OMB No. 1220-0050

1. Regio	onal <b>2.</b>	Control number	r					<b>3a.</b> H		CU <b>4.</b> :	Segmen	t type	<b>5a.</b> Status of unit	<b>5b.</b> Lette	er sent		7a.	. Extra unit	Original unit serial number	Original un serial suffix	it	FORM <b>CE-802</b> (1-1-98)		
code	PSI		Segment	Segment	! Sample	Serial	Serial Check				า 🗆 เ		011 1 Serial no.	1 🗆	Yes	2	□No	<b>→</b>	013	014		LLC DEDARTMENT	OF COMMEDOE	
	coc	de	number	number suffix	designation	number	number digit				2 🔲 F		assigned by Wash.	6. Earlie	st placen	nent d	ate 7b.	. Sheet	Line No.			U.S. DEPARTMENT BUREAU OF TH		
001	002	2	003	004	005	1006	007	008	009		3 🗌 A		2 Serial No. assigned	012	Month		Date 7c.	Extra	015			ACTING AS COLLECT		
		_	<u> </u>	<u> </u>	D							Quarters	by R.O.			1		unit No.		3+ 🗌		U.S. DEPARTMEI BUREAU OF LABO		
9. ADD	RESS (Sh	heet	Line	)								AREA S	SEGMENTS ONLY			12.	LAND USE – F	Follow ins	structions for box	that is marked	d			
9a. Wha	ıt is you	ır (the) exact a	ddress?						<b>10.</b> YEAR	R BUILT		<b>11.</b> C0	OVERAGE QUESTIONS			12a.						HOUSE	HOLI	)
Hou	ise No., S	Street, Apt. No.,	or other ider	ntification					1 _	7			Ask items that are marke	d		018	1 Urban	– Go to i	item 13			CHARACT		
									I	$ lap{1}{2}$ Ask first $ lap{2}{3}$ DO NOT			☐ DO NOT ask	_		010	2 Rural							
									-			a.	☐ Are there any occupie	d v	<sub>₹</sub> N	1	– R	Regular ur	nits and Group Qu ·N or 93–N item 9d	arters units	106	QUESTIO	NNA	IRE
Plac	e				State		ZIP Code		st	/hen was tructure			or vacant living quarte besides your own in the	rs	_				arters units not co					
									0	riginally	built?		building?	Tal	ole X			tem 9d – I hen ao to	Mark "No" in item item 13.	12b without a	asking,	<b>CONSUMER EX</b>	<b>XPENC</b>	ITURE
9b. Is th	nis also y	your (the) mail	ling address	i? [	Yes	No – <i>Speci</i>	fy below 屖			Before 4		b.	Are there any occupie	dγ	<sub>₹</sub> N	12b.			months did sales	s of crops.		SURV		
Rou	te No., P	O Box, or other	identification	n						intervie			or vacant living quarte besides your own on t	his   Fill			livestock, a	and othe	r farm products	from this				
Dies					Ctata		ZIP Code			After 4-1			floor?	Tal	ole X		-	ин со ф і	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DIARY SI	<b>JRVEY</b>	
Plac	е				State		ZIP Code			Complete 11c whe	en	C.	Is there any other building on this prope	rtv Y	<b>∠</b> N	019	1 ☐ Yes 2 ☐ No							
9c. Grou	ıp Quarte	ers name			9d.	Type code	9e. Sample	number	-	required intervie			for people to live in -	Fill			2 🗀 NO					<b>NOTICE</b> – Your report to the Census (title 13, U.S. Code). It may be seen of		
					017								vacant?	Tai	ole X							and may be used only for statistical p		Sus employees
		ON OF LIVING																				I STRUCTURE		PROCESSING USE ONLY
13a. FIEL	D REPRE	SENTATIVE CH	ECK ITEM	13b. ACCES	SS		13c. HOUSING	unit							1		Group Quarter					ot apparent. any housing units, both occupied a	and vacant.	002 0.121
Uni	t is –			021 1□ Di	irect – <i>Go to it</i>	em 13c	023 1 Hous	e, apartr	ment, flat				Mobile home or trailer with	n NO		8	3 ☐ Quarters boarding	not HU ir house	n rooming or		are the	re in this structure?		
020 1	In a Gro	oup Quarters – F	Refer to the		hrough anothe lot a separate l		2 HU, i				•		oermanent room added Mobile home or trailer with	one or		9	Student o		n college	024		, .	☐ 3 – 4 ☐ 5 – 9	025
	CE-350. box in e	.1 and mark the either item 13c o	appropriate or item 13d.	cc	ombine with un prough which a	nit	3 ☐ HU, p mote	ermane I, etc.	nt in trans	sient hote	el,	'	more permanent rooms ad	ded		10	dormitory Group Qu 🗆 ت	,	nit not specified					9 8
2	NOT in	a Group Quarte	ers	ga	ained. (Apply i nit procedures	merged	4 ☐ HU, i	n roomii	ng house			7 ∐ [	HU not specified above – <i>E</i> " <i>NOTES.</i> "	escribe i	ח		abovė – <i>L</i>	Describe I	in "NOTES."			•	20 – 49	9 8
					ppropriate.)	"															5 🗌 2	10 L Go to section 1, page 2	50 or more	
		EMENT   Earlie	st date		Late	est date			<b>19.</b> DIA	RY STAR	T DATES	S	20. FINAL INTERVIEW ST	ATUS – I	Enter the	e appr	opriate code (	(01–19) fc	or both placement	and pickup fo	or each w	veek.	21. TENURE	
PERIO		ELEPHONE CON	ITACT AND F	DEACON FOR						WEEK	<b>(</b> 1		Code						WEEK 1			WEEK 2		ed <b>2</b> - Rented
		r reason of telep				hone call to	o collect data			F	rom		01 - Diary placed or com	•				DIAR	Y PLACEMENT			DIARY PLACEMENT		noninterviews
							o schedule appoi	ntment	N	lonth   I	Date I	Year	NONINTERVIEW C Type A	ODES			009	Co	ode		017	Code	TYPE A Item 5a	
					3 Otne	r telephone	call			 	1 1		02 - No one home (unab	le to con	tact)		If c	code is 01	I–05, enter month 2–05, mark race an	and date.	lf	code is 01–05, enter month and date. code is 02–05, mark race and enter	Item 10 (/	If applicable)
Call /r	Reason		ld Represent	ative Name	Field R	epresentati		'S USE	005	I I			03 – Temporarily absent reference week	during E	NTIRE		nuı	mber of h	household membe	ers and	nι	umber of household members and	Item 12	lf applicable)
(a) (E	Enter cod (b)	16)	(c)			code (d)	R – Reint. (e)	- Ops.		I_	rough		<b>04</b> – Refused					1 1	from item 21.		— г	nure code from item 21.	Item 13 Item 14	
1 00	_				002				I.	onth	<u> </u>	Year	<b>05 -</b> Other - <i>Specify</i>				010		i Month/da placeme		018	Month/date of placement	Items 16b	
2 00	_				004				"		I		Type B				011 1					White	Item 20	
3 <b>00</b> 4 <b>00</b>	_				006				006	1	i		06 - Vacant (for rent)					Black		.		Black	Code Race	
5 00					010					!			<b>07</b> – Vacant (for sale) <b>08</b> – Vacant (other)				_		can Indian, Eskimo or Pacific Islander	o, or Aleut		American Indian, Eskimo, or Aleut  Asian or Pacific Islander	HH men Tenure	nbers
6 01					012					WEEK	( 2		09 - Occupied by person				012	Asiaii (			020		TYPE B	
7 01	_				014						From		<b>10 –</b> Under construction,	not read	У				HH mem	15010		HH members	Item 5a	If applicable)
8 01	5				016				]   N	lonth ¦ I	Date	Year	<b>11 -</b> Other - <i>Specify</i>				013		Tenure		021	Tenure	Item 11 (/	lf applicable)
9 01					018					! !	! !		Type C				014		ARY PICKUP		022	DIARY PICKUP	Items 13– Items 16b	o–d
10 01					020				007		1 1		12 - Demolished 13 - House or mobile ho	me move	ıd		014		ode 1–05, enter month		022	Code code is 01–05, enter month and date.	Items 17– Item 20, c	
11 02	_				022					Th	rough		14 - Converted to perma			tial us	e   [	1	1			I I I	TYPE C	
12 <b>02</b>					024				N	lonth   I		Year	<b>15 –</b> Merged <b>16 –</b> Condemned				015 Ma	ark (X) an	i Month/da	ate	023 M	Month/date	Item 5a Item 10 (/	If applicable)
<b>17.</b> RECO	RD OF TI	RAVEL TIME (Se	ee page 20)							! !	i i		17 - Located on military	base (po	st)				eted by responder	nt		Completed by respondent		lf applicable)
<b>18.</b> RECO	RD OF IN	NTERVIEW AND	OFFICE ACTI	IVITY TIME (S	See page 20)				008				<b>18 –</b> CU moved <b>19 –</b> Other – <i>Specify</i>					Partial			2	Partial recall	Items 17-	-18
13111200	01 110		370271011		- Pago Zo,					<u>'</u>							3 [	Total r	ecall		3	☐ Total recall	Item 20, c	ode

				USEHOLD CHARACTI		00.0=1	//N/O ! ! 555									==		505.1	DEDC 05 =:						
Н	TOUSEHOLD RECORD - FILL ITEMS 2-7b FOR ALL PERSONS LIVING OR STAYING HERE.  FILL ITEMS 8g - 14 ONLY FOR MEMBERS OF THIS CU  THE Start with the name of the person of the p																								
		PLACE		(last name first)	PERSON		LIENENCE	Ask	if not	CO	LLEGE	l HC	DLD		_	What is	's date	Show	Show	Ask if	TATUS	13a. ATTAINMENT	in co ili	13b. ATTENDING	FORCES
ONLY	_	<b>2.</b> ST.	ATUS	all persons living or	Ask if not ap	parent.		app	arent	appare	nt.							booklet,	booklet,	appar		Show information booklet page 3a.		Ask if code 39–46,	16-65
ō	BER			the name of the person	What is to (reference			ls .		Are an these		1			S	verity a informa	ge using tion booklet.	What i			now – arried,	What is the highes	st	Is currently	years old.
USE	NOM	Enter	code	or one of the persons who owns or rents this		·			le or nale?	living a	away at				MER	Example	e: 01-20-1983	the rac	e's	2 - W	idowed, ivorced,	level of school completed or the highest degree	has	enrolled in a college or	now in the
			eletion	home.	Example: Re husband, wi	fe, son,		1 5a		_	marked	probe		1 8a	CONSUMER		12-01-1924	persor this C	in origin		eparated,	highest degree received?	. has	university either –	Armed Forces?
SSII	_		ldition	List all persons who usually live here and all persons	daughter-in- lodger's wife	law, parti e, etc.	ner, lodger,	TEN		below for	or a	07.12	li					Enter	descent?	0 5 - Ne	R	Enter code		1 – Full-time	1 - Yes
PROCESSING	SC	and d		who are temporarily absent. Be sure to include		Week 1	Week 2	101		NO, in it without	tem 7b		li li	9  ite	ead em			code from	Enter code	ma	arried	from below		2 – Part-time OR	<b>2</b> – No
PRC	m F	occur		infants under 1 year of age.		HH CU	HH CU e code code	09	le i			\/F0		있 ne	f on ext	Ma Da	ha Vaan Aa	below	from below	Enter			11	3 – Not at all Enter code	Enter code
201	01	Code IV	o. Date			code cod	C COde Code	Male	2	YES 1	NO 2	YES	NO 2	₽ pa	age	Mo. Da	te Year Ag	je		vveek	1 Week 2		Update	Enter code	
202	02								2 2	1	2	1 1	2 🗆	⊩											
203	03								2	1 🗆	2	1	2 🗆	⊩											
204	04							10	2	1	2	1 1	2	╟											
205	05							1	2	1	2	1	2												
206	06							1	2	1	2	1	2												
207	07							1	2	1	2	1	2												
208	80							1□	2	1	2	1	2	╙											
209	09							1	2	1	2	1	2	╙											
210	10							1	2	1	2	1	2	⊩											
211	11							1	2	1 🗆	2	1 -	2	⊩											
E	12								2	1 🗆	2	1 🗆	2	⊩											
213	13								2	1 🗆	2	1 .	2□ 2□	⊩	-										
215	15								2	1	2	1	2	<b>↓</b> ├											
210		<u> </u>	EK 1 B	LACEMENT.				_			OVERAGI			a FII	IELD	DEDDES					CODE	<u> </u> S FOR ITEM 10, 11, A	ND 13		
5a. l				ead names from item 3.)					ELD RE		ATIVE CI		M o	CH	HECK	CITEM F JMBERS	ENTATIVE OR ASSIGNIN		RACE			ORIGIN		EDUCATION	
	lave I	miss	ed –		YES	_				oup Qua	rters – <i>G</i> o	o to item	8d	In	nclud	e anvon	e who is a	1 Wh		01	German	16 Central or	00	Never attended, pre kindergarten	eschool,
	-			all children?			If "YES", ask			a Group o item 8b	Quarters	S		hc tir	ouse me o	hold me f intervi	mber at ew.	<b>3</b> Am	erican	02	ltalian	South American		1st grade through 1	
	travel	ling, a	t scho	ol, or in a hospital?	" □		name and record in	$\overline{A}$		apparen			23	31 1	□н	ousehol	d contains only		ian, Eskimo, Aleut	03	Irish	17 Other		12th grade NO DIF HIGH SCHOOL GRA	ADUATE –
-	any lo who l	odger ive he	s, boar ere ? .	ders, or persons you employ			roster above (item 3).	I OD. D	o all th	e persoi	ns in this ther?	s housel	nold		th ot	e refere hers rel	nce person or a ted to the	4 Asi	an or Pacific nder		French	Spanish <b>20</b> Afro-		high school DIPLON equivalent (for example)	imple: GED)
-	anyoı	ne els	e stayi	ng here?			Go to item 6 above		Yes	_	e nor eat	t togotho	_		bl ac	ood, ma doption.	person by rriage, or other legal	5 Oth			Polish Russian	American (Black or		Some college but n Associate degree in	n college -
				ACEMENT.	YES	NO			Fill Tal	ble X (pa	ge 15) for	r the pers	son		ar <i>in</i>	rangem item 80	ents – Enter "1 • above for all	Person	Specify race		English	Negro)	42	Occupational/vocat Associate degree in	
4	Are all	l of th		ead names from item 3.) rsons still living or staying h		<u></u>		l _	eating	with the	sons not reference	e person.			ho	ousehol	d members. n 8f on page 3.	line No.	Эреспу тасе		Scottish	<ul><li>26 Dutch</li><li>27 Swedish</li></ul>		Academic program Bachelor's degree (	า
	f "NO" Nho n		ıer live	es here?						apparen		ld o-		2 [			d contains one				Mexican American			BA, AB, BS) Master's degree (Fo	
		ch per	son wh	o has left the household, enter a	1		Go to section 1,	th	ne prop	y otner r erty live sehold?	ousehol OR eat	with			re pe	lated to erson by	ersons not the reference blood,				Chicano	<b>30</b> Another	44	MA, MS, MEng, ME	Ed, MSW,
5d.	s anv	one e	se livi	ng or staying here,			item 17a		Yes –	Redefine	the unit t				m ot	arriage, her lega	adoption, or I			12	Mexican	group not listed	45		Degree (For
	f "YES	", ask	name a	n babies?	3).				live or	eat toget	by all pe ther (appl if appro	ly merge			ar ite	em 8e o	ents – Go to n page 3				Puerto Rican	<b>39</b> Don't know	46	JD)  Doctorate degree	
			?" in ite opropri	m 2 and complete items 4–14 fo ate.	r all	J				oceaures 30 to iter		рпасе).	1							15	Cuban			example: PhD, Ed	D)

Section 1 – HOUSEHOLD CHARACTERISTIC	CS - Continued								
8e. FINANCIAL RESPONSIBILITY	311 01	311	02	311	03	311	04	311	05
Ask first for reference person and all others related to	Line No.(s)	Line f	No.(s)	Line No.(s)		Line No.(s)		Line No.(s	s)
reference person by blood, marriage, adoption or other legal arrangement. Then ask for each other person or group of	312	312		312		312		312	
related persons.	314	314		314		314		314	
(1) Do(es) pay for all housing expenses with own money?	317 1 ☐ Yes 2 ☐ No	317 1 🗆 Y		317 1  Yes 2  No		317 1  Yes 2  No		317 1  Yes 2  No	
(2) Do(es) pay for all food expenses with own money?	318 1  Yes 2  No	318 1 🗆 Y		318 1  Yes 2  No		318 1  Yes 2  No		318 1  Yes 2  No	
(3) Do(es) pay for all other living expenses such as clothing, transportation, etc., with own money?	319 1 ☐ Yes 2 ☐ No	319 1 U Y 2 U N		319 1  Yes 2  No		319 1  Yes 2  No		319 1  Yes 2  No	
FIELD REPRESENTATIVE CHECK ITEM  Are two or more "YES" boxes marked in items 8e, 1–3?	320 1 ☐ Yes – Assign of in item 8 2 ☐ No – Ask item	g	es – Assign next available CU No. in item 8g Io – Ask item 8e (4)	320 1  Yes – Ass CU 1 2  No – Ask	No. in item 8g		ssign next available U No. in item 8g sk item 8e (4)		- Assign next available CU No. in item 8g Ask item 8e (4)
8e. (4) Does all or part of the money to pay for (Specify expenses with NO marked in items 8e, 1–3) come from someone in this household?	321 1 ☐ Yes – Ask item 2 ☐ No – Assign C in item 8	<i>CU No. 1</i> 2 🗆 N	es – Ask item 8e (5) lo – Assign next available CU No. in item 8g	321 1 ☐ Yes – <i>Ask</i> 2 ☐ No – <i>Assi</i> <i>CU</i> N	item 8e (5) gn next available lo. in item 8g	321 1  Yes – As 2  No – As CU	sk item 8e (5) ssign next available I No. in item 8g	2 No -	- Ask item 8e (5) Assign next available CU No. in item 8g
(5) Who is (are) that (these) person(s)?	Line No.(s)	Line 1	No.(s)	Line No.(s)		Line No.(s)		Line No.(s	s)
	Assign to same C	Jin item 8a Assia	n to same CU in item 8g.	323 Assign to sam	ne CU in item 8g.	323 Assign to Sa	ame CU in item 8g.	323 Assign to	same CU in item 8g.
NOTE – If more than 4 CU's, stop interview. List the CU's on an II			Tree sume SS III heart sg.	7.001911 10 0011	ie ee in nem eg.	7.001911 10 00	anie ee in kein eg.	7.001911 10	same com nom og.
8f. FIELD REPRESENTATIVE INSTRUCTION – Consumer Unit  Read to respondent: During this interview, I will use the w household who (is/are) independent of all other persons	in this household for	payment of their major ex	penses.	_			NOTES		
The person(s) I'm including in your CU (is/are) – Read name	nes of all persons listed			. , ,					
FIELD REPRESENTATIVE CHECK ITEM  Does this household contain more than one CU?			ually make the purchases	?					
1 ☐ Yes – Go to item 15a		331 1 ☐ Yes 2 ☐ No – <i>Go to i</i>	itom 16a						
2 □ No – Go to item 16a		If "YES" – Who? Ent							
15a. Does more than one person in this household regularly expense of items such as food, cleaning supplies, or paper.	contribute to the per products?	332							
330 1 ☐ Yes – Go to item 15b 2 ☐ No – Go to item 16a		NOTE – If "YES", ask th	ne person who usually make e expenses for the shared it	s the					
16a. Are these living quarters used partly for business or ren	ted to others?	<u>'</u>	expenses is counted as a						
333 1 □ No – Go to section 2		expense?							
2 ☐ Part business 3 ☐ Rented to others		334 .00	Percent						
4 Both business and rented to others		334	reicent						
ASK AT WEEK 1 AND WEEK 2 PICK-UP		WEEK 1	WEE	<b>&lt; 2</b>					
17a. Were any CU members away overnight for one day or make last week (during the diary reference period)?	335 1  Yes		345 1  Yes 2  No						
If "YES" - Which persons?	<u> </u>		346 x 🗆 AII						
Enter line numbers	336 X AII	338 339	347	349					
b. Did anyone else, such as visitors, stay here overnight for one day or more last week (during the diary reference period)?	e 343 1 □ Yes		353 1 \( \text{Yes}	1 070 1					
If "YES" – How many such persons?	2 🗆 No		2 🗆 No						
Enter the number of persons.	344	Parsons	354 Person	•					

	Section 2 - CONSUMER UNIT CHARACTERISTICS (FIELD REI	PRESENTATIVE – Ask items 1–7 at Week 1 placeme	ent.)				
	Ask if not apparent from observation.			Ask only if preschool or school age children; otherwise mark "No".		414 1 ☐ Yes	
1a.	Are these living quarters presently used as student housing by a college or university?	401 1 ☐ Yes – <i>Go to item 3a</i> 2 ☐ No		During the previous 30 days, have you (or members of your CU) purchameals at school or in a preschool program for preschool or school age	children?		Go to item 6
			b.	. If "Yes" – What are the names of all CU members who purchased meals purchasing meals at school in column a, line number in column b, then ask co	<b>at school?</b> I lumns c thro	Enter the name of e ough d for each nan	each CU member ne entered.
b.	Are your living quarters owned or being bought by you (or any members of your CU)?	402 1 ☐ Yes – Go to item 1c 2 ☐ No – Go to item 1d		a > ONL	b Enter line	c What is the usual weekly	d How many weeks
	Are these quarters owned by regular ownership or as a condominium or cooperative?  Probe:  In this survey, we consider a cooperative to be property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean? (FIELD REPRESENTATIVE: If the respondent answers "No" to the probe, try to determine whether the ownership is "regular" or "condominium" and mark the appropriate box.)	1 ☐ Regular ownership Go to item 2 2 ☐ Condominium 3 ☐ Cooperative – Read probe and then skip to item 2		Name Name	number from section 1, item 1	expense for the meals purchased at school?	did purchase meals?  Enter number of weeks
d.	Are your living quarters rented for cash rent or occupied without payment of cash rent?	1  Rented for cash 2  Occupied without payment of cash rent  Go to item 3a		426		\$ .00 \$ .00	
	Ask if "Yes" in item 1b.	405 1 U Yes	1	428			
2.	Do you have a mortgage on this property?	2 □ No		429		\$ .00	
3a.	Since the 1st of (Month, 3 months ago), what was your usual weekly expense at the grocery store or supermarket?	406 \$ .00		430		\$ .00 \$ .00	
		0 ☐ None – <i>Go to item 3c</i>			Area code	Number	
b.	About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods and alcoholic	407 \$ .00	6.	What is your telephone number?		<u> </u>	-
	beverages?	0 □ None	7.	What is the best time of day to call or visit?			a.m. p.m.
C.	Have you (or any member of your CU) purchased any food or nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience stores, dairy stores, vegetable stands, or farmers markets? Include any large purchases made for freezing or canning.	1 ☐ Yes 2 ☐ No – Go to item 4a		FIELD REPRESENTATIVE – Explain to the respondent how to complete the diameter NOTES	ry, then leave	e diary for week 1.	
d.	What was your usual weekly expense at these places?	409 \$ .00					
4a.	Do you own an automobile, truck, or other vehicle?	410 1  Yes					
	Do not include any vehicle which is used entirely for business purposes.	2 □ No – Go to item 5a					
b.	How many?						
		411 Number					
C.	Is this (are any of these) vehicle(s) used partially for business?	412 1  Yes 2  No – Go to item 5a					
	A.1. 'CHV						
لم	Ask if "Yes" in item 4c.  What percent of your total vehicle expense is counted as a business						
a.	What percent of your total vehicle expense is counted as a business expense? Enter to nearest whole percent.						

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Sec	ction 3 – DIA	RY CHECK (Continued)									
		WEEK 1 PICKU	Р					WEEK 2 PICKU	Р		
		Part 1 - FOOD AWAY FRO	ом номе					Part 1 – FOOD AWAY FRO	ом номе		
Did yo snack	ou (or members o s, nonalcoholic o	f your CU) have any expenses, which you did or alcoholic drinks purchased from vending r	d not enter in you nachines or mob	ur Diary, for meals, ile vendors?		Did yo snack	ou (or members o s, nonalcoholic o	of your CU) have any expenses, which you did or alcoholic drinks purchased from vending n	I not enter in you nachines or mob	ur Diary, for meals, ile vendors?	
	1 ☐ Yes	2 ☐ No 3 ☐ Don't kn	ow				1 ☐ Yes	2 ☐ No 3 ☐ Don't kno	ow		
а		b	С	d	е	а		b	С	d	е
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	Were alcoholic beverages included in total cost? Mark (X) one	How much?	Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	Were alcoholic beverages include in total cost? Mark (X) one	How much?
120			Dollars Cents	Yes No	Dollars Cents	120			Dollars Cents	Yes No	Dollars Cents
121				1 2	<del>                                     </del>	121			+ :	1 2	+ :
122				1 2	!	122				1 2	+ !
123				1   2	!	123				1   2	1
Purch	ased from emplo	yer or school cafeterias?		1		Purch	ased from emplo	yer or school cafeterias?		'	
	1 □ Yes	2 □ No 3 □ Don't kn	ow				1 ☐ Yes	2 ☐ No 3 ☐ Don't kno	ow		
а		b	С			а		b	С		
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip			Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip		
128			Dollars Cents	_		128			Dollars Cents	_	
128						128			<del>                                     </del>		
130			1			130			1		
131			1			131					
	ard or meal plan	?					oard or meal plan	?			
	1 □ Yes	2 □ No 3 □ Don't kn	ow				1 ☐ Yes	2 □ No 3 □ Don't kno	ow		
а		b	С			а		b	С		
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip			Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	_	
132			Dollars Cents			132			Dollars Cents	_	
133				_		133			<del>                                     </del>	_	
	u (or members of	your CU) have any expenses, which you did n	ot enter in your [	□ Diary, for catered affa	nirs?		ou (or members of	I f your CU) have any expenses, which you did n	ot enter in your I	Diary, for catered aff	airs?
-	1 □ Yes		☐ Don't know – <i>G</i>				1 ☐ Yes		3 ☐ Don't know –		
а		b	С	d	е	а		b	С	d	е
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	Were alcoholic beverages included in total cost? Mark (X) one	How much?	Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	Were alcoholic beverages include in total cost? Mark (X) one	How much?
46.5			Dollars Cents	Yes No	Dollars Cents	45-			Dollars Cents	Yes No	Dollars Cents
134				1   2   1		134			1	1   2   1   2	1 1
135			1 1	1	I 1	l 135	1		1	1	I 1

## Section 3 – DIARY CHECK (Continued) **WEEK 1 PICKUP WEEK 2 PICKUP** Part 2 - FOOD FOR HOME CONSUMPTION Part 2 - FOOD FOR HOME CONSUMPTION Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home? nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home? ı □ Yes 2 □ No – *Go to part 3* ı □ Yes $3 \square$ Don't know – *Go to part 3* $_2 \square$ No – *Go to part 3* $3 \square$ Don't know – *Go to part 3* d а C а Is this item -Is this item -Total cost Total cost **PROCESSING** Mark (X) one Do not **PROCESSING** Mark (X) one Do not Line Line include sales USE USE Describe item purchased Describe item purchased include sales tax tax Bottled Bottled Fresh Frozen Other Fresh Frozen Other or or Dollars Cents Dollars Cents canned canned 201 201 202 202 2 203 203 204 204 205 205 206 206 207 207 208 208 209 209 210 210 2 211 211 212 212 213 213 214 214 2 215 215 216 216 2 217 217 218 218 2 219 219 220 220 221 221 222 222 223 223 224 224 2 225 225 226 226 2 3 227 227 228 228 2 3 229 229 2 230 230

Sec	ction 3 – DIA	RY CHECK (Continued)															
		WEEK 1 F	PICKUP							WEEK 2 P	ICKUP						
		Part 3 – FOOD AND BEVERAG	SES PURCHASED A	S GIFTS						Part 3 – FOOD AND BEVERAG	ES PURCH	IASED AS	S GIFTS				
Did yo	u (or members of coholic or alcoho	f your CU) have any expenses which y lic beverages for someone outside yo	ou did not enter in ur CU?	your Diar	y for food,			Did y nonal	ou (or members o coholic or alcoho	of your CU) have any expenses which yo blic beverages for someone outside yo	ou did not ur CU?	t enter in	your Diary	for foo	d,		
	1 ☐ Yes	2 □ No – <i>Go to part 4</i> 3 □	Don't know – <i>Go to</i>	part 4					1 ☐ Yes	2 $\square$ No – Go to part 4 3 $\square$	Don't know	v – Go to p	oart 4				
а		b			С		d	а		b				С		d	
Line No.	PROCESSING USE	Describe item purchase		Mark	is item – k (X) one	D inclu	al cost o not de sales tax	Line No.	PROCESSING USE	Describe item purchase	d		Mark	s item – (X) one		Total cost Do not include sald tax	
				Fresh Froze	en or Ot	ther Dollars	Cents					F	resh Frozer	or	Other	Dollars Ce	ents
301			1	1 2	3 4			301				1	2	3 4			
302			1	1 2	3 4		1	302				1	2	3 4		1	
303			1	1 2	3 4		!	303				1	2	3 4			
304			1	1 2	3 4		!	304				1	2	3 4		!	
305			1	1 2	3 4		!	305				1	2	3 4		!	
306			1	1 2	3 4		1	306				1	2	3 4		1	
		WEEK 1 F	PICKUP	,						WEEK 2 P	ICKUP		,	'		<u>'</u>	
		Part 4 – CLOTHING, SH	OES, AND JEWELR	RY						Part 4 – CLOTHING, SH	OES, AND	JEWELRY	γ				
Did yo shoes,	u (or members of or jewelry? 1 $\square$ Yes	f your CU) have any expenses which y 2 □ No – <i>Go to part 5</i> 3 □	ou did not enter in		y for clothi	ing,		Did y shoes	ou (or members o s, or jewelry? 1 🗌 Yes	of your CU) have any expenses which y 2 □ No – Go to part 5 3 □	ou did not  Don't know			for clot	hing,		
а		b	С		d	е		а		b	C	;	d			е	
Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	for som outside consum Mark	your yer unit? (X) one	For whom witem purcha 1 - Male 16 c 2 - Female 1 3 - Male 2 th 4 - Female 2 5 - Under 2 y	or over 6 or over rough 15 through 15	Line No.	PROCESSING USE	Describe item purchased	Total Do include ta	not e sales ax	for some outside y consume Mark ()	eone your er unit? X) one	1 - Ma 2 - Fe 3 - Ma 4 - Fe 5 - Ur	whom was thi purchased? ale 16 or over male 16 or ov ale 2 through male 2 throug nder 2 years	
404			Dollars Cents	Yes	No 2	Enter coa	e	404			Dollars	Cents	Yes	No 2	En	ter code	
401				1	2			401			<del>                                     </del>			2			
402			+ +	1	2			402			-			2			
403				1	2			403						2			
404			+ +	1	2			404			-			2			
405				1	2			405			<del>                                     </del>			2			
406				1	2			406			<del>                                     </del>			2			
407				1	2			407			+			2			
408				1	2			408 409			+			2			
409			+ -	1	2			410						2			
410																	

Sec	ction 3 – DIA	RY CHECK (Continued)							
		WEEK 1 PICKUP					WEEK 2 PICKUP		
		Part 5 – ALL OTHER PURCHASES AND EXPENSE	S				Part 5 – ALL OTHER PURCHASES AND EXPENSE	ES	
Did yo	ou (or members o tage stamps?	of your CU) have any expenses which you did not enter in you	ır Diary for tobacc	co, gasoline,	Did yo	ou (or members o stage stamps?	f your CU) have any expenses which you did not enter in yo	ur Diary for tobacc	o, gasoline,
	1 ☐ Yes	2 □ No 3 □ Don't know				1 □ Yes	2 ☐ No 3 ☐ Don't know		
а		b	С	d	а		b	С	d
Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	Was this bought for someone outside your consumer unit? Mark (X) one	Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	Was this bought for someone outside your consumer unit?  Mark (X) one
			Dollars Cents	Yes No				Dollars Cents	Yes No
501				1 2	501				1 2
502 503				1 2	502 503				1 2
504				1 2	504				1 2
505				1 2	505			<del> </del>	1 2
506				1 2	506				1 2
507				1 2	507			1	1 2
508				1 2	508				1 2
509				1 2	509				1 2
Did yo in you	r Diary?	of your CU) have any expenses for any other items which you			Did you	r Diary?	f your CU) have any expenses for any other items which you		
	1 ☐ Yes	2 ☐ No – Go to Field Representative 3 ☐ Don't kr instructions at bottom of page	now – Go to Field Re instructions at	presentative bottom of page		1 ☐ Yes	2 ☐ No – Go to Field Representative 3 ☐ Don't k instructions at bottom of page	now – Go to Field Re instructions a	epresentative t bottom of page
а		b	С	d	а		b	С	d
Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	Was this bought for someone outside your consumer unit? Mark (X) one	Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	Was this bought for someone outside your consumer unit?  Mark (X) one
			Dollars Cents	Yes No				Dollars Cents	Yes No
510				1 2	510				1 2
511				1 2	511				
512				1 2	512				1 2
513				1 2	513				1 2
514 515				1 2	514 515				1 2
516				1 2	515				1 2
517				1 2	517			+ ;	1 2
518				1 2	518				1 2
_			1	i i				1	i l

•	Section 4 — WORK EXPERIENC	E AND INCOME									
F	Part A	FIELD REPRE	SENT	ATIVE – Complete at Week 2 pickup. Ask a se	eparate page in Part A for	each	CU member 14 years old or over.				
1.	FIELD REPRESENTATIVE ITEM USE ONLE USE ONLE ONLE ONLE ONLE ONLE ONLE ONLE ONL	G 601 <b>1</b>		Ask if item 2 marked "Did not work" –  5. What was the main reason did not work during the past 12 months? Was		8.	During the past 12 months, did receive –  a. Any Supplemental Security Income checks from the U.S. Government?	624	1 □ Y 2 □ N		
2.	b. LINE NUM	602 603 Weel	ke	2 – Taking care of home/family?	Code	t	D. Any Supplemental Security Income checks from the State or local Government?  Ask if items 8a and/or 8b are marked	625	1 □ Y 2 □ N		
	did work either full-time or part-time not counting work around the house? Include paid vacation and paid sick leave	0 ☐ Did not work Go to item 5	( – ;	3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify			"Yes" –  How much did receive in Supplemental Security Income checks altogether?	626	¢		.00
3.	In the weeks that worked, how man hours did usually work per week?	604 Hou	rs per k				<del>-</del>		_ <del>-</del> —		
4a.	Show Information Booklet, page 44  The job in which received the most earnings during the past 12 months fits best in the following category:  Enter one code.			tips, Armed Forces pay and allowances.  What was the amount of income	610 1  Yes 2  No - Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES".  If 6a is marked "No," go to item 13a.  What was the gross amount of's last pay and what period of time did this cover?	627	з 🗌 <b>I</b> V	Weeks	.00  5  Year 6 Other - Specify 7 Twice a month
	Manager, professional  O1 – Administrator, manager	605 Code	•		611 \$	10.	Was there any money deducted from	Y	es	No	Amount
	02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including			professional practice?	1 ☐ Yes 2 ☐ No – Go to item 6c	a	's last pay for –  If YES – How much was deducted?  3. Federal income tax?	629	1 🔲	2 🗆	630 \$
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			1000 dittoi expelieco.	613 \$ .00 614 1 \( \triangle \text{Loss} \)	ŀ	b. State and local income tax?	631		2 🗆	632 \$ .00
	Service 08 - Protective service 09 - Private household service			C. Income or loss from 's own farm?	615 1 ☐ Yes 2 ☐ No – <i>Go to item 7</i>		c. Social Security including Medicare? d. Railroad Retirement?	633	1		635 \$ .00
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector				616 \$		e. Government Retirement?	636			637 \$
	12 – Transportation operator 13 – Handler, helper, laborer					1	f. Private pension fund?	638	1 🗆	2 🗆	639 \$00
	Precision production, craft, repair  14 - Mechanic, repairer, precision production  15 - Construction, mining			7. During the past 12 months, did receive from the U.S. Government any money –  a. From Social Security checks?	618 1 ☐ Yes 2 ☐ No	9	g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640	1 🗆	2 🗆	
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces				619 1  Yes 2  No	11.	Ask if item 10c or 10g is marked "Yes" –  Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 □ Y 2 □ N		
b.	Was CODE			Is "YES" marked in items 7a and/or 7b?	620 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement	642	1 □ Y 2 □ N		
	<ul> <li>1 - An employee of a PRIVATE company, business, or individual working for wages or salary?</li> <li>2 - A FEDERAL government employee?</li> <li>3 - A STATE government employee?</li> </ul>	Ask if code 5 and n	not a	Retirement payment received?	621 \$	13a	plan that was enrolled in?  During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	643	1 □ Y		
	4 – A LOCAL government employee? 5 – Self-employed in OWN business,	incorporated?  608 1 □ Yes		for a Medicare premium?	2 No	ŀ	(IRA & Keogh)? Exclude rollovers.  b. Ask if item 13a is marked "Yes" –		IN		
	professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?	2 □ No		f. During the past 12 months, how many Social Security or Railroad	623 Number		How much?	644			.00
	Dualiless of Idill!			Retirement payments did receive?	623] Number	14. 	FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box based upon the respondent's use of records in providing	645		ecords lo record	ls used

	Section 4 — WORK EXP	ERIENCE A	ND IN	ICOME – Contir	nued									
	Part A			FIELD REPRESEN	TATIV	/E – Complete at Week 2 pickup. Ask a	separate page in Part A for	each (	CU member 14 years old or over.					
1	Enter the first name and line	PROCESSING USE ONLY	601	2	5.	Ask if item 2 marked "Did not work" –  What was the main reason did not work during the past 12 months?  Was  CODE			During the past 12 months, did receive –  Any Supplemental Security Income checks from the U.S. Government?  Any Supplemental Security Income		1 ☐ Yes 2 ☐ No			
2		part-time, house?	603	Weeks o □ Did not work – Go to item 5		1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify   ✓	Code		checks from the State or local Government?  Ask if items 8a and/or 8b are marked "Yes" –  How much did receive in Supplemental Security Income		1  Yes 2  No		.00	
3	. In the weeks that worked, hours did usually work per	how many week?	604	Hours per week	-				checks altogether?	626	\$			
4	Show Information Booklet, page 4  a. The job in which received a earnings during the past 12 m fits best in the following cates  Enter one code.	the most onths	605			During the past 12 months, did receive any money in –  Wages or salary? Include commissions, tips, Armed Forces pay and allowances.  What was the amount of income	610 1 Yes 2 No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES".  If 6a is marked "No," go to item 13a.  What was the gross amount of's last pay and what period of time did this cover?		\$ 1	/eeks nth	.00  5  Year 6 Other - Specify 7  Twice a month	,
	Manager, professional 01 – Administrator, manager 02 – Teacher		605	Code	b.	Income or loss from's own	612 1 \( \text{Yes} \)	10.	Was there any money deducted from 's last pay for –	Yes	s ¦ l	No	Amount	
	03 – Professional Administrative support, technical, 04 – Administrative support, i	, sales ncluding				nonfarm business, partnership, or professional practice?	2 □ No – Go to item 6c		If YES – How much was deducted?  Federal income tax?	629	1	2 🗆 [	630 \$	.00
	clerical 05 – Sales, retail 06 – Sales, business goods and 07 – Technician	d services				What was the amount of income or loss after expenses?	613 \$ .00 614 1 \( \text{Loss} \)	b	State and local income tax?	631	1	2 🗌	632 \$ <u></u>	.00
	Service  08 - Protective service  09 - Private household service	•			C.	Income or loss from's own farm?	615 1  Yes 2  No – Go to item 7		Social Security including Medicare?  Railroad Retirement?		1		635 <sub>\$</sub>	.00
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assem	bler,				What was the amount of income or loss after expenses?	616 \$ .00		Government Retirement?				637 \$	.00
	inspector 12 – Transportation operator 13 – Handler, helper, laborer						617 1 LOSS	f	. Private pension fund?	638	1 🗌 🕴 2	2 🗆 🕴	639 \$	.00
	Precision production, craft, repair  14 - Mechanic, repairer, precis production  15 - Construction, mining	sion			7.     a.	During the past 12 months, did receive from the U.S. Government any money –  From Social Security checks?	618 1 ☐ Yes 2 ☐ No	g	Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640	1 🗌 ¦ 2	2 🗆		
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, grounds Armed forces 18 - Armed forces	skeeping				From Railroad Retirement checks?	619 1  Yes 2  No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?		1 □ Yes 2 □ No			
	<b>b. Was</b> CODE	-			c.	FIELD REPRESENTATIVE CHECK ITEM  Is "YES" marked in items 7a and/or 7b?	620 1 $\square$ Yes – Go to item 70 2 $\square$ No – Go to item 8a		Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement		1 □ Yes 2 □ No			
	1 – An employee of a PRIVATE company, business, or indi working for wages or salar 2 – A FEDERAL government employee of a PRIVATE go	ividual ry? nployee? loyee?	fa	Code  sk if code 5 and not a rm – Is the business corporated?		What was the amount of the last Social Security or Railroad Retirement payment received?  Is this amount AFTER the deduction	621 \$ .00	13a	plan that was enrolled in?  During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account		1 □ Yes 2 □ No			
	4 – A LOCAL government emp 5 – Self-employed in OWN bus professional practice, or fa	loyee? iness, arm?	608 1	- □ Yes		for a Medicare premium?	2 No	b	(IRA & Keogh)? Exclude rollovers.  Ask if item 13a is marked "Yes" –	644			.00	
	6 – Working WITHOUT PÁY in business or farm?	family	2	□ No	f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Numbe	<b>14.</b>	How much?  FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	645	\$ 1 □ Reco 2 □ No r			

												<u> </u>
•	Section 4 — WORK EXPERIE	NCE AND	INCOME – Contin	ued								
F	Part A		FIELD REPRESEN	TATIV	/E – Complete at Week 2 pickup. Ask a s	separate page in Part A for	each (	CU member 14 years old or over.				
1.	FIELD REPRESENTATIVE ITEM  Enter the first name and line number of each CU member 14 years old and over.  PROCES USE O	NLY	3	5.	Ask if item 2 marked "Did not work" –  What was the main reason did not work during the past 12 months?  Was		8. a	During the past 12 months, did receive –  1. Any Supplemental Security Income checks from the U.S. Government?		☐ Yes ☐ No		
2	b. LINE N				CODE 1 - Retired? 2 - Taking care of home/family?	609Code	b	Any Supplemental Security Income checks from the State or local Government?		☐ Yes ☐ No		
	did work either full-time or part-ti not counting work around the house? Include paid vacation and paid sick le	ave.	0 ☐ Did not work – Go to item 5		3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify   ✓			Ask if items 8a and/or 8b are marked "Yes" –  How much did receive in Supplemental Security Income	626 \$		.00	
3.	In the weeks that worked, how n hours did usually work per week	604	Hours per week					checks altogether?	\$			
4a.	Show Information Booklet, page 44  The job in which received the modernings during the past 12 months fits best in the following category:  Enter one code.			6. a.	During the past 12 months, did receive any money in –  Wages or salary? Include commissions, tips, Armed Forces pay and allowances.  What was the amount of income	610 1 Yes 2 No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES".  If 6a is marked "No," go to item 13a.  What was the gross amount of's last pay and what period of time did this cover?	2 3	── Week  ☐ 2 Weeks ☐ Month ☐ Quarter	.00  5  Year 6  Other – Specify 7	
	Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional	[605]	Code	b.	Income or loss from's own nonfarm business, partnership, or	612 1 \( \text{Yes} \)	10.	Was there any money deducted from 's last pay for –	Yes	No	Amount	
	Administrative support, technical, sales  04 - Administrative support, including clerical	ng			professional practice?  What was the amount of income or	2 No – Go to item 6c	а	If YES – How much was deducted?  Federal income tax?	629 <sub>1</sub>		630 \$	.00
	05 – Sales, retail 06 – Sales, business goods and servi 07 – Technician	ces			loss after expenses?	613 \$ .00 614 1 Loss		State and local income tax?		_ + ,	632 <b>\$</b>	.00
	Service 08 - Protective service 09 - Private household service 10 - Other service			C.	Income or loss from's own farm?	[615] 1 ☐ Yes 2 ☐ No – Go to item 7	_	. Social Security including Medicare?  I. Railroad Retirement?			635 \$	.00
	Operator, assembler, laborer  11 - Machine operator, assembler, inspector				What was the amount of income or loss after expenses?	616 \$ .00	е	e. Government Retirement?	636 <sub>1</sub>		637 \$	.00
	12 – Transportation operator 13 – Handler, helper, laborer						f	. Private pension fund?	638 1		639 \$	.00
	Precision production, craft, repair  14 – Mechanic, repairer, precision production  15 – Construction, mining			7.	During the past 12 months, did receive from the U.S. Government any money –  From Social Security checks?	618 1 ☐ Yes 2 ☐ No	g	Ask if item 10c is marked "No" –  Are Social Security payments normally deducted from your paycheck?	640 1			
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeepi Armed forces	ng			From Railroad Retirement checks?	619 1  Yes 2  No	11.	Ask if item 10c or 10g is marked "Yes" –  Does the money deducted for Social Security cover only the Medicare portion of Social Security?		☐ Yes ☐ No		
b.	Was CODE			C.	FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	1 Yes – Go to item 7d 2 No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement		☐ Yes ☐ No		
	<ul> <li>1 - An employee of a PRIVATE company, business, or individual working for wages or salary?</li> <li>2 - A FEDERAL government employee?</li> <li>3 - A STATE government employee?</li> </ul>	e?	Code  Ask if code 5 and not a farm – Is the business incorporated?		What was the amount of the last Social Security or Railroad Retirement payment received?  Is this amount AFTER the deduction	621 \$ .00	13a	plan that was enrolled in?  During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account		☐ Yes ☐ No		
	<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</li> </ul>	608		4	for a Medicare premium?	2 No	b	(IRA & Keogh)? Exclude rollovers.  Ask if item 13a is marked "Yes" – How much?	644 \$		.00	
	business or farm?		2	r.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Number	14.	FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.		☐ Records ☐ No record	ds used	

	Part A	FIELD REPRESEN	TATIV	/E – Complete at Week 2 pickup. Ask a	separate page in Part A for	each (	CU member 14 years old or over.		
1.	FIELD REPRESENTATIVE ITEM USE ONLY  Enter the first name and line number of each CU member	<b>6</b> 01 <b>4</b>	5.	Ask if item 2 marked "Did not work" –  What was the main reason did not work during the past 12 months? Was		8. a	During the past 12 months, did receive –  . Any Supplemental Security Income checks from the U.S. Government?	624 1  Yes 2  No	
	b. LINE NUMBER	602		CODE 1 - Retired?	609Code	b	Any Supplemental Security Income checks from the State or local Government?	625 1 Yes	
2.	In the last 12 months, how many weeks did work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.	603 Weeks  0 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> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify</li> </ul>			Ask if items 8a and/or 8b are marked "Yes" –  How much did receive in Supplemental Security Income	2 \( \text{No} \)	.00
3.	In the weeks that worked, how many hours did usually work per week?	Hours per week					checks altogether?  Ask items 9–12 only if item 6a is marked	<u>  [626]                                  </u>	
4a	Show Information Booklet, page 44  The job in which received the most earnings during the past 12 months fits best in the following category:  Enter one code.		6. a.	During the past 12 months, did receive any money in –  Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	1 ☐ Yes 2 ☐ No – Go to item 6b	9.	"YES".  If 6a is marked "No," go to item 13a.  What was the gross amount of's last pay and what period of time did	627 \$	
	Manager, professional 01 – Administrator, manager	605 Code		What was the amount of income received before any deductions?	611 \$	10	this cover?  Was there any money deducted from	4 □ Quarte	7 □ I Wice a month
	02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including		b.	Income or loss from's own nonfarm business, partnership, or professional practice?	1 ☐ Yes 2 ☐ No – Go to item 6c	a	's last pay for –  If YES – How much was deducted?  Federal income tax?	629 1 2	
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			What was the amount of income or loss after expenses?	613 \$	b	State and local income tax?	631 1 2	
	Service 08 – Protective service 09 – Private household service		c.	Income or loss from's own farm?	615 1  Yes 2  No – Go to item 7		Social Security including Medicare?      Railroad Retirement?	633 1 2	
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector			What was the amount of income or loss after expenses?	616 \$		. Government Retirement?	636 1 2	
	12 – Transportation operator 13 – Handler, helper, laborer					f	. Private pension fund?	638 1 2	
	Precision production, craft, repair  14 - Mechanic, repairer, precision production  15 - Construction, mining		7.     a.	During the past 12 months, did receive from the U.S. Government any money –  From Social Security checks?	618 1 ☐ Yes 2 ☐ No	g	<ul> <li>Ask if item 10c is marked "No" –</li> <li>Are Social Security payments normally deducted from your paycheck?</li> </ul>	640 1 2	
	Farming, forestry, fishing  16 - Farming  17 - Forestry, fishing, groundskeeping  Armed forces  18 - Armed forces		_	From Railroad Retirement checks?	619 1  Yes 2  No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641 1 ☐ Yes 2 ☐ No	
b	. Was CODE		C.	FIELD REPRESENTATIVE CHECK ITEM  Is "YES" marked in items 7a and/or 7b?	1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement	642 1  Yes 2  No	
	1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A FEDERAL government employee?	Ask if code 5 and not a farm – Is the business		What was the amount of the last Social Security or Railroad Retirement payment received?	621 \$	13a.	plan that was enrolled in?  During the past 12 months, did place any money in a retirement plan	643 1 ☐ Yes	
	3 – A STATE government employee? 4 – A LOCAL government employee? 5 – Self-employed in OWN business,	incorporated?	e.	Is this amount AFTER the deduction for a Medicare premium?	1 ☐ Yes 2 ☐ No	h	such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.  Ask if item 13a is marked "Yes" –	2 🗆 No	
	professional practice, or farm? 6 – Working WITHOUT PAY in family	2 □ No	f.	During the past 12 months, how			How much?	644 \$	.00
	business or farm?			many Social Security or Railroad Retirement payments did receive?	623 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	1 Record	

	Section 4 — WORK EXPERIENCE AND	INCOME - Continued									
	Part A	FIELD REPRESEN	TATIV	/E – Complete at Week 2 pickup. Ask a	separate page in Part A for	each (	CU member 14 years old or over.				
1.	FIELD REPRESENTATIVE ITEM  Enter the first name and line number of each CU member 14 years old and over.  PROCESSING USE ONLY  a. NAME	601 <b>5</b>	5.	Ask if item 2 marked "Did not work" –  What was the main reason did not work during the past 12 months?  Was  CODE			During the past 12 months, did receive –  1. Any Supplemental Security Income checks from the U.S. Government?  2. Any Supplemental Security Income	2	1 □ Y€ 2 □ No	0	
2.	In the last 12 months, how many weeks did work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.	603 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> <li>5 - Unable to find work?</li> <li>6 - Doing something else? - Specify ∠</li> </ul>	Code		checks from the State or local Government? Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income	2	1 □ Y€ 2 □ No		
3.	In the weeks that worked, how many hours did usually work per week?	Hours per week	-				checks altogether?	626	\$		.00
<b>4</b> a	Show Information Booklet, page 44  The job in which received the most earnings during the past 12 months fits best in the following category:  Enter one code.	605 Code	6. a.	During the past 12 months, did receive any money in –  Wages or salary? Include commissions, tips, Armed Forces pay and allowances.  What was the amount of income received before any deductions?	610 1  Yes 2  No - Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES".  If 6a is marked "No," go to item 13a.  What was the gross amount of's last pay and what period of time did this cover?	2	з 🗌 М	Weeks	.00  5  Year 6 Other - Specify 7 Twice a month
	Manager, professional  01 - Administrator, manager	Code	<b>.</b>	·		10.	Was there any money deducted from	Yes	s	No	Amount
	02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including		Б.	Income or loss from's own nonfarm business, partnership, or professional practice?	1 Yes 2 No – Go to item 6c		's last pay for –  If YES – How much was deducted?  Federal income tax?	629	1 🔲	2 🗌	630 \$
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			What was the amount of income or loss after expenses?	613 \$		. State and local income tax?		1 🗆 🕴		632 \$
	Service 08 – Protective service 09 – Private household service 10 – Other service		C.	Income or loss from's own farm?	615 1  Yes 2  No – Go to item 7		. Social Security including Medicare?  I. Railroad Retirement?		1		635 \$
	Operator, assembler, laborer  11 - Machine operator, assembler, inspector			What was the amount of income or loss after expenses?	616 \$00	е	e. Government Retirement?		1 🔲 ¦		637 \$
	12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing		7. a.	During the past 12 months, did receive from the U.S. Government any money –  From Social Security checks?	618 1  Yes 2  No		Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?  Ask if item 10c or 10g is marked "Yes" –		1		639 \$
	16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces		b.	From Railroad Retirement checks?	619 1  Yes 2  No	11.			1 □ Y€ 2 □ N€		
b	D. Was  CODE  1 - An employee of a PRIVATE	607 Code		FIELD REPRESENTATIVE CHECK ITEM  Is "YES" marked in items 7a and/or 7b?  What was the amount of the last	1 Yes – Go to item 7d 2 No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?		1 □ Y€ 2 □ N€		
	company, business, or individual working for wages or salary?  2 – A FEDERAL government employee?  3 – A STATE government employee?  4 – A LOCAL government employee?	Ask if code 5 and not a farm – Is the business incorporated?		Social Security or Railroad Retirement payment received?  Is this amount AFTER the deduction for a Medicare premium?	621 \$ .00	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0 . 0	1 □ Y€ 2 □ N€		
	5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family	608 1 Yes			2 🗆 No	b	Ask if item 13a is marked "Yes" – How much?	644	\$		.00
	6 – Working WITHOUT PÅY in family business or farm?	2 □ No		During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Number	14.	FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	645	1 □ Re	ecords o record	ds used

	Section 4 — WORK EXPERIENC									
	Part A	FIELD REPRESEI	VTATI	VE – Complete at Week 2 pickup. Ask a	separate page in Part A for	each	CU member 14 years old or over.			
1. FIELD REPRESENTATIVE ITEM  Enter the first name and line number of each CU member  14 years old and ever		601 6	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8. <i>a</i>	During the past 12 months, did receive –  1. Any Supplemental Security Income checks from the U.S. Government?	624 1  Yes 2  No		
	14 years old and over.  b. LINE NUM	ER 602		CODE 1 - Retired?	609Code		Any Supplemental Security Income checks from the State or local	625 1 □ Yes		
2.	In the last 12 months, how many weeks did work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave	603 Weeks  0 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? 6 – Doing something else? – Specify   ✓			Government?  Ask if items 8a and/or 8b are marked "Yes" –  How much did receive in Supplemental Security Income	2 🗆 No		
3.	In the weeks that worked, how man hours did usually work per week?	604 Hours pe	er				checks altogether?	626 \$		
<b>4</b> a	Show Information Booklet, page 44  The job in which received the most earnings during the past 12 months fits best in the following category:  Enter one code.		6. a	During the past 12 months, did receive any money in –  . Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	610 1 ☐ Yes 2 ☐ No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES".  If 6a is marked "No," go to item 13a.  What was the gross amount of's last pay and what period of time did	627 \$ .00  628 1 Week 5 Year 2 2 Weeks 6 Other - Specify 7		
	Manager, professional  01 – Administrator, manager	605 Code		What was the amount of income received before any deductions?	611 \$ .00	10.	this cover?	4 Quarter 7 Twice a month Yes No Amount		
	02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including		b.	D. Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 Yes 2 No – Go to item 6c		Was there any money deducted from's last pay for –  If YES – How much was deducted?  3. Federal income tax?	629 <sub>1</sub>   2   630 \$ .00		
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			What was the amount of income or loss after expenses?	613 \$ .00 614 1 \(\sum \) Loss	b	State and local income tax?	631 1 2 632 \$		
	Service 08 - Protective service 09 - Private household service		C.	What was the amount of income or loss after expenses?	615 1 ☐ Yes 2 ☐ No – Go to item 7		Social Security including Medicare?      Railroad Retirement?	633 <sub>1                                  </sub>		
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector				616 \$		Government Retirement?	636 1		
	12 – Transportation operator 13 – Handler, helper, laborer				017 2000	-	f. Private pension fund?	638 1 2 639 \$		
	Precision production, craft, repair  14 – Mechanic, repairer, precision production  15 – Construction, mining		/.   	During the past 12 months, did receive from the U.S. Government any money –  From Social Security checks?	618 1 □ Yes 2 □ No	g	J. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640 1 2		
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces			From Railroad Retirement checks?	619 1  Yes 2  No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641 1 ☐ Yes 2 ☐ No		
b	. Was CODE  1 - An employee of a PRIVATE			Is "YES" marked in items 7a and/or 7b?	620 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a		Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642 1 ☐ Yes 2 ☐ No		
	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?		What was the amount of the last Social Security or Railroad Retirement payment received?  Is this amount AFTER the deduction	621 \$ .00	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	643 1 ☐ Yes 2 ☐ No		
	4 - A LOCAL government employee? 5 - Self-employed in OWN business, professional practice, or farm?	608 1 Yes		for a Medicare premium?	2 No	b	(IRA & Keogh)? Exclude rollovers.  Ask if item 13a is marked "Yes" – How much?	644 \$		
	6 – Working WITHOUT PAY in family business or farm?	Z LI INU	т.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Number	14.	FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	645 1 Records		

•	Section 4 — WORK EXPERIENCE AND INCOME - Continued												
F	Part A		FIELD REPRESEN	TATI	/E – Complete at Week 2 pickup. Ask a s	separate page in Part A for	each	CU member 14 years old or over.					
1.	FIELD REPRESENTATIVE ITEM  Enter the first name and line number of each CU member 14 years old and over.  PROCESSING USE ONLY  a. NAME		<b>6</b> 01 <b>7</b>	5.	Ask if item 2 marked "Did not work" –  What was the main reason did not work during the past 12 months?  Was		8.	During the past 12 months, did receive –  a. Any Supplemental Security Income checks from the U.S. Government?	624	1 □ Y€ 2 □ N€			
2.	· .	part-time, nouse?	602  603 Weeks  0 Did not work -  Go to item 5	-	CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work?	Code	ı	b. Any Supplemental Security Income checks from the State or local Government?  Ask if items 8a and/or 8b are marked "Yes" –  How much did receive in	625	1 □ Y€ 2 □ N€			
3.	In the weeks that worked, hours did usually work per	how many	Hours per week		6 - Doing something else? - Specify			Supplemental Security Income checks altogether?	626 \$			.00	
4a.	Show Information Booklet, page 4 The job in which received t earnings during the past 12 mo fits best in the following categories.  Enter one code.	the most	605 Code	6. a.	During the past 12 months, did receive any money in –  Wages or salary? Include commissions, tips, Armed Forces pay and allowances.  What was the amount of income	610 1 Yes 2 No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES".  If 6a is marked "No," go to item 13a.  What was the gross amount of 's last pay and what period of time did this cover?	627 628	\$ 1	Weeks Ionth	.00  5  Year 6  Other – Specify 7	
	Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, 04 – Administrative support, in		605 Code	b.	received before any deductions?  Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 Yes 2 No - Go to item 6c	b	Was there any money deducted from's last pay for –  If YES – How much was deducted?  a. Federal income tax?	629	i	No 2	Amount .00	
	clerical 05 – Sales, retail 06 – Sales, business goods and 07 – Technician	_			What was the amount of income or loss after expenses?	613 \$ .00 614 1 Loss		b. State and local income tax?	631			632 \$ .00	
	Service  08 - Protective service  09 - Private household service  10 - Other service  Operator, assembler, laborer  11 - Machine operator, assemble inspector			7.	What was the amount of income or loss after expenses?	615 1  Yes 2  No - Go to item 7  616 \$ .00  617 1  Loss		<ul><li>c. Social Security including Medicare?</li><li>d. Railroad Retirement?</li><li>e. Government Retirement?</li></ul>	634 636	1   1		635 \$ .00 637 \$ .00	
	12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precis production 15 - Construction, mining	sion			During the past 12 months, did receive from the U.S. Government any money –  From Social Security checks?	618 1  Yes 2  No		f. Private pension fund?  g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640	<u></u>	2	639 \$	
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, grounds Armed forces 18 - Armed forces	keeping			From Railroad Retirement checks?	619 1  Yes 2  No	11.	Ask if item 10c or 10g is marked "Yes" –  Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 □ Y€ 2 □ N€			
b.	18 - Armed forces  . Was  CODE  1 - An employee of a PRIVATE		607 Code	c.	Is "YES" marked in items 7a and/or 7b?	620 1 $\square$ Yes – Go to item 7d 2 $\square$ No – Go to item 8a		Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642	1 □ Y€ 2 □ N€			
	company, business, or indivuorking for wages or salary 2 – A FEDERAL government em 3 – A STATE government empl 4 – A LOCAL government empl	vidual y? nployee? loyee? loyee?	Ask if code 5 and not a farm – Is the business incorporated?		What was the amount of the last Social Security or Railroad Retirement payment received?  Is this amount AFTER the deduction for a Medicare premium?	621 \$ .00	13a	a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	643	1 □ Y€ 2 □ N€			
	5 - Self-employed in OWN busi professional practice, or fa 6 - Working WITHOUT PAY in f	iness, rm?	608 1 Yes 2 No	f.	F. During the past 12 months, how	2 No		b. Ask if item 13a is marked "Yes" – How much?	644	\$		.00	
	business or farm?				many Social Security or Railroad Retirement payments did receive?	623 Number	14.	• FIELD REPRESENTATIVE CHECK ITEM  Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13	645		ecords o record	s used	

	Section 4 — WORK EXPERIENCE A	ND INCOME - Conti	nued												
	Part B - Ask for entire CU as a group	FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask these items for the entire CU as a group.													
1. a	During the past 12 months, did you (or any members of your CU) receive income from any of the following –  Income from unemployment compensation?	701 1 ☐ Yes 2 ☐ No – <i>Go to item 1b</i>	i. Income from regular cont (1) Alimony? (2) Other sources such a		723 1  Yes 2  No 724 1  Yes	-	During the past 12 months, did y of your CU) pay any –  If YES – What was the total amoun members?	nt paid by ALL CU	744 1  Yes 2  No						
	If YES – What was the total amount received by ALL CU members?	702 \$	outside the CU?  If YES – for item i(1) or i	i(2) –	2		Federal income tax in addition to earnings?  State and local income tax in addition to earnings?		745 \$	.00					
k	Income from worker's compensation or veteran's benefits including education benefits, but excluding military retirement?	703 1  Yes 2  No – Go to item 1c	Altogether what was the received by ALL CU mer  2. During the past 12 mon	Altogether what was the total amount received by ALL CU members?			withheld from earnings?		747 \$	.00					
o	If YES – What was the total amount received by ALL CU members?  Income from public assistance or welfare	704 \$	any members of your Cl  a. Lump sum payments fro royalties, alimony, prize	U) receive any – om estates, trusts,	726 1 ☐ Yes		Dozenal memority toyon not some	owtod olooudhowo?	748 1 \( \text{Yes} \) 2 \( \text{No} \) No	.00					
	including money received from job training grants such as Jobs Corps?  If YES – What was the total amount received by ALL CU members?	705 1  Yes 2  No – Go to item 1d 706 \$00	chance, or from persons  If YES – What was the to received by ALL CU mer	s outside of the CU?	$ \begin{array}{c c} \hline  & 2 & No - Go \text{ to item } 2b \\ \hline \hline  & & .00 \end{array} $		Personal property taxes not repo		750 1 Yes - Specify on page	in Not					
C	I. Income from interest on savings accounts or bonds?	707 1 Yes 2 No - Go to item 1e	b. Money from the sale of furnishings, equipment,	household , clothing, jewelry,	728 1 🗆 Yes	d. 5.	Other taxes not reported elsewh Social Security tax for the self-emploration During the past 12 months, did y	751 \$	.00						
	If YES – What was the total amount received by ALL CU members?	708 \$	pets or other belongings sale of vehicles or proper If YES – What was the to	erty? Ital amount	2 No – Go to item 2c		your CU have any occupational outlined union dues, tools, uniforms, bus association dues, licenses, or pe	752 1  Yes 2  No							
€	e. Regular income from dividends, royalties, estates, or trusts?  If YES – What was the total amount	709 1  Yes 2  No – Go to item 1f	c. Other money income, in received from cash scho	C. Other money income, including money received from cash scholarships and		6a.	If YES – What was the total amou occupational expenses?  During the past 12 months, have as		753 \$	.00					
f	Income from pensions or annuities from private companies, military, or Government,	711 1 Yes	working, or from the ca children?			b.	About what was the weekly doll meals?	· · · · · · · · · · · · · · · · · · ·	2 No – Go to it	tem 7					
	IRA, or Keogh?  If YES – What was the total amount received by ALL CU members?	2 \( \text{No} - \text{Go to item 1g} \)	3. During the past 12 months, did you (or any		731 \$	c.	How many weeks did members of such meals during the past 12 m		Number of wee						
ç	Net income or loss from any type of rental of rooms or living units?	713 1  Yes 2  No – Go to item 1h	members of your CU) receive any refunds from the following –  If YES – What was the total amount received by ALL CU members?		2 □ No	7a.	Did you or any members of your reduced rent for this unit as a for past 12 months?	CU receive any free or							
	If YES – (1) How much net income or loss was received from roomers or boarders?	714 \$	a. Federal income tax?	-	733 \$	b.	What is the rental charge to anor similar unit?	758 \$	.00						
	(2) How much net income or loss was	1 Loss  716 \$ .00	b. State and local income	State and local income tax?		C.	What period of time does this co	759 1 Week 2 2 Weeks 3 Month							
received from payments from other rental units?		717 0 None 1 Loss	C. Overnavment on Social	. Overpayment on Social Security?				3 □ Month 4 □ Other − Specify							
ŀ	Income from child support?	718 1  Yes 2  No – Go to item 1i		•	738 1  Yes 2  No	8a.	8a. During the past 12 months, have any members of your CU received any Food Stamps?								
	If YES –  (1) Did you receive a one time lump sum payment for child support?	719 1  Yes 2  No – Go to item 1h(2)	d. Insurance policies?		739 \$ .00	b.	In how many of the past 12 mon received?	701	Number of month						
	If YES – What was the total amount received by ALL CU members in last 12 months?	720 \$	e. Property taxes?		2 No 741 \$		In the past month, have any men received any Food Stamps?  When were Food Stamps	nbers of your CU	762 1  Yes 2  No – End into	ervie					
	(2) Did you receive any child support payments in other than a lump sum amount?	721 1  Yes  2  No – Go to item 1i	f. Other sources, including taxes?	g any other	1 ☐ Yes – Specify ⊋		received? List all dates on which stamps were received during the past month.	Month Day Year  763  Month Day Year	766 \$	.00					
	If YES – What was the total amount received by ALL CU members in last 12 months?	722 \$			2  No 743 \$	C.	What is the dollar value of the Food Stamps received on (Date in 9b)?	764	767 <b>\$</b>	.00					

NOTES

► Table X — Detern	ning if an Additional	Living Quarters Qua	lifies as an EXTRA U	nit										
	AREA SI	EGMENTS	PERMIT SEGMENTS	UNIT SI	EGMENTS	SEPARA	TENESS	NUMBER OF EXTRA UNITS						
Start Here				Single Unit	Multi-Unit									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)						
Check the listing sheet. Is the address of the additional living quarter already listed?	Are the additional living quarters within the area segment boundaries?	Are the additional living quarters in a group quarters?	Are the additional living quarters within the same structure and within the same space (See Footnote 1) occupied by the original sample unit?	Are the additional living quarters within the basic address (house number and street name) of the original sample unit?	Are the additional living quarters within the same space (See Footnote 1) occupied by the original sample unit?  and  Are the additinal living quarters the result of a split apartment?	Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?	Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?	Have you found more than 3 EXTRA units?						
☐ Yes – Stop Table X. ☐ No – Go to column (2), (4), (5) or (6) depending on segment type.	□ Yes – Go to column (3). □ No – Stop Table X; do not interview.	☐ Yes – Stop Table X; do not interview. ☐ No – Go to column (7).	☐ Yes – Go to column (7). ☐ No – Stop Table X; do not interview.	☐ Yes – Go to column (7). ☐ No – Stop Table X; do not interview.	☐ Yes to both questions – Go to column (7). ☐ No to either question – Stop Table X; do not interview.	☐ Yes – Go to column (8). ☐ No – Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview.	☐ Yes – An EXTRA unit. Go to column (9).  ☐ No – Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview.	☐ Yes – Call your RO for instructions on which units to interview. Then, enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2) ☐ No – Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2)						
The state of the s	FOOTNOTES:  1 – Occupation of the "same space" occurs if a housing unit has been split into two or more separate housing units.  2 – If you determine that you have found an EXTRA unit at a single unit address in a UNIT segment (yes in column (5)), you must prepare an INTER-COMM and fill out a BLANK listing sheet listing each unit at the address.													
NOTES														

17.	RECORD OF TR	RAVI	EL TIME	Recor	d trav	avel time and enter reason code for personal contact from list of persor						ntact codes to	the right.					
Trip	Time (b)		Reason (c)	OFFICE USE ONLY	(a)	(b)	Reason (c)	OFFICE USE ONLY	(a)		Time (b)	Reason (c)	OFFICE USE ONLY		PERSC	NAL CONTACT C	ODES	
1	Ended a	a.m. o.m. a.m. o.m.	832	833	5	Began a.m. p.m.  Ended a.m. p.m.	_	841	9	Began	a.m. p.m. a.m. p.m.	848	849		<b>5</b> – Personal <b>6</b> – Other per	visit to collect dat visit to schedule a sonal visit	appointment	
2	Ended a	a.m. o.m. a.m.	834	835	6	Began a.m. p.m.  Ended a.m. p.m.	_	843	10	Began	a.m. p.m. a.m. p.m.	850	851	Week 1 Week 2 Field Rep	resentative name		Field Repr	a.m. p.m. a.m. p.m.
3	Ended a	a.m. o.m. a.m. o.m.	836	837	7	Began a.m. p.m.  Ended a.m. p.m.		845	11	Began	a.m. p.m. a.m. p.m.	852	853	NOTES			<u> </u>	
4	Ended a	a.m. o.m. a.m.	838	839	8	Began a.m. p.m.  Ended a.m. p.m.		847	12	Began	a.m. p.m. a.m. p.m.	854	855					
18.	RECORD OF IN	ITER	VIEW AND OF	FICE ACTIVIT	ΓΥ ΤΙ	ME												
						Tir	me					OFFICE U	SE ONLY					
	Activity	_	Began	1st Ended	<u> </u>	<b>2r</b> Began	Ended	Beg	3rd Began		Ended	Total minutes						
Interviewing			a.m. a.m. p.m. p.m.			a.r p.r		a.m.		a.m. p.m.	856							
Field Representative review			a.m. a.m. p.m.							a.m. p.m.	857							
Office edit			a.r p.r		a.m p.m							858						