During the past 12 months, how many after expenses? 0430 Go to item 8 Number **Social Security or Railroad Retirement** 0330 1 ☐ Loss payments did . . . receive? If "Don't know" or "Refuse" - Go to item 7e 10. During the last 12 months, did . . . receive any -0340 0 □ Loss Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44. 1 🗌 \$0 -\$4,999 0440 1 ☐ Yes a. Supplemental Security Income (SSI) payments from the U.S. Government? 2 \( \)\\$5,000-\\$9,999 2 $\square$ No e. Could you tell me which range on CARD A best reflects . . . 's income з 🗆 \$10,000–\$14,999 or loss from . . .'s own farm during the last 12 months? **b.** Supplemental Security Income (SSI) 4 🗆 \$15,000–\$19,999 0450 1 ☐ Yes payments from the STATE or LOCAL 5 🗆 \$20,000-\$29,999 2 🗌 No government? 6 🗆 \$30,000–\$39,999 If "Yes" in items 10a and/or10b -7 \Bigsim \$40,000-\$49,999 8 \(\simeg\) \$50,000-\$69,999 0460 \$ .00 Go to item 11 C. During the last 12 months, how 9 🗆 \$70,000–\$89,999 much did . . . receive in **Supplemental Security Income** 10 \Bigsim \$90,000-\$119,999 If "Don't know" or "Refuse" -Go to item 10d checks form ALL government 11 - \$120,000 and over sources? Ask only if "Don't know" or "Refuse" to **0470** 1 $\square$ \$0 -\$999 During the last 12 months, did . . . place 0350 1 ☐ Yes item 10c. Information Booklet, page 46. 2 \Bigsim \$5,000-\$1,999 any money in a retirement plan such as 2 $\square$ No an Individual Retirement Account (IRA) d. Could you tell me which range on з 🗆 \$2,000–\$2,999 CARD C best reflects the amount . . . or Keogh? Do not include rollovers. 4 🗌 \$3,000–\$3,999 received in Supplemental Security 0360 \$ .00 If YES - How much? 5 🗌 \$4,000–\$4,999 Income from all government sources during the last 12 months? 6 \(\supsymbol{\Sigma}\) \$5,000-\$9,999 During the last 12 months, did . . . 7 \[ \$10,000-\$14,999 receive from the U.S. Government any 8 🗌 \$15,000–\$19,999 money from -0370 1 ☐ Yes 9 🗌 \$20,000–\$29,999 2 $\square$ No a. Social Security checks? 10 🗌 \$30,000–\$39,999 0380 1 ☐ Yes 11 \Bigsim \$40,000-\$49,000 2 🗌 No $12 \square $50,000$ and over **b.** Railroad Retirement checks? C. FIELD REPRESENTATIVE CHECK ITEM 0390 1 ☐ Yes – Go to item 9d 11. FIELD REPRESENTATIVE CHECK ITEM 0480 1 Records Is "Yes" marked in items 9a and/or 9b? $_{2}$ $\square$ No – Go to item 10 Mark (X) the appropriate box based 2 No records used upon the respondent's use of records in d. What was the amount of the last providing responses to items 6–10 **Social Security or Railroad** 0400 s .00 Go to item 9f Retirement payment received? If "Don't know" or "Refuse" - Go to item 9e Ask only if "Don't know" or "Refuse" to 0410 1 Less than \$300 item 9d. Information Booklet, page 45. 2 🗆 \$300–\$399 e. Could you tell me which range on з 🗆 \$400–\$499 CARD B best reflects the amount of 4 🗌 \$500–\$599 ..'s last Social Security or Railroad 5 🗌 \$600–\$699 Retirement payment received? 6 🗌 \$700–\$799 7 🗌 \$800–\$899 8 🗌 \$900–\$999 9 🗌 \$1,000–\$1,499 10 - \$1,500 and over

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

F	Part A – Second (	Quarter, Fifth (	Quarter or New Consum	ner	Units Only - Continued					
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 22 11 9 ↓		Ask if item 2 marked "Did not work" –		<b>6e.</b> Was there any money deducted from 's last pay for –			
	ITEM Enter the first name and line number of	a. NAME		5.	What was the main reason did not work during the past 12 months? Was		If YES – How much?	0130 1 ☐ Yes	0140 \$	.00
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010		CODE		(1) Federal income tax?	2 \( \text{No} \)	0140 \$ _	
2.	In the last 12 months weeks did work of part time, not counting the house? Include paid sick leave.	either full time or ing work around	0020 Weeks 0 □ Did not work - Go to item 5		<ul><li>1 - Retired?</li><li>2 - Taking care of home/family?</li><li>3 - Going to school?</li><li>4 - III, disabled, unable to work?</li></ul>	0070Code	(2) State and local income tax?	0150 1  Yes 2  No	0160 \$	.00
3.	In the weeks that many hours did v	. worked, how vork per week?	0030 Hours per		<ul> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify </li> </ul>		(3) Private pension fund?	0170 1 ☐ Yes 2 ☐ No	0180 \$ _	.00
4-	Information Booklet, pa	_	week	_			(4) Government retirement?	0190 1  Yes 2  No	0200 \$	.00
<b>4</b> a.	The job in which earnings during the pifts best in the follow Manager, professional 01 – Administrator, r	past 12 months ving category:		6.	During the last 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay,	0080 1 ☐ Yes – Go to item 6a 2 ☐ No – Go to item 7	(5) Railroad retirement?	0210 1  Yes 2  No	0220 \$ _	.00
	<ul><li>02 - Teacher</li><li>03 - Professional</li><li>Administrative support</li></ul>	, technical, sales		а	teaching fellowships, and the like.  During the last 12 months, how much did receive in wages and	0090 \$	(6) Social Security including Medicare?	0230 1  Yes - G		
	04 – Administrative s clerical 05 – Sales, retail 06 – Sales, business 07 – Technician				salaries for ALL JOBS before any deductions?	Go to item 6c	f. Are Social Security payments NORMALLY deducted from's pay?	0240 1  Yes - G		
	Service  08 - Protective servi  09 - Private househo		0040 Code		Ask only if "Don't know" or "Refuse" item 6a. Information Booklet, page 44.	"Refuse" – Go to item 6b.  0100 1  \$0-\$4,999 2 \$5,000-\$9,999	g. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1  Yes 2  No		
	10 - Other service Operator, assembler, la 11 - Machine operator inspector	or, assembler,		b	Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?	3 \( \) \$10,000-\$14,999 4 \( \) \$15,000-\$19,999 5 \( \) \$20,000-\$29,999	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for in the last 12 months?	0260 1  Yes 2  No		
	12 - Transportation of 13 - Handler, helper, Precision production, of 14 - Mechanic, repair production	laborer raft, repair			during the last 12 months.	6  \$30,000-\$39,999 7  \$40,000-\$49,999 8  \$50,000-\$69,999 9  \$70,000-\$89,999	7. During the last 12 months, did have any income or loss from 's own nonfarm business, partnership, or professional practice?	0270 1 ☐ Yes - G 2 ☐ No - Go		
	15 - Construction, m Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing	ng				10 \( \square\) \$90,000-\$119,999 11 \( \square\) \$120,000 and over	What was the amount of income or loss after expenses?	0280 \$	.00	Go to item 7c
	Armed forces  18 - Armed forces	,, g. caaccopg		С	What was the amount of 's last pay before deductions?	0110 \$	Ask only if "Don't know" or "Refuse" to		ow" or "Refus	e" – Go to item 7b.
b.	Was CODE  1 - An employee of a company, busine working for wage 2 - A Federal governme 3 - A State governme 4 - A local governme 5 - Self-employed in professional prac 6 - Working WITHOU	ss, or individual es or salary? ment employee? ent employee? own business, tice, or farm?	O050 Code  Ask if code 5 and not a farm – Is the business incorporated?  O060 1 Yes 2 No	d	What period of time did this cover?	0120 1  1 week 2  2 weeks 3  Month 4  Quarter 5  Year 6  Other - Specify	item 7a. Information Booklet, page 44. <b>b.</b> Could you tell me which range on CARD A best reflects 's income or loss from 's own nonfarm business, partnership or professional practice during the last 12 months?	1	\$9,999 -\$14,999 -\$19,999 -\$29,999 -\$39,999 -\$49,999 -\$69,999	
	business or farm	·				7 🗌 Twice a month		10 \( \square\) \$90,000 11 \( \square\) \$120,00	-\$119,999	

Retirement payment received?

e. Could you tell me which range on

Retirement payment received?

Ask only if "Don't know" or "Refuse" to

item 9d. Information Booklet, page 45.

CARD B best reflects the amount of

..'s last Social Security or Railroad

If "Don't know" or "Refuse" - Go to item 9e

0410 1 Less than \$300

2 🗆 \$300–\$399

з 🗌 \$400–\$499

4 🗌 \$500–\$599

5 🗌 \$600–\$699

6 🗌 \$700–\$799 7 🗌 \$800–\$899 8 🗌 \$900–\$999 9 🗌 \$1,000–\$1,499 10 - \$1,500 and over

#### Section 22 – WORK EXPERIENCE AND INCOME – Continued Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued NOTES 9f. Is this amount AFTER the deduction **7c.** During the last 12 months, did . . . have 0310 1 ☐ Yes – Go to item 7d 0420 1 ☐ Yes for a Medicare premium? any income from . . . 's own farm? $_2 \square$ No – Go to item 8 2 $\square$ No **d.** What was the amount of income or loss 0320 \$ .00 **g.** During the past 12 months, how many after expenses? 0430 Go to item 8 Number **Social Security or Railroad Retirement** 0330 1 ☐ Loss payments did . . . receive? If "Don't know" or "Refuse" - Go to item 7e 10. During the last 12 months, did . . . receive any -0340 0 □ Loss Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44. 1 🗌 \$0 –\$4,999 0440 1 ☐ Yes a. Supplemental Security Income (SSI) payments from the U.S. Government? 2 \( \)\\$5,000-\\$9,999 2 $\square$ No e. Could you tell me which range on CARD A best reflects . . . 's income з 🗆 \$10,000–\$14,999 or loss from . . .'s own farm during the last 12 months? **b.** Supplemental Security Income (SSI) 4 🗆 \$15,000–\$19,999 0450 1 ☐ Yes payments from the STATE or LOCAL 5 🗆 \$20,000-\$29,999 2 🗌 No government? 6 🗆 \$30,000–\$39,999 If "Yes" in items 10a and/or10b -7 \Bigsim \$40,000-\$49,999 8 \(\simeg\) \$50,000-\$69,999 0460 \$ .00 Go to item 11 C. During the last 12 months, how 9 🗆 \$70,000–\$89,999 much did . . . receive in **Supplemental Security Income** 10 \Bigsim \$90,000-\$119,999 If "Don't know" or "Refuse" -Go to item 10d checks form ALL government 11 - \$120,000 and over sources? Ask only if "Don't know" or "Refuse" to **0470** 1 $\square$ \$0 -\$999 During the last 12 months, did . . . place 0350 1 ☐ Yes item 10c. Information Booklet, page 46. 2 \Bigsim \$5,000-\$1,999 any money in a retirement plan such as 2 $\square$ No an Individual Retirement Account (IRA) d. Could you tell me which range on з 🗆 \$2,000–\$2,999 CARD C best reflects the amount . . . or Keogh? Do not include rollovers. 4 🗌 \$3,000–\$3,999 received in Supplemental Security 0360 \$ .00 If YES - How much? 5 🗌 \$4,000–\$4,999 Income from all government sources during the last 12 months? 6 \(\supsymbol{\Sigma}\) \$5,000-\$9,999 During the last 12 months, did . . . 7 \[ \$10,000-\$14,999 receive from the U.S. Government any 8 🗌 \$15,000–\$19,999 money from -0370 1 ☐ Yes 9 🗌 \$20,000–\$29,999 2 $\square$ No a. Social Security checks? 10 🗌 \$30,000–\$39,999 0380 1 ☐ Yes 11 \Bigsim \$40,000-\$49,000 2 🗌 No $12 \square $50,000$ and over **b.** Railroad Retirement checks? C. FIELD REPRESENTATIVE CHECK ITEM 0390 1 ☐ Yes – Go to item 9d 11. FIELD REPRESENTATIVE CHECK ITEM 0480 1 Records Is "Yes" marked in items 9a and/or 9b? $_{2}$ $\square$ No – Go to item 10 Mark (X) the appropriate box based 2 No records used upon the respondent's use of records in d. What was the amount of the last providing responses to items 6–10 **Social Security or Railroad** 0400 s .00 Go to item 9f

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# Section 22 - WORK EXPERIENCE AND INCOME

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

	Part A – Second Quarter, Fifth	Quarter or New Consur	mer	r Units Only – Continued			
1.	FIELD PROCESSING USE ONLY	1 22 16 8 ↓		Ask if item 2 marked "Did not work" –		6e. Was there any money deducted from 's last pay for –	
	ITEM Enter the first name a. NAME		5.	What was the main reason did not work during the past 12 months?		If YES – How much?	
	and line number of each CU member 14 years old and over.  b. LINE NUMBER	0010	1	Was		(1) Federal income tax?	0130 1 Yes 0140 \$
2.	In the last 12 months, how many		1	CODE 1 - Retired?	0070 Code		
۷.	weeks did work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	0020 Weeks □ □ Did not work – Go to item 5		<ul><li>2 – Taking care of home/family?</li><li>3 – Going to school?</li><li>4 – III, disabled, unable to work?</li></ul>	Code	(2) State and local income tax?	0150 1 Yes 0160 \$ .00
3.	In the weeks that worked, how many hours did work per week?	0030 Hours per week		<ul><li>5 - Unable to find work?</li><li>6 - Doing something else? - Specify </li></ul>		(3) Private pension fund?	0170 1 Yes 0180 \$
	Information Booklet, page 43		Ļ			(4) Government retirement?	0190 1 Yes 0200 \$ .00
4a.	The job in which received the most earnings during the past 12 months fits best in the following category:  Manager, professional		6.	During the last 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay,	0080 1 ☐ Yes – Go to item 6a 2 ☐ No – Go to item 7	(5) Railroad retirement?	0210 1  Yes 0220 \$ .00
	01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales		a	teaching fellowships, and the like.  1. During the last 12 months, how	0090 \$ .00	(6) Social Security including Medicare?	0230 1 ☐ Yes – Go to item 6g 2 ☐ No – Go to item 6f
	04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician	S		much did receive in wages and salaries for ALL JOBS before any deductions?	Go to item 6c	f. Are Social Security payments NORMALLY deducted from 's pay?	0240 1 ☐ Yes – Go to item 6g 2 ☐ No – Go to item 6h
	Service 08 – Protective service 09 – Private household service	0040 Code		Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.	"Refuse" – Go to item 6b.  0100 1  \$0-\$4,999 2 \$5,000-\$9,999	g. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1  Yes 2  No
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator		b	D. Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?	3  \$10,000-\$14,999 4  \$15,000-\$19,999 5  \$20,000-\$29,999	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for in the last 12 months?	0260 1 ☐ Yes 2 ☐ No
	13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production				6  \$30,000-\$39,999 7  \$40,000-\$49,999 8  \$50,000-\$69,999 9  \$70,000-\$89,999	<ol> <li>During the last 12 months, did have any income or loss from 's own nonfarm business, partnership, or professional practice?</li> </ol>	1 ☐ Yes – Go to item 7a 2 ☐ No – Go to item 7c
	15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping				10 \( \square\) \$90,000-\$119,999 11 \( \square\) \$120,000 and over	What was the amount of income or loss after expenses?	0280 \$
	Armed forces  18 - Armed forces		0	. What was the amount of 's last pay before deductions?	0110 s .00		If "Don't know" or "Refuse" – Go to item 7b.
b.	 . Was				\$	Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.	0300 0 Loss 1 \( \square\) \$0 -\$4,999
	CODE  1 - An employee of a PRIVATE company, business, or individual working for wages or salary?  2 - A Federal government employee?  3 - A State government employee?	Ask if code 5 and not a farm – Is the business incorporated?		I. What period of time did this cover?	0120 1  1 week 2  2 weeks 3  Month 4  Quarter 5  Year	b. Could you tell me which range on CARD A best reflects 's income or loss from 's own nonfarm business, partnership or professional practice during the last 12 months?	2 \( \) \$5,000-\$9,999 3 \( \) \$10,000-\$14,999 4 \( \) \$15,000-\$19,999 5 \( \) \$20,000-\$29,999 6 \( \) \$30,000-\$39,999
	<ul> <li>4 - A local government employee?</li> <li>5 - Self-employed in OWN business, professional practice, or farm?</li> <li>6 - Working WITHOUT PAY in family business or farm?</li> </ul>	0060 1 ☐ Yes 2 ☐ No			6 ☐ Other – <i>Specify</i> 7 ☐ Twice a month		7  \$40,000-\$49,999 8  \$50,000-\$69,999 9  \$70,000-\$89,999 10  \$90,000-\$119,999
							11 🗌 \$120,000 and over

#### Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued NOTES 9f. Is this amount AFTER the deduction **7c.** During the last 12 months, did . . . have 0310 1 ☐ Yes – Go to item 7d 0420 1 ☐ Yes for a Medicare premium? any income from . . . 's own farm? $_2 \square$ No – Go to item 8 2 $\square$ No **d.** What was the amount of income or loss 0320 \$ .00 **g.** During the past 12 months, how many after expenses? 0430 Go to item 8 Number **Social Security or Railroad Retirement** 0330 1 ☐ Loss payments did . . . receive? If "Don't know" or "Refuse" - Go to item 7e 10. During the last 12 months, did . . . receive any -0340 0 ☐ Loss Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44. 1 🗌 \$0 –\$4,999 0440 1 ☐ Yes a. Supplemental Security Income (SSI) payments from the U.S. Government? 2 \( \)\\$5,000-\\$9,999 2 $\square$ No e. Could you tell me which range on CARD A best reflects . . . 's income з 🗆 \$10,000–\$14,999 or loss from . . .'s own farm during the last 12 months? **b.** Supplemental Security Income (SSI) 4 🗆 \$15,000–\$19,999 0450 1 ☐ Yes payments from the STATE or LOCAL 5 🗆 \$20,000-\$29,999 2 🗌 No government? 6 🗆 \$30,000–\$39,999 If "Yes" in items 10a and/or10b -7 \Bigsim \$40,000-\$49,999 8 \(\simeg\) \$50,000-\$69,999 0460 \$ .00 Go to item 11 C. During the last 12 months, how 9 🗆 \$70,000–\$89,999 much did . . . receive in **Supplemental Security Income** 10 \Bigsim \$90,000-\$119,999 If "Don't know" or "Refuse" - Go to item 10d checks form ALL government 11 - \$120,000 and over sources? Ask only if "Don't know" or "Refuse" to **0470** 1 $\square$ \$0 -\$999 During the last 12 months, did . . . place 0350 1 ☐ Yes item 10c. Information Booklet, page 46. 2 \Bigsim \$5,000-\$1,999 any money in a retirement plan such as 2 $\square$ No an Individual Retirement Account (IRA) d. Could you tell me which range on з 🗆 \$2,000–\$2,999 CARD C best reflects the amount . . . or Keogh? Do not include rollovers. 4 🗌 \$3,000–\$3,999 received in Supplemental Security 0360 \$ .00 If YES - How much? 5 🗌 \$4,000–\$4,999 Income from all government sources during the last 12 months? 6 \(\supsymbol{\Sigma}\) \$5,000-\$9,999 During the last 12 months, did . . . 7 \[ \$10,000-\$14,999 receive from the U.S. Government any 8 🗌 \$15,000–\$19,999 money from -0370 1 ☐ Yes 9 🗌 \$20,000–\$29,999 2 $\square$ No a. Social Security checks? 10 🗌 \$30,000–\$39,999 0380 1 ☐ Yes 11 \Bigsim \$40,000-\$49,000 2 🗌 No $12 \square $50,000$ and over **b.** Railroad Retirement checks? C. FIELD REPRESENTATIVE CHECK ITEM 0390 1 ☐ Yes – Go to item 9d 11. FIELD REPRESENTATIVE CHECK ITEM 0480 1 Records Is "Yes" marked in items 9a and/or 9b? $_{2}$ $\square$ No – Go to item 10 Mark (X) the appropriate box based 2 No records used upon the respondent's use of records in d. What was the amount of the last providing responses to items 6–10 **Social Security or Railroad** 0400 s .00 Go to item 9f Retirement payment received? If "Don't know" or "Refuse" - Go to item 9e Ask only if "Don't know" or "Refuse" to 0410 1 Less than \$300 item 9d. Information Booklet, page 45. 2 🗆 \$300–\$399 e. Could you tell me which range on з 🗆 \$400–\$499 CARD B best reflects the amount of 4 🗌 \$500–\$599 ..'s last Social Security or Railroad 5 🗌 \$600–\$699 Retirement payment received? 6 🗌 \$700–\$799 7 🗌 \$800–\$899 8 🗌 \$900–\$999 9 🗌 \$1,000–\$1,499 10 - \$1,500 and over

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

<b>)</b>	Part A – Second (	Quarter, Fifth (	Quarter or New Consun	ner	Units Only - Continued					
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 22 21 8 ↓		Ask if item 2 marked "Did not work" –		<b>6e.</b> Was there any money deducted from 's last pay for –			
	ITEM Enter the first name and line number of	a. NAME		5.	What was the main reason did not work during the past 12 months? Was		If YES – How much?	0130 1 ☐ Yes	0140 \$	.00
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010		CODE		(1) Federal income tax?	2 No	0140 \$ _	
2.	In the last 12 months weeks did work of part time, not count the house? Include paid sick leave.	either full time or ing work around	0020 Weeks  0 Did not work –  Go to item 5		<ul><li>1 - Retired?</li><li>2 - Taking care of home/family?</li><li>3 - Going to school?</li><li>4 - III, disabled, unable to work?</li></ul>	0070Code	(2) State and local income tax?	0150 1  Yes 2  No	0160 \$ _	.00
3.	In the weeks that many hours did v	. worked, how vork per week?	0030 Hours per		<ul> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify √</li> </ul>		(3) Private pension fund?	0170 1 ☐ Yes 2 ☐ No	0180 \$ _	.00
4-	Information Booklet, pa	_	week				(4) Government retirement?	0190 1  Yes 2  No	0200 \$ _	.00
4a.	The job in which earnings during the pitts best in the follow Manager, professional 01 – Administrator, page 15.	past 12 months wing category:		6.	During the last 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay,	0080 1 ☐ Yes – Go to item 6a 2 ☐ No – Go to item 7	(5) Railroad retirement?	0210 1 Yes 2 No	0220 \$ _	.00
	<ul><li>02 - Teacher</li><li>03 - Professional</li><li>Administrative support</li></ul>	t, technical, sales		a	teaching fellowships, and the like.      During the last 12 months, how much did receive in wages and	0090 \$	(6) Social Security including Medicare?	0230 1 ☐ Yes - Go 2 ☐ No - Go		
	04 – Administrative : clerical 05 – Sales, retail 06 – Sales, business	-			salaries for ALL JOBS before any deductions?	Go to item 6c	f. Are Social Security payments NORMALLY deducted from's pay?	0240 1 ☐ Yes - Go 2 ☐ No - Go		
	07 - Technician Service 08 - Protective servi 09 - Private househo		0040 Code		Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.	"Refuse" – Go to item 6b.  1  \$0-\$4,999 2 \$5,000-\$9,999	g. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1  Yes 2  No		
	10 - Other service Operator, assembler, la 11 - Machine operator inspector	or, assembler,		b	Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?	3 \( \tag{1}\) \$10,000-\\$14,999 4 \( \tag{1}\) \$15,000-\\$19,999 5 \( \tag{2}\) \$20,000-\\$29,999	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for in the last 12 months?	0260 1  Yes 2  No		
	12 - Transportation of 13 - Handler, helper, Precision production, of 14 - Mechanic, repair production	· <b>laborer</b> craft, repair			during the last 12 months.	6  \$30,000-\$39,999 7  \$40,000-\$49,999 8  \$50,000-\$69,999 9  \$70,000-\$89,999	7. During the last 12 months, did have any income or loss from 's own nonfarm business, partnership, or professional practice?	0270 1 ☐ Yes – Go 2 ☐ No – Go		
	15 – Construction, m Farming, forestry, fishi 16 – Farming 17 – Forestry, fishing	ng				10 \(\sum \\$120,000 \) \$119,999  11 \(\sum \\$120,000 \) and over	a. What was the amount of income or loss after expenses?	0280 \$	.00	Go to item 7c
	Armed forces  18 - Armed forces	,, g. ouaoopg		C	What was the amount of's last pay before deductions?	0110 \$	Ask only if "Don't know" or "Refuse" to		ow" or "Refus	e" – Go to item 7b.
b.	CODE  1 - An employee of a company, busine working for wage 2 - A Federal govern 3 - A State governme 4 - A local governme 5 - Self-employed in professional prace 6 - Working WITHOU business or farming	ss, or individual es or salary? ment employee? ent employee? own business, tice, or farm?	O050 Code  Ask if code 5 and not a farm – Is the business incorporated?  O060 1 Yes 2 No	d	What period of time did this cover?	0120 1  1 week 2 2 weeks 3 Month 4 Quarter 5 Year 6 Other - Specify	item 7a. Information Booklet, page 44. <b>b.</b> Could you tell me which range on CARD A best reflects 's income or loss from 's own nonfarm business, partnership or professional practice during the last 12 months?	1  \$0 -\$4,9 2  \$5,000-\$ 3  \$10,000- 4  \$15,000- 5  \$20,000- 6  \$30,000- 7  \$40,000- 8  \$50,000- 9  \$70,000-	59,999 -\$14,999 -\$19,999 -\$29,999 -\$39,999 -\$49,999 -\$69,999	
						7 🗌 Twice a month		10 🗌 \$90,000- 11 🗌 \$120,000		

#### Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued NOTES 9f. Is this amount AFTER the deduction **7c.** During the last 12 months, did . . . have 0310 1 ☐ Yes – Go to item 7d 0420 1 ☐ Yes for a Medicare premium? any income from . . . 's own farm? $_2 \square$ No – Go to item 8 2 $\square$ No **d.** What was the amount of income or loss 0320 \$ .00 **g.** During the past 12 months, how many after expenses? 0430 Go to item 8 Number **Social Security or Railroad Retirement** 0330 1 ☐ Loss payments did . . . receive? If "Don't know" or "Refuse" - Go to item 7e 10. During the last 12 months, did . . . receive any -0340 0 ☐ Loss Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44. 1 🗌 \$0 –\$4,999 0440 1 ☐ Yes a. Supplemental Security Income (SSI) payments from the U.S. Government? 2 \( \)\\$5,000-\\$9,999 2 $\square$ No e. Could you tell me which range on CARD A best reflects . . . 's income з 🗆 \$10,000–\$14,999 or loss from . . .'s own farm during the last 12 months? **b.** Supplemental Security Income (SSI) 4 🗆 \$15,000–\$19,999 0450 1 ☐ Yes payments from the STATE or LOCAL 5 🗆 \$20,000-\$29,999 2 🗌 No government? 6 🗆 \$30,000–\$39,999 If "Yes" in items 10a and/or10b -7 \Bigsim \$40,000-\$49,999 8 \(\simeg\) \$50,000-\$69,999 0460 \$ .00 Go to item 11 C. During the last 12 months, how 9 🗆 \$70,000–\$89,999 much did . . . receive in **Supplemental Security Income** 10 \Bigsim \$90,000-\$119,999 If "Don't know" or "Refuse" - Go to item 10d checks form ALL government 11 - \$120,000 and over sources? Ask only if "Don't know" or "Refuse" to **0470** 1 $\square$ \$0 -\$999 During the last 12 months, did . . . place 0350 1 ☐ Yes item 10c. Information Booklet, page 46. 2 \Bigsim \$5,000-\$1,999 any money in a retirement plan such as 2 $\square$ No an Individual Retirement Account (IRA) d. Could you tell me which range on з 🗆 \$2,000–\$2,999 CARD C best reflects the amount . . . or Keogh? Do not include rollovers. 4 🗌 \$3,000–\$3,999 received in Supplemental Security 0360 \$ .00 If YES - How much? 5 🗌 \$4,000–\$4,999 Income from all government sources during the last 12 months? 6 \(\supsymbol{\Sigma}\) \$5,000-\$9,999 During the last 12 months, did . . . 7 \[ \$10,000-\$14,999 receive from the U.S. Government any 8 🗌 \$15,000–\$19,999 money from -0370 1 ☐ Yes 9 🗌 \$20,000–\$29,999 2 $\square$ No a. Social Security checks? 10 🗌 \$30,000–\$39,999 0380 1 ☐ Yes 11 \Bigsim \$40,000-\$49,000 2 🗌 No $12 \square $50,000$ and over **b.** Railroad Retirement checks? C. FIELD REPRESENTATIVE CHECK ITEM 0390 1 ☐ Yes – Go to item 9d 11. FIELD REPRESENTATIVE CHECK ITEM 0480 1 Records Is "Yes" marked in items 9a and/or 9b? $_{2}$ $\square$ No – Go to item 10 Mark (X) the appropriate box based 2 No records used upon the respondent's use of records in d. What was the amount of the last providing responses to items 6–10 **Social Security or Railroad** .00 Go to item 9f 0400 s Retirement payment received? If "Don't know" or "Refuse" - Go to item 9e Ask only if "Don't know" or "Refuse" to 0410 1 Less than \$300 item 9d. Information Booklet, page 45. 2 🗆 \$300–\$399 e. Could you tell me which range on з 🗌 \$400–\$499 CARD B best reflects the amount of 4 🗌 \$500–\$599 ..'s last Social Security or Railroad 5 🗌 \$600–\$699 Retirement payment received? 6 🗌 \$700–\$799 7 🗌 \$800–\$899 8 🗌 \$900–\$999 9 🗌 \$1,000–\$1,499 10 - \$1,500 and over

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

<b>)</b>	Part A – Second	Quarter, Fifth (	Quarter or New Consun	ner	Units Only - Continued					
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY	1 22 26 7 ↓		Ask if item 2 marked "Did not work" –		<b>6e.</b> Was there any money deducted from 's last pay for –			
	ITEM Enter the first name and line number of	a. NAME		5.	What was the main reason did not work during the past 12 months? Was		If YES – How much?	0130 1 ☐ Yes	0140 <sub>\$</sub>	.00
	each CU member 14 years old and over.	<b>b.</b> LINE NUMBER	0010		CODE		(1) Federal income tax?	2 □ No	<u> </u>	[.00]
2.	In the last 12 months weeks did work of part time, not count the house? Include paid sick leave.	either full time or ing work around	0020 Weeks 0 □ Did not work – Go to item 5		<ul><li>1 - Retired?</li><li>2 - Taking care of home/family?</li><li>3 - Going to school?</li><li>4 - III, disabled, unable to work?</li></ul>	0070Code	(2) State and local income tax?	0150 1  Yes 2  No	0160 \$	.00
3.	In the weeks that many hours did v	. worked, how vork per week?	0030 Hours per		<ul> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify √</li> </ul>		(3) Private pension fund?	0170 1  Yes 2  No	0180 \$ _	.00
4-	Information Booklet, p	_	week				(4) Government retirement?	0190 1  Yes 2  No	0200 \$ _	.00
<b>4</b> a.	The job in which earnings during the pitts best in the follow Manager, professional 01 – Administrator, page 15.	past 12 months ving category:		6.	During the last 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay,	0080 1 ☐ Yes – Go to item 6a 2 ☐ No – Go to item 7	(5) Railroad retirement?	0210 1  Yes 2  No	0220 \$ _	.00
	<ul><li>02 - Teacher</li><li>03 - Professional</li><li>Administrative support</li></ul>	, technical, sales		a	teaching fellowships, and the like.      During the last 12 months, how much did receive in wages and	0090 \$	(6) Social Security including Medicare?	0230 1  Yes - <i>G</i> 2  No - <i>Go</i>		
	04 – Administrative s clerical 05 – Sales, retail 06 – Sales, business 07 – Technician				salaries for ALL JOBS before any deductions?	Go to item 6c	f. Are Social Security payments NORMALLY deducted from's pay?	0240 1  Yes - G		
	Service  08 - Protective servi  09 - Private househo		0040 Code		Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.	"Refuse" – Go to item 6b.  1  \$0-\$4,999 2 \$5,000-\$9,999	g. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1  Yes 2  No		
	10 - Other service Operator, assembler, la 11 - Machine operator inspector	or, assembler,		b	Could you tell me which range on CARD A best reflects's total wages and salaries for all jobs during the last 12 months?	3 \( \) \$10,000-\$14,999 4 \( \) \$15,000-\$19,999 5 \( \) \$20,000-\$29,999	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for in the last 12 months?	0260 1 ☐ Yes 2 ☐ No		
	12 - Transportation of 13 - Handler, helper, Precision production, of 14 - Mechanic, repair production	laborer raft, repair			during the last 12 months.	6  \$30,000-\$39,999 7  \$40,000-\$49,999 8  \$50,000-\$69,999 9  \$70,000-\$89,999	7. During the last 12 months, did have any income or loss from 's own nonfarm business, partnership, or professional practice?	0270 1 ☐ Yes – G 2 ☐ No – Go		
	15 - Construction, m Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing	ng				10 \(\sim \\$120,000 \) \$119,999 11 \(\sim \\$120,000 \) and over	What was the amount of income or loss after expenses?	0280 \$	.00	> Go to item 7c
	Armed forces  18 - Armed forces	,, g. caaccopg		C	What was the amount of's last pay before deductions?	0110 \$	Ask only if "Don't know" or "Refuse" to		ow" or "Refus	e" – Go to item 7b.
b.	CODE  1 - An employee of a company, busine working for wage 2 - A Federal govern 3 - A State governme 4 - A local governme 5 - Self-employed in professional prac6 - Working WITHOU business or farm	ss, or individual es or salary? ment employee? ent employee? own business, tice, or farm?	O050 Code  Ask if code 5 and not a farm – Is the business incorporated?  O060 1 Yes 2 No	d	. What period of time did this cover?	0120 1  1 week 2  2 weeks 3  Month 4  Quarter 5  Year 6  Other - Specify	item 7a. Information Booklet, page 44. <b>b.</b> Could you tell me which range on CARD A best reflects 's income or loss from 's own nonfarm business, partnership or professional practice during the last 12 months?	1	\$9,999 -\$14,999 -\$19,999 -\$29,999 -\$39,999 -\$49,999 -\$69,999 -\$89,999	
								11 🗆 \$120,00		

P	art A – Second Quarter, Fifth	Quarter or New Consumer Units Only	/ – Continued		
7с.	During the last 12 months, did have any income from's own farm?	0310 1 Yes – Go to item 7d 2 No – Go to item 8	9f. Is this amount AFTER the deduction for a Medicare premium?	0420 1 ☐ Yes 2 ☐ No	NOTES
d.	What was the amount of income or loss after expenses?	0320 \$	G. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number	
e	Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.  Could you tell me which range on CARD A best reflects's income or loss from's own farm during the last 12 months?	If "Don't know" or "Refuse" – Go to item 7e    0340   0	10. During the last 12 months, did receive any –  a. Supplemental Security Income (SSI) payments from the U.S. Government?  b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?  If "Yes" in items 10a and/or10b –  c. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?	0440 1 ☐ Yes 2 ☐ No  0450 1 ☐ Yes 2 ☐ No  0460 \$	
8.	During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.  If YES – How much?	0350 1 ☐ Yes 2 ☐ No 0360 \$	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.  d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources	0470 1  \$0 -\$999 2 \$5,000-\$1,999 3 \$2,000-\$2,999 4 \$3,000-\$3,999 5 \$4,000-\$4,999	
9. a	During the last 12 months, did receive from the U.S. Government any money from –  Social Security checks?	0370 1 ☐ Yes 2 ☐ No	during the last 12 months?	6  \$5,000-\$9,999 7  \$10,000-\$14,999 8  \$15,000-\$19,999 9  \$20,000-\$29,999 10  \$30,000-\$39,999	
b	. Railroad Retirement checks?	0380 1 ☐ Yes 2 ☐ No		11 □ \$40,000–\$49,000 12 □ \$50,000 and over	
C	FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?	0390 1 ☐ Yes – Go to item 9d 2 ☐ No – Go to item 10	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based	0480 1 ☐ Records 2 ☐ No records used	
d	. What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$00 Go to item 9f  If "Don't know" or "Refuse" – Go to item 9e	upon the respondent's use of records in providing responses to items 6–10		
	Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.	0410 1 ☐ Less than \$300 2 ☐ \$300–\$399			
е	Could you tell me which range on CARD B best reflects the amount of 's last Social Security or Railroad Retirement payment received?	3 □ \$400-\$499 4 □ \$500-\$599 5 □ \$600-\$699 6 □ \$700-\$799			
		7 □ \$800–\$899 8 □ \$900–\$999			
		9 □ \$1,000–\$1,499 10 □ \$1,500 and over			

FIELD REPRESENTATIVE – Ask these items for entire CU as a group at the second quarter, the fifth quarter, or the 1st interview in a new consumer unit.

	Part B – Second Quarter, Fifth C	Quarter or New Consume	r Units ONLY - Ask for entire CU as a gro	oup.		
	Up until this point, we have discussed earnings for individual members. Now, I would like to talk to you about your CU as a whole.	PROCESSING USE 0NLY 1 22 97 8 ↓	3. During the last 12 months, did you (or any members of your CU) receive any income from –  a. Retirement, disability and survivor pensions or	0070 1 Yes – Go to item 3b	Ask only if "Don't know" or "Refuse" to item 5b. Information Booklet, page 46.  C. Could you tell me which range on	0150 1
1.	During the last 12 months, did you (or any members of your CU) receive income from any of the following –		annuities from private companies, military, government, IRA or Keogh?  b. What was the total amount received by all CU members?	2 No - Go to item 4  0080 \$	CARD C best reflects the total amount of income from worker's compensation during the last 12 months?	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999 6 □ \$5,000-\$9,999
а	. Interest on bank accounts, money market funds, CD's, or bonds?	1 Yes – Go to item 1b 2 No – Go to item 2	 Ask only if "Don't know" or "Refuse" to	If "Don't know" or "Refuse" – Go to item 3c.    0090	-	7  \$10,000-\$14,999 8  \$15,000-\$19,999 9  \$20,000-\$29,999 10  \$30,000-\$39,999
b	. What was the total amount received by all CU members?	Go to item 2	item 3b. Information Booklet, page 46.  C. Could you tell me which range on CARD C best reflects the total amount of income from retirement pensions and annuities	2 \( \) \$1,000-\$1,999 3 \( \) \$2,000-\$2,999 4 \( \) \$3,000-\$3,999 5 \( \) \$4,000-\$4,999	6. During the last 12 months, did you (or	11  \$40,000-\$49,999 12 \$50,000 and over
c	Ask only if "Don't know" or "Refuse" to item 1b. Information Booklet, page 46.  Could you tell me which range on	"Refuse" – Go to item 1c.    0030	during the last 12 months?	6  \$5,000-\$4,999 7  \$10,000-\$14,999 8  \$15,000-\$19,999 9  \$20,000-\$29,999	any members of your CU) receive any income from –  a. Public assistance or welfare such as AFDC and grants from Job Corps? Do not include non-monetary assistance	0160 1 ☐ Yes – Go to item 6b 2 ☐ No – Go to item 7
	CARD C best reflects the total amount of interest received by all CU members during the last 12 months?	4  \$3,000-\$3,999 5  \$4,000-\$4,999 6  \$5,000-\$9,999 7  \$10,000-\$14,999	4. During the last 12 months, did you (or any	10  \$30,000-\$39,999 11  \$40,000-\$49,999 12  \$50,000 and over	such as food stamps.  b. What was the total amount received by all CU members?	0170 \$ .00 7
		8 \(\simes\) \$15,000\(-\\$19,999\) 9 \(\simes\) \$20,000\(-\\$29,999\) 10 \(\simes\) \$30,000\(-\\$39,999\) 11 \(\simes\) \$40,000\(-\\$49,999\)	<ul> <li>During the last 12 months, did you (or any members of your CU) receive any income from –</li> <li>Unemployment compensation or supplemental unemployment compensation?</li> </ul>	0100 1 Yes – Go to item 4b 2 No – Go to item 5	Ask only if "Don't know" or "Refuse" to	Go to item 7  If "Don't know" or  "Refuse" – Go to item 6c.  0180 1 \$ \$0 \$ \$999
2.	During the last 12 months, did you (or any members of your CU) receive any –	12 \( \sum \\$50,000  \qua	b. What was the total amount received by all CU members?	Go to item 5  If "Don't know" or  "Refuse" – Go to item 4c.	item 6b. Information Booklet, page 46.  C. Could you tell me which range on CARD C best reflects the total amount of income from public assistance during the last 12 months?	2 \( \text{\$1,000} \) \$1,999 3 \( \text{\$2,000} \) \$2,099 4 \( \text{\$3,000} \) \$3,999 5 \( \text{\$4,000} \) \$4,999
а	REGULAR income from dividends, trusts, estates, or royalties?	0040 1 ☐ Yes – Go to item 2b 2 ☐ No – Go to item 3	Ask only if "Don't know" or "Refuse" to item 4b. Information Booklet, page 46.  C. Could you tell me which range on CARD C	0120 1 \$\infty\$ 0 -\$999 2 \$\infty\$ \$1,000-\$1,999 3 \$\infty\$ \$2,000-\$2,999	<b>3</b>	6 □ \$5,000–\$9,999 7 □ \$10,000–\$14,999 8 □ \$15,000–\$19,999
b	What was the total amount received by all CU members?	Go to item 3  If "Don't know" or "Refuse" – Go to item 2c.	best reflects the total amount received in unemployment compensation during the last 12 months?	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999 6 □ \$5,000-\$9,999 7 □ \$10,000-\$14,999		9  \$20,000-\$29,999 10  \$30,000-\$39,999 11  \$40,000-\$49,999 12  \$50,000 and over
С	Ask only if "Don't know" or "Refuse" to item 2b. Information Booklet, page 46.  Could you tell me which range on CARD C best reflects the total	1 \( \text{\$0 -\\$999} \) 2 \( \text{\$1,000-\\$1,999} \) 3 \( \text{\$\\$2,000-\\$2,999} \)		8  \$\Bigsim \\$15,000-\\$19,999 9  \$\Bigsim \\$20,000-\\$29,999 10  \$\Bigsim \\$30,000-\\$39,999 11  \$\Bigsim \\$40,000-\\$49,999	7. During the last 12 months, did you (or any members of your CU) receive any –  a. Food stamps or electronic benefit	0190 1 ☐ Yes – <i>Go to item 7b</i>
	amount of income from dividends, trusts, estates, or royalties during the last 12 months?	4 □ \$3,000-\$3,999 5 □ \$4,000-\$4,999 6 □ \$5,000-\$9,999 7 □ \$10,000-\$14,999	5. During the last 12 months, did you (or any members of your CU) receive any income from –  a. Worker's compensation or veteran's benefits including the GI Bill but not including military	12 □ \$50,000 and over  0130 1 □ Yes – <i>Go to item 5b</i>	b. For how many months during the last 12 months, were food stamps or electronic benefit transfers received?	2 No – Go to item 8
		8  \$\Bigsquare\$ \\$15,000-\\$19,999 9  \$\Bigsquare\$ \\$20,000-\\$29,999 10  \$\Bigsquare\$ \\$30,000-\\$39,999 11  \$\Bigsquare\$ \\$40,000-\\$49,999	retirement?  b. What was the total amount received by all CU members?	2 No – Go to item 6  0140 \$  Go to item 6	C. What was the value of all food stamps or electronic benefits received?	0210 \$
		12 🗌 \$50,000 and over		If "Don't know" or "Refuse" – Go to item 5c.		If "Don't know" or "Refuse" – Go to item 7d.

#### Part B - Second Quarter, Fifth Quarter or New Consumer Units ONLY - Continued Ask only if "Don't know" or "Refuse" to item 7c. Information Booklet, page 1 \Bigcup \$0 -\$999 During the last 12 months, did you Income from regular contribution 2 🗌 \$1,000-\$1,999 (or any members of your CU) 0370 1 ☐ Yes receive any income from з 🗌 \$2,000–\$2,999 1 $\square$ Yes – Go to item 9b 2 $\square$ No f. Alimony? 7d. Could you tell me which range on CARD C best reflects the total 4 🗌 \$3,000–\$3,999 $_{2}$ $\square$ No – *Go to item 9f* a. Child support? 5 \( \bigsize \$4,000 - \$4,999 \) 0380 1 ☐ Yes value of food stamps or electronic 6 🗌 \$5,000–\$9,999 g. Other sources such as from persons benefits received in the last 12 If YES -2 🗌 No outside your CU? 7 🗌 \$10,000–\$14,999 months? 0310 1 ☐ Yes **b.** Did you receive a one time lump 8 🗌 \$15,000-\$19,999 sum payment for child support? $_{2}$ $\square$ No – Go to item 9d If YES to item 9f or 9g ask -9 🗌 \$20,000-\$29,999 10 🗆 \$30,000–\$39,999 h. Altogether, what was the total .00 0390 If YES amount received by all CU 11 🗌 \$40,000–\$49,999 Go to item 10 members from alimony and other 12 \Bigs \$50,000 and over .00 What was the total amount of lump 0320 sources in the last 12 months? If "Don't know" or sum payments received by ALL CU During the last 12 months, did you (or "Refuse" - Go to item 9i. members in the last 12 months? 1 ☐ Yes – Go to item 8a If "Don't know" or any members of your CU) have any net $2 \square$ No – Go to item 9 "Refuse" - Go to item 9c. income or loss from any type of rental Ask only if "Don't know" or "Refuse" **0400** 1 $\square$ \$0 -\$999 of rooms or living units? to item 9h. Information Booklet, 2 🗆 \$1,000–\$1,999 page 46. Ask only if "Don't know" or "Refuse" a. How much net income or loss was .00 1 🗌 \$0 –\$999 0240 0330 з 🗆 \$2,000–\$2,999 to item 9b. Information Booklet, received from roomers or boarders? i. Could you tell me which range on CARD C best reflects the total Go to item 8c 2 \Bigsim \$1,000-\$1,999 page 46. 4 🗆 \$3,000–\$3,999 **0250** 0 □ None з 🗆 \$2,000–\$2,999 5 🗆 \$4,000–\$4,999 amount received in alimony and 1 Loss C. Could you tell me which range on 4 \( \sup \\$3,000 \- \\$3,999 6 🗆 \$5,000–\$9,999 other sources by ALL CU members CARD C best reflects the total If "Don't know" or "Refuse" - Go to item 8b. 5 \ \$4.000-\$4.999 during the last 12 months? 7 🗆 \$10,000–\$14,999 amount received in lump sum Ask only if "Don't know" or "Refuse" 0 🗌 Loss payments for child support by ALL 6 \( \sup \\$5,000-\\$9,999 8 🗆 \$15,000–\$19,999 to item 8a. Information Booklet, page CU members during the last 12 1 🗌 \$0 –\$999 7 🗆 \$10,000–\$14,999 9 🗆 \$20,000–\$29,999 months? 2 🗌 \$1,000-\$1,999 8 🗆 \$15,000–\$19,999 10 🗆 \$30,000–\$39,999 **b.** Could you tell me which range on з 🗆 \$2,000–\$2,999 9 \ \$20.000 - \$29.999 11 \Bigsim \$40,000-\$49,999 CARD C best reflects your net 4 🗌 \$3,000–\$3,999 10 \Bigsim \$30,000-\$39,999 12 - \$50,000 and over income or loss from roomers or 5 \Bigcup \$4.000-\$4.999 11 \Bigsim \$40,000-\$49,999 boarders? 6 \Bigsim \$5.000-\$9.999 12 $\square$ \$50,000 and over **10.** During the last 12 months, did you 7 🗌 \$10,000–\$14,999 (or any members of your CU) receive 8 🗌 \$15,000–\$19,999 d. Did you receive any child support 9 20.000-\$29.999 0340 1 🗌 Yes payments in other than a lump sum a. Lump sum payments from insurance, 10 🗆 \$30,000–\$39,999 2 ☐ No - Go to item 9f amount? estates, trusts, royalties, alimony, 11 🗆 \$40,000–\$49,999 1 ☐ Yes – Go to item 10b prizes or games of chance, or from 12 $\square$ \$50,000 and over persons outside your CU? 2 □ No – Go to item 11 If YES -C. How much net income or loss was .00 What was the total amount of non-0350 .00 0270 received from other rental units? lump sum payments received by ALL **b.** What was the total amount received .00 0420 Go to item 9 by ALL CU members? CU members in the last 12 months? If "Don't know" or Go to item 11 o 🗌 None 0280 "Refuse" - Go to item 9e. 1 Loss If "Don't know" or "Refuse" - Go to item 10c. If "Don't know" or "Refuse" - Go to item 8a Ask only if "Don't know" or "Refuse" 1 🗌 \$0 –\$999 0 🗆 Loss to item 9d. Information Booklet, Ask only if "Don't know" or "Refuse" Ask only if "Don't know" or "Refuse" to 0430 1 \(\superscript{1}\superscript{50}\squarescript{50} 0290 2 \Bigsim \$1,000-\$1,999 1 🗆 \$0 –\$999 item 8c. Information Booklet, page 46. to item 10b. Information Booklet, 2 🗌 \$1,000–\$1,999 page 46. з 🗌 \$2,000–\$2,999 2 \Bigsim \$1.000-\$1.999 e. Could you tell me which range on з 🗆 \$2.000–\$2.999 4 \Bigsim \$3.000-\$3.999 з 🗆 \$2,000–\$2,999 Card C best reflects the total d. Could you tell me which range on C. Could you tell me which range on 4 🗆 \$3,000–\$3,999 amount received in child support 5 \Bigsim \$4.000-\$4.999 4 \Bigsim \$3.000-\$3.999 CARD C best reflects the net CARD C best reflects the total 5 🗆 \$4.000–\$4.999 payments, other than lump sum 6 \(\sum \\$5.000-\\$9.999\) income or loss received from 5 🗌 \$4,000–\$4,999 lump sum payments during the amounts, by ALL CU members 6 🗆 \$5,000–\$9,999 other rental units during the last last 12 months? 7 🗌 \$10,000–\$14,999 6 \(\supsymbol{\subsymbol{1}}\\$5,000\(-\\$9,999\) during the last 12 months? 12 months? 7 🗌 \$10,000–\$14,999 8 🗆 \$15,000-\$19,999 7 🗆 \$10.000–\$14.999 8 🗆 \$15.000–\$19.999 9 \Bigsim \$20.000-\$29.999 8 🗌 \$15,000–\$19,999 9 \Bigsim \$20.000-\$29.999 10 330,000-\$39,999 9 🗆 \$20,000–\$29,999 10 🗆 \$30,000–\$39,999 11 🗆 \$40,000–\$49,999 10 🗆 \$30,000–\$39,999 11 \Bigsim \$40,000-\$49,999 11 \Bigsim \$40.000-\$49.999 12 $\square$ \$50,000 and over 12 - \$50,000 and over 12 $\square$ \$50,000 and over

Part B – Second Quarter, Fifth Quarter or New Consum  11. During the last 12 months, did you (or any members of your CU)	13. During the last 12 months, did you (or any		NOTES
receive any –  a. Money from the sale of household  Output  Ou	members of your CU) receive any REFUNDS from any of the following?  If YES – What was the total amount received		
furnishings, equipment, clothing, jewelry, pets, or other belongings, not including the sale of vehicles or real estate?	by ALL CU members?  a. Federal income tax?	0500 1 Yes 0510 \$	
b. What was the total amount received by ALL CU members?  Go to item 12	b. State and local income tax?	0520 1  Yes  0530 \$	
#Refuse" – Go to item 11c.  Ask only if "Don't know" or "Refuse" to item 11b Information Booklet, page  1 □ \$0 −\$999	C. Overpayment on Social Security?	0540 1 Yes 0550 \$	
46. 2 □ \$1,000-\$1,999 3 □ \$2,000-\$2,999 4 □ \$3,000-\$3,999 CARD C best reflects the total amount received from these sales 5 □ \$4,000-\$4,999	d. Insurance policies?	0560 1 \( \text{Yes} \\ 2 \( \text{No} \) \( \text{No} \) \( \text{\$ \text{.00}} \)	
during the last 12 months?       6 ☐ \$5,000-\$9,999         7 ☐ \$10,000-\$14,999       8 ☐ \$15,000-\$19,999         9 ☐ \$20,000-\$29,999	e. Property taxes?	0580 1  Yes  0590 \$ .00	
10 □ \$30,000-\$39,999 11 □ \$40,000-\$49,999 12 □ \$50,000 and over	f. Other sources, including any other taxes – Specify	0600 1  Yes 0610 \$	
12. During the last 12 months, did you (or any members of your CU) receive any –	14. During the last 12 months, did you (or any members of your CU) pay any of the following –		
a. Other money income, including money received from cash scholarships and fellowships, stipends not based on working, or	If YES – What was the total amount PAID by ALL CU members?  a. Federal income tax in addition to that	0620 1 ☐ Yes 0630 \$ .00	
from the care of foster children? <b>b.</b> What was the total amount	withheld from earnings?	2 🗆 No	
received by ALL CU members?    0480   \$   .00   7     Go to item 13     If "Don't know" or	b. State and local income tax in addition to that withheld from earnings?	0640 1  Yes  0650 \$	
#Refuse" – Go to item 12c.  Ask only if "Don't know" or "Refuse" to item 12b. Information Booklet, page 1 0490 1 000 pt 1000 p	C. Personal property taxes for vehicles?	0660 1 \( \text{Yes} \) \( \text{0670} \) \( \text{\$} \) \( \text{.00} \)	
C. Could you tell me which range on CARD C best reflects the total amount of other money income received during the last 12 months?  3 □ \$2,000-\$2,999  4 □ \$3,000-\$3,999  5 □ \$4,000-\$4,999  6 □ \$5,000-\$9,999	d. Personal property taxes and other taxes not reported elsewhere? Do not include Social Security tax for the self-employed – Specify	0680 1  Yes 0690 \$ .00	
7  \$10,000-\$14,999 8  \$15,000-\$19,999 9  \$20,000-\$29,999 10  \$30,000-\$39,999			
11 🗆 \$40,000–\$49,999 12 🗀 \$50,000 and over			

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FFICE TRANSCRIPTION ITEMS  J members who previously ported not working.	PROCESSING USE ONLY  a. NAME	1 23 13 3 ↓	nd Over who previously				
J members who previously ported not working.		The state of the s		1 23 15 8 🔻	1 23 16 6 √	1 23 17 4 🔻	1 23 18 2
ported not working.					·		
	<b>b.</b> LINE NUMBER	0010	0010	0010	0010	0010	0010
nce the 1st of (month, 3 month come from wages, or salary f artnership, professional pract	s ago), did earn any rom a business, ice, or farm?	0020 1 ☐ Yes 2 ☐ No	0020 1  Yes 2  No	0020 1  Yes 2  No	0020 1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No
ELD REPRESENTATIVE ITEM nter the name and line number all new CU members recorded	a. NAME						
n the control card for the first me in this interview who are 14 ears old or older.	<b>b.</b> LINE NUMBER	0030	0030	0030	0030	0030	0030
Complete a page in part E for each	ch "Yes" response in item 2	and for each new CU membe	r listed in item 3.		·		·
FICE 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
J members who previously	a. NAME						
ported not working.	<b>b.</b> LINE NUMBER	0010	0010	0010	0010	0010	0010
nce the 1st of (month, 3 month come from wages, or salary f irtnership, professional pract	s ago), did earn any rom a business, ice, or farm?	0020 1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No			
ELD REPRESENTATIVE ITEM nter the name and line number all new CU members recorded	a. NAME						
n the control card for the first me in this interview who are 14 ears old or older.	<b>b.</b> LINE NUMBER	0030	0030	0030	0030	0030	0030
Complete a page in part E for each	ch "Yes" response in item 2	and for each new CU membe	r listed in item 3.	•	•	•	•
			١	NOTES			
	The in this interview who are 14 ars old or older.  Complete a page in part E for each of the complete a page in part E for each of the complete a page in part E for each of the complete and previously ported not working.  The complete a page in part E for each of the complete and previously ported not working.  The complete a page in part E for each of the complete and the control card for the first of the control card for the first one in this interview who are 14 ars old or older.	b. LINE NUMBER  Complete a page in part E for each "Yes" response in item 2  FICE TRANSCRIPTION ITEMS D members who previously ported not working.  D. LINE NUMBER  PROCESSING USE ONLY  a. NAME  b. LINE NUMBER  b. LINE NUMBER  The ten ame and line number all new CU members recorded the control card for the first ne in this interview who are 14 ars old or older.  b. LINE NUMBER  A. NAME  a. NAME  b. LINE NUMBER	b. LINE NUMBER    Document   Docu	Description of this interview who are 14 ars old or older.    Description   Descriptio	the in this interview who are 14 ars old or older.    Date	the in this interview who are 14 ars old or older.    Downlete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Downlete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Downlete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Downlete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Downlete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Downlete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Downlete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.	the in this interview who are 14 aras old or older.    Domplete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Domplete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Domplete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Domplete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Domplete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.    Domplete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.

Section 22 -	- WORK EXE	PERIENCE AND	INCOME - 0	Continued
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F	Part E – Third and Fourth Quarter															
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of  PROCESSING USE ONLY  A. NAME	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		6	6e. Was there any money deducted from's last pay for –  (1) Federal income tax?	0130 1  Yes 2  No	0140 \$	.00						
2.	each CU member 14 years old and over.  b. LINE NUMBER  In the last 12 months, how many weeks did work either full time or	0010 0020 Weeks	$\frac{1}{1}$	1 – Retired? 2 – Taking care of home/family?	0070 Code		(2) State and local income tax?	0150 1 ☐ Yes 2 ☐ No	0160 \$	.00						
	part time, not counting work around the house? Include paid vacation and paid sick leave.	Weeks 0 □ Did not work – Go to item 5		<ul><li>3 - Going to school?</li><li>4 - III, disabled, unable to work?</li><li>5 - Unable to find work?</li></ul>			(3) Private pension fund?	0170 1 ☐ Yes 2 ☐ No	0180 \$	.00						
3.	In the weeks that worked, how many hours did usually work per week?	0030 Hours per week		6 - Doing something else? - Specify 🖟			(4) Government retirement?	0190 1 ☐ Yes 2 ☐ No	0200 \$	.00						
4a.	Information Booklet, page 43  The job in which received the most earnings during the past 12 months fits best in the following category:		6.	During the past 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances,	0080 1 ☐ Yes – Go to item 6a 2 ☐ No – Go to item 7		(5) Railroad retirement?	0210 1  Yes 2  No	0220 \$	.00						
	Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional									Armed Forces pay, severance pay, teaching fellowships, and the like.			(6) Social Security including Medicare?	0230 1  Yes - 2  No -	Go to item 6g Go to item 6f	
	Administrative support, technical, sales  04 - Administrative support, including clerical  05 - Sales, retail		During the last 12 months, how much did receive in wages and salaries for All JOBS before any deductions?	Go to item 6c	c	f. Are Social Security payments NORMALLY deducted from's pay?		Go to item 6g Go to item 6h								
	06 - Sales, business goods and service 07 - Technician Service 08 - Protective service 09 - Private household service	0040 Code		Ask only if "Don't know" or "Refuse" to	"Refuse" – Go to item 6b.		G. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1  Yes 2  No								
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector		b	b. Could you tell me which range on CARD A best reflects total wages and salaries for all jobs	2  \$5,000-\$9,999 3  \$10,000-\$14,999 4  \$15,000-\$19,999 5  \$20,000-\$29,999 6  \$30,000-\$39,999 7  \$40,000-\$49,999 8  \$50,000-\$69,999		h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for during the last 12 months?	0260 1  Yes 2  No								
	12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision			during the last 12 months?		7	7. During the last 12 months, did have any income or loss from 's own nonfarm business, partnership, or professional practice?	0270 1  Yes - 2  No -	Go to item 7a Go to item 7c							
	production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping				9		What was the amount of income or loss after expenses?	0280 \$ 0290 1 Loss		to item 7c						
h	Armed forces 18 - Armed forces		C	. What was the amount of's last pay before deductions?	0110 \$		Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.	0300 0 Loss 1 \(\sigma\) \$0 -\$	now" or "refuse" –G	o to item /b						
D.	Was CODE  1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm?	O050 Code  Ask if code 5 and not a farm – Is the business incorporated?  O060 1 \[ Yes \) Yo	d	. What period of time did this cover?	0120 1  1 week 2  2 weeks 3  Month 4  Quarter 5  Year 6  Other - Specify  7  Twice a month	-	b. Could you tell me which range on CARD A best reflects income or loss from 's own nonfarm business, partnership or professional practice during the last 12 months?	2  \$5,00 3  \$10,0 4  \$15,0 5  \$20,0 6  \$30,0 7  \$40,0 8  \$50,0 9  \$70,0 10 \$90,0	•							

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

Section 22	<ul><li>WORK EX</li></ul>	PERIENCE A	ND INCOME - (	Continued
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<b>)</b>	Part E – Third and	Fourth Quarte	er								
1.	REPRESENTATIVE ITEM Enter the first name and line number of	PROCESSING USE ONLY	1 23 30 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			. Was there any money deducted from 's last pay for –  (1) Federal income tax?	0130 1  Yes 2  No	0140 \$	.00
2.	In the last 12 months, weeks did work eit part time, not counting the house? Include paid sick leave.	ther full time or g work around	0010  Weeks  Did not work –  Go to item 5		<ul><li>1 - Retired?</li><li>2 - Taking care of home/family?</li><li>3 - Going to school?</li><li>4 - III, disabled, unable to work?</li></ul>	0070 Code		(2) State and local income tax?	0150 1 Yes 2 No 0170 1 Yes 2 No	Ψ <u></u>	.00
3.	In the weeks that we many hours did usuweek?	ually work per	0030 Hours per week		5 - Unable to find work? 6 - Doing something else? - Specify			(4) Government retirement?	0190 1 Yes 2 No	0200 \$	.00
4a.	Information Booklet, pag.  The job in which re earnings during the pa fits best in the following Manager, professional 01 – Administrator, ma	eceived the most ast 12 months ng category:		6.	During the past 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.	0080 1 ☐ Yes – Go to item 6a 2 ☐ No – Go to item 7		(5) Railroad retirement?		– Go to item 6g	.00
	02 - Teacher 03 - Professional Administrative support, t 04 - Administrative su clerical 05 - Sales, retail	ipport, including		а	During the last 12 months, how much did receive in wages and salaries for All JOBS before any deductions?	Go to item 6c	f.	Medicare?  Are Social Security payments  NORMALLY deducted from 's pay?	0240 1  Yes 2  No -	- Go to item 6f - Go to item 6g - Go to item 6h	
	O7 - Technician Service O8 - Protective service O9 - Private household 10 - Other service Operator, assembler, labor	Service  08 - Protective service  09 - Private household service  10 - Other service  Operator, assembler, laborer		b.	Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects total	"Refuse" – Go to item 6b.  1 \$\sum \\$0 -\\$4,999 2 \$\sum \\$5,000-\\$9,999 3 \$\sum \\$10,000-\\$14,999 4 \$\sum \\$15,000-\\$19,999		Does the money deducted for Social Security cover only the Medicare portion of Social Security?  Other than Social Security, did any employer or union contribute to a pension or retirement plan for during the last 12 months?	0250 1  Yes 2  No  0260 1  Yes 2  No		
	<ul> <li>11 - Machine operator, assembler, inspector</li> <li>12 - Transportation operator</li> <li>13 - Handler, helper, laborer</li> <li>Precision production, craft, repair</li> <li>14 - Mechanic, repairer, precision production</li> <li>15 - Construction, mining</li> </ul>				wages and salaries for all jobs during the last 12 months?	5  \$20,000-\$29,999 6  \$30,000-\$39,999 7  \$40,000-\$49,999 8  \$50,000-\$69,999 9  \$70,000-\$89,999	any i nonf profe ————————————————————————————————————	During the last 12 months, did have any income or loss from 's own nonfarm business, partnership, or professional practice?  What was the amount of income or loss	2 □ No -	- Go to item 7a - Go to item 7c	
h	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, Armed forces 18 - Armed forces			С	What was the amount of's last pay before deductions?	10 \( \square\) \$90,000-\\$119,999 11 \( \square\) \$120,000 and over  0110 \( \square\) .00	-	Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.	0300 0 Loss	know" or "Refuse" -	o to item 7c - Go to item 7b
D.	CODE  1 - An employee of a P company, business working for wages 2 - A Federal governmen 3 - A State governmen 4 - A local governmen 5 - Self-employed in O professional practic 6 - Working WITHOUT business or farm?	s, or individual or salary? ent employee? nt employee? t employee? WN business, ce, or farm?	O050 Code  Ask if code 5 and not a farm – Is the business incorporated?  O060 1 Yes 2 No	d	. What period of time did this cover?	0120 1  1 week 2  2 weeks 3  Month 4  Quarter 5  Year 6  Other - Specify  7  Twice a month	b	Could you tell me which range on CARD A best reflects income or loss from 's own nonfarm business, partnership or professional practice during the last 12 months?	3  \$10, 4  \$15, 5  \$20, 6  \$30, 7  \$40, 8  \$50, 9  \$70, 10  \$90,	\$4,999 00-\$9,999 000-\$14,999 000-\$19,999 000-\$29,999 000-\$39,999 000-\$49,999 000-\$69,999 000-\$89,999 000-\$119,999	

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.

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P	Part E – Third and Fourth Quarter – Continued								
7с.	During the last 12 months, did have any income from's own farm?	0310 1 Yes – Go to item 7d 2 No – Go to item 8	9f. Is this amount AFTER the deduction for a Medicare premium?	0420 1 ☐ Yes 2 ☐ No	NOTES				
d.	What was the amount of income or loss after expenses?	0320 \$	G. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number					
е	Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.  Could you tell me which range on CARD A best reflects's income or loss from's own farm during the last 12 months?	If "Don't know" or "Refuse" – Go to item 7e    0340   0	10. During the last 12 months, did receive any –  a. Supplemental Security Income (SSI) payments from the U.S. Government?  b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?  If "Yes" in items 10a and/or10b –  C. During the last 12 months, how	0440 1 ☐ Yes 2 ☐ No  0450 1 ☐ Yes 2 ☐ No  0460 \$					
		9 □ \$70,000–\$89,999 10 □ \$90,000–\$119,999 11 □ \$120,000 and over	much did receive in Supplemental Security Income checks form ALL government sources?	If "Don't know" or "Refuse" –Go to item 10d					
8.	During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.  If YES – How much?	0350 1  Yes 2  No 0360 \$	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.  d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources	1  \$0 -\$999 2  \$5,000-\$1,999 3  \$2,000-\$2,999 4  \$3,000-\$3,999 5  \$4,000-\$4,999					
9. a	During the last 12 months, did receive from the U.S. Government any money from –  Social Security checks?	0370 1  Yes 2  No	during the last 12 months?	6  \$5,000-\$9,999 7  \$10,000-\$14,999 8  \$15,000-\$19,999 9  \$20,000-\$29,999 10  \$30,000-\$39,999					
b	. Railroad Retirement checks?	0380 1 ☐ Yes 2 ☐ No		11  \$40,000-\$49,000 12  \$50,000 and over					
С	FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?	0390 1 ☐ Yes – Go to item 9d 2 ☐ No – Go to item 10	11. FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box based	0480 1 ☐ Records 2 ☐ No records used					
d	. What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$	upon the respondent's use of records in providing responses to items 6–10						
е	Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.  Could you tell me which range on CARD B best reflects the amount of's last Social Security or Railroad Retirement payment received?	0410 1  Less than \$300 2  \$300-\$399 3  \$400-\$499 4  \$500-\$599 5  \$600-\$699							
		6  \$700-\$799 7  \$800-\$899 8  \$900-\$999 9  \$1,000-\$1,499 10 \$1,500 and over							

Section 22 -	- WORK EX	<b>(PERIENCE</b>	AND IN	COME - (	Continued
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<b>)</b>	Part E – Third and	d Fourth Quarte	er								
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY  a. NAME	1 23 35 6 ↓	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE			. Was there any money deducted from 's last pay for –  (1) Federal income tax?	0130 1  Yes 2  No	0140 \$	.00
2.	years old and over.  In the last 12 months weeks did work e part time, not counti the house? Include p paid sick leave.	either full time or ing work around	0010  Weeks  Did not work –  Go to item 5		<ul> <li>1 - Retired?</li> <li>2 - Taking care of home/family?</li> <li>3 - Going to school?</li> <li>4 - III, disabled, unable to work?</li> <li>5 - Unable to find work?</li> </ul>	0070 Code		(2) State and local income tax?	0150 1  Yes 2  No  0170 1 Yes 2  No	Ψ <u></u>	.00.
3.	In the weeks that many hours did u week?	sually work per	0030 Hours per week		6 - Doing something else? - Specify   ✓			(4) Government retirement?	0190 1  Yes 2  No	0200 \$	.00
4a.	Information Booklet, pa The job in which earnings during the paties best in the follow Manager, professional 01 – Administrator, n	received the most past 12 months ving category:		6.	During the past 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.	0080 1 $\square$ Yes – Go to item 6a 2 $\square$ No – Go to item 7		(5) Railroad retirement?		– Go to item 6g	.00
	02 - Teacher 03 - Professional Administrative support 04 - Administrative s clerical 05 - Sales, retail 06 - Sales, business	support, including		a	During the last 12 months, how much did receive in wages and salaries for All JOBS before any deductions?	Go to item 6c  If "Don't know" or		Medicare?  Are Social Security payments NORMALLY deducted from 's pay?  Does the money deducted for Social	0240 1 ☐ Yes	- Go to item 6f - Go to item 6g - Go to item 6h	
	06 - Sales, business goods and services 07 - Technician  Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming		laborer Itor, assembler, Itor, assembler		Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects total wages and salaries for all jobs during the last 12 months?	"Refuse" – Go to item 6b.    0100		Security cover only the Medicare portion of Social Security?  Other than Social Security, did any employer or union contribute to a pension or retirement plan for during the last 12 months?	2 No  0260 1 Yes 2 No		
						5  \$20,000-\$29,999 6 \$30,000-\$39,999 7 \$40,000-\$49,999 8 \$50,000-\$69,999 9 \$70,000-\$89,999 10 \$90,000-\$119,999 11 \$120,000 and over		During the last 12 months, did have any income or loss from's own nonfarm business, partnership, or professional practice?  What was the amount of income or loss after expenses?	2 🗆 No -	I	to item 7c
b	17 - Forestry, fishing Armed forces 18 - Armed forces Was	g, groundskeeping		C	What was the amount of 's last pay before deductions?	0110 \$	-	Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.	0290 1 \( \text{Loss}\)  If "Don't  0300 0 \( \text{Loss}\)  1 \( \text{S} \)  1 \( \text{S} \)	know" or "Refuse" –	Go to item 7b
	CODE  1 - An employee of a company, busines working for wage 2 - A Federal governme 3 - A State governme 4 - A local governme 5 - Self-employed in professional prac 6 - Working WITHOU business or farm?	ss, or individual es or salary? ment employee? ent employee? own business, tice, or farm?	O050 Code  Ask if code 5 and not a farm – Is the business incorporated?  O060 1 Yes 2 No	d	. What period of time did this cover?	0120 1  1 week 2  2 weeks 3  Month 4  Quarter 5  Year 6  Other – Specify  7  Twice a month	b	Could you tell me which range on CARD A best reflects income or loss from 's own nonfarm business, partnership or professional practice during the last 12 months?	2  \$5,0 3  \$10, 4  \$15, 5  \$20, 6  \$30, 7  \$40, 8  \$50, 9  \$70,	00-\$9,999 000-\$14,999 000-\$19,999 000-\$29,999 000-\$39,999 000-\$49,999 000-\$69,999 000-\$89,999 000-\$119,999 0,000 and over	

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P	art E – Third and Fourth Quart	ter – Continued			
7c.	During the last 12 months, did have any income from's own farm?	0310 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8	9f. Is this amount AFTER the deduction for a Medicare premium?	0420 1 ☐ Yes 2 ☐ No	NOTES
d	What was the amount of income or loss after expenses?	0320 \$	G. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number	
e	Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.  Could you tell me which range on CARD A best reflects's income or loss from's own farm during the last 12 months?	If "Don't know" or "Refuse" – Go to item 7e    0340   0	10. During the last 12 months, did receive any –  a. Supplemental Security Income (SSI) payments from the U.S. Government?  b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?  If "Yes" in items 10a and/or10b –  C. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?	0440 1 ☐ Yes 2 ☐ No  0450 1 ☐ Yes 2 ☐ No  0460 \$	
8.	During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.  If YES – How much?	0350 1 Yes 2 No 0360 \$	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.  d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources	0470 1  \$0 -\$999 2 \$5,000-\$1,999 3 \$2,000-\$2,999 4 \$3,000-\$3,999 5 \$4,000-\$4,999	
9. a	During the last 12 months, did receive from the U.S. Government any money from –  Social Security checks?	0370 1 ☐ Yes 2 ☐ No	during the last 12 months?	6  \$5,000-\$9,999 7  \$10,000-\$14,999 8  \$15,000-\$19,999 9  \$20,000-\$29,999 10  \$30,000-\$39,999	
b	. Railroad Retirement checks?	0380 1 ☐ Yes 2 ☐ No		11 □ \$40,000–\$49,000 12 □ \$50,000 and over	
C	FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?	0390 1 ☐ Yes – Go to item 9d 2 ☐ No – Go to item 10	11. FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box based	0480 1 ☐ Records 2 ☐ No records used	
d	. What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$ .00 Go to item 9f  If "Don't know" or "Refuse" – Go to item 9e	upon the respondent's use of records in providing responses to items 6–10		
е	Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.  Could you tell me which range on CARD B best reflects the amount of's last Social Security or Railroad Retirement payment received?	0410  1 Less than \$300  2 \$300-\$399  3 \$400-\$499  4 \$500-\$599  5 \$600-\$699  6 \$700-\$799  7 \$800-\$899  8 \$900-\$999  9 \$1,000-\$1,499  10 \$1,500 and over			

Section 22	<ul><li>WORK EX</li></ul>	PERIENCE A	ND INCOME - (	Continued
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Part E – Third and Fourth Quarter							
Part		<b>;r</b>			•		
ITE! Ente	RESENTATIVE ONLY  If the first name ONLY	1 23 40 6 ↓	Ask if item 2 marked "Did not work" –  5. What was the main reason did not work during the past 12 months? Was		6e. Was there any money deducted from's last pay for –  (1) Federal income tax?	0130 1 Yes 0140 \$	
eac yea	the number of the CU member 14 rs old and over. <b>b.</b> LINE NUMBER	0010	CODE  1 - Retired?		(2) State and local income tax?	0150 1  Yes 0160 \$	
wed par the	he last 12 months, how many eks did work either full time or t time, not counting work around house? Include paid vacation and d sick leave.	0020 Weeks  □ □ Did not work –  Go to item 5	2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work?	0070 Code	(3) Private pension fund?	0170 1 Yes 0180 \$	
	he weeks that worked, how ny hours did usually work per ek?	0030 Hours per week	6 - Doing something else? - Specify 📈		(4) Government retirement?	0190 1 Yes 0200 \$	
4a. The	rmation Booklet, page 43 a job in which received the most nings during the past 12 months best in the following category:		6. During the past 12 months, did receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances,	0080 1 ☐ Yes – Go to item 6a 2 ☐ No – Go to item 7	(5) Railroad retirement?	0210 1 Yes 0220 \$	
01 - 02 -	nager, professional - Administrator, manager - Teacher - Professional		Armed Forces pay, severance pay, teaching fellowships, and the like.	2 No Go to tem?	(6) Social Security including Medicare?	0230 1 ☐ Yes – Go to item 6g 2 ☐ No – Go to item 6f	
04	ninistrative support, technical, sales - Administrative support, including clerical - Sales, retail		a. During the last 12 months, how much did receive in wages and salaries for All JOBS before any deductions?	0090 \$ .00 7 Go to item 6c	f. Are Social Security payments NORMALLY deducted from's pay?	1 Yes – Go to item 6g 2 No – Go to item 6h	
<b>07</b> - Sen	- Sales, business goods and services - Technician vice - Protective service	0040 Code	Ask only if "Don't know" or "Refuse" to	If "Don't know" or "Refuse" – Go to item 6b.	g. Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0250 1 ☐ Yes 2 ☐ No	
09 - 10 - Ope	- Private household service - Other service erator, assembler, laborer - Machine operator, assembler, inspector		item 6a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects total wages and salaries for all jobs	0100 1  \$0 -\$4,999 2 \$5,000-\$9,999 3 \$10,000-\$14,999 4 \$15,000-\$19,999	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for during the last 12 months?	0260 1 ☐ Yes 2 ☐ No	
<b>13</b> - Pred	- Transportation operator - Handler, helper, laborer cision production, craft, repair - Mechanic, repairer, precision		during the last 12 months?	5  \$20,000-\$29,999 6  \$30,000-\$39,999 7  \$40,000-\$49,999 8  \$50,000-\$69,999	7. During the last 12 months, did have any income or loss from 's own nonfarm business, partnership, or professional practice?	1 ☐ Yes – Go to item 7a 2 ☐ No – Go to item 7c	
Farr <b>16</b> -	production - Construction, mining ming, forestry, fishing - Farming - Forestry, fishing, groundskeeping			9	What was the amount of income or loss after expenses?	0280 \$00 } Go to item 7c	
	ned forces - Armed forces		C. What was the amount of's last pay before deductions?	0110 \$	Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.	If "Don't know" or "Refuse" –Go to item 7b  0300 0 □ Loss 1 □ \$0 -\$4,999	
COI 1 - 2 - 3 - 4 - 5 -		O050 Code  Ask if code 5 and not a farm – Is the business incorporated?  O060 1 Yes 2 No	d. What period of time did this cover?	1  1 week 2  2 weeks 3  Month 4  Quarter 5  Year 6  Other – Specify  7  Twice a month	b. Could you tell me which range on CARD A best reflects income or loss from's own nonfarm business, partnership or professional practice during the last 12 months?	1	

		. opened meetine in previous meetine.	
Part E – Third and Fourth Quarter – Continued			
7C. During the last 12 months, did have any income from 's own farm?  1 Yes - Go to item 7d 2 No - Go to item 8	9f. Is this amount AFTER the deduction for a Medicare premium?	0420 1 ☐ Yes 2 ☐ No	NOTES
d. What was the amount of income or loss after expenses?  O320 \$	g. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0430 Number	
Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.  C. Could you tell me which range on CARD A best reflects's income or loss from's own farm during the last 12 months?    1	10. During the last 12 months, did receive any –  a. Supplemental Security Income (SSI) payments from the U.S. Government?  b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?  If "Yes" in items 10a and/or10b –  c. During the last 12 months, how much did receive in Supplemental Security Income checks form ALL government sources?	0440 1 ☐ Yes 2 ☐ No  0450 1 ☐ Yes 2 ☐ No  0460 \$	
8. During the last 12 months, did place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.  If YES – How much?  0350 1  Yes 2  No 0360 \$	Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.  d. Could you tell me which range on CARD C best reflects the amount received in Supplemental Security Income from all government sources	0470 1 \$0 -\$999 2 \$5,000-\$1,999 3 \$2,000-\$2,999 4 \$3,000-\$3,999 5 \$4,000-\$4,999	
9. During the last 12 months, did receive from the U.S. Government any money from -  a. Social Security checks?  O370  □ Yes  □ No	during the last 12 months?	6  \$5,000-\$9,999 7  \$10,000-\$14,999 8  \$15,000-\$19,999 9  \$20,000-\$29,999 10  \$30,000-\$39,999	
<b>b.</b> Railroad Retirement checks?  0380 1  Yes 2  No		11	
C. FIELD REPRESENTATIVE CHECK ITEM − Is "Yes" marked in items 9a and/or 9b?  1 □ Yes − Go to item 9d 2 □ No − Go to item 10	<b>11.</b> FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based	0480 1 ☐ Records 2 ☐ No records used	
d. What was the amount of the last Social Security or Railroad Retirement payment received?    0400   \$	upon the respondent's use of records in providing responses to items 6–10		
Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.  Could you tell me which range on CARD B best reflects the amount of ∴ 's last Social Security or Railroad Retirement payment received?    1			

NOTE – As of April 2001 Section 22, Part F no l	onger exists			
•		NOTES		



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## Section 22 - WORK EXPERIENCE AND INCOME - Continued

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

<b>)</b>	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 \$		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 \$	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 \$		If YES – How much did you invest?	0190 \$	
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)?	0040 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 \$	8a	During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use?	0220 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	
	. Checking accounts:	0060 1 ☐ Same – Go to item 2c 2 ☐ More 3 ☐ Less	b	. What was the value of these goods or services?	0230 \$ .00	
C.	U.S. Savings bonds?	0080 1  Same - Go to item 3a 2  More 3  Less	9a	On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU?	0240 1 ☐ Yes 2 ☐ No – <i>Go to item 10</i>	
3a.	Did you (or any members of your CU) own any securities, such as stocks, mutual funds, private bonds, government bonds or Treasury notes on the last day of (last month)?	0100 1 Yes 2 No - Go to item 4	b	How does the amount owed to your CU on the last day of (last month) compare with the amount owed to your CU by persons outside your CU on the last day of (last month, one year ago)?  If more or less – How much more (less)?	0250 1 Same - Go to item 10 2 More 3 Less	
b	If YES – What was the estimated value of all such securities on the last day of (last month)?	0110 \$	10.	Did anyone outside of your CU owe money to you		
C	How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?  If more or less – How much more (less)?	0120 1 Same – Go to item 4 2 More 3 Less 0130 \$ .00	10.	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 \$	
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	11.	During the past 12 months, did you (or any members of your CU) receive settlement on surrender of any insurance policies (life or annuity)?	0290 1  Yes 2  No 0300 \$ .00	
	If YES – What was the total purchase price including broker fees?	0150 \$00 /		If YES – How much did you receive?	( )	

Section 24 – TOTAL CU I	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.		
IOTAL CU INCOME Information Booklet, page 47  1. Which category represents the total combined income of	1 24 01 6 ↓	NOTES		
the total combined income of this CU during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received by all CU members 14 years of age or older.	0010 1  Loss 2  Under \$3,000 3  \$3,000-\$5,999 4  \$6,000-\$7,499 5  \$7,500-\$9,999 6  \$10,000-\$12,999			
	7  \$13,000-\$14,999 8  \$15,000-\$19,999 9  \$20,000-\$24,999			
	10  \$25,000-\$29,999 11  \$30,000-\$34,999 12  \$35,000-\$49,999			
	13  \$50,000-\$74,999 14  \$75,000+ 15  Refused			
	x □ Don't know			

TOTAL CU INCOME

WORK EXPERIENCE AND INCOME

CREDIT LIABILITY

EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS

MISCELLANEOUS EXPENSES TRIPS AND VACATIONS

SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES

MEDICAL AND HEALTH EXPENDITURES EDUCATIONAL EXPENSES

HOSPITALIZATION AND HEALTH INSURANCE

INSURANCE OTHER THAN HEALTH

VEHICLE OPERATING EXPENSES OWNED VEHICLES

RENTED AND LEASED VEHICLES

CLOTHING AND SEWING MATERIALS

HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING

APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS

CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY

UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES

OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE