

NOTE: Office staff should complete transcription items 1-4 below for interviewed CU's only.										
1. Regional Office code	2. CONTROL NUMBER							3a. HH No.	3b. CU No.	4. Interview No.
	PSU code	Segment number	Segment number suffix	Sample designation Q _____	Serial number	Serial suffix	Check digit				☐ 2 ☐ 4 ☐ 3 ☐ 5

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

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-2001)

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

Part A - Field Representative Records

1 01 25 3

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No.

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

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

Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT, OFFICE USE ONLY. Includes call logs for calls 1-4.

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes). Includes rows for Interviewing, Field Representative review, Office edit, Office transcription.

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

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY. Includes travel logs for trips 1-4.

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

8a. Enter the line number of the respondent who answered the most questionnaire sections. 8b. Enter the line number(s) of all other respondents. 8c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? 8d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. Includes field for Section number and PROCESSING USE ONLY field.

Section 1 - GENERAL SURVEY INFORMATION

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Part A - Field Representative Records

1 01 25 3

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (2, 3, 4, 5)

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Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

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

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

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

a. Enter the line number of the respondent who answered the most questionnaire sections... b. Enter the line number(s) of all other respondents... c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number

PROCESSING USE ONLY

0860 2 0 0 1

Section 1 - GENERAL SURVEY INFORMATION

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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

Part A - Field Representative Records

1 01 25 3

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (2, 3, 4, 5)

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

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

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY, Trip (a), Time (b), Reason (c), OFFICE USE ONLY

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Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

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

a. Enter the line number of the respondent who answered the most questionnaire sections... b. Enter the line number(s) of all other respondents... c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

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0860 2 0 0 1

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QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

1. Regional Office code, 2. Control number (PSU code, Segment No., Segment number suffix, Sample designation, Serial No., Serial suffix, Check digit), 3a. HH No., 3b. CU No., 4. Interview No. (2, 3, 4, 5)

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Table with columns: Call (a), Reason (b), Call (a), Reason (b), Call (a), Reason (b), REASON FOR TELEPHONE CONTACT (1-3), OFFICE USE ONLY (0250)

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

Table with columns: Activity, TIME (Began, Ended), OFFICE USE ONLY (Total minutes)

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

REASON FOR VISIT: 4 Personal visit to collect data, 5 Personal visit to schedule appointment, 6 Other personal visit

Table with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY (multiple columns)

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

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

0660 Line number of main respondent

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

Table with columns for other respondents (0670-0730, 0680-0740, 0690-0750)

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

Mark (X) one. 0760 1 Always, 2 Almost always, 3 Mostly, 4 Occasionally, 5 Almost never, 6 Never

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

Mark (X) all that apply. 0770-0840 (Bills, Checkbook ledger, Canceled checks, Receipts of purchase, Home file, Bank statements, Other, Contracts or agreements)

NOTES

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

0850 Section number

PROCESSING USE ONLY

0860 2 0 0 1

Section 1 – GENERAL SURVEY INFORMATION – Continued

Part A.1 – Consumer Unit and Reference Period Explanations

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

1. Consumer Unit	2. Reference Period	NOTES
<p>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.</p> <p>The person(s) I'm including in your CU (is/are): <i>(READ NAMES OF ALL PERSONS LISTED IN CONTROL CARD ITEM 18 WITH THE SAME CU MARKED IN CONTROL CARD ITEM 23g.)</i></p>	<p>Most questions that I will be asking refer to a specific time period. During this interview, the time period, unless I state otherwise, is for the past three months, that is, from the first day of (Month, three months previous to this month) to today.</p>	

Section 1 - GENERAL SURVEY INFORMATION - Continued

FIELD REPRESENTATIVE - Complete part B for new consumer units at their first interview. Hand the respondent the Information Booklet with instructions to read the list of items with you as you proceed.

Part B - General Housing Characteristics - For New Consumer Units Only (For Returning Consumer Units, Go to Section 2)

1 01 26 1 ↓

<p>1a. <i>Ask if not apparent.</i> Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?</p>	<p>0010 1 <input type="checkbox"/> Yes - Go to item 2 2 <input type="checkbox"/> No</p>	<p>5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?</p>	<p>0060 _____ Number</p>	<p>Information Booklet, page 5 9. Does this unit have any of the following? <i>Mark (X) all that apply.</i></p>	<p>0130 01 <input type="checkbox"/> Swimming pool 0140 02 <input type="checkbox"/> Off street parking 0150 03 <input type="checkbox"/> Porch, terrace, patio, or balcony 0160 04 <input type="checkbox"/> Apartment or guest house 0170 05 <input type="checkbox"/> Central air conditioning 0180 06 <input type="checkbox"/> Window air conditioning</p>
<p>b. <i>If NO - Are your housing costs lower because the Federal, State, or local government is paying part of the cost?</i></p>	<p>0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>6. How many bedrooms are there in this unit? <i>Count all rooms used MAINLY for sleeping, even if also used for other purposes.</i></p>	<p>0070 _____ Number 0 <input type="checkbox"/> None</p>		
<p>2. <i>Ask if not apparent.</i> Are these living quarters presently used as student housing by a college or university?</p>	<p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7a. How many complete bathrooms are there in this unit? <i>A COMPLETE BATHROOM has a toilet, a bathtub or shower, and a sink, all with running water.</i></p>	<p>0080 _____ Number 0 <input type="checkbox"/> None</p>	<p>10. About when was this building originally built? <i>Probe for best estimate. Do not consider later remodelings.</i></p>	<p>0450 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Enter 4-digit year</i> x <input type="checkbox"/> Don't know</p>
<p>3. <i>Ask if not apparent by observation.</i> <i>Information Booklet, page 5</i> Which best describes this building?</p>	<p>0040 01 <input type="checkbox"/> Single family detached (detached structure with only one primary residence; however, the structure could include a rental unit(s) in the basement, attic, etc.) 02 <input type="checkbox"/> Row or townhouse - inner unit (2, 3, or 4 story structure with 2 walls in common with other units and a private ground level entrance; it may have a rental unit as part of the structure) 03 <input type="checkbox"/> End row or end townhouse (one common wall) 04 <input type="checkbox"/> Duplex (detached two unit structure with one common wall between the units) 05 <input type="checkbox"/> 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) - Go to item 5 06 <input type="checkbox"/> Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the units not only have common walls but are also stacked on top of one another) - Go to item 5 07 <input type="checkbox"/> High-rise (a multi-unit structure which has 4 or more floors) - Go to item 5 08 <input type="checkbox"/> Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of one of the units described above) - Go to item 5 09 <input type="checkbox"/> Mobile home or trailer - Go to item 5 10 <input type="checkbox"/> College dormitory - Go to section 1, part C 11 <input type="checkbox"/> Other - Specify and go to item 4 ↘</p>				
<p>4. What is the approximate size of the lot on which this unit is located?</p>	<p>0050 Lot size (approximate acreage) 01 <input type="checkbox"/> 1 acre or less - 43,560 sq. ft. 02 <input type="checkbox"/> 2 acres - 87,120 sq. ft. 03 <input type="checkbox"/> 3 to 5 acres 04 <input type="checkbox"/> 6 to 10 acres 05 <input type="checkbox"/> Greater than 10 acres 06 <input type="checkbox"/> No lot x <input type="checkbox"/> Don't know ↗</p>				
<p>8. What fuel is used most for - a. Heating this unit?</p>		<p>0090 _____ Number 0 <input type="checkbox"/> None</p>		<p>0100 01 <input type="checkbox"/> Gas (underground piping) 02 <input type="checkbox"/> Electricity 03 <input type="checkbox"/> Fuel oil 04 <input type="checkbox"/> Other - Specify ↘ _____ 05 <input type="checkbox"/> No fuel used x <input type="checkbox"/> Don't know</p>	
<p>b. Heating water in this unit?</p>				<p>0110 01 <input type="checkbox"/> Gas (underground piping) 02 <input type="checkbox"/> Electricity 03 <input type="checkbox"/> Fuel oil 04 <input type="checkbox"/> Other - Specify ↘ _____ 05 <input type="checkbox"/> No fuel used x <input type="checkbox"/> Don't know</p>	
<p>c. Cooking?</p>				<p>0120 01 <input type="checkbox"/> Gas (underground piping) 02 <input type="checkbox"/> Electricity 03 <input type="checkbox"/> Fuel oil 04 <input type="checkbox"/> Other - Specify ↘ _____ 05 <input type="checkbox"/> No fuel used x <input type="checkbox"/> Don't know ↗</p>	

Section 1 - GENERAL SURVEY INFORMATION - Continued

Part C - Major Household Appliances - For New Consumer Units Only

3 01 28 3 →

PROCESSING USE ONLY	a		b	c					NOTES
	Information Booklet, page 6 Does your CU have any of the following appliances?		If YES - How many?	Was this (Were any of these) - 1. Purchased for own use? 2. Included with owned home? 3. Received as a gift? 4. Included with rental unit? 5. Rented separately? FIELD REPRESENTATIVE - Mark (X) all that apply.					
	Yes	No		1	2	3	4	5	
0010	Electric cooking stove, range, or oven	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0020	Gas cooking stove, range, or oven	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0030	Microwave oven	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0040	Other cooking stove, range, or oven	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0050	Refrigerator	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0060	Home-freezer	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0070	Built-in dishwasher	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0080	Portable dishwasher	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0090	Garbage disposal	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0100	Clothes washer	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0110	Clothes dryer	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0120	Color television	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0130	Home computer	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0140	Sound components, component system, or compact disc sound system	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0150	Video tape recorder, video disc player, or video cassette recorder (VCR)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
GO TO SECTION 2									

Section 2 – RENTED LIVING QUARTERS

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

1 02 01 2 ↓

Part A – CU Tenure, Rental Payments, Facilities, and Services for the Sample Unit		1 02 01 2 ↓	NOTES																					
1. FIELD REPRESENTATIVE CHECK ITEM a. Mark (X) appropriate box based upon section 1, part B, item 2 for first interview or new consumer units. For subsequent interviews, this item will be pre-filled. b. Are these living quarters owned or being bought by you (or any members of your CU)? <small>ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX.</small> c. Do you (or any members of your CU) pay rent for these living quarters?	<input type="checkbox"/> 0010 1 <input type="checkbox"/> Student housing – Go to item 6 <input type="checkbox"/> 2 <input type="checkbox"/> Not student housing <input type="checkbox"/> 0020 1 <input type="checkbox"/> Yes – Go to item 6 <input type="checkbox"/> 2 <input type="checkbox"/> No <input type="checkbox"/> 0030 1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No – Go to item 4a	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)? <input type="checkbox"/> 0300 1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No – Go to item 5a b. What is the rental charge to another tenant for a similar unit? <input type="checkbox"/> 0310 \$ _____ .00 c. What period of time does this cover? <input type="checkbox"/> 0320 4 <input type="checkbox"/> Month <input type="checkbox"/> 9 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> x <input type="checkbox"/> Don't know	NOTES																					
2a. What is the rental charge to your CU for this unit, including any extra charge for garage or parking facilities? Do not include direct payments by local, state, or federal agencies. b. What period of time does this cover? c. Since the 1st of (month, 3 months ago), how many payments have been made? d. Were all the payments in the amount of (rental charge reported in item 2a)? <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Payment</th> <th style="width: 15%;">Number</th> </tr> </thead> <tbody> <tr> <td>e. If NO – What was the amount of each payment and how many payments were made at that amount?</td> <td><input type="checkbox"/> 0080 \$ _____ .00</td> <td><input type="checkbox"/> 0090</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 0100 \$ _____ .00</td> <td><input type="checkbox"/> 0110</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 0120 \$ _____ .00</td> <td><input type="checkbox"/> 0130</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 0140 \$ _____ .00</td> <td><input type="checkbox"/> 0150</td> </tr> </tbody> </table> f. Were any payments made during the current month? g. If YES – How much?		Payment	Number	e. If NO – What was the amount of each payment and how many payments were made at that amount?	<input type="checkbox"/> 0080 \$ _____ .00	<input type="checkbox"/> 0090		<input type="checkbox"/> 0100 \$ _____ .00	<input type="checkbox"/> 0110		<input type="checkbox"/> 0120 \$ _____ .00	<input type="checkbox"/> 0130		<input type="checkbox"/> 0140 \$ _____ .00	<input type="checkbox"/> 0150	<input type="checkbox"/> 0040 \$ _____ .00 <input type="checkbox"/> x <input type="checkbox"/> Don't know <input type="checkbox"/> 0050 4 <input type="checkbox"/> Month <input type="checkbox"/> 9 <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> 0060 _____ Number <input type="checkbox"/> 0070 1 <input type="checkbox"/> Yes – Go to item 2f <input type="checkbox"/> 2 <input type="checkbox"/> No	5a. Is any portion of this unit used for your own business? <input type="checkbox"/> 0540 1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 <input type="checkbox"/> No – Go to item 6 b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent. <input type="checkbox"/> 0550 _____ .00 Percent	6. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing. <input type="checkbox"/> 0620 1 <input type="checkbox"/> Yes – Complete part B for other rental property <input type="checkbox"/> 2 <input type="checkbox"/> No – Go to next section						
	Payment	Number																						
e. If NO – What was the amount of each payment and how many payments were made at that amount?	<input type="checkbox"/> 0080 \$ _____ .00	<input type="checkbox"/> 0090																						
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	<input type="checkbox"/> 0120 \$ _____ .00	<input type="checkbox"/> 0130																						
	<input type="checkbox"/> 0140 \$ _____ .00	<input type="checkbox"/> 0150																						
3. Does the rental payment include the cost of – a. Electricity? b. Gas? c. Piped-in water? d. Heating? e. Trash/Garbage collection? f. Garage or parking facilities	<table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 0220</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 0230</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 0240</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 0250</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 0260</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 0270</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> </tbody> </table>		Yes	No	<input type="checkbox"/> 0220	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0230	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0240	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0250	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0260	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0270	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
	Yes	No																						
<input type="checkbox"/> 0220	<input type="checkbox"/> 1	<input type="checkbox"/> 2																						
<input type="checkbox"/> 0230	<input type="checkbox"/> 1	<input type="checkbox"/> 2																						
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<input type="checkbox"/> 0250	<input type="checkbox"/> 1	<input type="checkbox"/> 2																						
<input type="checkbox"/> 0260	<input type="checkbox"/> 1	<input type="checkbox"/> 2																						
<input type="checkbox"/> 0270	<input type="checkbox"/> 1	<input type="checkbox"/> 2																						

Section 2 – RENTED LIVING QUARTERS – Continued

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

Part B – Rental Payments, Facilities, and Services for Other Than Sample Unit

RENTAL OF OTHER THAN SAMPLE UNIT	PROCESSING USE ONLY	1 02 02 0 ↓		NOTES																						
<p>1a. What is the rental charge to your CU for the other unit, including any extra charge for garage or parking facilities?</p> <p>b. What period of time does this cover?</p> <p>c. Since the 1st of (month, 3 months ago), how many payments have been made?</p> <p>d. Were all the payments in the amount of (rental charge reported in item 1a)?</p> <p>e. If NO – What was the amount of each payment and how many payments were made at that amount?</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Payment</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>0050 \$.00</td> <td>0060</td> </tr> <tr> <td>0070 \$.00</td> <td>0080</td> </tr> <tr> <td>0090 \$.00</td> <td>0100</td> </tr> <tr> <td>0110 \$.00</td> <td>0120</td> </tr> </tbody> </table> <p>f. Were any payments made during the current month?</p> <p>g. If YES – How much?</p>	Payment	Number	0050 \$.00	0060	0070 \$.00	0080	0090 \$.00	0100	0110 \$.00	0120	<p>0010 \$ _____ .00 x <input type="checkbox"/> Don't know</p> <p>0020 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ _____</p> <p>0030 _____ Number</p> <p>0040 1 <input type="checkbox"/> Yes – Go to item 1f 2 <input type="checkbox"/> No</p>	<p>3a. Did you or any members of your CU receive any free or reduced rent for the unit as a form of pay since the 1st of (month, 3 months ago)?</p> <p>0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4</p> <p>b. What is the rental charge to another tenant for a similar unit?</p> <p>0260 \$ _____ .00</p> <p>c. What period of time does this cover?</p> <p>0270 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ _____</p> <p>4a. Is any portion of the unit used for your own business?</p> <p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5</p> <p>b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.</p> <p>0290 _____ .00 Percent</p> <p>5. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.</p> <p>0300 1 <input type="checkbox"/> Yes – Complete part B for other rental property 2 <input type="checkbox"/> No – Go to next section</p>														
	Payment	Number																								
	0050 \$.00	0060																								
	0070 \$.00	0080																								
	0090 \$.00	0100																								
	0110 \$.00	0120																								
	<p>2. Does the rental payment include the cost of –</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. Electricity?</td> <td style="text-align: center;">0190 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>b. Gas?</td> <td style="text-align: center;">0200 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>c. Piped-in water?</td> <td style="text-align: center;">0210 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>d. Heating?</td> <td style="text-align: center;">0220 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>e. Trash/Garbage collection?</td> <td style="text-align: center;">0230 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>f. Garage or parking facilities?</td> <td style="text-align: center;">0240 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </tbody> </table>				Yes	No	a. Electricity?	0190 1 <input type="checkbox"/>	2 <input type="checkbox"/>	b. Gas?	0200 1 <input type="checkbox"/>	2 <input type="checkbox"/>	c. Piped-in water?	0210 1 <input type="checkbox"/>	2 <input type="checkbox"/>	d. Heating?	0220 1 <input type="checkbox"/>	2 <input type="checkbox"/>	e. Trash/Garbage collection?	0230 1 <input type="checkbox"/>	2 <input type="checkbox"/>	f. Garage or parking facilities?	0240 1 <input type="checkbox"/>	2 <input type="checkbox"/>		
		Yes	No																							
	a. Electricity?	0190 1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
	b. Gas?	0200 1 <input type="checkbox"/>	2 <input type="checkbox"/>																							
c. Piped-in water?	0210 1 <input type="checkbox"/>	2 <input type="checkbox"/>																								
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e. Trash/Garbage collection?	0230 1 <input type="checkbox"/>	2 <input type="checkbox"/>																								
f. Garage or parking facilities?	0240 1 <input type="checkbox"/>	2 <input type="checkbox"/>																								

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.

1. Ask column g for each property listed, except if property has been disposed of previously ("YES" in column b). If mortgage information (amount paid), column j is recorded for a property, ask column k. If column l is "YES," ask column n.

8 03 00 7 →

PROPERTY INVENTORY CHART

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

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

Part A.1 – Screening Questions – Continued

1 03 01 0 ↓

2a. Since the 1st of (month, 3 months ago), have you obtained any additional mortgages, including second mortgages or home equity loans for any property you own? 0010 1 Yes
2 No – Go to item 3a

b. If YES – For which property was this additional mortgage or home equity loan obtained?
Enter the appropriate property number(s) and property code(s) in item 2g below from the property inventory chart (items 1a and 1e).

Ask for each property.

c. Was this a mortgage or a home equity loan? 0020 1 Mortgage – Mark (X) "Yes" in mortgage column in item 2g
2 Home Equity Loan – Continue with item 2d

d. There are two basic types of home equity loans. I'll describe both types. Please tell me which type more closely describes your loan.
01 A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or
02 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?

e. Is this new loan a lump sum home equity loan? 0030 1 Yes – Mark (X) "Yes" in lump sum home equity loan column in item 2g
2 No – Continue with item 2f

Ask or verify.

f. 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

g. Complete the chart below for each additional mortgage/home equity loan.

Property number	Property code	Mortgage (Complete a part F)	Lump sum home equity loan (Complete a part G)	Line of credit home equity loan (Complete a part H)
_____	□ □ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	□ □ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	□ □ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	□ □ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	□ □ □ □	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

4. 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.

PROPERTY STATUS	
Currently owned ("Yes" in item 3b)	Disposed of ("No" in item 3b)
B, E, I	B, D, E, I

(NOTE: Do not fill any parts for property code 600.)

NOTES

3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or otherwise acquired any property or real estate? 0050 1 Yes – Ask items 3b and 3c
2 No – Go to next part or section

b. 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
500 Other property – Specify _____

Property code	Still owned
0060 □ □ □ □	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
0080 □ □ □ □	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
0100 □ □ □ □	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

c. Do you still have this property?
Mark (X) the appropriate box in "still owned" column.

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

FIELD REPRESENTATIVE – Ask part A.2 questions 1 through 7 and then complete parts B through I as instructed.

Part A.2 – Screening Questions – For New Consumer Units Only

						NOTES												
1. Now I want to talk about owned living quarters and other currently owned real estate. I'll be asking separately about each of these types of property. (Hand respondent Information Booklet, page 7.) Do you (any members of your CU) own the home in which you (your CU) currently live(s)? (Treat land contracts as ownership.)	Property code	YES	NO	If YES ask – How many such properties do you (does your CU) own?														
	100	0010 1 <input type="checkbox"/>	2 <input type="checkbox"/>															
2. Since the first of (month, 3 months ago), have you (has anyone in your CU) lived in any other home that you (any member of your CU) still own(s)?	200	0020 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 3	0030 _____ Number														
3. Do you (Does your CU) own any property only for business or investment purposes?	600	0035 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 4															
<small>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.</small>																		
4. Other than property you have already mentioned, do you (does your CU) own a second home, vacation home, or recreational property?	300	0040 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 5	0050 _____ Number														
5. Other than property you have already mentioned, do you (does your CU) own any unimproved land, that is, land without buildings on it?	400	0060 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 6	0070 _____ Number														
6. Do you (Does your CU) own any other real estate? – Specify	500	0080 1 <input type="checkbox"/>	2 <input type="checkbox"/> Go to item 7a	0090 _____ Number														
7a. Since the first of (month, 3 months ago), did you (your CU) own any real estate or land that you (your CU) no longer own(s)?		0100 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> Go to item 8															
b. If YES – How many different properties?		0110 _____ Number																
c. Please look at page 7 in the Information Booklet. What kind of property(ies) was it (were they)? <small>Enter property code(s) from below.</small> 100 – The home in which you (your CU) currently live(s) 200 – A home in which you (your CU) used to live 600 – Property for business or investment purposes only 300 – A second home, vacation home, or recreational property 400 – Unimproved land with no buildings on it 500 – Other property – Specify		0120 <input type="text"/>	0130 <input type="text"/>	0140 <input type="text"/>	0150 <input type="text"/>	0160 <input type="text"/>	0170 <input type="text"/>	0180 <input type="text"/>	0190 <input type="text"/>	0200 <input type="text"/>	0210 <input type="text"/>	0220 <input type="text"/>	0230 <input type="text"/>					
8. FIELD REPRESENTATIVE INSTRUCTIONS – Refer to the chart to the right. Complete all appropriate parts for each property disposed of in the reference period and for each property currently owned before moving on to next property. <small>Note – Do not fill any parts for property code 600.</small>	<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="2">PROPERTY STATUS</th> </tr> <tr> <th>Currently owned ("YES" in items 1–6)</th> <th>Disposed of ("YES" in item 7a)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">B, E, I</td> <td style="text-align: center;">B, D, E, I</td> </tr> </tbody> </table>												PROPERTY STATUS		Currently owned ("YES" in items 1–6)	Disposed of ("YES" in item 7a)	B, E, I	B, D, E, I
PROPERTY STATUS																		
Currently owned ("YES" in items 1–6)	Disposed of ("YES" in item 7a)																	
B, E, I	B, D, E, I																	

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

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

Part B – Detailed Property Description

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

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

NOTES

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

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

Part D – Disposed of Property

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

NOTES

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

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




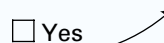



Part E – Mortgage/Home Equity Loan Screening Questions

1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i> <i>A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.</i>	a. PROPERTY NUMBER	_____ Number	b. PROPERTY CODE	<input type="text"/> <input type="text"/> <input type="text"/> Code	c. DESCRIPTION	Description	7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description). FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) appropriate box based upon part B, item 10.</i>			1 <input type="checkbox"/> Co-op property – Go to item 4a 2 <input type="checkbox"/> Not co-op		a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b) b. Enter number of lump sum home equity loans for this property (from item 6a) c. Enter number of line of credit home equity loans for this property (from item 6b)				F
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3b		<i>If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?</i> _____ – Go to item 5 Number		• After completing the appropriate parts F, G, and/or H, continue with part I • If no mortgages nor home equity loans on this property, go to part I		NOTES		
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4b		_____ – Go to item 5 Number						
b. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5		_____ – Go to item 5 Number						
5. Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7		<i>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)?</i> _____ Number						
6. Now let's talk about your (your CU's) (loan description). There are two basic types of home equity loans. I'll describe both types. Please tell me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or • A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card. a. Do you (Does your CU) have a lump sum home equity loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6b		_____ Number						
b. Do you (Does your CU) have a line of credit home equity loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7		_____ Number						

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

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

Part E – Mortgage/Home Equity Loan Screening Questions – Continued

1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i> <i>A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.</i>	a. PROPERTY NUMBER	_____ Number	7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	b. PROPERTY CODE	[][] Code			F
	c. DESCRIPTION	Description	a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)		F
2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description). FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon part B, item 10.		1 <input type="checkbox"/> Co-op property – Go to item 4a 2 <input type="checkbox"/> Not co-op	b. Enter number of lump sum home equity loans for this property (from item 6a)		G
3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)? <input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 3b _____ – Go to item 5 Number	c. Enter number of line of credit home equity loans for this property (from item 6b)		H
b. Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5 _____ – Go to item 5 Number	• After completing the appropriate parts F, G, and/or H, continue with part I • If no mortgages nor home equity loans on this property, go to part I NOTES		
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?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 4b _____ – Go to item 5 Number			
b. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 5 _____ – Go to item 5 Number			
5. Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)? <input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7 _____ Number			
6. Now let's talk about your (your CU's) (loan description). There are two basic types of home equity loans. I'll describe both types. Please tell me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or • A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card. a. Do you (Does your CU) have a lump sum home equity loan?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 6b _____ Number			
b. Do you (Does your CU) have a line of credit home equity loan?		<input type="checkbox"/> Yes  <input type="checkbox"/> No – Go to item 7 _____ Number			

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

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

Part E – Mortgage/Home Equity Loan Screening Questions – Continued

1. FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i> <i>A property number listed must match to a previously reported from section 3A.1, column a and/or section 3B, item 1a.</i>	a. PROPERTY NUMBER	_____ Number	b. PROPERTY CODE	[][] Code	Description	2. I want to ask next about any mortgages you (your CU) had in the last three months on (property description). FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) appropriate box based upon part B, item 10.</i>	1 <input type="checkbox"/> Co-op property – Go to item 4a 2 <input type="checkbox"/> Not co-op	3a. Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3b	<i>If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?</i> _____ – 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4b	_____ – Go to item 5 Number	b. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5	_____ – Go to item 5 Number	5. Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7	<i>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)?</i> _____ Number	6. Now let's talk about your (your CU's) (loan description). There are two basic types of home equity loans. I'll describe both types. Please tell me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or • A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card. a. Do you (Does your CU) have a lump sum home equity loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6b	_____ Number	b. Do you (Does your CU) have a line of credit home equity loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7	_____ Number	7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
								a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)														F									
								b. Enter number of lump sum home equity loans for this property (from item 6a)														G									
								c. Enter number of line of credit home equity loans for this property (from item 6b)														H									
								• After completing the appropriate parts F, G, and/or H, continue with part I																							
								• If no mortgages nor home equity loans on this property, go to part I																							
NOTES																															

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

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

Part F – Mortgages

1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, 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. Enter the 3-digit loan number in item 1d, beginning with 101 and assigning loan numbers consecutively, regardless of property number.	PROCESSING USE ONLY	1 03 43 2 ↓	1 03 44 0 ↓	1 03 45 7 ↓
	a. PROPERTY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. PROPERTY CODE	0020 [][] Code	0020 [][] Code	0020 [][] Code
	c. DESCRIPTION	Description	Description	Description
d. LOAN NUMBER	0030 1 [][] Number	0030 1 [][] Number	0030 1 [][] Number	
2. I'd like to ask some additional questions about your mortgage. In what month and year did you (your CU) make your (your CU's) first payment on this mortgage?	0035 [][] Month	0035 [][] Month	0035 [][] Month	
	0045 [][][][] Year	0045 [][][][] Year	0045 [][][][] Year	
3. Is this a 30-year mortgage, a 15-year mortgage, or something else?	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years	
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 <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>	
6a. Is this a fixed rate mortgage?	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	
b. There are many different kinds of mortgages. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	
7. Have you (Has your CU) refinanced or renegotiated this mortgage?	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No	
8. What was the amount of the mortgage when you (your CU) obtained it, excluding any interest?	0130 \$ _____ .00	0130 \$ _____ .00	0130 \$ _____ .00	
9. How often are (were) mortgage payments due?	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly	
10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	
11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?	0235 \$ _____ .00	0235 \$ _____ .00	0235 \$ _____ .00	
12. If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	

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

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

Part G – Lump Sum Home Equity Loans

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a. Enter the 3-digit loan number in item 1d, beginning with 201 and assigning loan numbers consecutively, regardless of property number.</p>	PROCESSING USE ONLY	1 03 58 0 ↓	1 03 59 8 ↓	1 03 60 6 ↓
	a. PROPERTY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number
	b. PROPERTY CODE	0020 [][] Code	0020 [][] Code	0020 [][] Code
	c. DESCRIPTION	Description	Description	Description
	d. LOAN NUMBER	0030 2 [][] Number	0030 2 [][] Number	0030 2 [][] Number
2. I'd like to ask some additional questions about your lump sum home equity loan. In what month and year did you (your CU) make your (your CU's) first payment on this loan?	Month	0035 [][]	0035 [][]	0035 [][]
	Year	0045 [][][][]	0045 [][][][]	0045 [][][][]
3. Is this a 30-year home equity loan, a 15-year home equity loan, or something else?	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 3 <input type="checkbox"/> Something else – Specify 0065 [][] Number of years
4. What was the rate of interest at the time the home equity loan was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0075 _____ Percent	0075 _____ Percent	0075 _____ Percent	0075 _____ Percent
5. What is the current interest rate on your (your CU's) home equity loan? (Convert fractions to decimals.)	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>	0080 _____ Percent <i>If same as item 4, go to item 6a. If different, go to item 6b.</i>
6a. Is this a fixed rate home equity loan?	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No
b. There are many different kinds of lump sum home equity loans. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know	0090 1 <input type="checkbox"/> Fixed rate of interest 5 <input type="checkbox"/> Deferred interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 6 <input type="checkbox"/> Other – Specify 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know
7. Have you (Has your CU) refinanced or renegotiated this lump sum home equity loan?	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current lump sum home equity loan. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current lump sum home equity loan. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current lump sum home equity loan. 2 <input type="checkbox"/> No	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current lump sum home equity loan. 2 <input type="checkbox"/> No
8. What was the amount of the lump sum home equity loan when you (your CU) obtained it, excluding any interest?	0130 \$ _____ .00	0130 \$ _____ .00	0130 \$ _____ .00	0130 \$ _____ .00
9. How often are (were) loan payments due?	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly	0170 1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> Biweekly 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Monthly 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarterly
10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply.	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance	0175 1 <input type="checkbox"/> Principal and interest 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0190 2 <input type="checkbox"/> Property taxes 0230 6 <input type="checkbox"/> Any other payments – Specify 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance
11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?	0235 \$ _____ .00	0235 \$ _____ .00	0235 \$ _____ .00	0235 \$ _____ .00
12. If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know	0245 \$ _____ .00 x <input type="checkbox"/> Don't know

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

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

Part H – Line of Credit Home Equity Loans

1. FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 03 68 9 ↓	1 03 69 7 ↓	1 03 70 5 ↓	NOTES
<i>Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. A property number listed must match to a previously reported property number in section 3A.1, column a and/or section 3B, item 1a.</i>	a. PROPERTY NUMBER	[0010] _____ Number	[0010] _____ Number	[0010] _____ Number	
<i>Enter the 3-digit loan number in item 1d, beginning with 301 and assigning loan numbers consecutively, regardless of property number.</i>	b. PROPERTY CODE	[0020] [][][] Code	[0020] [][][] Code	[0020] [][][] Code	
	c. DESCRIPTION	Description	Description	Description	
	d. LOAN NUMBER	[0030] 3 [][] Number	[0030] 3 [][] Number	[0030] 3 [][] Number	
2. I'd like to ask some additional questions about your (your CU's) line of credit home equity loan. Since the 1st of (last month), have you (has any member of your CU) made any payments for this loan?		[0040] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next loan or part I	[0040] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next loan or part I	[0040] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next loan or part I	
3. If YES – What was the amount of the last payment?		[0050] \$ _____ .00	[0050] \$ _____ .00	[0050] \$ _____ .00	
4. Prior to the last payment, what was the total amount owed?		[0060] \$ _____ .00	[0060] \$ _____ .00	[0060] \$ _____ .00	

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

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

Part I – Ownership Costs

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.</p>	<p>PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE c. DESCRIPTION</p>	<p>1 03 77 0 ↓ 0010 _____ Number 0020 [][] Code Description</p>	<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p>	<p>0160 01 <input type="checkbox"/> Repayment of loans owed by cooperative 0170 02 <input type="checkbox"/> Property taxes 0180 03 <input type="checkbox"/> Property insurance 0190 04 <input type="checkbox"/> Management 0200 05 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0210 06 <input type="checkbox"/> Improvements 0220 07 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0230 08 <input type="checkbox"/> Security, including guards and alarm systems 0240 09 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0250 10 <input type="checkbox"/> Trash collection 0260 11 <input type="checkbox"/> Other – Specify _____</p>	<p>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?</p>	<p>0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p>
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>		<p>0030 1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – Go to item 4a</p>	<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p>	<p>0270 21 <input type="checkbox"/> Management 0280 22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0290 23 <input type="checkbox"/> Improvements 0300 24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0310 25 <input type="checkbox"/> Parking 0320 26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0330 27 <input type="checkbox"/> Security, including guards and alarm systems 0340 28 <input type="checkbox"/> Maid service 0350 29 <input type="checkbox"/> Medical services 0360 30 <input type="checkbox"/> Trash collection 0370 31 <input type="checkbox"/> Other – Specify _____</p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided? For co-op, use codes from item 8. For condos/something else, use codes from item 9.</p>	<p>SERVICES FOR CO-OPS 0440 [][] 0450 [][] 0460 [][] 0470 [][] 0480 [][] 0490 [][] 0500 [][] 0510 [][] 0520 [][] 0530 [][] 0540 [][] SERVICES FOR CONDOS/SOMETHING ELSE 0550 [][] 0560 [][] 0570 [][] 0580 [][] 0590 [][] 0600 [][] 0610 [][] 0620 [][] 0630 [][] 0640 [][] 0650 [][]</p>
<p>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? b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)? d. Were there any penalty charges as a result of the extra payments? e. Since the 1st of (month, 3 months ago), how much were these penalty charges? f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p>		<p>0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a 0050 \$ _____ .00 0060 \$ _____ .00 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a 0080 \$ _____ .00 0090 \$ _____ .00</p>	<p>10a. Are any of the costs included in your (your CU's) mortgage payment? b. If YES – How much per month? 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 ago), how much have you (has your CU) paid for these services? e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p>	<p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10d 0390 \$ _____ .00 0400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a 0410 \$ _____ .00 0420 \$ _____ .00</p>	<p>c. Since the 1st of (month, 3 months ago), how much were these special payments? d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p>	<p>0660 \$ _____ .00 0670 \$ _____ .00</p>
<p>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)? b. If YES – What was the total amount paid? c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p>		<p>0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5 0110 \$ _____ .00 0120 \$ _____ .00</p>			<p>12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that? b. What was the total amount paid? c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p>	<p>0680 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13 0690 \$ _____ .00 0700 \$ _____ .00</p>
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. } Refer to part B, item 10 or part A.1, item 1, column d If property is co-op, mark box 2. } If property is neither, mark box 3. }</p>		<p>0130 1 <input type="checkbox"/> Condominium – Go to item 7 2 <input type="checkbox"/> Co-op – Go to item 8 3 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6</p>			<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p>	<p>0710 \$ _____ .00 x <input type="checkbox"/> Don't know</p>

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

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

Part I – Ownership Costs – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. A property number listed must match to a previously reported number in section 3A.1, column a and/or section 3B, item 1a.</p>	<p>PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE c. DESCRIPTION</p>	<p>1 03 78 8 ↓ 0010 _____ Number 0020 _____ Code Description</p>	<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p>	<p>0100 <input type="checkbox"/> Repayment of loans owed by cooperative 0170 <input type="checkbox"/> Property taxes 0180 <input type="checkbox"/> Property insurance 0190 <input type="checkbox"/> Management 0200 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0210 <input type="checkbox"/> Improvements 0220 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0230 <input type="checkbox"/> Security, including guards and alarm systems 0240 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0250 <input type="checkbox"/> Trash collection 0260 <input type="checkbox"/> Other – Specify _____</p>	<p>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?</p>	<p>0430 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 12a</p>
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>		<p>0030 <input type="checkbox"/> Mortgage/lump sum home equity loan <input type="checkbox"/> No mortgage/no lump sum home equity loan – Go to item 4a</p>	<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p>	<p>0270 <input type="checkbox"/> Management 0280 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0290 <input type="checkbox"/> Improvements 0300 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0310 <input type="checkbox"/> Parking 0320 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0330 <input type="checkbox"/> Security, including guards and alarm systems 0340 <input type="checkbox"/> Maid service 0350 <input type="checkbox"/> Medical services 0360 <input type="checkbox"/> Trash collection 0370 <input type="checkbox"/> Other – Specify _____</p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided? For co-op, use codes from item 8. For condos/something else, use codes from item 9.</p>	<p>SERVICES FOR CO-OPS 0440 0 0450 0 0460 0 0470 0 0480 0 0490 0 0500 0 0510 0 0520 0 0530 1 0540 1 SERVICES FOR CONDOS/ SOMETHING ELSE 0550 2 0560 2 0570 2 0580 2 0590 2 0600 2 0610 2 0620 2 0630 2 0640 3 0650 3</p>
<p>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?</p>		<p>0040 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a</p>	<p>10a. Are any of the costs included in your (your CU's) mortgage payment?</p>	<p>0380 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 10d</p>	<p>c. Since the 1st of (month, 3 months ago), how much were these special payments?</p>	<p>0660 \$ _____ .00</p>
<p>b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?</p>		<p>0050 \$ _____ .00</p>	<p>b. If YES – How much per month?</p>	<p>0390 \$ _____ .00</p>	<p>d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p>	<p>0670 \$ _____ .00</p>
<p>c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?</p>		<p>0060 \$ _____ .00</p>	<p>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?</p>	<p>0400 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 11a</p>	<p>c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p>	<p>0700 \$ _____ .00</p>
<p>d. Were there any penalty charges as a result of the extra payments?</p>		<p>0070 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a</p>	<p>d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</p>	<p>0410 \$ _____ .00</p>	<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p>	<p>0710 \$ _____ .00 x <input type="checkbox"/> Don't know</p>
<p>e. Since the 1st of (month, 3 months ago), how much were these penalty charges?</p>		<p>0080 \$ _____ .00</p>	<p>e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p>	<p>0420 \$ _____ .00</p>		
<p>f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p>		<p>0090 \$ _____ .00</p>				
<p>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)?</p>		<p>0100 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5</p>				
<p>b. If YES – What was the total amount paid?</p>		<p>0110 \$ _____ .00</p>				
<p>c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p>		<p>0120 \$ _____ .00</p>				
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. Refer to part B, item 10 or part A.1, item 1, column d</p>		<p>0130 <input type="checkbox"/> Condominium – Go to item 7 <input type="checkbox"/> Co-op – Go to item 8 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6</p>				
<p>6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?</p>		<p>0140 <input type="checkbox"/> Yes – Go to item 9 <input type="checkbox"/> No – Go to item 11a</p>				
<p>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?</p>		<p>0150 <input type="checkbox"/> Yes – Go to item 9 <input type="checkbox"/> No – Go to item 11a</p>				

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

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

Part I - Ownership Costs - Continued

Form with multiple sections (1-13) for reporting ownership costs, including mortgage payments, property taxes, insurance, and maintenance costs. Includes checkboxes and numerical input fields.

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

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

Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment

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

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

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

Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment – Continued

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

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

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

Part J – Change in Mortgage or Lump Sum Home Equity Loan Payment – Continued

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

Section 4 - UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES

Part A - Telephone Expenses

1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any bills for telephone or pager services? Do not include bills for telephones or pagers used entirely for business purposes.	PROCESSING USE ONLY	1 04 01 8 ↘									NOTES							
	<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to part B																	
2. What is the name of the company which provides the telephone (or pager) services?	Name of telephone company																	
3. How many telephone (or pager) bills were received from (company name)?	0010 _____ Number																	
4a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.	Bill 1		Bill 2		Bill 3		Bill 4											
	0020 \$ _____ .00 <input type="checkbox"/> None	0230 \$ _____ .00 <input type="checkbox"/> None	0440 \$ _____ .00 <input type="checkbox"/> None	0650 \$ _____ .00 <input type="checkbox"/> None														
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 <input type="checkbox"/> Residential service		0250 <input type="checkbox"/> Residential service		0460 <input type="checkbox"/> Residential service		0670 <input type="checkbox"/> Residential service											
	0050 <input type="checkbox"/> Mobile/Cellular Service		0260 <input type="checkbox"/> Mobile/Cellular Service		0470 <input type="checkbox"/> Mobile/Cellular Service		0680 <input type="checkbox"/> Mobile/Cellular Service											
	0060 <input type="checkbox"/> Pager/Beeper Service		0270 <input type="checkbox"/> Pager/Beeper Service		0480 <input type="checkbox"/> Pager/Beeper Service		0690 <input type="checkbox"/> Pager/Beeper Service											
6a. Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)	Yes		No		Amount		Yes		No		Amount		Yes		No		Amount	
	(1) Basic (local) service charge		0070	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0280	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0490	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0700	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(2) Domestic long distance charge		0080	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0290	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0500	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0710	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(3) International long distance charge		0090	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0300	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0510	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0720	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services)		0100	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0310	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0520	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0730	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(5) Installation or repair of telephone line(s)		0110	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0320	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0530	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0740	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(6) Telephone or pager purchases or rentals		0120	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0330	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0540	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0750	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(7) Internet access or data services		0130	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0140 \$ _____ .00		0340	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0350 \$ _____ .00		0550	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0560 \$ _____ .00		0760	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0770 \$ _____ .00	
	(8) Cable or satellite television services		0150	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0160 \$ _____ .00		0360	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0370 \$ _____ .00		0570	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0580 \$ _____ .00		0780	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0790 \$ _____ .00	
	(9) DSL or ISDN charges		0170	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0180 \$ _____ .00		0380	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0390 \$ _____ .00		0590	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0600 \$ _____ .00		0800	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0810 \$ _____ .00	
	(10) Non-telephone related rentals or purchases		0190	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0200 \$ _____ .00		0400	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0410 \$ _____ .00		0610	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0620 \$ _____ .00		0820	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0830 \$ _____ .00	
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											
c. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or checkbook used or was an estimate given?</i>	0220 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook ↗		0430 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook ↗		0640 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook ↗		0850 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook ↗											
7a. Is any of the total charge to be deducted as a business expense?	0900 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 8																	
b. If YES - What percentage will be deducted?	0910 _____ .00 Percent																	
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 <input type="checkbox"/> Yes - Complete a separate page for each telephone company <input type="checkbox"/> No - Go to part B																	

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

Part A - Telephone Expenses - Continued

	PROCESSING USE ONLY	1 04 02 6 ↴								NOTES										
2. What is the name of the company which provides the telephone (or pager) services?	Name of telephone company																			
3. How many telephone (or pager) bills were received from (company name)?	0010 _____ Number																			
4a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.	Bill 1			Bill 2			Bill 3			Bill 4										
	0020 \$ _____ .00 <input type="checkbox"/> None	0230 \$ _____ .00 <input type="checkbox"/> None	0440 \$ _____ .00 <input type="checkbox"/> None	0650 \$ _____ .00 <input type="checkbox"/> None																
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 <input type="checkbox"/> Residential service			0250 <input type="checkbox"/> Residential service			0460 <input type="checkbox"/> Residential service			0670 <input type="checkbox"/> Residential service										
	0050 <input type="checkbox"/> Mobile/Cellular Service			0260 <input type="checkbox"/> Mobile/Cellular Service			0470 <input type="checkbox"/> Mobile/Cellular Service			0680 <input type="checkbox"/> Mobile/Cellular Service										
	0060 <input type="checkbox"/> Pager/Beeper Service			0270 <input type="checkbox"/> Pager/Beeper Service			0480 <input type="checkbox"/> Pager/Beeper Service			0690 <input type="checkbox"/> Pager/Beeper Service										
6a. Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)	Yes		No		Amount		Yes		No		Amount		Yes		No		Amount			
	(1) Basic (local) service charge		0070 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0280 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0490 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0700 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
	(2) Domestic long distance charge		0080 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0290 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0500 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0710 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
	(3) International long distance charge		0090 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0300 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0510 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0720 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
	(4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services)		0100 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0310 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0520 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0730 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
	(5) Installation or repair of telephone line(s)		0110 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0320 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0530 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0740 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
	(6) Telephone or pager purchases or rentals		0120 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0330 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0540 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>						0750 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
	(7) Internet access or data services		0130 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0140 \$ _____ .00				0340 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0350 \$ _____ .00						0550 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0560 \$ _____ .00						0760 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0770 \$ _____ .00	
	(8) Cable or satellite television services		0150 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0160 \$ _____ .00				0360 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0370 \$ _____ .00						0570 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0580 \$ _____ .00						0780 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0790 \$ _____ .00	
	(9) DSL or ISDN charges		0170 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0180 \$ _____ .00				0380 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0390 \$ _____ .00						0590 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0600 \$ _____ .00						0800 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0810 \$ _____ .00	
(10) Non-telephone related rentals or purchases		0190 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0200 \$ _____ .00				0400 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0410 \$ _____ .00						0610 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0620 \$ _____ .00						0820 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0830 \$ _____ .00		
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										
c. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or checkbook used or was an estimate given?</i>	0220 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook ↴			0430 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook ↴			0640 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook ↴			0850 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook ↴										
7a. Is any of the total charge to be deducted as a business expense?	0900 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 8												PRE							
b. If YES - What percentage will be deducted?	0910 _____ .00 Percent												Month bill received from item 4b	Total amount of bill from item 4a						
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 <input type="checkbox"/> Yes - Complete a separate page for each telephone company <input type="checkbox"/> No - Go to part B												\$.00							
													Name of telephone company							

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

Part A - Telephone Expenses - Continued

PROCESSING USE ONLY		1 04 03 4 ↴												NOTES	
2. What is the name of the company which provides the telephone (or pager) services?		Name of telephone company													
3. How many telephone (or pager) bills were received from (company name)?		0010 _____ Number													
4a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.		Bill 1			Bill 2			Bill 3			Bill 4				
b. In what month was the bill received?		0020 \$ _____ .00 <input type="checkbox"/> None			0230 \$ _____ .00 <input type="checkbox"/> None			0440 \$ _____ .00 <input type="checkbox"/> None			0650 \$ _____ .00 <input type="checkbox"/> None				
5. What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)		0030 _____			0240 _____			0450 _____			0660 _____				
6a. Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)		0040 <input type="checkbox"/> Residential service			0250 <input type="checkbox"/> Residential service			0460 <input type="checkbox"/> Residential service			0670 <input type="checkbox"/> Residential service				
		0050 <input type="checkbox"/> Mobile/Cellular Service			0260 <input type="checkbox"/> Mobile/Cellular Service			0470 <input type="checkbox"/> Mobile/Cellular Service			0680 <input type="checkbox"/> Mobile/Cellular Service				
		0060 <input type="checkbox"/> Pager/Beeper Service			0270 <input type="checkbox"/> Pager/Beeper Service			0480 <input type="checkbox"/> Pager/Beeper Service			0690 <input type="checkbox"/> Pager/Beeper Service				
Hand the respondent Information Booklet, Page 13a.		Yes | No | Amount			Yes | No | Amount			Yes | No | Amount			Yes | No | Amount				
(1) Basic (local) service charge		0070 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0280 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0490 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0700 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
(2) Domestic long distance charge		0080 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0290 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0500 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0710 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
(3) International long distance charge		0090 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0300 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0510 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0720 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
(4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services)		0100 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0310 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0520 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0730 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
(5) Installation or repair of telephone line(s)		0110 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0320 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0530 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0740 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
(6) Telephone or pager purchases or rentals		0120 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0330 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0540 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0750 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>				
(7) Internet access or data services		0130 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0140 \$ _____ .00			0340 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0350 \$ _____ .00			0550 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0560 \$ _____ .00			0760 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0770 \$ _____ .00				
(8) Cable or satellite television services		0150 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0160 \$ _____ .00			0360 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0370 \$ _____ .00			0570 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0580 \$ _____ .00			0780 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0790 \$ _____ .00				
(9) DSL or ISDN charges		0170 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0180 \$ _____ .00			0380 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0390 \$ _____ .00			0590 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0600 \$ _____ .00			0800 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0810 \$ _____ .00				
(10) Non-telephone related rentals or purchases		0190 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0200 \$ _____ .00			0400 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0410 \$ _____ .00			0610 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0620 \$ _____ .00			0820 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0830 \$ _____ .00				
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				
c. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?		0220 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook			0430 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook			0640 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook			0850 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input checked="" type="checkbox"/> Checkbook				
7a. Is any of the total charge to be deducted as a business expense?		0900 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 8													
b. If YES - What percentage will be deducted?		0910 _____ .00 Percent													
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 <input type="checkbox"/> Yes - Complete a separate page for each telephone company <input type="checkbox"/> No - Go to part B													
		PRE										Month bill received from item 4b		Total amount of bill from item 4a	
														\$.00	
		Name of telephone company													
												Month bill received from item 4b		Total amount of bill from item 4a	
														\$.00	
		Name of telephone company													
												Month bill received from item 4b		Total amount of bill from item 4a	
														\$.00	
		Name of telephone company													

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

Part A - Telephone Expenses - Continued

	PROCESSING USE ONLY	1 04 04 2 ↴									NOTES		
2. What is the name of the company which provides the telephone (or pager) services?	Name of telephone company												
3. How many telephone (or pager) bills were received from (company name)?	0010 _____ Number												
4a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.	Bill 1			Bill 2			Bill 3			Bill 4			
	0020	\$ _____	.00 <input type="checkbox"/> None	0230	\$ _____	.00 <input type="checkbox"/> None	0440	\$ _____	.00 <input type="checkbox"/> None	0650	\$ _____	.00 <input type="checkbox"/> None	
b. In what month was the bill received?	Month			Month			Month			Month			
	0030			0240			0450			0660			
5. What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)	0040 <input type="checkbox"/> Residential service			0250 <input type="checkbox"/> Residential service			0460 <input type="checkbox"/> Residential service			0670 <input type="checkbox"/> Residential service			
	0050 <input type="checkbox"/> Mobile/Cellular Service			0260 <input type="checkbox"/> Mobile/Cellular Service			0470 <input type="checkbox"/> Mobile/Cellular Service			0680 <input type="checkbox"/> Mobile/Cellular Service			
	0060 <input type="checkbox"/> Pager/Beeper Service			0270 <input type="checkbox"/> Pager/Beeper Service			0480 <input type="checkbox"/> Pager/Beeper Service			0690 <input type="checkbox"/> Pager/Beeper Service			
6a. Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	
	(1) Basic (local) service charge	0070	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0280	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0490	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0700	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(2) Domestic long distance charge	0080	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0290	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0500	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0710	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(3) International long distance charge	0090	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0300	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0510	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0720	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services)	0100	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0310	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0520	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0730	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(5) Installation or repair of telephone line(s)	0110	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0320	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0530	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0740	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(6) Telephone or pager purchases or rentals	0120	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0330	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0540	<input type="checkbox"/> 1 <input type="checkbox"/> 2		0750	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	(7) Internet access or data services	0130	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0140 \$ _____ .00	0340	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0350 \$ _____ .00	0550	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0560 \$ _____ .00	0760	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0770 \$ _____ .00
	(8) Cable or satellite television services	0150	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0160 \$ _____ .00	0360	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0370 \$ _____ .00	0570	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0580 \$ _____ .00	0780	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0790 \$ _____ .00
	(9) DSL or ISDN charges	0170	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0180 \$ _____ .00	0380	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0390 \$ _____ .00	0590	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0600 \$ _____ .00	0800	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0810 \$ _____ .00
(10) Non-telephone related rentals or purchases	0190	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0200 \$ _____ .00	0400	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0410 \$ _____ .00	0610	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0620 \$ _____ .00	0820	<input type="checkbox"/> 1 <input type="checkbox"/> 2	0830 \$ _____ .00	
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			
c. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?	0220 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook			0430 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook			0640 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Checkbook			0850 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input checked="" type="checkbox"/> Checkbook			
7a. Is any of the total charge to be deducted as a business expense?	0900 <input type="checkbox"/> Yes <input type="checkbox"/> No - Go to item 8												
b. If YES - What percentage will be deducted?	0910 _____ .00 Percent												
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 <input type="checkbox"/> Yes - Complete a separate page for each telephone company <input type="checkbox"/> No - Go to part B												
										PRE			
										Month bill received from item 4b	Total amount of bill from item 4a		
											\$.00		
Name of telephone company													
										Month bill received from item 4b	Total amount of bill from item 4a		
											\$.00		
Name of telephone company													

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a	
b. What was the total amount paid?	0020 \$ _____ .00	
c. How much of the total amount was paid this month?	0030 \$ _____ .00 0 <input type="checkbox"/> None	
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.	0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part C	
b. What was the total amount paid?	0050 \$ _____ .00	
c. How much of the total was paid this month?	0060 \$ _____ .00 0 <input type="checkbox"/> None	

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

Part C – Screening Questions

1 04 25 7 ↴

1. Since the first of (month, 3 months ago), have you (or any members of your CU) received any bills for any of the following utilities, fuels, or services? Do not include bills for rented vacation properties or properties used entirely for business.

2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any bills for utilities or fuels for a rented vacation property, such as a cottage?

Yes No – Go to part D

If YES –

b. Which utility or fuel was the charge for? Enter a utility code below for each bill reported.

c. In what month was the bill received? Enter month below for each bill reported.

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

PRE

TRANSCRIBE LAST 2 BILLS PER PROPERTY FOR EACH UTILITY OR SERVICE REPORTED IN PART D

1	2	3	4	5	6
Property number from part D, item 2	Utility code from part D, item 1a	Month bill received from part D, item 7b	Amount of bill from part D, item 7a	Unit-of-measure from part D, item 7c	Quantity consumed from part D, item 7d
			\$.00		Name of utility company or government agency from part D, item 3
			\$.00		Company code
			\$.00		
			\$.00		
			\$.00		
			\$.00		
			\$.00		
			\$.00		
			\$.00		
			\$.00		
			\$.00		
			\$.00		
			\$.00		

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

FIELD REPRESENTATIVE: Read each item in bold listed below.

UTILITY CODE	YES	NO
Electricity		
Natural or utility gas		
<i>Combined gas and electricity</i>		
Fuel oil		
Kerosene		
Bottled or tank gas		
Wood		
Coal		
Other fuels		
<i>Combined expenses for items 130-180</i>		
Piped-in water		
Trash/Garbage collection		
Sewerage maintenance		
<i>Combined trash/garbage/water/sewerage</i>		
<i>Combined trash/garbage/water</i>		
<i>Combined trash/garbage/sewerage</i>		
<i>Combined water/sewerage</i>		
Water softening service		
Septic tank cleaning		
Cable TV, satellite services, or community antenna, if not already reported		
Internet connection and other computer data services not already reported		
<i>Combined electric/water/sewerage</i>		

NOTES

Ask item 2, then complete a column in part D for each utility, fuel, or service reported in item 1.

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

Part D – Detailed Questions

1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM Enter a utility code in item 1a and a description of utility or fuel in item 1b from part C, item 1.	PROCESSING USE ONLY				1 04 51 3 ↓ ↘				1 04 52 1 ↓ ↘				
	a. UTILITY CODE		Code		Code		Code		Code		Code		
b. DESCRIPTION OF UTILITY OR FUEL		Description				Description							
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.		0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description			
3. What is the name of the company or government agency which provides (utility or fuel description)? Ask for utility codes 100–120, 200–260, and 290 only.		Name				Name							
4. How many bills were received for (utility or fuel) for (property description)?		0045 _____ Number				0045 _____ Number							
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.		0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____		0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____									
6. Do you have any of these bills or other records showing these (utility or fuel) charges?		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No									
7a. What was the amount of bill (bill number)? Complete a separate column for each bill received since the 1st of (month, 3 months ago).		0070 _____ \$ _____ .00	0140 _____ \$ _____ .00	0210 _____ \$ _____ .00	0280 _____ \$ _____ .00	0070 _____ \$ _____ .00	0140 _____ \$ _____ .00	0210 _____ \$ _____ .00	0280 _____ \$ _____ .00				
b. In what month was the bill received?		Month	Month	Month	Month	Month	Month	Month	Month				
c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.		0080 _____	0150 _____	0220 _____	0290 _____	0080 _____	0150 _____	0220 _____	0290 _____				
OFFICE USE ONLY		0095 _____	0165 _____	0235 _____	0305 _____	0095 _____	0165 _____	0235 _____	0305 _____				
d. What was the quantity consumed for bill (bill number)?		Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity				
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?		0105 _____ \$ _____ .00	0175 _____ \$ _____ .00	0245 _____ \$ _____ .00	0315 _____ \$ _____ .00	0105 _____ \$ _____ .00	0175 _____ \$ _____ .00	0245 _____ \$ _____ .00	0315 _____ \$ _____ .00				
f. How much were these charges?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g				
g. FIELD REPRESENTATIVE CHECK ITEM Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.		0120 _____ \$ _____ .00	0190 _____ \$ _____ .00	0260 _____ \$ _____ .00	0330 _____ \$ _____ .00	0120 _____ \$ _____ .00	0190 _____ \$ _____ .00	0260 _____ \$ _____ .00	0330 _____ \$ _____ .00				
8. Was any part of the charge deducted as a business expense?		0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘				
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?		0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?		0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No							

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

Part D - Detailed Questions - Continued

<p>1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM Enter a utility code in item 1a and a description of utility or fuel in item 1b from part C, item 1.</p>	<p>PROCESSING USE ONLY</p>	<p style="color: red;">1 04 53 9 ↘</p>	<p style="color: red;">1 04 54 7 ↘</p>																																																								
	<p>a. UTILITY CODE</p>	<p>0010 Code</p>	<p>0010 Code</p>																																																								
	<p>b. DESCRIPTION OF UTILITY OR FUEL</p>	<p>Description</p>	<p>Description</p>																																																								
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<p>5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.</p>	<p>0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____</p>	<p>0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____</p>	<p>0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____</p>																																																								
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<p>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</p> <p>7a. What was the amount of bill (bill number)?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Bill 1</th> <th style="width:12.5%;">Bill 2</th> <th style="width:12.5%;">Bill 3</th> <th style="width:12.5%;">Bill 4</th> <th style="width:12.5%;">Bill 1</th> <th style="width:12.5%;">Bill 2</th> <th style="width:12.5%;">Bill 3</th> <th style="width:12.5%;">Bill 4</th> </tr> <tr> <td style="text-align: center;">0070</td> <td style="text-align: center;">0140</td> <td style="text-align: center;">0210</td> <td style="text-align: center;">0280</td> <td style="text-align: center;">0070</td> <td style="text-align: center;">0140</td> <td style="text-align: center;">0210</td> <td style="text-align: center;">0280</td> </tr> <tr> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> <td style="text-align: right;">\$ _____ .00</td> </tr> </table>	Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4	0070	0140	0210	0280	0070	0140	0210	0280	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> <th style="width:12.5%;">Month</th> </tr> <tr> <td style="text-align: center;">0080</td> <td style="text-align: center;">0150</td> <td style="text-align: center;">0220</td> <td style="text-align: center;">0290</td> <td style="text-align: center;">0080</td> <td style="text-align: center;">0150</td> <td style="text-align: center;">0220</td> <td style="text-align: center;">0290</td> </tr> </table>	Month	Month	Month	Month	Month	Month	Month	Month	0080	0150	0220	0290	0080	0150	0220	0290	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">Unit-of-measure</th> <th style="width:12.5%;">Unit-of-measure</th> <th style="width:12.5%;">Unit-of-measure</th> <th style="width:12.5%;">Unit-of-measure</th> <th style="width:12.5%;">Unit-of-measure</th> <th style="width:12.5%;">Unit-of-measure</th> <th style="width:12.5%;">Unit-of-measure</th> <th style="width:12.5%;">Unit-of-measure</th> </tr> <tr> <td style="text-align: center;">0095</td> <td style="text-align: center;">0165</td> <td style="text-align: center;">0235</td> <td style="text-align: center;">0305</td> <td style="text-align: center;">0095</td> <td style="text-align: center;">0165</td> <td style="text-align: center;">0235</td> <td style="text-align: center;">0305</td> </tr> </table>	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	0095	0165	0235	0305	0095	0165	0235	0305
Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4																																																				
0070	0140	0210	0280	0070	0140	0210	0280																																																				
\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00																																																				
Month	Month	Month	Month	Month	Month	Month	Month																																																				
0080	0150	0220	0290	0080	0150	0220	0290																																																				
Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure																																																				
0095	0165	0235	0305	0095	0165	0235	0305																																																				
<p>b. In what month was the bill received?</p>	<p>0080</p>	<p>0150</p>	<p>0220</p>	<p>0290</p>	<p>0080</p>	<p>0150</p>	<p>0220</p>	<p>0290</p>																																																			
<p>Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.</p> <p>c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms?</p>	<p>0095</p>	<p>0165</p>	<p>0235</p>	<p>0305</p>	<p>0095</p>	<p>0165</p>	<p>0235</p>	<p>0305</p>																																																			
<p>OFFICE USE ONLY</p>	<p>0095</p>	<p>0165</p>	<p>0235</p>	<p>0305</p>	<p>0095</p>	<p>0165</p>	<p>0235</p>	<p>0305</p>																																																			
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<p>8. Was any part of the charge deducted as a business expense?</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																																								
<p>9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?</p>	<p>0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No</p>	<p>0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No</p>	<p>0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No</p>																																																								

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

Part D – Detailed Questions – Continued

1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM Enter a utility code in item 1a and a description of utility or fuel in item 1b from part C, item 1.	PROCESSING USE ONLY				1 04 55 4 ↘				1 04 56 2 ↘			
	a. UTILITY CODE Code		Description		a. UTILITY CODE Code		Description					
b. DESCRIPTION OF UTILITY OR FUEL		Description		b. DESCRIPTION OF UTILITY OR FUEL		Description						
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property. Ask for utility codes 100–120, 200–260, and 290 only.				[0020] _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				[0020] _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				
3. What is the name of the company or government agency which provides (utility or fuel description)?				Name				Name				
4. How many bills were received for (utility or fuel) for (property description)?				[0045] _____ Number				[0045] _____ Number				
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.				[0055] 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				[0055] 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				
6. Do you have any of these bills or other records showing these (utility or fuel) charges?				[0060] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				[0060] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
Complete a separate column for each bill received since the 1st of (month, 3 months ago).				Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4	
7a. What was the amount of bill (bill number)?				[0070] \$ _____ .00	[0140] \$ _____ .00	[0210] \$ _____ .00	[0280] \$ _____ .00	[0070] \$ _____ .00	[0140] \$ _____ .00	[0210] \$ _____ .00	[0280] \$ _____ .00	
b. In what month was the bill received?				Month	Month	Month	Month	Month	Month	Month	Month	
Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.				[0080]	[0150]	[0220]	[0290]	[0080]	[0150]	[0220]	[0290]	
c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms?				Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	
OFFICE USE ONLY				[0095]	[0165]	[0235]	[0305]	[0095]	[0165]	[0235]	[0305]	
d. What was the quantity consumed for bill (bill number)?				Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	
[0105] [0175] [0245] [0315] [0105] [0175] [0245] [0315]				[0105]	[0175]	[0245]	[0315]	[0105]	[0175]	[0245]	[0315]	
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?				[0110] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	[0180] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	[0250] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	[0320] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	[0110] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	[0180] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	[0250] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	[0320] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	
f. How much were these charges?				[0120] \$ _____ .00	[0190] \$ _____ .00	[0260] \$ _____ .00	[0330] \$ _____ .00	[0120] \$ _____ .00	[0190] \$ _____ .00	[0260] \$ _____ .00	[0330] \$ _____ .00	
g. FIELD REPRESENTATIVE CHECK ITEM Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.				[0130] 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	[0200] 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	[0270] 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	[0340] 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	[0130] 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	[0200] 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	[0270] 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	[0340] 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	
8. Was any part of the charge deducted as a business expense?				[0420] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				[0420] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?				[0440] 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				[0440] 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				

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

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

Part A – Screening Questions

<p><i>Information Booklet, page 14</i></p> <p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –?</p>		JOB CODE	YES	NO	PROCESSING USE ONLY	1 05 00 7 ↘
	Dwellings under construction including a vacation or second home	100			<p>4a. Have there been any expenses for any other property (property that you do not own or rent) by you (or any members of your CU)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5</p>	
<p><i>Information Booklet, page 14</i></p> <p>2. Have there been any expenses for property you owned or rented since the 1st of (month, 3 months ago), for any of the following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)</p>	Building an addition to the house or a new structure, such as a porch, garage, or new wing	110				<p>b. Which jobs were those expenses for? <i>Enter job code(s) from items 1 through 3.</i></p> <p>0010 [][] [][] 0020 [][] [][]</p> <p>0030 [][] [][] 0040 [][] [][]</p>
	Finishing a basement or an attic or enclosing a porch . . .	120				
	Remodeling one or more rooms in the house	130			<p>5. FIELD REPRESENTATIVE CHECK ITEM Job codes items 1, 2, 3, and 4</p> <p>0050 1 <input type="checkbox"/> All "No" 2 <input type="checkbox"/> At least one "Yes" marked</p>	
	Landscaping the ground or planting new shrubs or trees	140				
	Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools . .	150				
<p><i>Information Booklet, page 14</i></p> <p>3a. Have there been any expenses that deal with the upkeep or improvement of this unit or any other unit you owned or rented since the 1st of (month, 3 months ago)? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a</p> <p>b. Which of the following?</p>	Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools	160			<p>6a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies for jobs not yet started?</p> <p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p>	
	Inside painting or papering	170				<p>b. If YES – What kind of job will the materials be used for? <i>Enter a job code.</i></p> <p>0070 [][] [][] Job code</p>
	Outside painting	180			<p>c. What was the total cost of these materials and supplies?</p> <p>0080 \$ _____ .00</p>	
	Plastering or paneling	190				<p>7a. Since the 1st of (month, 3 months ago), excluding the current month, have you (or any members of your CU) purchased any materials or supplies not for any specific job?</p> <p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8</p>
	Plumbing or water heating installations and repairs	200			<p>b. If YES – What was the total cost?</p> <p>0100 \$ _____ .00</p>	
	Electrical work	210				
	Heating or air-conditioning jobs	220				
	Flooring repair or replacement, including inlaid linoleum or vinyl tile	230				
	Insulation	240				
	Roofing, gutters, or downspouts	260				
Siding	270					
Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like	280					
Masonry, brick, or stucco work	290					
Other improvements or repairs	300					
<i>Use only if unable to itemize above – Combined expenses . . .</i>	310					
8. FIELD REPRESENTATIVE INSTRUCTION – If any box marked "Yes" in item 1, 2, 3, or 4, fill section 5B.						
PRE						
		1	2	3	4	5
		Job code from part B, item 1	Property description from part B, item 2a	Property description code from part B, item 2b	Description from part B, item 3a	Total cost from part B, item 4
						\$.00
						\$.00
						\$.00
						\$.00
						\$.00

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

Part B – Job Description

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 05 50 2 ↓	7. Which of these items did it include and what was the cost of each?	OFFICE USE ONLY	Description	NOTES
JOB NUMBER		1		1	0130		
Enter the job code from part A. (For combined jobs use code 310.)		0010			Code	0140	\$.00	x ☐ Don't know
2a. On which property was the (job description) done?		Description		2	OFFICE USE ONLY	Description	
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties. An owned property number listed must match a previously reported property number in section 3A.1, column a and/or section 3B, item 1a.		0020	Property number		0150		
		97	<input type="checkbox"/> Rented sample unit		0160	\$.00	x <input type="checkbox"/> Don't know
		98	<input type="checkbox"/> Other rented unit	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?			
		99	<input type="checkbox"/> Property not owned or rented by CU	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a			
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.		Description		b. What was the total cost for all items purchased for this job in –			
FIELD REPRESENTATIVE CHECK ITEM		0030	1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction	(month, 3 months ago)? 0260 \$.00 0 <input type="checkbox"/> None			
b. Job classification – Mark (X) one.				(month, 2 months ago)? 0270 \$.00 0 <input type="checkbox"/> None			
				(last month)? 0280 \$.00 0 <input type="checkbox"/> None			
				(the current month)? 0290 \$.00 0 <input type="checkbox"/> None			
OFFICE USE ONLY – Enter detail job codes.		0040		9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job?			
				0300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a			
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.		0050	\$.00	b. What was the total cost for all items rented for this job in –			
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?		0060	1 <input type="checkbox"/> Self only – Go to item 8a 2 <input type="checkbox"/> Paid or contracted with someone else	(month, 3 months ago)? 0310 \$.00 0 <input type="checkbox"/> None			
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN –		0070	\$.00 0 <input type="checkbox"/> None	(month, 2 months ago)? 0320 \$.00 0 <input type="checkbox"/> None			
(month, 3 months ago)?		0080	\$.00 0 <input type="checkbox"/> None	(last month)? 0330 \$.00 0 <input type="checkbox"/> None			
(month, 2 months ago)?		0090	\$.00 0 <input type="checkbox"/> None	(the current month)? 0340 \$.00 0 <input type="checkbox"/> None			
(last month)?		0100	\$.00 0 <input type="checkbox"/> None	10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU?			
(the current month)?		0110	\$.00 0 <input type="checkbox"/> None – Go to item 8a	0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a			
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?				b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?			
				0370 \$.00 Percent			
6. Did the charge(s) include the cost of any appliances or equipment?		0120	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	11a. Were (Will) any of these expenses for this job (be) deducted as a business expense?			
If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. Information Booklet, page 15				0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next job			
				b. What percent was (will be) deducted?			
				0390 \$.00 Percent			

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

Part B – Job Description – Continued

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

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

Part B – Job Description – Continued

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	1 05 52 8 ↓	7. Which of these items did it include and what was the cost of each?	OFFICE USE ONLY		Description	NOTES	
JOB NUMBER		3			1				
Enter the job code from part A. (For combined jobs use code 310.)		0010			0130				
2a. On which property was the (job description) done?		Description		7.	OFFICE USE ONLY		Description		
b. Enter a property number – For owned property enter the property number from section 3. Mark (X) the appropriate box for all other properties. An owned property number listed must match a previously reported property number in section 3A.1, column a and/or section 3B, item 1a.		0020			2	0150			
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview.		Description		8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?	OFFICE USE ONLY		Description		
b. Job classification – Mark (X) one.		0030	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Maintenance and repair <input type="checkbox"/> New construction			0250			<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 9a
OFFICE USE ONLY – Enter detail job codes.		0040		8b. What was the total cost for all items purchased for this job in – (month, 3 months ago)? (month, 2 months ago)? (last month)? (the current month)?	OFFICE USE ONLY		Description		
4. What was the total cost of the job? Include all costs paid for by you (or any members of your CU) or by any non-CU member, such as insurance companies, and so forth.		0050	\$.00			0260			\$.00 <input type="checkbox"/> None
5a. Did you do all the work yourself or did you pay someone or contract with a builder to do all or part of the work?		0060	<input type="checkbox"/> Self only – Go to item 8a <input type="checkbox"/> Paid or contracted with someone else			0270			\$.00 <input type="checkbox"/> None
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)? (month, 2 months ago)? (last month)? (the current month)?		0070	\$.00 <input type="checkbox"/> None			0280			\$.00 <input type="checkbox"/> None
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED?		0110	\$.00 <input type="checkbox"/> None – Go to item 8a		0290	\$.00 <input type="checkbox"/> None			
6. Did the charge(s) include the cost of any appliances or equipment? If codes 100–130, 200–220, or 300 in item 1, ask items 6 and 7; for all other codes, go to item 8a. Information Booklet, page 15		0120	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8a	9a. Have you (or any members of your CU) RENTED any tools or equipment for doing this job? b. What was the total cost for all items rented for this job in – (month, 3 months ago)? (month, 2 months ago)? (last month)? (the current month)?	OFFICE USE ONLY		Description		
						0300			<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 10a
						0310			\$.00 <input type="checkbox"/> None
						0320			\$.00 <input type="checkbox"/> None
					0330	\$.00 <input type="checkbox"/> None			
					0340	\$.00 <input type="checkbox"/> None			
				10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU? b. What percent of the total cost was (will be) reimbursed or paid by someone outside of your CU?	OFFICE USE ONLY		Description		
						0350			<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 11a
				11a. Were (Will) any of these expenses for this job (be) deducted as a business expense? b. What percent was (will be) deducted?	OFFICE USE ONLY		Description		
						0370			.00 Percent
					0380	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to next job			
					0390	.00 Percent			

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

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

Part A – Purchase of Household Appliances

8 06 02 6 →

a			b		c	d			e	f		g			h		i		j		PRE				
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU, or for someone outside your CU?			What type did you purchase or rent? <i>Enter a brand name or a brief description of item.</i>			ENTER ITEM CODE from column a.	Was this – 1 – Purchased for own use? 2 – Rented? Go to column g. 3 – Purchased for someone outside your CU?			When did you purchase it?	What was the purchase price after any trade-in allowance?		If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?			Did this include sales tax?		Were there any extra charges for installation? <i>If "Yes" – How much?</i>		Did you purchase or rent any other...? <i>If "No" go to next item in column a.</i>		1	2	3	
Do not list any appliance previously reported in section 5B, item 7. If an appliance is reported in both section 5 and section 6, probe to verify that they are not duplicated.					PROCESSING USE ONLY		Mark (X) box			Month						YES	NO	NO			Description from column b and section 5B item 7		Month from column e		Cost from column f or column g and section 5B item 7
ITEM CODE	YES	NO					1	2	3		\$	.	\$	.	1	2	0	\$	.	YES	NO				
MICROWAVE OVEN	120																								
COOKING STOVE, RANGE, OR OVEN																									
Electric	100				0010																				
Gas	110																								
Other	130				0020																				
REFRIGERATOR	140				0030																				
HOME-FREEZER	150				0040																				
DISHWASHER																									
Built-in	160				0050																				
Portable	170				0060																				
GARBAGE DISPOSAL	180				0070																				
CLOTHES WASHER	190				0080																				
CLOTHES DRYER	200				0090																				
RANGE HOOD	210				0100																				
Combination of any of the above items	220																								
2. FIELD REPRESENTATIVE CHECK ITEM	1 06 01 3 ↓				0010																				
Mark (X) box if there are no entries recorded in columns b-j.	999				0110																				
Go to Part B					0120																				
NOTES					0130																				
					0140																				
					0150																				
					0160																				
					0170																				

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.

a				b	PROCESSING USE ONLY	c	d	e	f	g	h		i		NOTES	PRE					
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU, or for someone outside your CU?											ENTER ITEM CODE from column a.	Was this – 1 – Purchased for own use? 2 – Rented? 3 – Purchased for someone outside your CU? Mark (X) box	When did you purchase it? Month	What did it cost? (Include delivery charges, exclude installation charges.) Go to column h.		If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	Did this include sales tax? YES NO	Did you purchase or rent any other . . . ? If "No," go to next item in column a. YES NO	1	2	3
ITEM CODE	YES	NO	Description from column b																			Month from column e	Cost from column f or column g
SMALL HOUSEHOLD APPLIANCES																					
Small electrical kitchen appliances	230			0010	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Electric personal care appliances	240			0020	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Smoke detectors	250			0030	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Electric floor cleaning equipment	260			0040	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
OTHER HOUSEHOLD APPLIANCES																					
	270			0050	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
SEWING MACHINES																					
	280			0060	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
CALCULATORS																					
	590			0070	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
TELEPHONE AND ACCESSORIES																					
	660			0080	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
TELEPHONE ANSWERING DEVICES																					
	610			0090	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
TYPEWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE																					
	620			0100	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
COMPUTERS, COMPUTER SYSTEMS AND RELATED HARDWARE FOR NON-BUSINESS USE																					
	640			0110	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE																					
	650			0120	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
PHOTOGRAPHIC EQUIPMENT																					
	300			0130	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
LAWNMOWING MACHINERY AND OTHER YARD EQUIPMENT																					
	310			0140	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
TOOLS FOR HOME USE																					
Power tools	320			0150	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Non-power tools	330			0160	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
HEATING AND COOLING EQUIPMENT																					
Window air conditioners	340			0170	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Portable cooling and heating equipment	350			0180	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Use only if unable to itemize above – Combined expenses																					
	800			0190	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2. FIELD REPRESENTATIVE CHECK ITEM																					
Mark (X) box if there are no entries recorded in columns b–i.																					
	0010	999		0200	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

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

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

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

6 06 06 1 →

a				b	c	d	e	f	g	h		i		NOTES	PRE		
Information Booklet, page 18				What type did you purchase or rent? <i>Enter a brand name or a brief description of the item.</i>		PROCESSING USE ONLY	Was this – 1 – Purchased for own use? 2 – Rented? Go to column g. 3 – Purchased for someone outside your CU? <i>Mark (X) box</i>	When did you purchase it? Month	What did it cost? <i>(Include delivery charges, exclude installation charges.)</i> Go to column h.	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	Did this include sales tax? YES NO	Did you purchase or rent any other...? If "No," go to next item in column a.	YES NO	YES NO		1	2	3
ITEM CODE	YES	NO													Description from column b	Month from column e	Cost from column f or column g
TELEVISIONS, RADIO, VIDEO, SOUND EQUIPMENT (DO NOT INCLUDE PURCHASES INSTALLED IN VEHICLES)																	
Color televisions (portable and table models)	360				0010	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Month	\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Color televisions consoles and combinations of TV; large screen color TV projection equipment; color monitors and other items	370				0020	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Black and white TV's and combinations of TV's with other items	380				0030	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
VCR, video camera, video disc player, camcorder	390				0040	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Satellite dishes	670				0050	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Radio, all types	400				0060	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Tape recorders and players	420				0070	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Sound components, component systems, and compact disc sound systems	430				0080	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Other sound and video equipment, including accessories (audio/video tapes, etc. should be recorded in Section 17)	440				0090	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Use only if unable to itemize above – Combined expenses	810				0100	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
MUSICAL INSTRUMENTS, SUPPLIES AND ACCESSORIES					0110	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Piano, organ, or keyboard	450				0120	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Other	460				0130	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM					0140	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
Mark (X) box if there are no entries recorded in columns b–i.					0150	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
					0160	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
					0170	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
					0180	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
					0190	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
					0200	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				\$.00	

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

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

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

6 06 08 7 →

a				b	c	d	e	f	g	h		i		NOTES	PRE		
Information Booklet, page 19 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU, or for someone outside your CU?				What type did you purchase or rent? <i>Enter brand name or a brief description of the item.</i>		ENTER ITEM CODE from column a.	Was this – 1 – Purchased for own use? 2 – Rented? Go to column g 3 – Purchased for someone outside your CU? Mark (X) box	When did you purchase it? Month	What did it cost? (Include delivery charges, exclude installation charges.) Go to column h.	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	Did this include sales tax? YES NO	Did you purchase or rent any other . . . ? If "No," go to next item in column a. YES NO			Description from column b	1	2	3
ITEM CODE	YES	NO	PROCESSING USE ONLY												Month from column e	Month	Cost from column f or column g
SPORTS, RECREATION, AND EXERCISE EQUIPMENT																	
General sports equipment (Include here athletic shoes for sports related use, such as football, baseball, soccer, or bowling)			0010			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
470			0020			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Health and exercise equipment			0030			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
480			0040			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Camping equipment			0050			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
490			0060			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Hunting and fishing equipment			0070			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
500			0080			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Winter sports equipment			0090			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
510			0100			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Water sports equipment			0110			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
520			0120			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Outboard motors			0130			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
530			0140			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Bicycles			0150			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
540			0160			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Tricycles and battery powered riders			0170			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
550			0180			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Playground equipment			0190			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
560			0200			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Other sports and recreation equipment																	
570																	
Use only if unable to itemize above – Combined expenses																	
820																	
2. FIELD REPRESENTATIVE CHECK ITEM																	
Mark (X) box if there are no entries recorded in columns b-i.																	
1 06 07 0 ↓																	
0010 999 <input type="checkbox"/> Go to section 7																	
NOTES																	

Section 7 – HOUSEHOLD EQUIPMENT REPAIRS, SERVICE CONTRACTS, AND FURNITURE REPAIR AND REUPHOLSTERING

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list as you proceed. Read questions 1a and 1b and complete a line in part B for each item repaired or each service contract.

Part A – Screening Questions				Part B – Household Equipment Repairs and Service Contracts							5 07 02 0 →							
<p><i>Information Booklet, page 20</i></p> <p>1a. Since the 1st of (month, 3 months ago), did you (or any members of your CU) have any expenses for maintenance or repair of household equipment?</p> <p><input type="checkbox"/> Yes – Go to column 1a below <input type="checkbox"/> No</p> <p>b. Did you (or any members of your CU) have any expenses for service contracts?</p> <p><input type="checkbox"/> Yes – Go to column 1b below <input type="checkbox"/> No</p>				Repair or contract No.	a		PROCESSING USE ONLY	b		c	d	e	f		PRE			
1a. Repair or maintenance		1b. Service contracts			1 – Equipment repair			ENTER ITEM CODE from part A.	In what month was (repair done/service contract purchased)?				What was the total cost?	Did this include sales tax?		1	2	3	4
YES	NO	YES	NO	1	2	Month	YES			NO	Description from column a	Repair or service contract from column b		Month from column d	Cost from column e			
100				1	2	0010			\$	.00	1	2			\$	.00
				2	2	0020			\$	.00	1	2			\$	.00
				3	2	0030			\$	.00	1	2			\$	.00
				4	2	0040			\$	.00	1	2			\$	.00
				5	2	0050			\$	.00	1	2			\$	.00
				6	2	0060			\$	.00	1	2			\$	.00
				7	2	0070			\$	.00	1	2			\$	.00
				8	2	0080			\$	.00	1	2			\$	.00
				9	2	0090			\$	.00	1	2			\$	.00
				10	2	0100			\$	.00	1	2			\$	.00
				11	2	0110			\$	.00	1	2			\$	.00
				12	2	0120			\$	.00	1	2			\$	.00
				13	2	0130			\$	.00	1	2			\$	.00
				14	2	0140			\$	.00	1	2			\$	.00
				15	2	0150			\$	.00	1	2			\$	.00
				16	2	0160			\$	.00	1	2			\$	.00
				17	2	0170			\$	.00	1	2			\$	.00
				18	2	0180			\$	.00	1	2			\$	.00
				19	2	0190			\$	.00	1	2			\$	.00
				20	2	0200			\$	.00	1	2			\$	.00

NOTES

NOTE: As of April 2001, Section 7, Parts C and D no longer exist.

NOTES

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Read the headings (in bold print) in column a. If you get a YES response, then read the individual items within the group. Complete columns b through h as each item is reported. Enter each item on a separate line.

Part A – Purchases				5 08 01 0 →														
a				b	c	d	e		f		g		h		NOTES	PRE		
							Was this purchased for your CU or for someone outside your CU?		What was the purchase price?	Did this include sales tax?	Did you purchase any other . . . ?	1	2	3				
Information Booklet, pages 21 and 22 Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased for your CU or for someone outside your CU any of the following?				What did you purchase? <i>Enter a brief description of the item purchased.</i>	ENTER ITEM CODE from column a.	In what month did you purchase it?	1 – For use by the CU. 2 – For someone outside your CU.			YES	NO	YES	NO		Description from column b	Month from column d	Cost from column f	
ITEM CODE	YES	NO	PROCESSING USE ONLY			Month	Mark box									Month		
LIVING, FAMILY, OR RECREATION ROOM FURNITURE																		
Sofas	100						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Living room chairs	101						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Living room tables	102						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Modular wall units, shelves or cabinets	103						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Ping-pong, pool tables and other similar recreation room items	104						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Other living room, family or recreation room furniture including desks	105						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Living room furniture combinations	106						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
DINING ROOM AND KITCHEN FURNITURE																		
All dining room and kitchen furniture	110						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
BEDROOM FURNITURE																		
Mattress and springs	120						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Bedroom furniture other than mattresses and springs	121						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Combined bedroom furniture (codes 120 and 121)	122						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
INFANTS FURNITURE AND EQUIPMENT																		
Infants furniture	130						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Infants equipment	131						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
OUTDOOR FURNITURE AND EQUIPMENT																		
Patio, porch or outdoor furniture	140						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Outdoor equipment	141						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
OFFICE FURNITURE FOR HOME USE																		
All office furniture for home use. Exclude any furniture used exclusively for business	150						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Combined furniture expense. Use only if unable to itemize separately	160						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
HOUSEHOLD DECORATIVE ITEMS																		
Clocks	170						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Lamps, and other lighting fixtures	171						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Other household decorative items	173						<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$.00		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	

Section 8 - HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS - Continued

Part A - Purchases - Continued

5 08 02 8 ->

a	b	c	d	e	f	g	h	NOTES	PRE		
									1	2	3
<i>Information Booklet, pages 23 and 24</i> Have you (or any members of your CU) purchased for your CU or for someone outside your CU any of the following?	What did you purchase? <i>Enter a brief description of the item purchased.</i>	<i>ENTER ITEM CODE from column a.</i>	In what month did you purchase it?	Was this purchased for your CU or someone outside your CU?	What was the purchase price?	Did this include sales tax?	Did you purchase any other . . . ?		Description from column b	Month from column d	Cost from column f
			Month	Mark box		YES NO	YES NO			Month	
CLOSET STORAGE AND TRAVEL ITEMS											
Storage items		180									
Travel items		181									
DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE											
Plastic dinnerware		190									
China and other dinnerware		191									
Stainless, silver, and other flatware		192	0010								\$.00
Glassware		193	0020								\$.00
Serving pieces other than silver		195									
Non-electric cookware		196	0030								\$.00
<i>Use only if unable to itemize above - Combined kitchenware (Codes 190-196)</i>		197	0040								\$.00
Silver serving pieces		198									\$.00
HOUSEHOLD LINENS											
Bedroom linens		200	0050								\$.00
Bathroom linens		201	0060								\$.00
Kitchen and dining room linens		202									
Other linens		203	0070								\$.00
<i>Use only if unable to itemize above - Combined linens (Codes 200-203)</i>		204	0080								\$.00
Slipcovers, decorative pillows and cushions		205	0090								\$.00
FLOOR AND WINDOW COVERINGS											
Original wall-to-wall carpet		210	0100								\$.00
Replacement wall-to-wall carpet		211	0110								\$.00
Room size rugs and other non-permanent floor coverings, including carpet squares		212	0120								\$.00
Curtains and drapes		214	0130								\$.00
Venetian blinds, window shades, other window coverings		215	0140								\$.00
<i>Use only if unable to itemize above - Combined expenses</i>		220	0150								\$.00

NOTES

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS – Continued

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?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0010</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No –Go to item 2a	NOTES
b. If YES – What was the total expense?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0020</div> \$ _____ .00	
c. How much of the total amount was spent this month?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0030</div> \$ _____ .00	
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?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0040</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No –Go to next section	
b. If YES – What was the total expense?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0050</div> \$ _____ .00	
c. How much of the total amount was spent this month?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0060</div> \$ _____ .00	

Section 9 – CLOTHING AND SEWING MATERIALS

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

a				b		c		d		e	f	g		h		i		PRE			
Information Booklet, page 25 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?				What did you buy? Describe briefly the item purchased.		ENTER ITEM CODE from column a.		For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15		How many did you purchase? Enter number of identical items purchased.	In what month did you purchase it?	How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? If "No," go to next item in column a.		1	2	3	4
																		Description from column b	Person from column d	Month from column f	Cost from column g
Coats, jackets, and furs				100																	
Sport coats and tailored jackets				110		0010															
Suits				120		0020															
Vests				130		0030															
Sweaters and sweater sets				140		0040															
Pants, slacks, and jeans				150		0050															
Shorts and short sets Exclude all athletic shorts				160		0060															
Dresses				170		0070															
Skirts				180		0080															
Shirts, blouses, and tops				190		0090															
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.				1 09 01 7 ↓		0100															
				0010		999															
NOTES						0110															
						0120															
						0130															
						0140															
						0150															
						0160															
						0170															
						0180															

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

a				b		c		d		e	f	g		h		i		PRE														
<p>Information Booklet, page 26</p> <p>1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?</p> <table border="1"> <tr> <th>ITEM CODE</th> <th>YES</th> <th>NO</th> </tr> <tr> <td>200</td> <td></td> <td></td> </tr> <tr> <td>210</td> <td></td> <td></td> </tr> </table>				ITEM CODE	YES	NO	200			210			<p>What did you buy?</p> <p>Describe briefly the item purchased.</p>		<p>PROCESSING USE ONLY</p>		<p>ENTER ITEM CODE from column a.</p>		<p>For whom was it purchased? <i>If CU member, enter name and line number from Control Card.</i></p> <p><i>If someone outside CU, enter name and appropriate code as follows:</i></p> <p>90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15</p>		<p>How many did you purchase?</p> <p><i>Enter number of identical items purchased.</i></p>	<p>In what month did you purchase it?</p>	<p>How much did it cost?</p>		<p>Did this include sales tax?</p>		<p>Did you purchase any other . . . ?</p> <p><i>If "No," go to next item in column a.</i></p>		<p>1</p> <p>Description from column b</p>	<p>2</p> <p>Person from column d</p>	<p>3</p> <p>Month from column f</p>	<p>4</p> <p>Cost from column g</p>
				ITEM CODE	YES	NO																										
200																																
210																																
Name		Line No. or code	Month	YES	NO	YES	NO	Name	Month																							
Undergarments						0010						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
Hosiery						0020						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0030						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
2. FIELD REPRESENTATIVE CHECK ITEM				1 09 03 3 ↓		0040						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
<p>Mark (X) box if there are no entries recorded in columns b–i.</p> <p>0010 999 <input type="checkbox"/> Go to next page</p>						0050						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0060						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
NOTES						0070						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0080						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0090						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0100						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0110						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0120						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0130						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0140						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0150						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0160						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0170						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											
						0180						\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00											

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part A – Clothing – Continued				6 09 06 5 →																	
a				b	c	d		e	f		g		h		i		PRE				
																	1	2	3	4	
Information Booklet, page 26 1. Have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?				What did you buy? Describe briefly the item purchased.	ENTER ITEM CODE from column a.	For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15		How many did you purchase? Enter number of identical items purchased.	In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? If "No," go to next item in column a.		Description from column b	Person from column d	Month from column f	Cost from column g	
ITEM CODE	YES	NO	PROCESSING USE ONLY			Name	Line No. or code		Month	YES	NO	YES	NO	Name	Month						
Nightwear and loungewear	220										\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Accessories	230										\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Active sportswear	240										\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Uniforms, for which the cost is not reimbursed	250				0010						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Costumes	260				0020						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Combined clothing – This should be used only if the respondent cannot itemize clothing purchases. Specify (in the Notes) the types of clothing combined	270				0030						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Footwear (Include here athletic shoes not specifically purchased for sports related use.)	280				0040						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
2. Have you (or any members of your CU) purchased any other clothing which you have not previously mentioned? Do not include infants clothing. If YES – probe and assign an item code.					0050						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0060						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0070						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0080						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0090						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0100						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0110						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0120						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.	1 09 05 8 ↓				0130						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
NOTES					0140						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0150						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0160						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0170						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0180						\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$.00

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

Part A – Clothing – Continued

6 09 07 3 →

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

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part B – Infants Clothing, Watches, Jewelry, and Hairpieces				6 09 12 3 →																	
a			b		c	d		e	f	g	h		i		PRE						
1a. Have you (or any members of your CU) purchased clothing for infants under 2 years of age either for members of your CU or for someone outside your CU? Such as – Coats, jackets, or snowsuits Dresses and other outerwear Underwear and diapers, including disposable Sleeping garments Layettes Accessories Combined clothing for infants – This should be used only if the respondent cannot itemize clothing purchases. Specify (in the Notes) the types of clothing combined. b. Have you (or any members of your CU) purchased any other infants clothing which you have not previously mentioned? If YES – probe and assign an item code.			What did you buy? <i>Describe briefly the item purchased.</i>			ENTER ITEM CODE from column a.	Was this purchased for your CU or for someone outside of your CU? CU member | Non-CU member				How many did you purchase? <i>Enter number of identical items purchased.</i>	In what month did you purchase it? Month	How much did it cost? \$ | .00	Did this include sales tax? YES | NO		Did you purchase any other...? <i>If "No," go to next item in column a.</i>		1	2	3	
ITEM CODE	YES	NO	PROCESSING USE ONLY					1 <input type="checkbox"/>	2 <input type="checkbox"/>							1 <input type="checkbox"/>	2 <input type="checkbox"/>				
290						0010															
300			0020				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
310			0030				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
320			0040				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
330			0050				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
340			0060				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
			0070				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
			0080				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
			0090				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
			0100				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
			0110				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
			0120				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
			0130				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
370			0140				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
380			0150				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
390			0160				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
			0170				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
			0180				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>							\$.00	
2. Have you (or any members of your CU) purchased any of the following items, either for members of your CU or for someone outside your CU? Watches Jewelry Hairpieces, wigs, or toupees																					
3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.			1 09 11 6 ↓ 0010 999 <input type="checkbox"/> Go to part C																		

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

Part B – Infants Clothing, Watches, Jewelry, and Hairpieces – Continued 6 09 13 1 →

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

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

a				b		c	d		e	f		g		h		PRE				
1. Have you (or any members of your CU) purchased any sewing materials, either for members of your CU or for someone outside your CU? <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 2 If YES, read the list of individual items below. Complete columns b–h for each item purchased. Were these – Sewing materials for making slipcovers, curtains, etc., and for handwork in the home including yarn? 400 Sewing materials for making clothes? 410 Sewing notions? 420 Other sewing materials? 430 Use only if unable to itemize separately – Combined sewing materials 440 2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–h. 0010 999 <input type="checkbox"/> Go to part D				What did you buy? Describe briefly the item purchased.			PROCESSING USE ONLY	ENTER ITEM CODE from column a.		Was this purchased for your CU or for someone outside of your CU? CU member Non-CU member		Month	How much did it cost?	Did this include sales tax?		Did you purchase any other ...? If "No," go to next item in column a.		1	2	3
										YES	NO	YES	NO	Description from column b	Month from column e	Cost from column f				
						0010		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0020		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0030		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0040		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0050		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0060		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0070		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0080		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0090		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
NOTES						0100		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0110		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0120		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0130		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0140		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0150		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0160		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0170		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0180		1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

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

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

Section 10 – RENTED AND LEASED VEHICLES

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

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

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

Section 10 – RENTED AND LEASED VEHICLES – Continued

FIELD REPRESENTATIVE – Ask item 7 for all respondents.

Part A.1 – Screening Questions – Continued

7a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) begun leasing any automobile or truck not used ENTIRELY for business?

1 10 11 4 ↓

0010 1 Yes 2 No – Go to section 11

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

VEHICLE CODE

0020 0030 0040 0050 0060 0070 0080 0090 0100 0110

FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased vehicle.

NOTES

Section 10 – RENTED AND LEASED VEHICLES – Continued

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 – Screening Questions – FOR NEW CONSUMER UNITS ONLY

Information Booklet, page 28 1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles. <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.					PROCESSING USE ONLY	1 10 12 2 ↓	1 10 13 0 ↓	1 10 14 8 ↓	1 10 15 5 ↓
					VEHICLE NUMBER	1	2	3	4
1a. Describe briefly the type of vehicle rented, such as "auto" or "boat."					Description	Description	Description	Description	
b. Enter vehicle code from item 1b.					[0010] Code	[0010] Code	[0010] Code	[0010] Code	
3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?					[0030] 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	[0030] 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	[0030] 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	[0030] 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	
4. Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle? If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.					[0080] \$ _____ .00	[0080] \$ _____ .00	[0080] \$ _____ .00	[0080] \$ _____ .00	
5a. Were (Will) any of the rental expenses (be) deducted as business expenses, reimbursed, or paid by someone else?					[0130] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	[0130] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	[0130] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	[0130] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	
b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.					[0140] _____ .00 Percent	[0140] _____ .00 Percent	[0140] _____ .00 Percent	[0140] _____ .00 Percent	
					LEASED VEHICLES	1 10 20 5 ↓	NOTES		
6a. 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?					[0010] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to section 11				
b. If YES – What kind of vehicle was it? Enter vehicle code					[0020] [][] [][]	[0030] [][] [][]			
					[0040] [][] [][]	[0050] [][] [][]			
Automobile					[0060] [][] [][]	[0070] [][] [][]			
Truck, including vans					[0080] [][] [][]	[0090] [][] [][]			
					[0100] [][] [][]	[0110] [][] [][]			
					[0120] [][] [][]	[0130] [][] [][]			
FIELD REPRESENTATIVE INSTRUCTION Complete part B on next page for each leased vehicle.									
Automobile	100								
Truck, including vans	110								
Motorized camper-coach	120								
Trailer-type camper	130								
Other attachable-type camper	140								
Motorcycle, motor scooter, or moped (motorized bicycle)	150								
Boat, with a motor	160								
Boat, without a motor	170								
Trailer, other than camper type, such as for a boat or cycle	180								
Private plane	190								
Any other vehicle	200								
NOTES									
NOTES									
NOTES									

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles

	PROCESSING USE ONLY	1 10 21 3 ↓		NOTES
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.	a. VEHICLE NUMBER	0010	Number	
	b. VEHICLE CODE	0020	Code	
	2. What is the year, make, and model? Year: [0030] [][][][][] Make: [][][] Model: [][][][] OFFICE USE ONLY: [0040] [][][][][] Enter auto code			
3. How many cylinders does it have?	0050		Cylinders <input type="checkbox"/> No cylinders (rotary, turbine or electric)	
4. Does it have –			Yes No	
a. Automatic transmission?	0060		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
b. Power steering?	0070		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
c. Power brakes?	0080		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
d. Air conditioning?	0090		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
e. Sun roof?	0100		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
f. Turbo charged engine?	0110		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
g. Diesel engine?	0120		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
h. Four wheel drive?	0121		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
5a. How many doors does it have? <i>(Ask for vehicle code 100)</i>	0122		Doors	
b. Is it a . . . ?	0123		<input type="checkbox"/> Station wagon? <input type="checkbox"/> Convertible? <input type="checkbox"/> Hatchback? <input type="checkbox"/> Other?	
6a. Is it used for business?	0130		<input type="checkbox"/> Yes, used for business <input type="checkbox"/> Personal use only – Go to item 7	
b. If used for business – What percent of the mileage is counted as a business expense?	0140		Percent } <i>If 100%, delete this vehicle and go to next vehicle.</i>	
7. How many miles are currently on the vehicle?	0150		Miles <i>(Enter to nearest whole mile)</i>	
8. Was it new or used when first leased?	0160		<input type="checkbox"/> New <input type="checkbox"/> Used	
9. Was this vehicle leased from a –	0170		<input type="checkbox"/> New or used vehicle dealer? <input type="checkbox"/> Independent leasing company? <input type="checkbox"/> Bank? <input type="checkbox"/> Someplace else? – Specify ↘	
10a. What was the number of payments contracted for?	0190		Payments	
b. In what month and year was the first payment made?	0200	0210	Month: [][] Year: [][][][]	
c. What is the amount of each payment?	0220		\$ [][][] .00	
d. What period is covered by each payment?	0230		<input type="checkbox"/> Week <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Month <input type="checkbox"/> Other – Specify ↘ <input type="checkbox"/> Quarter	
e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't know } Go to item 11	
f. If YES – How much of the payment is for these extra charges?	0250		\$ [][][] .00 <input checked="" type="checkbox"/> Don't know	
11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260		<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No	
	0270		\$ [][][] .00	
12. Was a trade-in allowance received?	0280		<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No	
	0290		\$ [][][] .00	
13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300		<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No – Go to item 14a	
	0310		\$ [][][] .00	
b. Was any portion of the cash down payment paid by an employer?	0320		<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No	
	0330		\$ [][][] .00	
14a. Do you still have this vehicle?	0340		<input type="checkbox"/> Yes – Go to next vehicle or section 11 <input type="checkbox"/> No	
b. In what month was the lease terminated?	0350		Month: [][]	
c. Were any fees incurred at the termination of the lease?	0360		<input type="checkbox"/> Yes – If YES – How much? ↘ <input type="checkbox"/> No – Go to next vehicle or section 11	
	0370		\$ [][][] .00	

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles – Continued

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

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles – Continued

	PROCESSING USE ONLY	1 10 27 0 ↓		NOTES
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.				
	a. VEHICLE NUMBER	0010	Number	
	b. VEHICLE CODE	0020	Code	
2. What is the year, make, and model?		0030	Year Make Model	
	OFFICE USE ONLY <i>Enter auto code</i>	0040		
3. How many cylinders does it have?		0050	Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)	
4. Does it have –			Yes No	
a. Automatic transmission?	0060		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
b. Power steering?	0070		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
c. Power brakes?	0080		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
d. Air conditioning?	0090		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
e. Sun roof?	0100		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
f. Turbo charged engine?	0110		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
g. Diesel engine?	0120		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
h. Four wheel drive?	0121		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
<i>(Ask for vehicle code 100)</i>				
5a. How many doors does it have?		0122	Doors	
b. Is it a . . . ?	0123		1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?	
6a. Is it used for business?	0130		1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – <i>Go to item 7</i>	
b. If used for business – What percent of the mileage is counted as a business expense?	0140		Percent } <i>If 100%, delete this vehicle and go to next vehicle.</i>	
7. How many miles are currently on the vehicle?	0150		Miles <i>(Enter to nearest whole mile)</i>	
8. Was it new or used when first leased?	0160		1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	
9. Was this vehicle leased from a –	0170		1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – <i>Specify</i> ↘	
10a. What was the number of payments contracted for?	0190		Payments	
b. In what month and year was the first payment made?	0200	0210	Month Year	
c. What is the amount of each payment?	0220		\$.00	
d. What period is covered by each payment?	0230		1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – <i>Specify</i> ↘ 4 <input type="checkbox"/> Quarter	
e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } <i>Go to item 11</i>	
f. If YES – How much of the payment is for these extra charges?	0250		\$.00 x <input type="checkbox"/> Don't know	
11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260		1 <input type="checkbox"/> Yes – <i>If YES – How much?</i> ↘ 2 <input type="checkbox"/> No	
	0270		\$.00	
12. Was a trade-in allowance received?	0280		1 <input type="checkbox"/> Yes – <i>If YES – How much?</i> ↘ 2 <input type="checkbox"/> No	
	0290		\$.00	
13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300		1 <input type="checkbox"/> Yes – <i>If YES – How much?</i> ↘ 2 <input type="checkbox"/> No – <i>Go to item 14a</i>	
	0310		\$.00	
b. Was any portion of the cash down payment paid by an employer?	0320		1 <input type="checkbox"/> Yes – <i>If YES – How much?</i> ↘ 2 <input type="checkbox"/> No	
	0330		\$.00	
14a. Do you still have this vehicle?	0340		1 <input type="checkbox"/> Yes – <i>Go to next vehicle or section 11</i> 2 <input type="checkbox"/> No	
b. In what month was the lease terminated?	0350		Month	
c. Were any fees incurred at the termination of the lease?	0360		1 <input type="checkbox"/> Yes – <i>If YES – How much?</i> ↘ 2 <input type="checkbox"/> No – <i>Go to next vehicle or section 11</i>	
	0370		\$.00	

FIELD REPRESENTATIVE – Ask part A.1 questions 1 and 2. Complete part B for each newly acquired vehicle. Complete part C for each vehicle disposed of.

Section 11 – OWNED VEHICLES

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

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

1. Ask column h for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b).
For each vehicle code 100 through 120 and 150 listed which has not been disposed of, ask column i.

Information Booklet, page 28

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

111013 ↓
0010 1 Yes
2 No – Go to next part or section

b. If YES – What kind of vehicle was it?
Enter vehicle code from item 3 below.

0020 0030
0040 0050
0060 0070
0080 0090
0100 0110

3. FIELD REPRESENTATIVE INSTRUCTION
Complete part B for each new vehicle.

	VEHICLE CODE
Automobile	100
Truck, including vans	110
Motorized camper-coach	120
Trailer type camper	130
Other attachable type camper	140
Motorcycle, motor scooter, or moped (motorized bicycle)	150
Boat, purchased with a motor	160
Boat, purchased without a motor	170
Trailer other than camper type, such as for a boat or cycle	180
Private plane	190
Any other vehicle (snowmobile, dune buggy, riding golf cart, etc.)	200

NOTES

4 11 00 9 →

OWNED VEHICLE INVENTORY CHART

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

Section 11 – OWNED VEHICLES – Continued

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

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

1 11 02 1 ↘

<i>Information Booklet, page 28</i>	VEHICLE CODE	YES	NO	If YES – How many?
1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?				
a. Automobile	100	<input type="checkbox"/> 0010	<input type="checkbox"/> 0020	<input type="checkbox"/> 0020
b. Truck, including vans	110	<input type="checkbox"/> 0030	<input type="checkbox"/> 0040	<input type="checkbox"/> 0040
c. Motorized camper-coach	120	<input type="checkbox"/> 0050	<input type="checkbox"/> 0060	<input type="checkbox"/> 0060
d. Trailer type camper	130	<input type="checkbox"/> 0070	<input type="checkbox"/> 0080	<input type="checkbox"/> 0080
e. Other attachable type camper	140	<input type="checkbox"/> 0090	<input type="checkbox"/> 0100	<input type="checkbox"/> 0100
f. Motorcycle, motor scooter, or moped (motorized bicycle)	150	<input type="checkbox"/> 0110	<input type="checkbox"/> 0120	<input type="checkbox"/> 0120
g. Boat, purchased with a motor	160	<input type="checkbox"/> 0130	<input type="checkbox"/> 0140	<input type="checkbox"/> 0140
h. Boat, purchased without a motor	170	<input type="checkbox"/> 0150	<input type="checkbox"/> 0160	<input type="checkbox"/> 0160
i. Trailer other than camper type, such as for a boat or cycle	180	<input type="checkbox"/> 0170	<input type="checkbox"/> 0180	<input type="checkbox"/> 0180
j. Private plane	190	<input type="checkbox"/> 0190	<input type="checkbox"/> 0200	<input type="checkbox"/> 0200
k. Any other vehicle	200	<input type="checkbox"/> 0210	<input type="checkbox"/> 0220	<input type="checkbox"/> 0220

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.

NOTES

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 and 2c
 0230 2 No – Go to item 3a

b. If YES – How many?
 0240 _____ Number

c. What kind of vehicle(s) did you purchase?
 Enter a separate code for each vehicle.

<input type="checkbox"/> 0250	<input type="checkbox"/> 0260	<input type="checkbox"/> 0270
<input type="checkbox"/> 0280	<input type="checkbox"/> 0290	<input type="checkbox"/> 0300
<input type="checkbox"/> 0310	<input type="checkbox"/> 0320	<input type="checkbox"/> 0330

3a. 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 and 3c
 0340 2 No – Go to item 4

b. If YES – How many?
 0350 _____ Number

c. What kind of vehicle(s) did you dispose of?
 Enter a separate code for each vehicle.

<input type="checkbox"/> 0360	<input type="checkbox"/> 0370	<input type="checkbox"/> 0380
<input type="checkbox"/> 0390	<input type="checkbox"/> 0400	<input type="checkbox"/> 0410
<input type="checkbox"/> 0420	<input type="checkbox"/> 0430	<input type="checkbox"/> 0440
<input type="checkbox"/> 0450	<input type="checkbox"/> 0460	<input type="checkbox"/> 0470

Section 11 - OWNED VEHICLES - Continued

Part B - Detailed Questions

1. FIELD REPRESENTATIVE ITEM a. New CU's - Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews - Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY 1 11 03 9 ↓	11. In what month and year was it purchased? Month: [0190] [] [] Year: [0200] [] [] [] []
2. Briefly describe the (vehicle). Do not ask for vehicle codes 100 or 110.		a. VEHICLE NUMBER [0010] _____ Number b. VEHICLE CODE [0020] [] [] [] Code	12a. Was any portion of the purchase price financed? [0210] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.
3. What is the year, make, and model? Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).		Description Year: [0030] [] [] [] 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? [0220] 1 <input type="checkbox"/> Paid off - If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments
4. How many cylinders does it have?		OFFICE USE ONLY Enter auto code [0040] [] [] []	13a. Was a trade-in allowance received? [0230] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c
5. Does it have - a. Automatic transmission? [0060] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Power steering? [0070] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. Power brakes? [0080] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No d. Air conditioning? [0090] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No e. Sun roof? [0100] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. Turbo charged engine? [0110] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No g. Diesel engine? [0120] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No h. Four wheel drive? [0121] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	b. If YES - How much? [0240] \$ _____ .00
6a. How many doors does it have? [0122] _____ Doors b. Is it a ...? [0123] 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	c. What was the amount paid for it after trade-in allowance and discount? [0250] \$ _____ .00
7a. Is it used for business? [0130] 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only - Go to item 8 b. If used for business - What percent of the mileage is counted as a business expense? [0140] _____ Percent { If 100%, delete this vehicle and go to next vehicle.		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	d. Did this price include sales tax? [0260] 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No
8. Was it new or used when acquired? [0150] 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	e. Was any of the amount or price paid by an employer? [0270] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14
9. Was this vehicle purchased from - [0160] 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? - Specify _____		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	f. If YES - How much? [0280] \$ _____ .00
10a. Was this vehicle - [0170] 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? - Go to item 11 3 <input type="checkbox"/> Received as gift? b. How many miles are currently on the vehicle? [0180] _____ Miles - If item 10a is code 3, stop and go to next vehicle.		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	14. What was the amount of the cash down payment? [0290] \$ _____ .00
11. In what month and year was it purchased? [0190] [] [] Year: [0200] [] [] [] []		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	15a. What was the source of credit? [0300] 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Credit Union
12a. Was any portion of the purchase price financed? [0210] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	b. Was this a home equity loan? [0305] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13a. Was a trade-in allowance received? [0230] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	c. How much was borrowed, excluding any interest? [0310] \$ _____ .00
14. What was the amount of the cash down payment? [0290] \$ _____ .00		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	d. What was the number of payments contracted for? [0320] _____ Payments
15a. What was the source of credit? [0300] 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Credit Union		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	e. In what month and year was the first payment made? [0330] Month: [] [] Year: [0340] [] [] [] []
15b. Was this a home equity loan? [0305] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	f. What is the amount of each payment? [0350] \$ _____ .00
15c. How much was borrowed, excluding any interest? [0310] \$ _____ .00		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	g. What period is covered by each payment? [0360] 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Quarter
15d. What was the number of payments contracted for? [0320] _____ Payments		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? [0370] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part or section x <input type="checkbox"/> Don't know
15e. In what month and year was the first payment made? [0330] Month: [] [] Year: [0340] [] [] [] []		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	i. If YES - How much of the payment is for these extra charges? [0380] \$ _____ .00 x <input type="checkbox"/> Don't know
15f. What is the amount of each payment? [0350] \$ _____ .00		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	
15g. What period is covered by each payment? [0360] 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Quarter		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	
15h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? [0370] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part or section x <input type="checkbox"/> Don't know		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	
15i. If YES - How much of the payment is for these extra charges? [0380] \$ _____ .00 x <input type="checkbox"/> Don't know		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

<p>1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p>1 11 04 7 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>Month: [0190] [] [] Year: [0200] [] [] [] []</p>
<p>2. Briefly describe the (vehicle). <i>Do not ask for vehicle codes 100 or 110.</i></p>	<p>a. VEHICLE NUMBER [0010] _____ Number</p> <p>b. VEHICLE CODE [0020] [] [] [] Code</p>	<p>Description</p> <p>Year: [0030] [] [] [] [] Make: _____ Model: _____</p>	<p>12a. Was any portion of the purchase price financed? [0210] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p> <p>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made? [0220] 1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments</p>
<p>3. What is the year, make, and model? <i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>	<p>OFFICE USE ONLY Enter auto code [0040] [] [] [] []</p>	<p>13a. Was a trade-in allowance received? [0230] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c</p> <p>b. If YES – How much? [0240] \$ _____ .00</p> <p>c. What was the amount paid for it after trade-in allowance and discount? [0250] \$ _____ .00</p> <p>d. Did this price include sales tax? [0260] 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p> <p>e. Was any of the amount or price paid by an employer? [0270] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>f. If YES – How much? [0280] \$ _____ .00</p>	<p>14. What was the amount of the cash down payment? [0290] \$ _____ .00</p> <p>15a. What was the source of credit? [0300] 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Credit Union</p> <p>b. Was this a home equity loan? [0305] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c. How much was borrowed, excluding any interest? [0310] \$ _____ .00</p> <p>d. What was the number of payments contracted for? [0320] _____ Payments</p> <p>e. In what month and year was the first payment made? [0330] Month: [] [] Year: [0340] [] [] [] []</p> <p>f. What is the amount of each payment? [0350] \$ _____ .00</p> <p>g. What period is covered by each payment? [0360] 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter</p> <p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? [0370] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part x <input type="checkbox"/> Don't know } or section</p> <p>i. If YES – How much of the payment is for these extra charges? [0380] \$ _____ .00 x <input type="checkbox"/> Don't know</p>
<p>4. How many cylinders does it have? [0050] _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>	<p>Yes No</p> <p>a. Automatic transmission? [0060] 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>b. Power steering? [0070] 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>c. Power brakes? [0080] 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>d. Air conditioning? [0090] 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>e. Sun roof? [0100] 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>f. Turbo charged engine? [0110] 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>g. Diesel engine? [0120] 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>h. Four wheel drive? [0121] 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>6a. How many doors does it have? [0122] _____ Doors</p> <p>b. Is it a . . . ? [0123] 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p> <p>7a. Is it used for business? [0130] 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8</p> <p>b. If used for business – What percent of the mileage is counted as a business expense? [0140] _____ Percent { If 100%, delete this vehicle and go to next vehicle.</p> <p>8. Was it new or used when acquired? [0150] 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p> <p>9. Was this vehicle purchased from – [0160] 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____</p> <p>10a. Was this vehicle – [0170] 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?</p> <p>b. How many miles are currently on the vehicle? [0180] _____ Miles – If item 10a is code 3, stop and go to next vehicle.</p>	

Section 11 - OWNED VEHICLES - Continued

Part B - Detailed Questions - Continued

1. FIELD REPRESENTATIVE ITEM a. New CU's - Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews - Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY 1 11 05 4 ↓	11. In what month and year was it purchased? Month: [0190] [] [] Year: [0200] [] [] [] []
2. Briefly describe the (vehicle). Do not ask for vehicle codes 100 or 110.		a. VEHICLE NUMBER [0010] _____ Number b. VEHICLE CODE [0020] [] [] [] Code	12a. Was any portion of the purchase price financed? [0210] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.
3. What is the year, make, and model? Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).		Description Year: [0030] [] [] [] 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? [0220] 1 <input type="checkbox"/> Paid off - If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments
4. How many cylinders does it have?		OFFICE USE ONLY Enter auto code [0040] [] [] []	13a. Was a trade-in allowance received? [0230] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c
5. Does it have - a. Automatic transmission? [0060] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Power steering? [0070] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. Power brakes? [0080] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No d. Air conditioning? [0090] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No e. Sun roof? [0100] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. Turbo charged engine? [0110] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No g. Diesel engine? [0120] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No h. Four wheel drive? [0121] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	b. If YES - How much? [0240] \$ _____ .00
6a. How many doors does it have? [0122] _____ Doors b. Is it a ...? [0123] 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?		6. What is the year, make, and model? Year: [0030] [] [] [] Make: _____ Model: _____	c. What was the amount paid for it after trade-in allowance and discount? [0250] \$ _____ .00
7a. Is it used for business? [0130] 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only - Go to item 8 b. If used for business - What percent of the mileage is counted as a business expense? [0140] _____ Percent { If 100%, delete this vehicle and go to next vehicle.		7. What is the year, make, and model? Year: [0030] [] [] [] Make: _____ Model: _____	d. Did this price include sales tax? [0260] 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No
8. Was it new or used when acquired? [0150] 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used		8. Was it new or used when acquired? [0150] 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	e. Was any of the amount or price paid by an employer? [0270] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14
9. Was this vehicle purchased from - [0160] 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? - Specify _____		9. Was this vehicle purchased from - [0160] 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? - Specify _____	f. If YES - How much? [0280] \$ _____ .00
10a. Was this vehicle - [0170] 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? - Go to item 11 3 <input type="checkbox"/> Received as gift?		10a. Was this vehicle - [0170] 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? - Go to item 11 3 <input type="checkbox"/> Received as gift?	14. What was the amount of the cash down payment? [0290] \$ _____ .00
b. How many miles are currently on the vehicle? [0180] _____ Miles - If item 10a is code 3, stop and go to next vehicle.		b. How many miles are currently on the vehicle? [0180] _____ Miles - If item 10a is code 3, stop and go to next vehicle.	15a. What was the source of credit? [0300] 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Credit Union
			b. Was this a home equity loan? [0305] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
			c. How much was borrowed, excluding any interest? [0310] \$ _____ .00
			d. What was the number of payments contracted for? [0320] _____ Payments
			e. In what month and year was the first payment made? [0330] Month: [] [] Year: [0340] [] [] [] []
			f. What is the amount of each payment? [0350] \$ _____ .00
			g. What period is covered by each payment? [0360] 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Quarter
			h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? [0370] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section
			i. If YES - How much of the payment is for these extra charges? [0380] \$ _____ .00 x <input type="checkbox"/> Don't know

Section 11 - OWNED VEHICLES - Continued

Part B - Detailed Questions - Continued

<p>1. FIELD REPRESENTATIVE ITEM a. New CU's - Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews - Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.</p>	<p>PROCESSING USE ONLY</p>	<p>1 11 06 2 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>Month: [0190] [] [] Year: [0200] [] [] [] []</p>
<p>2. Briefly describe the (vehicle).</p> <p>Do not ask for vehicle codes 100 or 110.</p>	<p>a. VEHICLE NUMBER</p>	<p>[0010] _____ Number</p>	<p>12a. Was any portion of the purchase price financed?</p> <p>[0210] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p>
<p>3. What is the year, make, and model?</p> <p>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</p>	<p>b. VEHICLE CODE</p>	<p>[0020] [] [] [] Code</p>	<p>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?</p> <p>[0220] 1 <input type="checkbox"/> Paid off - If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments</p>
<p>4. How many cylinders does it have?</p>	<p>OFFICE USE ONLY Enter auto code</p>	<p>[0030] Year: [] [] [] [] [0040] Make: [] [] [] [] [0050] Model: [] [] [] []</p>	<p>13a. Was a trade-in allowance received?</p> <p>[0230] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c</p>
<p>5. Does it have -</p> <p>a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?</p>	<p>[0060] Yes No 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0070] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0080] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0090] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0100] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0110] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0120] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0121] 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>[0240] \$ _____ .00</p> <p>[0250] \$ _____ .00</p> <p>[0260] 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p> <p>[0270] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14</p> <p>[0280] \$ _____ .00</p>	
<p>6a. How many doors does it have?</p> <p>b. Is it a ...?</p>	<p>[0122] _____ Doors</p> <p>[0123] 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>	<p>[0290] \$ _____ .00</p>	<p>14. What was the amount of the cash down payment?</p> <p>Ask items 14 and 15 for credit payments only, "2" marked in item 12b.</p>
<p>7a. Is it used for business?</p> <p>b. If used for business - What percent of the mileage is counted as a business expense?</p>	<p>[0130] 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only - Go to item 8</p> <p>[0140] _____ Percent { If 100%, delete this vehicle and go to next vehicle.</p>	<p>[0300] 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Credit Union</p>	<p>15a. What was the source of credit?</p>
<p>8. Was it new or used when acquired?</p>	<p>[0150] 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>	<p>[0305] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>b. Was this a home equity loan?</p>
<p>9. Was this vehicle purchased from -</p>	<p>[0160] 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? - Specify _____</p>	<p>[0310] \$ _____ .00</p>	<p>c. How much was borrowed, excluding any interest?</p>
<p>10a. Was this vehicle -</p> <p>b. How many miles are currently on the vehicle?</p> <p>Ask for item codes 100-120 and 150 only.</p>	<p>[0170] 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? - Go to item 11 3 <input type="checkbox"/> Received as gift?</p> <p>[0180] _____ Miles - If item 10a is code 3, stop and go to next vehicle.</p>	<p>[0320] _____ Payments</p> <p>[0330] Month: [] [] Year: [0340] [] [] [] []</p> <p>[0350] \$ _____ .00</p> <p>[0360] 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Quarter</p>	<p>d. What was the number of payments contracted for?</p> <p>e. In what month and year was the first payment made?</p> <p>f. What is the amount of each payment?</p> <p>g. What period is covered by each payment?</p>
<p>11. In what month and year was it purchased?</p>	<p>[0190] [] [] [0200] [] [] [] []</p>	<p>[0370] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part or section x <input type="checkbox"/> Don't know</p>	<p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p>
<p>12a. Was any portion of the purchase price financed?</p>	<p>[0210] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p>	<p>[0380] \$ _____ .00 x <input type="checkbox"/> Don't know</p>	<p>i. If YES - How much of the payment is for these extra charges?</p>

Section 11 - OWNED VEHICLES - Continued

Part B - Detailed Questions - Continued

1. FIELD REPRESENTATIVE ITEM a. New CU's - Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews - Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY 1 11 07 0 ↓	11. In what month and year was it purchased? Month: [0190] [] [] Year: [0200] [] [] [] []
2. Briefly describe the (vehicle). Do not ask for vehicle codes 100 or 110.		a. VEHICLE NUMBER [0010] _____ Number b. VEHICLE CODE [0020] [] [] [] Code	12a. Was any portion of the purchase price financed? [0210] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.
3. What is the year, make, and model? Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).		Description Year: [0030] [] [] [] 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? [0220] 1 <input type="checkbox"/> Paid off - If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments
4. How many cylinders does it have?		OFFICE USE ONLY Enter auto code [0040] [] [] []	13a. Was a trade-in allowance received? [0230] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 13c
5. Does it have - a. Automatic transmission? [0060] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Power steering? [0070] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. Power brakes? [0080] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No d. Air conditioning? [0090] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No e. Sun roof? [0100] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. Turbo charged engine? [0110] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No g. Diesel engine? [0120] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No h. Four wheel drive? [0121] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		[0050] _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)	b. If YES - How much? [0240] \$ _____ .00
6a. How many doors does it have? [0122] _____ Doors b. Is it a ...? [0123] 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?			c. What was the amount paid for it after trade-in allowance and discount? [0250] \$ _____ .00
7a. Is it used for business? [0130] 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only - Go to item 8 b. If used for business - What percent of the mileage is counted as a business expense? [0140] _____ Percent { If 100%, delete this vehicle and go to next vehicle.			d. Did this price include sales tax? [0260] 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No
8. Was it new or used when acquired? [0150] 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used			e. Was any of the amount or price paid by an employer? [0270] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14
9. Was this vehicle purchased from - [0160] 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? - Specify _____			f. If YES - How much? [0280] \$ _____ .00
10a. Was this vehicle - [0170] 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? - Go to item 11 3 <input type="checkbox"/> Received as gift?			14. What was the amount of the cash down payment? [0290] \$ _____ .00
b. How many miles are currently on the vehicle? [0180] _____ Miles - If item 10a is code 3, stop and go to next vehicle.			15a. What was the source of credit? [0300] 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Credit Union
			b. Was this a home equity loan? [0305] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
			c. How much was borrowed, excluding any interest? [0310] \$ _____ .00
			d. What was the number of payments contracted for? [0320] _____ Payments
			e. In what month and year was the first payment made? [0330] Month: [] [] Year: [0340] [] [] [] []
			f. What is the amount of each payment? [0350] \$ _____ .00
			g. What period is covered by each payment? [0360] 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other - Specify _____ 4 <input type="checkbox"/> Quarter
			h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance? [0370] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part or section x <input type="checkbox"/> Don't know
			i. If YES - How much of the payment is for these extra charges? [0380] \$ _____ .00 x <input type="checkbox"/> Don't know

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

<p>1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 08 8 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>0190 <input type="text"/> <input type="text"/> 0200 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>2. Briefly describe the (vehicle).</p> <p><i>Do not ask for vehicle codes 100 or 110.</i></p>	<p>a. VEHICLE NUMBER 0010 _____ Number</p> <p>b. VEHICLE CODE 0020 <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>Description</p>	<p>12a. Was any portion of the purchase price financed?</p> <p>0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p>
<p>3. What is the year, make, and model?</p> <p><i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>	<p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make _____ Model _____</p>	<p>0030</p>	<p>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?</p> <p>0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments</p>
<p>4. How many cylinders does it have?</p>	<p>0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>	<p>0040</p>	<p>13a. Was a trade-in allowance received?</p> <p>0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c</p>
<p>5. Does it have –</p> <p>a. Automatic transmission? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Power steering? 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c. Power brakes? 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>d. Air conditioning? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>e. Sun roof? 0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>f. Turbo charged engine? 0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>g. Diesel engine? 0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>h. Four wheel drive? 0121 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>OFFICE USE ONLY Enter auto code</p>	<p>0040</p>	<p>b. If YES – How much?</p> <p>0240 \$ _____ .00</p>
<p>6a. How many doors does it have?</p> <p>0122 _____ Doors</p>	<p>b. Is it a . . . ?</p> <p>0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>	<p>0050</p>	<p>c. What was the amount paid for it after trade-in allowance and discount?</p> <p>0250 \$ _____ .00</p>
<p>7a. Is it used for business?</p> <p>0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8</p>	<p>b. If used for business – What percent of the mileage is counted as a business expense?</p> <p>0140 _____ Percent <i>{ If 100%, delete this vehicle and go to next vehicle. }</i></p>	<p>0060</p>	<p>d. Did this price include sales tax?</p> <p>0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p>
<p>8. Was it new or used when acquired?</p> <p>0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>	<p>9. Was this vehicle purchased from –</p> <p>0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____</p>	<p>0070</p>	<p>e. Was any of the amount or price paid by an employer?</p> <p>0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p>
<p>10a. Was this vehicle –</p> <p>0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?</p>	<p>b. How many miles are currently on the vehicle?</p> <p>0180 _____ Miles – If item 10a is code 3, stop and go to next vehicle.</p>	<p>0080</p>	<p>f. If YES – How much?</p> <p>0280 \$ _____ .00</p>
<p>11. In what month and year was it purchased?</p> <p>0190 <input type="text"/> <input type="text"/> 0200 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>12a. Was any portion of the purchase price financed?</p> <p>0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p>	<p>13a. Was a trade-in allowance received?</p> <p>0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c</p>	<p>14. What was the amount of the cash down payment?</p> <p>0290 \$ _____ .00</p>
<p>15a. What was the source of credit?</p> <p>0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Credit Union</p>	<p>b. Was this a home equity loan?</p> <p>0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>c. How much was borrowed, excluding any interest?</p> <p>0310 \$ _____ .00</p>	<p>d. What was the number of payments contracted for?</p> <p>0320 _____ Payments</p>
<p>e. In what month and year was the first payment made?</p> <p>0330 <input type="text"/> <input type="text"/> 0340 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>f. What is the amount of each payment?</p> <p>0350 \$ _____ .00</p>	<p>g. What period is covered by each payment?</p> <p>0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter</p>	<p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part or section x <input type="checkbox"/> Don't know</p>
<p>i. If YES – How much of the payment is for these extra charges?</p> <p>0380 \$ _____ .00 x <input type="checkbox"/> Don't know</p>			

Section 11 – OWNED VEHICLES – Continued

Part C – Disposed of Vehicles

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

NOTES

Section 11 – OWNED VEHICLES – Continued

Part C – Disposed of Vehicles – Continued

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

NOTES

Section 12 – VEHICLE OPERATING EXPENSES

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

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

8 12 02 4 →

a				PROCESSING USE ONLY	b		c		d		e		f		g		h		i		j		k		PRE										
Information Booklet, pages 29 and 30 I will now ask about expenses for vehicle services, parts, and equipment. Please do not include expenses for vehicles used entirely for business.					What was the expense for? <i>Enter a brief description.</i>	ENTER ITEM CODE from column a.		Did this expense include labor?		Which vehicle was it for? <i>Describe briefly and enter the vehicle code from the vehicle code list.</i>		In what month did you have this expense?		What was the total cost?		Did this include sales tax?		Has any of this expense or will any of it be reimbursed? <i>If "No", go to column k.</i>		IF YES – How much?		Did you have any other expenses for...? <i>If "No", go to next item in column a.</i>		Description from column b	Month from column f	Cost from column g									
								YES	NO	Description	Vehicle code	Month			YES	NO	YES	NO	YES	NO	YES	NO	\$												
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?	ITEM CODE	YES	NO	0010			1 <input type="checkbox"/>	2 <input type="checkbox"/>						\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
		Oil change, lubrication, and oil filter	100			0020			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00							
	Motor tune-up	110			0030			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Brake work	120			0040			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Battery purchases and installation	130			0050			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Tire purchases and mounting	140			0060			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Tire repair	150			0070			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Front end alignment, wheel balancing and wheel rotation	160			0080			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Steering or front-end work	170			0090			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Electrical system work	180			0100			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Engine repair or replacement	190			0120			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Air conditioning work	200			0130			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	Engine cooling system work	210			0140			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
					0150			1 <input type="checkbox"/>	2 <input type="checkbox"/>					\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00								
	NOTES																																		
2. FIELD REPRESENTATIVE CHECK ITEM		1 12 01 1 ↓		Mark (X) box if there are no entries recorded in columns b–k.		0010 999 <input type="checkbox"/> Go to next page																													

VEHICLE CODES	
Automobile	100
Truck	110
Motorized camper	120
Trailer camper	130
Other attachable-type camper	140
Motorcycle, scooter, or moped	150
Boat, with motor	160
Boat, without motor	170
Trailer, other than camper such as for boat	180
Private plane	190
Any other vehicle	200

Section 12 – VEHICLE OPERATING EXPENSES – Continued

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

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

8 12 04 0 →

a			PROCESSING USE ONLY	b	c	d		e		f	g		h		i		j	k		PRE			
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?				What was the expense for? <i>Enter a brief description.</i>	ENTER ITEM CODE from column a.	Did this expense include labor?		Which vehicle was it for? <i>Describe briefly and enter the vehicle code from the vehicle code list.</i>		In what month did you have this expense?	What was the total cost?		Did this include sales tax?		Has any of this expense or will any of it be reimbursed? <i>If "No", go to column k.</i>		IF YES – How much?	Did you have any other expenses for . . . ? <i>If "No", go to next item in column a.</i>		Description from column b	Month from column f	Cost from column g	
ITEM CODE	YES	NO				YES	NO	Description	Vehicle code	Month			YES	NO	YES	NO		YES	NO			\$	.00
Exhaust system work . . .																							
Clutch or transmission work				0010							\$	.00					\$	.00					
Body work and painting				0020							\$	.00					\$	.00					
Shock absorber replacement				0030							\$	.00					\$	.00					
Drive shaft or rear-end work				0040							\$	.00					\$	.00					
Audio equipment and installation				0050							\$	.00					\$	.00					
Vehicle accessories and customizing				0060							\$	.00					\$	.00					
Other vehicle services, parts, and equipment . . .				0070							\$	.00					\$	.00					
				0080							\$	.00					\$	.00					
<i>Use only if unable to itemize separately.</i>				0090							\$	.00					\$	.00					
<i>Combined expenses (Codes 100–370)</i>				0100							\$	.00					\$	.00					
				0110							\$	.00					\$	.00					
				0120							\$	.00					\$	.00					
				0130							\$	.00					\$	.00					
				0140							\$	.00					\$	.00					
				0150							\$	.00					\$	.00					
NOTES																							
2. FIELD REPRESENTATIVE CHECK ITEM			1 12 03 7 ↓																				
Mark (X) box if there are no entries recorded in columns b–k.			0010 999 <input type="checkbox"/> Go to Part B																				

Section 12 – VEHICLE OPERATING EXPENSES – Continued

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

a				PROCESSING USE ONLY	b Enter the item description from column a.	c ENTER ITEM CODE from column a.	d In what month did you have this expense? Month	e What was the total amount of the expense? \$	f Did you have any other expenses for...? If "No," go to next item in column a. YES | NO	PRE			NOTES
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –		ITEM CODE								1	2	3	
YES	NO	Description from column b	Month from column d							Cost from column e			
Driver's license?	400												
Vehicle inspection?	410												
State vehicle registration?	415												
Local vehicle registration?	425							\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		
Use only if unable to itemize above – Combined expenses	430							\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–f.	1 12 25 0 ↓							\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
	0010 999 <input type="checkbox"/> Go to part C							\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
NOTES								\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
								\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
								\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
								\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
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								\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
								\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
								\$.00	<input type="checkbox"/>	<input type="checkbox"/>		
								\$.00	<input type="checkbox"/>	<input type="checkbox"/>		

Section 12 – VEHICLE OPERATING EXPENSES – Continued

Part C – Other Vehicle Operating Expenses	1 12 51 6 ↓	
<p>1a. Since the 1st of (month, 3 months ago), what has been the CU's AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles?</p>	<p>0010 \$ _____ .00 0 <input type="checkbox"/> None – Go to item 2a</p>	<p>4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for –</p>
<p>b. Was any of this expense for the purchase of diesel fuel?</p>	<p>0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1d</p>	<p>a. Parking, including garage rental, metered parking, and parking lot fees, except any expenses included in property ownership costs? Do not include parking expenses that are totally reimbursed or paid entirely for business.</p>
<p>c. If YES – How much?</p>	<p>0030 \$ _____ .00</p>	<p>b. If YES – How much was paid, excluding any payments made this month?</p>
<p>d. Was any of the average monthly cost counted as a business expense?</p>	<p>0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a</p>	<p>c. Towing charges, excluding contracted or pre-paid towing charges?</p>
<p>e. How much of the (dollar amount in item 1a) was counted as a business expense?</p>	<p>0050 \$ _____ .00</p>	<p>d. If YES – How much was paid, excluding any payments made in the current month?</p>
<p>2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any oil for operating vehicles, other than oil included with the purchase of an oil change? Do not include purchases for vehicles used entirely for business.</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>	<p>e. Docking and landing fees for boats and planes?</p>
<p>b. What was the total cost?</p>	<p>0070 \$ _____ .00</p>	<p>f. If YES – How much was paid, excluding any payments made in the current month?</p>
<p>c. Was any of this purchased this month?</p>	<p>0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>	<p>5a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for auto repair service policies? Do not include service policies for vehicles used entirely for business.</p>
<p>d. If YES – How much was purchased this month?</p>	<p>0090 \$ _____ .00</p>	<p>b. If YES – How much?</p>
<p>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.</p>	<p>0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p>	<p>c. Automobile service clubs, such as AAA?</p>
<p>b. What was the total cost of these purchases?</p>	<p>0110 \$ _____ .00</p>	<p>d. If YES – How much?</p>
		<p>6a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for bottled or tank gas for recreational vehicles, including vans, campers, and boats?</p>
		<p>b. If YES – How much?</p>

NOTES

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.

Part A.1 – SCREENING QUESTIONS (For New Consumer Units, Go to Part A.2)

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

1. Complete columns i through m for each previously reported policy. Do not ask for policies previously discontinued ("Yes" box checked in column e). Also do not ask for policies for which premiums are entirely paid by someone outside of the CU ("Yes" box checked in column f).

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2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any (additional) insurance, other than health insurance?
If YES – Ask items 2b and 2c.

0010 1 Yes
2 No – Go to item 3a

b. What kind of insurance is it? Enter the insurance code from below.

Insurance code How many?
0020 **0030** _____

c. How many policies did you purchase?

0040 **0050** _____
0060 **0070** _____

Complete a column in part B for each new policy or plan.

7 13 00 8 →

NONHEALTH INSURANCE POLICY INVENTORY CHART

PROCESSING USE ONLY	a Policy number	b Insurance description from part B, item 2a	c INSURANCE CODE from part B, item 2b	d Insurance company name from part B, item 3	e Policy discontinued from part B, item 1b		f Premiums paid entirely by someone outside the CU from part B, item 6a, (codes 3 and 4)		g Payroll deduction from part B, item 6b		h Expenses reported in previous interview from part B, items 7, 8a, and 8c			i Do you still have (policy description)?		j Since the 1st of (month, 3 months ago), have you had any expense for (policy)?		k If YES – How much?	l Was any of the amount paid this month?		m If YES – How much was paid this month?				
					YES	NO	YES	NO	YES	NO	Payment period	Total paid	Amount paid this month	YES	NO	YES	NO	YES	NO	YES	NO				
0010	1											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0020	2											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0030	3											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0040	4											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0050	5											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0060	6											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0070	7											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0080	8											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0090	9											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0100	10											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0110	11											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0120	12											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0130	13											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0140	14											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00
0150	15											\$	.00	\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00

Information Booklet, page 32

3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance, other than health, for persons not in your CU?
If YES – Ask items 3b and 3c.

0080 1 Yes
2 No

b. What kind of insurance policy(ies) was it (were they)? Enter the insurance code from below.

Insurance code How many?
0090 **0100** _____
0110 **0120** _____

c. How many? Complete a column in part B for each policy reported.

0130 **0140** _____

CODES FOR INSURANCE CHART

- Life insurance or other policies which provide benefits in case of death or disability
- Automobile or other vehicle insurance
- Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –
- Homeowner's insurance
- Tenant's insurance
- Other types of nonhealth insurance

INSURANCE CODE
100
200
300
400
500

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask items 1–3 in part A.2 and then complete a column in part B for each policy reported.

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

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

FIELD REPRESENTATIVE – Combine payments if more than one policy is held through the same company for the same type of insurance (for example: automobile insurance) and for the same time period.

Part B – Detailed Questions

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

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

FIELD REPRESENTATIVE – Combine payments if more than one policy is held through the same company for the same type of insurance (for example: automobile insurance) and for the same time period.

Part B – Detailed Questions – Continued

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

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE

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

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

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

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

8 14 00 4 →

HEALTH INSURANCE POLICY INVENTORY CHART

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

1 14 01 7 ↓

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

0010 1 Yes
2 No – Go to item 3a

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

0020 _____ Number

3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?

0030 1 Yes
2 No – Go to next part

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

0040 _____ Number

4. FIELD REPRESENTATIVE INSTRUCTIONS
Complete a column in part B for each new policy reported. If "No," to items 2 and 3 – Go to part C.

NOTES

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

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

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

1 14 02 5 ↓

NOTES

<p>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.</p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a</p>
<p>b. If YES – How many policies do you have?</p>	<p>0020 _____ Number</p>
<p>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?</p>	<p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>
<p>b. If YES – How many policies?</p>	<p>0040 _____ Number</p>
<p>3a. Have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?</p>	<p>0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4</p>
<p>b. If YES – How many policies?</p>	<p>0060 _____ Number</p>
<p>4. FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each policy reported. If the policy was reported in item 2, be sure to mark the discontinued box in part B, item 1b. If "No," to items 1, 2, and 3 – Go to part C.</p>	

Section 14 - HOSPITALIZATION AND HEALTH INSURANCE - Continued

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

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

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

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

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

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

1 14 51 2 ↓

NOTES

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

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 – Go to item 3

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

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.

Section 15 – MEDICAL AND HEALTH EXPENDITURES

Part A – Screening Questions for Payments

Hand respondent Information Booklet, pages 33 and 34.
Now I am going to ask you some questions about medical payments and reimbursements. I will begin with your payments.
By payments I mean any expenses paid by any members of your CU directly to a medical provider by cash, check, or credit card for a medical service or item. Include all payments, even those for persons who are not CU members.

1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for the following?
 Read all bold items below.

Part B – Payments For Medical Expenses

4 15 02 6 →

PROCESSING USE ONLY	a ENTER ITEM CODE from part A.	b Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?	c		d Always ask – In what month was (were) the payment(s) made? Month	e What was the amount of the payment? \$.00	e		PRE							
			CU member				YES	NO	YES	NO	1 Care/service or item from column b	2 Name from column b	3 Month from column c	4 Total from column d		
			Care/service or item	Person's name											YES	NO
0010			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0020			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0030			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0040			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0050			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0060			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0070			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0080			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0090			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0100			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0110			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0120			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0130			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	NOTES							
0140			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0150			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0160			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				
0170			1 <input type="checkbox"/>	2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00				

ITEM CODE	Payments	
	YES	NO
110		
120		
130		
200		
310		
320		
330		
410		
420		
430		

2. FIELD REPRESENTATIVE CHECK ITEM
 Mark (X) box if there are no entries recorded in part B.
 1 15 01 4 ↓
 0010 999 Go to next page

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

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

Part A – Screening Questions for Payments – Continued				Part B – Payments For Medical Expenses – Continued					4 15 05 9 →		PRE					
Hand respondent Information Booklet, pages 34 and 35. 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for the following? Read all bold items below.				PROCESSING USE ONLY	a ENTER ITEM CODE from part A.	b Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?			c Always ask – In what month was (were) the payment(s) made?	d What was the amount of the payment?	e Did you make any other payment(s) for . . . ? <i>If "No," go to next item in part A.</i>		1 Care/service or item from column b	2 Name from column b	3 Month from column c	4 Total from column d
						Care/service or item	Person's name	CU member YES NO			Month	YES			NO		Month
OTHER MEDICAL CARE SERVICES, such as	ITEM CODE	Payments YES NO		0010			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
				0020			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
	Lab tests or x-rays	510			0030			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	Care in convalescent or nursing home	520			0040			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	Other medical care	530			0050			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	<i>Combined medical care services</i>	540			0060			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	MEDICINE AND MEDICAL SUPPLIES, such as				0070			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	Hearing aids	610			0080			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	Prescribed medicines or prescribed drugs	620			0090			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
	Rental of supportive or convalescent equipment	630			0100			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Purchase of supportive or convalescent equipment	640			0110			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Rental of medical or surgical equipment for general use	650			0120			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Purchase of medical or surgical equipment for general use	660			0130			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>	NOTES				
Purchase of medical or surgical equipment for general use	660			0140			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
<i>Combined medicine and medical supplies</i>	670			0150			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in part B.	1 15 04 8 ↓			0160			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
	0010 999 <input type="checkbox"/> Go to next page			0170			1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	

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.

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

Part C – Screening Questions for Reimbursements

Part D – Reimbursements For Medical Expenses

4 15 07 5 →

Hand respondent Information Booklet, pages 33 and 34.
Now I am going to ask you some questions about your reimbursements.
 By reimbursements I mean money received for any members of your CU from an insurance company, medical care provider, or non CU member, for medical expenses which you previously paid or will pay.

1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following?
 Read all bold items below.

PROCESSING USE ONLY	a ENTER ITEM CODE from part C.	b		c Always ask – In what month was (were) the reimbursement(s) received? Month	d What was the amount of the reimbursements? \$.00	e Did you receive any other reimbursement(s) for . . . ? If "No," go to next item in part C. YES NO	PRE				
		Care/service or item	Person's name				CU member YES NO	1 Care/service or item from column b	2 Name from column b	3 Month from column c Month	4 Total from column d
	0010			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0020			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0030			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0040			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0050			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0060			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0070			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0080			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0090			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0100			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0110			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0120			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0130			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0140			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0150			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0160			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
	0170			1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>				\$.00	
							NOTES				

ITEM CODE	Reimbursements	
	YES	NO
110		
120		
130		
200		
310		
320		
330		
410		
420		
430		

2. FIELD REPRESENTATIVE CHECK ITEM
 Mark (X) box if there are no entries recorded in part D.
 1 15 06 3 ↓
 0010 999 Go to next page

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 Questions for Reimbursements – Continued

Part D – Reimbursements for Medical Expenses – Continued

Hand respondent Information Booklet, pages 34 and 35.
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following?
 Read all bold items below.

ITEM CODE	Reimbursements	
	YES	NO
OTHER MEDICAL CARE SERVICES, such as		
Lab tests or x-rays	510	
Care in convalescent or nursing home	520	
Other medical care	530	
<i>Combined medical care services</i>	540	
MEDICINE AND MEDICAL SUPPLIES, such as		
Hearing aids	610	
Prescribed medicines or prescribed drugs	620	
Rental of supportive or convalescent equipment	630	
Purchase of supportive or convalescent equipment	640	
Rental of medical or surgical equipment for general use	650	
Purchase of medical or surgical equipment for general use	660	
<i>Combined medicine and medical supplies</i>	670	

2. FIELD REPRESENTATIVE CHECK ITEM
 Mark (X) box if there are no entries recorded in part D.
 1 15 08 9 ↓
 0010 999 Go to the next section

PROCESSING USE ONLY	a ENTER ITEM CODE from part C.	b			c Always ask – In what month was (were) the reimbursement(s) received? Month	d What was the amount of the reimbursements? \$.00	e		PRE					
		Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?					Did you receive any other reimbursement(s) for . . . ? If "No," go to next item in part C.	1 Care/service or item from column b	2 Name from column b	3 Month from column c	4 Total from column d			
		Care/service or item	Person's name	CU member YES NO								YES NO	Month	
	0010													
	0020													
	0030													
	0040													
	0050													
	0060													
	0070													
	0080													
	0090													
	0100													
	0110													
	0120													
	0130													
	0140													
	0150													
	0160													
	0170													

Section 16 – EDUCATIONAL EXPENSES – Continued

7 16 04 3 →

a			b	c	d		e	f	g	h		i	j		PRE				
Information Booklet, page 36.					ENTER ITEM CODE from column a.	What was the expense for? <i>Describe briefly the expense.</i>				Who was it for? <i>If CU member, enter name and line number from Control Card. If someone outside CU, enter 99.</i>			Complete without asking if information is known. What kind of school was it? 1 – College or university 2 – Elementary or high school 3 – Child day care center 4 – Nursery school or preschool 5 – Other school <i>Mark (X) box</i>	In what month was the payment made? Month	How much was paid? \$	Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person? <i>If "No," go to column j.</i>		If "Yes" in column h – How much was or will be reimbursed? \$	Did you make any other payments for...? <i>If "No," go to next item in column a.</i>		1	2	3	4
ITEM CODE	YES	NO	PROCESSING USE ONLY	Name			Line No. or code	1	2	3	4	5				YES	NO		YES	NO	Item code from column b	Name from column d	Month from column f	Cost from column g
3b. Did you pay for – (Continued)																			
Private school bus? ...	340																		
Purchase of any school books, supplies, or equipment which has not already been reported? ...	350																		
Other school related expenses not already reported? ...	360																		
<i>Use only if the respondent is unable to separate expenses.</i>																			
Combined expenses for books and tuition (Codes 300 and 350) ...	370																		
Other combined education expenses (Include any combined educational expenses not previously reported.) (Codes 100, 200, 300, 310, 320, 340–360) ...	380																		
4. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–j.</i>	1 16 03 8 ↓																		
	0010 999 <input type="checkbox"/> Go to next section	0120																	
		0130																	
		0140																	
		0150																	

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

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

Part A – Subscriptions and Memberships 4 17 02 2 →

a				PROCESSING USE ONLY	b			c		d		e		f			g			PRE			
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following for your CU or someone outside your CU?					ENTER ITEM CODE from column a.	What is the name of the (subscription, club, or organization reported in column a)?			Was this purchase for your CU or someone outside your CU?		What was the total cost during this period? (Include shipping and handling fees.)		How much of this amount was paid this month?			Did you purchase any other...?			COST				
FIELD REPRESENTATIVE – Read each item listed below.						ITEM CODE	YES	NO	Enter name such as "Daily News," "Redbook," "Columbia Record Club," and "Book of the Month Club."		1 – For CU	2 – For someone outside your CU	\$.	00	None	YES	NO	Description from column c	Item code from column b	Total from column e	This month from column f	None
Newspaper delivery				100					CU	Outside CU				None									
Books purchased from a book club				200	0010				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
Compact discs, tapes, videos, or records purchased from a mail-order club				300	0020				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
Magazine or periodical subscriptions				400	0030				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
Theater, concert, opera, or other musical series, season tickets				500	0040				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
Season tickets to sporting events				600	0050				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
Reference books NOT in sets				900	0060				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
Encyclopedias or other sets of reference books				700	0070				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0080				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0090				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0100				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0110				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0120				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0130				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0140				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0150				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0160				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0170				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
2. FIELD REPRESENTATIVE CHECK ITEM				1 17 01 0 ↓	0010				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
Mark (X) box if there are no entries recorded in columns b–g.				999					1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0190				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00
					0200				1	2	\$	.00	\$	.00	0				\$	.00	\$	.00

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

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

Part A – Subscriptions and Memberships – Continued				4 17 04 8 →																		
3. Have you (or any members of your CU) had any membership costs or other expenses related to any of the following? <i>Do not include contributions to or membership in religious, professional, business, or other tax deductible organizations.</i>	ITEM CODE	YES	NO	PROCESSING USE ONLY	b ENTER ITEM CODE from column a.	c What is the name of the (subscription, club, or organization reported in column a)? <i>Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor Club."</i>	d Was this expense for your CU or someone outside your CU?		e What was the total cost during this period?	f How much of this amount was paid this month?			g Did you purchase any other...? <i>If "No," go to next item in column a.</i>			PRE						
							1	2		3		4	Description from column c	Item code from column b	COST		None	YES	NO	Total from column e	This month from column f	None
										Total from column e					This month from column f							
Country clubs, health clubs, swimming pools, tennis clubs, social or other recreational organizations	800				0010		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
Civic, service, or fraternal organizations	810				0020		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
Credit card membership fees	820				0030		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
Shopping club memberships such as Costco and Sam's	840				0040		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0050		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
4. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–g.</i>	1 17 03 6 ↓				0060		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0070		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0080		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0090		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0100		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0110		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0120		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0130		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0140		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
					0150		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>				
				0160		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
				0170		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
				0180		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
				0190		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					
				0200		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	\$.00	0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>					

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

Part B – Books and Entertainment Expenses 1 17 26 7 ↓

<p>1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any fees for participating in sports such as tennis, golf, bowling, or swimming?</p> <p>b. What was the total expense for them?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a</p> <p>0020 \$ _____ .00</p> <p>0030 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>5a. Have any CU members bought any magazines not included in a subscription?</p> <p>b. What was the total expense for them?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p> <p>0140 \$ _____ .00</p> <p>0150 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>10a. Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?</p> <p>b. What was the total expense for them?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a</p> <p>0290 \$ _____ .00</p> <p>0300 \$ _____ .00 0 <input type="checkbox"/> None</p>
<p>2a. Have you (or any members of your CU) paid any single admissions to spectator sporting events such as football, baseball, hockey, or soccer?</p> <p>b. What was the total expense for them?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p> <p>0050 \$ _____ .00</p> <p>0060 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>6a. Have any CU members purchased single copies of newspapers (non-subscription)?</p> <p>b. What was the total expense for them?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0160 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p> <p>0170 \$ _____ .00</p> <p>0180 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>11a. Have any CU members rented any video cassettes, video tapes, or video discs?</p> <p>b. What was the total expense for them?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0310 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section</p> <p>0320 \$ _____ .00</p> <p>0330 \$ _____ .00 0 <input type="checkbox"/> None</p>
<p>3a. Have you (or any members of your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts?</p> <p>b. What was the total expense for them?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p> <p>0080 \$ _____ .00</p> <p>0090 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>7a. Have any CU members purchased compact discs, audio tapes, needles, or records other than through a mail-order club?</p> <p>b. What was the total expense for them?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a</p> <p>0200 \$ _____ .00</p> <p>0210 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p style="text-align: center;">NOTES</p>	
<p>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 school books.)</p> <p>b. What was the total expense for them?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a</p> <p>0110 \$ _____ .00</p> <p>0120 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>8a. Have any CU members purchased any photographic film?</p> <p>b. What was the total amount spent?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a</p> <p>0230 \$ _____ .00</p> <p>0240 \$ _____ .00 0 <input type="checkbox"/> None</p>		
<p>9a. Have any CU members paid for film processing?</p> <p>b. What was the total amount spent?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a</p> <p>0260 \$ _____ .00</p> <p>0270 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>9a. Have any CU members paid for film processing?</p> <p>b. What was the total amount spent?</p> <p>c. How much of the total amount was spent this month?</p>	<p>0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a</p> <p>0260 \$ _____ .00</p> <p>0270 \$ _____ .00 0 <input type="checkbox"/> None</p>		

Section 18 – TRIPS AND VACATIONS FIELD REPRESENTATIVE – Ask part A items 1–7, filling in item 8 for each trip or set of identical trips reported. Identical trips are trips taken in the SAME month to the SAME destination which are reimbursed to the SAME degree (i.e., entirely vs. partially paid for by CU).

Part A – Screening Questions		1 18 00 0 ↓	1 18 01 8 ↙																																																																								
<p>1a. Now I'm going to ask about trips and vacations. First I'd like to ask about trips taken by you (or any members of your CU) which were paid for by someone else. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips entirely paid for by anyone outside your CU, such as a business, employer, or relative?</p> <p>b. If YES – How many trips like this did you have?</p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2</p> <p>0020 _____ Trips Go to item 2</p>	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>a</th> <th>b</th> <th>c</th> <th>d</th> <th>e</th> <th>f</th> <th>g</th> <th>h</th> <th>i</th> </tr> <tr> <th>Trip not ended</th> <th>Line No.</th> <th>Trip type</th> <th>Where did you (they) go on this trip?</th> <th>In what month did this trip end?</th> <th>How many trips did you (or members of your CU) take to (destination) in (month ended)?</th> <th>Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?</th> <th>How many of these trips were paid for entirely by you (your CU)?</th> <th>How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td>FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td>City or place State Foreign country</td> <td style="text-align: center;">____ Month 0 <input type="checkbox"/> Not ended – Go to next trip</td> <td style="text-align: center;">____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td>1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td style="text-align: center;">____ Trips paid for entirely by CU – Enter trip I.D. 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<p>2. Last interview you reported _____ trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now.</p>	<p>Complete items 8e–8i for each trip checked in 8a.</p>	<p>9. TRIP TALLY CHART</p> <ul style="list-style-type: none"> For trips ENTIRELY paid for by someone outside the CU, complete one part D. For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6"></th> <th colspan="2" style="text-align: center;">PRE</th> </tr> <tr> <th colspan="6"></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> </tr> <tr> <th colspan="6"></th> <th colspan="2" style="text-align: center;">Destination</th> </tr> <tr> <th colspan="6"></th> <th colspan="2" style="text-align: center;">Month ended</th> </tr> </thead> <tbody> <tr> <th>Trip identification No.</th> <th>Trip paid for entirely by CU (from column h)</th> <th>Trip partially paid for by non-CU members (from column i)</th> <th>Trip identification No.</th> <th>Trip paid for entirely by CU (from column h)</th> <th>Trip partially paid for by non-CU members (from column i)</th> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">5</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">6</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">7</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">8</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> </tbody> </table>								PRE								1	2							Destination								Month ended		Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)			1	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	5	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			2	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	6	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			3	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	7	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			4	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	8	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C		
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<p>3a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer to visit relatives or friends?</p> <p>b. If YES – How many trips were taken to visit relatives or friends?</p>	<p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p> <p>0040 _____ Trips Ask items 8c–8i for each trip reported</p>	<p>7a. Now let's talk about times when you (or any members of your CU) did not stay away overnight, but went somewhere at least 75 miles away from home. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that?</p> <p>b. If YES – How many such trips were taken?</p>		<p>0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a</p> <p>0060 _____ Trips Ask items 8c–8i for each trip reported</p> <p>0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p> <p>0080 _____ Trips Ask items 8c–8i for each trip reported</p> <p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p> <p>0100 _____ Trips Ask items 8c–8i for each trip reported</p> <p>0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9</p> <p>0120 _____ Trips Ask items 8c–8i for each trip reported</p>																																																																							

Section 18 – TRIPS AND VACATIONS – Continued

Part A – Screening Questions – Continued

1 18 01 8 ↓ ↗

NOTES

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

a	b	c	d	e	f	g	h	i
Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?
<input type="checkbox"/>	5	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<input type="checkbox"/> <input type="checkbox"/> Month 0 <input type="checkbox"/> Not ended – Go to next trip	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	_____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. _____ Trip identification No.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
<input type="checkbox"/>	6	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<input type="checkbox"/> <input type="checkbox"/> Month 0 <input type="checkbox"/> Not ended – Go to next trip	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	_____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. _____ Trip identification No.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
<input type="checkbox"/>	7	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<input type="checkbox"/> <input type="checkbox"/> Month 0 <input type="checkbox"/> Not ended – Go to next trip	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	_____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. _____ Trip identification No.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.
<input type="checkbox"/>	8	FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)	City or place State Foreign country	<input type="checkbox"/> <input type="checkbox"/> Month 0 <input type="checkbox"/> Not ended – Go to next trip	_____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip	_____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. _____ Trip identification No.	_____ Trips partially reimbursed – Enter trip I.D. No. below _____ Trip identification No.

9. TRIP TALLY CHART – Continued

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

Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)
9	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	13	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
10	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	14	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
11	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	15	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
12	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	16	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C

NOTES

Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU

<p>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.</p> <p>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.</p> <p>f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.</p> <p>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</p>	PROCESSING USE ONLY	1 18 34 9 ↓																										
	a. TRIP IDENTIFICATION NUMBER	0010	_____ Identification number																									
	b. DESTINATION																											
	OFFICE USE ONLY	0020	_____																									
	c. NUMBER OF (IDENTICAL) TRIPS	0030	_____ Number																									
d. MONTH ENDED	0040	□ □																										
<p>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</p> <p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																												
<p>b. If "Yes," ask for each item: Did the package deal include . . . <i>FIELD REPRESENTATIVE – Read each item listed.</i></p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>0070 Food and beverages</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0080 Lodging</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0090 Transportation</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0100 Anything else <input checked="" type="checkbox"/></td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td colspan="4">Specify _____</td> </tr> </tbody> </table>						Yes	No	DK	0070 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Specify _____			
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0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
Specify _____																												
<p>c. How much did you (or any members of your CU) pay for the package deal?</p> <p>0110 \$ _____ .00</p>																												

NOTES

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?

Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL

0290 01 \$ _____ .00 0 None

0300 02 \$ _____ .00 0 None

0310 03 \$ _____ .00 0 None

0320 04 \$ _____ .00 0 None

0330 05 \$ _____ .00 0 None

RENTED

0340 06 \$ _____ .00 0 None

0350 07 \$ _____ .00 0 None

0360 08 \$ _____ .00 0 None

0370 09 \$ _____ .00 0 None

0380 10 \$ _____ .00 0 None

0390 11 \$ _____ .00 0 None

0400 12 \$ _____ .00 0 None

4. Codes 6–17: If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued

NOTES

<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c</p> <p>b. How much did you (or any members of your CU) spend for that? 0420 \$ _____ .00</p> <p>c. While on the trip, did you (or any members of your CU) spend anything for tolls? 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e</p> <p><i>If YES –</i></p> <p>d. How much did you (or any members of your CU) spend for tolls? 0440 \$ _____ .00</p> <p>e. Did you (or any members of your CU) have any parking fees? 0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p> <p><i>If YES –</i></p> <p>f. How much were they? 0460 \$ _____ .00</p>	<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) pay? 0600 \$ _____ .00</p> <p>11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.) 0610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) spend? 0620 \$ _____ .00</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a</p> <p><i>If YES –</i></p> <p>b. How much were these expenses? 0640 \$ _____ .00</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D</p> <p>b. Did these expenses include anything for . . . ?</p> <p style="text-align:center"><i>FIELD REPRESENTATIVE – Read each item listed.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align:center">YES</td> <td style="width:10%; text-align:center">NO</td> <td style="width:10%; text-align:center">DK</td> </tr> <tr> <td>0660 Food and beverages . . .</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> <tr> <td>0670 Lodging</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> <tr> <td>0680 Transportation</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> <tr> <td>0690 Other expenses</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> </table> <p>c. How much of the total expenses for this trip were for persons outside your CU? 0700 \$ _____ .00</p>		YES	NO	DK	0660 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0670 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0680 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0690 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	<p>6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)? 0470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p> <p><i>If YES –</i></p> <p>b. What was the cost, including taxes and tips? 0480 \$ _____ .00</p> <p>7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? 0490 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a</p> <p><i>If YES –</i></p> <p>b. What was the cost, including taxes and tips? 0500 \$ _____ .00</p> <p>c. Was any of the (amount in item 7b) for alcoholic beverages? 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a</p> <p><i>If YES –</i></p> <p>d. What was the cost for alcoholic beverages, including taxes and tips? 0520 \$ _____ .00</p> <p>8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip? 0530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a</p> <p><i>If YES –</i></p> <p>b. What were the expenses, including taxes? 0540 \$ _____ .00</p> <p>c. Was any of the (amount in item 8b) for alcoholic beverages? 0550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a</p> <p><i>If YES –</i></p> <p>d. What was the cost for alcoholic beverages, including taxes? 0560 \$ _____ .00</p> <p>9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.) 0570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) pay to rent sports equipment? 0580 \$ _____ .00</p>
	YES	NO	DK																			
0660 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0670 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0680 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0690 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
<p>GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.</p>																						

Section 18 - TRIPS AND VACATIONS - Continued

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

Part B - Trips Paid Entirely By CU - Continued

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

a. TRIP IDENTIFICATION NUMBER [0010] _____ Identification number

b. DESTINATION

OFFICE USE ONLY [0020] _____

c. NUMBER OF (IDENTICAL) TRIPS [0030] _____ Number

d. MONTH ENDED [0040] [] []

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

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

g. Verify if already reported. Otherwise, ask - How many nights did you (or any members of your CU) spend away from home on this trip? [0050] _____ Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal? [0060] 1 Yes
2 No - Go to item 3a

b. If "Yes," ask for each item: Did the package deal include . . .
FIELD REPRESENTATIVE - Read each item listed.

	Yes	No	DK
[0070] Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
[0080] Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
[0090] Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
[0100] Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>

Specify _____

c. How much did you (or any members of your CU) pay for the package deal? [0110] \$ _____ .00

NOTES

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE - Any other kinds of transportation on this trip?

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

COMMERCIAL

[0120] 01 Local (taxi, etc.)

[0130] 02 Airplane

[0140] 03 Train

[0150] 04 Bus

[0160] 05 Ship

RENTED

[0170] 06 Car, jeep

[0180] 07 Truck, van

[0190] 08 Motorcycle, moped

[0200] 09 Private plane

[0210] 10 Boat, trailer

[0220] 11 Camper

[0230] 12 Other vehicles

PRIVATE

[0240] 13 Car owned by CU

[0250] 14 Vehicle leased by CU

[0260] 15 Other vehicle owned by CU

[0270] 16 Vehicle owned by someone else

[0280] 17 Other transport

3b. Ask for each code 1-5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?

Ask for each code 6-12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL

[0290] 01 \$ _____ .00 0 None

[0300] 02 \$ _____ .00 0 None

[0310] 03 \$ _____ .00 0 None

[0320] 04 \$ _____ .00 0 None

[0330] 05 \$ _____ .00 0 None

RENTED

[0340] 06 \$ _____ .00 0 None

[0350] 07 \$ _____ .00 0 None

[0360] 08 \$ _____ .00 0 None

[0370] 09 \$ _____ .00 0 None

[0380] 10 \$ _____ .00 0 None

[0390] 11 \$ _____ .00 0 None

[0400] 12 \$ _____ .00 0 None

4. Codes 6-17: If no codes 6-17 marked in item 3a, go to item 6a. If any codes 6-17 marked, continue with item 5a.

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued

NOTES

<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c</p> <p>b. How much did you (or any members of your CU) spend for that? 0420 \$ _____ .00</p> <p>c. While on the trip, did you (or any members of your CU) spend anything for tolls? 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e</p> <p><i>If YES –</i></p> <p>d. How much did you (or any members of your CU) spend for tolls? 0440 \$ _____ .00</p> <p>e. Did you (or any members of your CU) have any parking fees? 0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p> <p><i>If YES –</i></p> <p>f. How much were they? 0460 \$ _____ .00</p>	<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) pay? 0600 \$ _____ .00</p> <p>11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.) 0610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) spend? 0620 \$ _____ .00</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a</p> <p><i>If YES –</i></p> <p>b. How much were these expenses? 0640 \$ _____ .00</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D</p> <p>b. Did these expenses include anything for . . . ?</p> <p style="text-align:center"><i>FIELD REPRESENTATIVE – Read each item listed.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align:center">YES</td> <td style="width:10%; text-align:center">NO</td> <td style="width:10%; text-align:center">DK</td> </tr> <tr> <td>0660 Food and beverages . . .</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> <tr> <td>0670 Lodging</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> <tr> <td>0680 Transportation</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> <tr> <td>0690 Other expenses</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> </table> <p>c. How much of the total expenses for this trip were for persons outside your CU? 0700 \$ _____ .00</p> <p>14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here. 0710 \$ _____ .00</p> <p>b. 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Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

<p>1. FIELD REPRESENTATIVE ITEM <i>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.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red; font-weight: bold;">1 18 38 0 ↓</p>																									
	<p>a. TRIP IDENTIFICATION NUMBER 0010 _____ Identification number</p>																									
	<p>b. DESTINATION</p>																									
	<p>OFFICE USE ONLY</p>																									
	<p>c. NUMBER OF (IDENTICAL) TRIPS 0030 _____ Number</p>																									
	<p>d. MONTH ENDED 0040 </p>																									
<p>e. <i>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.</i></p>																										
<p>f. <i>Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.</i></p>																										
<p>g. <i>Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</i></p>	<p>0050 _____ Nights</p>																									
<p>2a. <i>Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</i></p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																									
<p>b. <i>If "Yes," ask for each item: Did the package deal include . . .</i> <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">DK</td> </tr> <tr> <td>0070 Food and beverages</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0080 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0090 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0100 Anything else ↙</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><i>Specify</i> _____</td> <td></td> <td></td> <td></td> </tr> </table>		Yes	No	DK	0070 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0100 Anything else ↙	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	<i>Specify</i> _____				
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<p>c. <i>How much did you (or any members of your CU) pay for the package deal?</i></p>	<p>0110 \$ _____ .00</p>																									

NOTES

Hand respondent Information Booklet, page 37.

3a. **Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.**

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

3b. *Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?*

Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL

0290 01 \$ _____ .00 0 None

0300 02 \$ _____ .00 0 None

0310 03 \$ _____ .00 0 None

0320 04 \$ _____ .00 0 None

0330 05 \$ _____ .00 0 None

RENTED

0340 06 \$ _____ .00 0 None

0350 07 \$ _____ .00 0 None

0360 08 \$ _____ .00 0 None

0370 09 \$ _____ .00 0 None

0380 10 \$ _____ .00 0 None

0390 11 \$ _____ .00 0 None

0400 12 \$ _____ .00 0 None

4. Codes 6–17: *If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.*

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued

NOTES

<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c</p> <p>b. How much did you (or any members of your CU) spend for that? 0420 \$ _____ .00</p> <p>c. While on the trip, did you (or any members of your CU) spend anything for tolls? 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e</p> <p><i>If YES –</i></p> <p>d. How much did you (or any members of your CU) spend for tolls? 0440 \$ _____ .00</p> <p>e. Did you (or any members of your CU) have any parking fees? 0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p> <p><i>If YES –</i></p> <p>f. How much were they? 0460 \$ _____ .00</p>	<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) pay? 0600 \$ _____ .00</p> <p>11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.) 0610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) spend? 0620 \$ _____ .00</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a</p> <p><i>If YES –</i></p> <p>b. How much were these expenses? 0640 \$ _____ .00</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D</p> <p>b. Did these expenses include anything for . . . ?</p> <p style="text-align:center"><i>FIELD REPRESENTATIVE – Read each item listed.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align:center">YES</td> <td style="width:10%; text-align:center">NO</td> <td style="width:10%; text-align:center">DK</td> </tr> <tr> <td>0660 Food and beverages . . .</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> <tr> <td>0670 Lodging</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> <tr> <td>0680 Transportation</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> <tr> <td>0690 Other expenses</td> <td style="text-align:center">1 <input type="checkbox"/></td> <td style="text-align:center">2 <input type="checkbox"/></td> <td style="text-align:center">x <input type="checkbox"/></td> </tr> </table> <p>c. 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Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

<p>1. FIELD REPRESENTATIVE ITEM <i>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.</i></p> <p>e. <i>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.</i></p> <p>f. <i>Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.</i></p> <p>g. <i>Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</i></p>	PROCESSING USE ONLY	1 18 40 6 ↓			
	a. TRIP IDENTIFICATION NUMBER	0010	_____ Identification number		
	b. DESTINATION				
	OFFICE USE ONLY	0020			
	c. NUMBER OF (IDENTICAL) TRIPS	0030	_____ Number		
d. MONTH ENDED	0040				
e. <i>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.</i>					
f. <i>Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.</i>					
g. <i>Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</i>	0050	_____ Nights			
2a. <i>Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</i>	0060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a			
b. <i>If "Yes," ask for each item: Did the package deal include . . .</i> <i>FIELD REPRESENTATIVE – Read each item listed.</i>			Yes	No	DK
	0070	Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
	0080	Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
	0090	Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
	0100	Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
		Specify _____			
c. <i>How much did you (or any members of your CU) pay for the package deal?</i>	0110	\$ _____ .00			

NOTES

Hand respondent Information Booklet, page 37.

3a. **Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.**

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

3b. *Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?*

Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL

0290 01 \$ _____ .00 0 None

0300 02 \$ _____ .00 0 None

0310 03 \$ _____ .00 0 None

0320 04 \$ _____ .00 0 None

0330 05 \$ _____ .00 0 None

RENTED

0340 06 \$ _____ .00 0 None

0350 07 \$ _____ .00 0 None

0360 08 \$ _____ .00 0 None

0370 09 \$ _____ .00 0 None

0380 10 \$ _____ .00 0 None

0390 11 \$ _____ .00 0 None

0400 12 \$ _____ .00 0 None

4. Codes 6–17: *If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.*

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued

NOTES

<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c</p> <p>b. How much did you (or any members of your CU) spend for that? 0420 \$ _____ .00</p> <p>c. While on the trip, did you (or any members of your CU) spend anything for tolls? 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e</p> <p><i>If YES –</i></p> <p>d. How much did you (or any members of your CU) spend for tolls? 0440 \$ _____ .00</p> <p>e. Did you (or any members of your CU) have any parking fees? 0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p> <p><i>If YES –</i></p> <p>f. How much were they? 0460 \$ _____ .00</p>	<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) pay? 0600 \$ _____ .00</p> <p>11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.) 0610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) spend? 0620 \$ _____ .00</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a</p> <p><i>If YES –</i></p> <p>b. How much were these expenses? 0640 \$ _____ .00</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D</p> <p>b. Did these expenses include anything for . . . ?</p> <p style="text-align:center;"><i>FIELD REPRESENTATIVE – Read each item listed.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align:center;">YES</td> <td style="width:10%; text-align:center;">NO</td> <td style="width:10%; text-align:center;">DK</td> </tr> <tr> <td>0660 Food and beverages . . .</td> <td style="text-align:center;">1 <input type="checkbox"/></td> <td style="text-align:center;">2 <input type="checkbox"/></td> <td style="text-align:center;">x <input type="checkbox"/></td> </tr> <tr> <td>0670 Lodging</td> <td style="text-align:center;">1 <input type="checkbox"/></td> <td style="text-align:center;">2 <input type="checkbox"/></td> <td style="text-align:center;">x <input type="checkbox"/></td> </tr> <tr> <td>0680 Transportation</td> <td style="text-align:center;">1 <input type="checkbox"/></td> <td style="text-align:center;">2 <input type="checkbox"/></td> <td style="text-align:center;">x <input type="checkbox"/></td> </tr> <tr> <td>0690 Other expenses</td> <td style="text-align:center;">1 <input type="checkbox"/></td> <td style="text-align:center;">2 <input type="checkbox"/></td> <td style="text-align:center;">x <input type="checkbox"/></td> </tr> </table> <p>c. How much of the total expenses for this trip were for persons outside your CU? 0700 \$ _____ .00</p>		YES	NO	DK	0660 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0670 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0680 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0690 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	<p>6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)? 0470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p> <p><i>If YES –</i></p> <p>b. What was the cost, including taxes and tips? 0480 \$ _____ .00</p> <p>7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)? 0490 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a</p> <p><i>If YES –</i></p> <p>b. What was the cost, including taxes and tips? 0500 \$ _____ .00</p> <p>c. Was any of the (amount in item 7b) for alcoholic beverages? 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a</p> <p><i>If YES –</i></p> <p>d. What was the cost for alcoholic beverages, including taxes and tips? 0520 \$ _____ .00</p>	<p>14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here. 0710 \$ _____ .00</p> <p>b. Does this (amount) include anything for . . . ?</p> <p style="text-align:center;"><i>FIELD REPRESENTATIVE – Read each item listed.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align:center;">YES</td> <td style="width:10%; text-align:center;">NO</td> <td style="width:10%; text-align:center;">DK</td> </tr> <tr> <td>0720 Food and beverages . . .</td> <td style="text-align:center;">1 <input type="checkbox"/></td> <td style="text-align:center;">2 <input type="checkbox"/></td> <td style="text-align:center;">x <input type="checkbox"/></td> </tr> <tr> <td>0730 Lodging</td> <td style="text-align:center;">1 <input type="checkbox"/></td> <td style="text-align:center;">2 <input type="checkbox"/></td> <td style="text-align:center;">x <input type="checkbox"/></td> </tr> <tr> <td>0740 Transportation</td> <td style="text-align:center;">1 <input type="checkbox"/></td> <td style="text-align:center;">2 <input type="checkbox"/></td> <td style="text-align:center;">x <input type="checkbox"/></td> </tr> <tr> <td>0750 Other expenses</td> <td style="text-align:center;">1 <input type="checkbox"/></td> <td style="text-align:center;">2 <input type="checkbox"/></td> <td style="text-align:center;">x <input type="checkbox"/></td> </tr> <tr> <td>0760 Expenses for others . . .</td> <td style="text-align:center;">1 <input type="checkbox"/></td> <td style="text-align:center;">2 <input type="checkbox"/></td> <td style="text-align:center;">x <input type="checkbox"/></td> </tr> </table>		YES	NO	DK	0720 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0730 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0740 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0750 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0760 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	<p>8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip? 0530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a</p> <p><i>If YES –</i></p> <p>b. What were the expenses, including taxes? 0540 \$ _____ .00</p> <p>c. Was any of the (amount in item 8b) for alcoholic beverages? 0550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a</p> <p><i>If YES –</i></p> <p>d. What was the cost for alcoholic beverages, including taxes? 0560 \$ _____ .00</p>	<p>9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.) 0570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a</p> <p><i>If YES –</i></p> <p>b. How much did you (or any members of your CU) pay to rent sports equipment? 0580 \$ _____ .00</p>	<p style="text-align:center;">GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.</p>
	YES	NO	DK																																															
0660 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																																															
0670 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																																															
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Section 18 – TRIPS AND VACATIONS – Continued

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

Part C – Partially Reimbursed Trips

<p>1. FIELD REPRESENTATIVE ITEM <i>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.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red; font-weight: bold;">1 77 01 4 ↓</p>																									
<p>a. TRIP IDENTIFICATION NUMBER</p>	<p>0010 _____ Identification number</p>																									
<p>b. DESTINATION</p>	<p>OFFICE USE ONLY 0020 _____</p>																									
<p>c. NUMBER OF (IDENTICAL) TRIPS</p>	<p>0030 _____ Number</p>																									
<p>d. MONTH ENDED</p>	<p>0040 <input type="text"/> <input type="text"/></p>																									
<p>e. <i>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.</i></p> <p>f. <i>You told me that someone outside your CU paid for part of the trip(s) you (your CU) took to (trip destination). In the next questions I'm interested only in the costs you (your CU) had to pay, not those paid or to be paid by a business or employer. If day trip, go to item 2a.</i></p> <p>g. <i>Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</i></p>	<p>0050 _____ Nights</p>																									
<p>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																									
<p>b. <i>If "Yes," ask for each item: Did the package deal include . . .</i> <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0070 Food and beverages</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0080 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0090 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0100 Anything else <input checked="" type="checkbox"/></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td colspan="4"><i>Specify _____</i></td> </tr> </tbody> </table>		Yes	No	DK	0070 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	<i>Specify _____</i>				
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0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
<i>Specify _____</i>																										
<p>c. How much did you (or any members of your CU) pay for the package deal?</p>	<p>0110 \$ _____ .00</p>																									
<p>NOTES</p>																										

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

4. Codes 6–17: *If no codes 6–17 marked in item 3a, go to item 6a. If any codes 6–17 marked, continue with item 5a.*

3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?

Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL

0290 01 \$ _____ .00 0 None

0300 02 \$ _____ .00 0 None

0310 03 \$ _____ .00 0 None

0320 04 \$ _____ .00 0 None

0330 05 \$ _____ .00 0 None

RENTED

0340 06 \$ _____ .00 0 None

0350 07 \$ _____ .00 0 None

0360 08 \$ _____ .00 0 None

0370 09 \$ _____ .00 0 None

0380 10 \$ _____ .00 0 None

0390 11 \$ _____ .00 0 None

0400 12 \$ _____ .00 0 None

Section 18 – TRIPS AND VACATIONS – Continued

Part C – Partially Reimbursed Trips – Continued

NOTES

<p>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?</p> <p>0410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c</p>	<p>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.)</p> <p>0590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a</p>																								
<p>b. What costs for gasoline or other fuels won't be reimbursed?</p> <p>0420 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>b. What costs for playing sports won't be reimbursed?</p> <p>0600 \$ _____ .00 0 <input type="checkbox"/> None</p>																								
<p>c. While on the trip, did you (or any members of your CU) spend anything for tolls?</p> <p>0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e</p>	<p>11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)</p> <p>0610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p>																								
<p><i>If YES –</i></p> <p>d. What costs for tolls won't be reimbursed?</p> <p>0440 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p><i>If YES –</i></p> <p>b. What costs for entertainment and admissions won't be reimbursed?</p> <p>0620 \$ _____ .00 0 <input type="checkbox"/> None</p>																								
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<p>6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?</p> <p>0470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p>	<p>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?</p> <p>0650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D</p>																								
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<p><i>If YES –</i></p> <p>b. What costs for these things won't be reimbursed?</p> <p>0500 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here</p> <p>0710 \$ _____ .00</p>																								
<p>c. Was any of the (amount in item 7b) for alcoholic beverages?</p> <p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a</p>	<p>b. Does this (amount) include anything for . . . ?</p> <p><i>FIELD REPRESENTATIVE – Read each item listed.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>0720 Food and beverages . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0730 Lodging</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0740 Transportation</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0750 Other expenses</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0760 Expenses for others . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0720 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0730 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0740 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0750 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0760 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
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0740 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																						
0750 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																						
0760 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																						
<p><i>If YES –</i></p> <p>d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?</p> <p>0520 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p><i>GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.</i></p>																								
<p>8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?</p> <p>0530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a</p>																									
<p><i>If YES –</i></p> <p>b. What costs, including taxes, won't be reimbursed?</p> <p>0540 \$ _____ .00 0 <input type="checkbox"/> None</p>																									
<p>c. Was any of the (amount in item 8b) for alcoholic beverages?</p> <p>0550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a</p>																									
<p><i>If YES –</i></p> <p>d. What cost for alcoholic beverages, including taxes, won't be reimbursed?</p> <p>0560 \$ _____ .00 0 <input type="checkbox"/> None</p>																									
<p>9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)</p> <p>0570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a</p>																									
<p><i>If YES –</i></p> <p>b. What costs for renting sports equipment won't be reimbursed?</p> <p>0580 \$ _____ .00 0 <input type="checkbox"/> None</p>																									

Section 18 - TRIPS AND VACATIONS - Continued

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

Part C - Partially Reimbursed Trips - Continued

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

a. TRIP IDENTIFICATION NUMBER 0010 _____ Identification number

b. DESTINATION

OFFICE USE ONLY 0020 _____

c. NUMBER OF (IDENTICAL) TRIPS 0030 _____ Number

d. MONTH ENDED 0040 _____

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

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

g. Verify if already reported. Otherwise, ask - How many nights did you (or any members of your CU) spend away from home on this trip? 0050 _____ Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal? 0060 1 Yes
2 No - Go to item 3a

b. If "Yes," ask for each item: Did the package deal include . . .
FIELD REPRESENTATIVE - Read each item listed.

	Yes	No	DK
0070 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>

Specify _____

c. How much did you (or any members of your CU) pay for the package deal? 0110 \$ _____ .00

NOTES

Hand respondent Information Booklet, page 37.

3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.

PROBE - Any other kinds of transportation on this trip?
If no codes 1-12 marked, go to item 4.

COMMERCIAL

0120 01 Local (taxi, etc.)

0130 02 Airplane

0140 03 Train

0150 04 Bus

0160 05 Ship

RENTED

0170 06 Car, jeep

0180 07 Truck, van

0190 08 Motorcycle, moped

0200 09 Private plane

0210 10 Boat, trailer

0220 11 Camper

0230 12 Other vehicles

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

4. Codes 6-17: If no codes 6-17 marked in item 3a, go to item 6a. If any codes 6-17 marked, continue with item 5a.

3b. Ask for each code 1-5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?

Ask for each code 6-12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?

COMMERCIAL

0290 01 \$ _____ .00 0 None

0300 02 \$ _____ .00 0 None

0310 03 \$ _____ .00 0 None

0320 04 \$ _____ .00 0 None

0330 05 \$ _____ .00 0 None

RENTED

0340 06 \$ _____ .00 0 None

0350 07 \$ _____ .00 0 None

0360 08 \$ _____ .00 0 None

0370 09 \$ _____ .00 0 None

0380 10 \$ _____ .00 0 None

0390 11 \$ _____ .00 0 None

0400 12 \$ _____ .00 0 None

Section 18 – TRIPS AND VACATIONS – Continued

Part C – Partially Reimbursed Trips – Continued

NOTES

<p>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?</p> <p>0410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c</p>	<p>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.)</p> <p>0590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a</p>																								
<p>b. What costs for gasoline or other fuels won't be reimbursed?</p> <p>0420 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p><i>If YES –</i> b. What costs for playing sports won't be reimbursed?</p> <p>0600 \$ _____ .00 0 <input type="checkbox"/> None</p>																								
<p>c. While on the trip, did you (or any members of your CU) spend anything for tolls?</p> <p>0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e</p>	<p>11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)</p> <p>0610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p>																								
<p><i>If YES –</i> d. What costs for tolls won't be reimbursed?</p> <p>0440 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p><i>If YES –</i> b. What costs for entertainment and admissions won't be reimbursed?</p> <p>0620 \$ _____ .00 0 <input type="checkbox"/> None</p>																								
<p>e. Did you (or any members of your CU) have any parking fees?</p> <p>0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p>	<p>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?</p> <p>0630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a</p>																								
<p><i>If YES –</i> f. What costs for parking fees won't be reimbursed?</p> <p>0460 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p><i>If YES –</i> b. What costs for these things won't be reimbursed?</p> <p>0640 \$ _____ .00 0 <input type="checkbox"/> None</p>																								
<p>6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?</p> <p>0470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p>	<p>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?</p> <p>0650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D</p>																								
<p><i>If YES –</i> b. What costs for lodging, including taxes and tips, won't be reimbursed?</p> <p>0480 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>b. Did these expenses include anything for . . . ?</p> <p><i>FIELD REPRESENTATIVE – Read each item listed.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>0660 Food and beverages . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0670 Lodging</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0680 Transportation</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0690 Other expenses</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> </tbody> </table>				YES	NO	DK	0660 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0670 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0680 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0690 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
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0690 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																						
<p>7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?</p> <p>0490 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a</p>	<p>c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?</p> <p>0700 \$ _____ .00</p>																								
<p><i>If YES –</i> b. What costs for these things won't be reimbursed?</p> <p>0500 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here</p> <p>0710 \$ _____ .00</p>																								
<p>c. Was any of the (amount in item 7b) for alcoholic beverages?</p> <p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a</p>	<p>b. Does this (amount) include anything for . . . ?</p> <p><i>FIELD REPRESENTATIVE – Read each item listed.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>0720 Food and beverages . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0730 Lodging</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0740 Transportation</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0750 Other expenses</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> <tr> <td>0760 Expenses for others . . .</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0720 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0730 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0740 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0750 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0760 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
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0760 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																						
<p><i>If YES –</i> d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?</p> <p>0520 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.</p>																								
<p>8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?</p> <p>0530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a</p>																									
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<p><i>If YES –</i> b. What costs for renting sports equipment won't be reimbursed?</p> <p>0580 \$ _____ .00 0 <input type="checkbox"/> None</p>																									

Section 18 – TRIPS AND VACATIONS – Continued

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

Part F – Local Overnight Stays		1 77 69 1 ↓			
<p>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?</p>	0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section			
<p>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?</p>	0020	_____ Nights			
<p>3a. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?</p>	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a			
<p>b. Ask for each item – Did the package deal include anything for . . . ?</p> <p style="font-size: small; margin-top: 5px;">FIELD REPRESENTATIVE – Read each item listed.</p>			YES	NO	DK
<p>0040 Food and beverages</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
<p>0050 Lodging</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
<p>0060 Entertainment</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
<p>0070 Anything else – Specify ↴</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
<p>c. How much did you (or any members of your CU) pay for the package deal?</p>	0080	\$ _____ .00			
<p>4a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?</p>	0090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a			
<p>b. What was the cost, including taxes and tips?</p>	0100	\$ _____ .00			
<p>5a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?</p>	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a			
<p>b. What was the cost, including taxes and tips?</p>	0120	\$ _____ .00			
<p>c. Was any of the (amount in item 5b) for alcoholic beverages?</p>	0130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a			
<p>d. What was the cost for alcoholic beverages, including taxes and tips?</p>	0140	\$ _____ .00			
<p>6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?</p>	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a			
<p>b. What were the expenses, including taxes?</p>	0160	\$ _____ .00			
<p>c. Was any of the (amount in item 6b) for alcoholic beverages?</p>	0170	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a			
<p>d. What was the cost for alcoholic beverages, including taxes?</p>	0180	\$ _____ .00			
<p>7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?</p>	0190	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8			
<p>b. How much did you (or any members of your CU) pay?</p>	0200	\$ _____ .00			
<p>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.</p>	0210	\$ _____ .00			
<p>Did the (amount) include anything for . . . ?</p> <p style="font-size: small; margin-top: 5px;">FIELD REPRESENTATIVE – Read each item listed.</p>			YES	NO	DK
<p>0220 Food and beverages</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
<p>0230 Lodging</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
<p>0240 Entertainment</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
<p>0250 Other expenses</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
<p>9. Did you (or any members of your CU) have any other stays at local hotels or motels?</p>	0260	1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section			
NOTES					

Section 18 – TRIPS AND VACATIONS – Continued

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

Part F – Local Overnight Stays – Continued 1 77 70 9 ↓

1. We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?
 0010 1 Yes
 2 No – Go to next section

2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?
 0020 _____ Nights

3a. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?
 0030 1 Yes
 2 No – Go to item 4a

b. Ask for each item – Did the package deal include anything for . . . ?
 FIELD REPRESENTATIVE – Read each item listed.

	YES	NO	DK
0040 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0050 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0060 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0070 Anything else – Specify ↗	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>

c. How much did you (or any members of your CU) pay for the package deal?
 0080 \$ _____ .00

4a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?
 0090 1 Yes
 2 No – Go to item 5a

b. What was the cost, including taxes and tips?
 0100 \$ _____ .00

5a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?
 0110 1 Yes
 2 No – Go to item 6a

b. What was the cost, including taxes and tips?
 0120 \$ _____ .00

c. Was any of the (amount in item 5b) for alcoholic beverages?
 0130 1 Yes
 2 No – Go to item 6a

d. What was the cost for alcoholic beverages, including taxes and tips?
 0140 \$ _____ .00

6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?
 0150 1 Yes
 2 No – Go to item 7a

b. What were the expenses, including taxes?
 0160 \$ _____ .00

c. Was any of the (amount in item 6b) for alcoholic beverages?
 0170 1 Yes
 2 No – Go to item 7a

d. What was the cost for alcoholic beverages, including taxes?
 0180 \$ _____ .00

7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?
 0190 1 Yes
 2 No – Go to item 8

b. How much did you (or any members of your CU) pay?
 0200 \$ _____ .00

8. If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.
 0210 \$ _____ .00

Did the (amount) include anything for . . . ?
 FIELD REPRESENTATIVE – Read each item listed.

	YES	NO	DK
0220 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0230 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0240 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0250 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>

9. Did you (or any members of your CU) have any other stays at local hotels or motels?
 0260 1 Yes – Complete part F for each stay
 2 No – Go to next section

NOTES

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 – Miscellaneous Expenses				4 19 02 8 →																
a				b		PROCESSING USE ONLY	c		d		e		f		g		NOTES	PRE		
							ENTER ITEM CODE from column a.		Month	Continuous expense	CU	Outside CU	What was the total amount of the expense?		Did you have any other expenses for . . . ?			1	2	3
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?				What was the expense for? Describe briefly.													Description from column b	Month or code from column d	Expense from column f	
ITEM CODE	YES	NO																		
FUNERALS, BURIALS, OR CREMATION	100					0010			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS	110					0020			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
COMBINATIONS OF THE ABOVE <i>Use only if cannot itemize the above</i>	120	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			0030			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
CATERED AFFAIRS	130					0050			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
FRESH FLOWERS OR POTTED PLANTS	140					0060			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
LEGAL FEES <i>Do not include legal fees related to real estate closing costs which were reported in section 3.</i>	150					0070			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
ACCOUNTING FEES	160					0090			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
OCCUPATIONAL EXPENSES	380					0100			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
HOME SERVICES						0110			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Gardening or lawn care services	170					0120			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Housekeeping services	180					0130			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Other home services and small repair jobs around the house, not previously reported	210					0150			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Babysitting or other child care in your own home	190					0160			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Babysitting or other child care in someone else's home	220					0170			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Care for invalids, convalescents, handicapped or elderly persons in the home	200					0180			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0190			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
2. FIELD REPRESENTATIVE CHECK ITEM						0200			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
<i>Mark (X) box if there are no entries recorded in columns b – g.</i>						0210			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0220			13 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00

Section 19 – MISCELLANEOUS EXPENSES – Continued

Part A – Miscellaneous Expenses – Continued

4 19 04 4 →

a				b	c	d		e		f		g		NOTES	PRE		
						1	2	3	4	5	6	7	8		9	10	11	12	13
3. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?				What was the expense for? Describe briefly.	PROCESSING USE ONLY ENTER ITEM CODE from column a.	In what month did you have this expense? If it is a continuous expense throughout the reference period, mark box.		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? For continuing expenses, do not include expenses for the current month.		Did you have any other expenses for . . . ?			Description from column b	Month or code from column d Month	Expense from column f
ITEM CODE	YES	NO	Month	Continuous expense		CU	Outside CU	\$		YES	NO						
ADULT DAY CARE CENTERS	350				0010	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
PROFESSIONAL PHOTOGRAPHY FEES	360				0020	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
HOME SECURITY SYSTEM SERVICE FEES	370				0030	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
TV COMPUTER GAMES AND COMPUTER GAME SOFTWARE	290				0040	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
HAND HELD COMPUTER GAMES AND COMPUTER BOARD GAMES	300				0050	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
TOYS AND GAMES	330				0060	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
HOBBIES	340				0070	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
MOVING, STORAGE, AND FREIGHT EXPRESS	230				0080	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
PURCHASE OF PETS, PET SUPPLIES, AND MEDICINE FOR PETS	240				0090	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
PET SERVICES	250				0100	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
VETERINARIAN EXPENSES FOR PETS	260				0110	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
LOTTERIES AND GAMES OF CHANCE	390				0120	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
4. FIELD REPRESENTATIVE CHECK ITEM					0130	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
Mark (X) box if there are no entries recorded in columns b-g.					0140	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0150	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0160	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0170	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0180	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0190	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0200	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0210	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
					0220	13	<input type="checkbox"/>	1	2	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00

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.

Part B – Contributions				4 19 06 6 →													
a				b	PROCESSING USE ONLY	c	d		e		f		NOTES	PRE			
							In what month did you make the (payment/contribution)? <i>If it is a continuous payment/contribution throughout the reference period, mark box.</i>	What was the total amount of the (payment/contribution)? <i>For continuing payments/contributions, do not include payments/contributions for the current month.</i>	Did you make any other (payments/contributions) for . . . ?		1	2		3			
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any of the following to help support someone outside of your CU?				What was the (payment/contribution) for? <i>Describe briefly the payment/contribution.</i>		ENTER ITEM CODE from column a.	Month	Continuous expense	\$	.	YES	NO		Description from column b	Month or code from column d	Expense from column e	
ITEM CODE	YES	NO															
College students living away from home				100				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Child support				110				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Alimony				120				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
2. Since the 1st of (month, 3 months ago), have you (or any members of your CU) given any money by cash, checks, money orders, or credit cards to benefit –								13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Educational institutions				130				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Political organizations				140				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Religious organizations, including churches, temples, and mosques, but not including parochial schools				150				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Charities and all other organizations				160				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Any and all other persons not in your CU, such as friends, co-workers, or homeless persons				170				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
3. Have you (or any members of your CU) given any stocks, bonds, or mutual funds to persons or organizations outside your CU?				180				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
4. FIELD REPRESENTATIVE CHECK ITEM				1 19 04 8 ↓				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
Mark (X) box if there are no entries recorded in columns b–f.				0010 999 <input type="checkbox"/> Go to next page				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0010				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0020				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0030				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0040				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0050				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0060				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0070				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0080				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0090				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0100				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0110				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0120				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0130				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0140				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0150				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0160				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0170				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0180				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0190				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0200				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0210				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.00
				0220				13 <input type="checkbox"/>	\$.00		<input type="checkbox"/>	<input type="checkbox"/>					\$.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? 0010 \$ _____ .00
 None – Go to item 2a

b. About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages? 0020 \$ _____ .00
 None

2a. Have you (or any members of your CU) purchased any food or nonalcoholic beverages from places other than grocery stores, such as convenience stores, specialty stores, bakeries, home delivery, vegetable stands, or farmers' markets? Include any large purchases made for freezing or canning. 0030 1 Yes
2 No – Go to item 3a

b. What was your usual WEEKLY expense at these places? 0040 \$ _____ .00

3a. Have you (or any members of your CU) purchased any beer, wine, or other alcoholic beverages to be served at home? 0050 1 Yes
2 No – Go to item 4a

b. What was your usual MONTHLY expense for beer and wine? 0060 \$ _____ .00
 None

c. What was your usual MONTHLY expense for other alcoholic beverages? 0070 \$ _____ .00
 None

4a. Have you (or any members of your CU) purchased any beer, wine or other alcoholic beverages in restaurants, taverns, cocktail lounges, or clubs? 0080 1 Yes
2 No – Go to item 5a

b. What was the usual MONTHLY expense? 0090 \$ _____ .00

5a. Have you (or any members of your CU) purchased meals, snacks, or fast food from restaurants, cafeterias, carry-outs, street vendors, or other such places? 0100 1 Yes
2 No – Go to item 6a

b. What was the usual MONTHLY expense for these purchases? 0110 \$ _____ .00

6a. Have you (or any members of your CU) paid for board outside of a boarding house? 0120 1 Yes
2 No – Go to item 7a

b. What was the usual MONTHLY expense? 0130 \$ _____ .00

7. Have you (or any members of your CU) received any free food, beverages, or meals through public or private welfare agencies, including religious organizations? Do not include free meals in school or preschool programs. 0140 1 Yes
2 No

8a. Have you (or any members of your CU) received any free meals at work as part of your pay? 0150 1 Yes
2 No – Go to item 10a

b. About what was the WEEKLY dollar value of such meals? 0160 \$ _____ .00

c. Since the 1st of (month, 3 months ago), how many weeks did members of your CU receive such meals? 0170 _____ Number of weeks

Ask only if preschool or school age students; otherwise mark "No."

9a. Since the 1st of (month, 3 months ago), not including (this month), have you (or members of your CU) purchased any meals at school for preschool through high school age children? 0180 1 Yes
2 No – Go to part B

b. If YES – What are the names of all CU members who purchased meals at school?
 Enter the name of each CU member purchasing meals at school in column a, then ask columns b through d for each name entered.

PROCESSING USE ONLY	a	b	c	d
	Name	Enter line number from Control Card.	What is the usual WEEKLY expense for the meals . . . purchased at school?	How many weeks did . . . purchase meals? Enter number of weeks.
	3 20 02 8 →			
0010			\$.00	
0020			\$.00	
0030			\$.00	
0040			\$.00	
0050			\$.00	
0060			\$.00	
0070			\$.00	
0080			\$.00	
0090			\$.00	

NOTES

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 coin-operated laundry or dry cleaning machines?	0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a
b. What was the total cost?	0020	\$ _____ .00
c. Was any of this amount for items other than clothes such as linens or drapes?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a
d. How much?	0040	\$ _____ .00 x <input type="checkbox"/> Don't know
2a. Have you (or any members of your CU) had any expenses for dry cleaning or laundry services?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a
b. What was the total cost for dry cleaning or laundry services?	0060	\$ _____ .00
c. Was any of this amount for items other than clothes such as linens or drapes?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a
d. How much?	0080	\$ _____ .00 x <input type="checkbox"/> Don't know
3. Have you (or any members of your CU) purchased tobacco products, such as –	0090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3c
a. Cigarettes?	0100	\$ _____ .00
b. If YES – What is the usual WEEKLY expense for cigarettes?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4
c. Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?	0120	\$ _____ .00
d. If YES – What is the usual WEEKLY expense for cigars, pipe tobacco, or other tobaccos?	0130	\$ _____ .00 0 <input type="checkbox"/> None
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?	0140	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a
5a. Have you (or any members of your CU) had any expenses for the rental of a safe deposit box located in a bank or similar financial institution?	0150	\$ _____ .00 0 <input type="checkbox"/> None
b. What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago), excluding this month?	0160	\$ _____ .00
6a. Have you (or any members of your CU) had any expenses for checking accounts or other banking services, such as ATM fees?	0170	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a
b. What is the usual MONTHLY charge?	0180	\$ _____ .00
7a. Since the 1st of (month, 3 months ago), excluding (this month) have you (or any members of your CU) had expenses for taxis or limousine service? Do not include expenses entirely reimbursed for business purposes or expenses incurred on a trip.	0190	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a
b. If YES – What was the total expense?	0200	\$ _____ .00
8a. Do you (or any members of your CU) use mass transportation services such as a bus, subway, mini-bus or train, including commuter bus and train service?	0210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section
b. What is the usual MONTHLY cost to use mass transit to go to –	0220	\$ _____ .00
(1) Work?	0230	\$ _____ .00
(2) School?		\$ _____ .00
(3) Other places?		\$ _____ .00
NOTES		

Section 21 – CREDIT LIABILITY

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

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

Section 21 – CREDIT LIABILITY – Continued

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

Part A.1 – Credit Balances – Continued – Second Quarter Only

1 21 03 8 ↴

a		PROCESSING USE ONLY	b			c			d			e		NOTES
CREDIT SOURCE	ITEM CODE		ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owe money? <i>Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.</i>		How much was owed to (credit source)?		Don't know	YES	NO				
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100	0010			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Stores for installment credit accounts	200	0020			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Banks and savings and loan companies	300	0030			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Credit unions	400	0040			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Finance companies	500	0050			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Insurance companies (Do not include insurance premium payments)	600	0060			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	700	0070			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other credit sources	800	0080			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0090			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0100			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0110			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0120			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0130			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0140			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0150			\$	.00	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Section 21 – CREDIT LIABILITY

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

Part A.2 – Credit Balances – Fifth Quarter Only				1 21 11 1 ↓								NOTES						
a				PROCESSING USE ONLY	b			c			d			e			f	
1. On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans. Read each item listed below. Complete a separate line for each individual store, credit card, etc. CREDIT SOURCE					ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.			Ask if "Yes" in item 1. How much was owed to (credit source)?			What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.			
ITEM CODE	YES	NO							Don't know	None	Don't know	YES	NO					
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100			0010				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stores for installment credit accounts.	200			0020				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Banks and savings and loan companies	300			0030				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Credit unions	400			0040				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finance companies	500			0050				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance companies (Do not include insurance premium payments)	600			0060				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	700			0070				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other credit sources	800			0080				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2a. On the 1st day of (current month, one year ago), did you (or any members of your CU) owe money to any creditor that you did not owe money to on the 1st day of (the current month, the current year)? <input type="checkbox"/> YES <input type="checkbox"/> NO				0090				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. What was the source of the credit? Complete columns b, c, e, and f for each credit source reported.				0110				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				0120				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–f.				0130				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				0140				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				0150				\$	.00	x <input type="checkbox"/>	\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 21 – CREDIT LIABILITY – Continued

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

Part A.2 – Credit Balances – Continued – Fifth Quarter Only

1 21 12 9 ↴

a		PROCESSING USE ONLY	b		c		d			e			f		NOTES
CREDIT SOURCE	ITEM CODE		ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money? <i>Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.</i>		Ask if "Yes" in item 1. How much was owed to (credit source)?			What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.			
								Don't know		None	Don't know	YES	NO		
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100	0010			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stores for installment credit accounts	200	0020			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Banks and savings and loan companies	300	0030			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Credit unions	400	0040			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finance companies	500	0050			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance companies (Do not include insurance premium payments)	600	0060			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	700	0070			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other credit sources	800	0080			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		0090			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		0100			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		0110			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		0120			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		0130			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		0140			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		0150			\$	.00	x <input type="checkbox"/>		\$.00	o <input type="checkbox"/>	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 21 – CREDIT LIABILITY – Continued

FIELD REPRESENTATIVE – Ask items a through h and record the total amount of finance charges or interest paid during the past 12 months for each item.

Part B – Finance Charges – Fifth Quarter Only		1 21 20 2 ↓	NOTES
<p>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?</p>			
<p>a. Revolving credit accounts including store, gasoline and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.?</p> <p><i>Do not include yearly fees.</i> If YES – How much was paid for finance, interest and late charges?</p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0020 \$ _____ .00 x <input type="checkbox"/> Don't know</p>		
<p>b. Stores for installment credit accounts?</p> <p>If YES – How much was paid for finance, interest and late charges?</p>	<p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0040 \$ _____ .00 x <input type="checkbox"/> Don't know</p>		
<p>c. Banks and Savings and Loans?</p> <p>If YES – How much was paid for finance, interest and late charges?</p>	<p>0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0060 \$ _____ .00 x <input type="checkbox"/> Don't know</p>		
<p>d. Credit unions?</p> <p>If YES – How much was paid for finance, interest and late charges?</p>	<p>0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0080 \$ _____ .00 x <input type="checkbox"/> Don't know</p>		
<p>e. Finance companies?</p> <p>If YES – How much was paid for finance, interest and late charges?</p>	<p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0100 \$ _____ .00 x <input type="checkbox"/> Don't know</p>		
<p>f. Insurance companies?</p> <p>If YES – How much was paid for finance, interest and late charges?</p>	<p>0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0120 \$ _____ .00 x <input type="checkbox"/> Don't know</p>		
<p>g. Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance?</p> <p>If YES – How much was paid for finance, interest and late charges?</p>	<p>0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0140 \$ _____ .00 x <input type="checkbox"/> Don't know</p>		
<p>h. Other credit sources?</p> <p>If YES – How much was paid for finance, interest and late charges?</p>	<p>0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0160 \$ _____ .00 x <input type="checkbox"/> Don't know</p>		

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

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 22 01 0 ↓</p>	<p>a. NAME b. LINE NUMBER 0010</p>	<p>Ask if item 2 marked "Did not work" –</p> <p>5. What was the main reason . . . did not work during the past 12 months? Was . . .</p> <p>CODE 1 – Retired? 0070 _____ Code 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗</p>		<p>6e. Was there any money deducted from . . . 's last pay for – If YES – How much?</p> <p>(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f</p> <p>f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h</p> <p>g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>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.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>					
<p>3. In the weeks that . . . worked, how many hours did . . . work per week?</p>	<p>0030 _____ Hours per week</p>					
<p>Information Booklet, page 43</p> <p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</p> <p>Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0040 _____ Code</p>	<p>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, teaching fellowships, and the like.</p> <p>0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7</p> <p>a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?</p> <p>0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.</p> <p>Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.</p> <p>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?</p> <p>0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p> <p>c. What was the amount of . . . 's last pay before deductions?</p> <p>0110 \$ _____ .00</p> <p>d. What period of time did this cover?</p> <p>0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify 7 <input type="checkbox"/> Twice a month</p>		<p>7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p> <p>0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c</p> <p>a. What was the amount of income or loss after expenses?</p> <p>0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b.</p> <p>Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.</p> <p>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?</p> <p>0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>		
<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>					

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

			NOTES	
<p>7c. During the last 12 months, did . . . have any income from . . . 's own farm?</p> <p>d. What was the amount of income or loss after expenses?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</i></p> <p>e. Could you tell me which range on CARD A best reflects . . . 's income or loss from . . . 's own farm during the last 12 months?</p>	<p>0310 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8</p> <p>0320 \$ _____ .00 } Go to item 8 0330 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7e</p> <p>0340 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	<p>9f. Is this amount AFTER the deduction for a Medicare premium?</p> <p>g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p> <p>10. During the last 12 months, did . . . receive any –</p> <p>a. Supplemental Security Income (SSI) payments from the U.S. Government?</p> <p>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</p> <p><i>If "Yes" in items 10a and/or 10b –</i></p> <p>c. During the last 12 months, how much did . . . receive in Supplemental Security Income checks from ALL government sources?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</i></p> <p>d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months?</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0430 _____ Number</p> <p>0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0460 \$ _____ .00 Go to item 11 If "Don't know" or "Refuse" –Go to item 10d</p> <p>0470 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$5,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,000 12 <input type="checkbox"/> \$50,000 and over</p>	
<p>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. <i>If YES – How much?</i></p>	<p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0360 \$ _____ .00</p>			
<p>9. During the last 12 months, did . . . receive from the U.S. Government any money from –</p> <p>a. Social Security checks?</p> <p>b. Railroad Retirement checks?</p> <p>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</p> <p>d. What was the amount of the last Social Security or Railroad Retirement payment received?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</i></p> <p>e. Could you tell me which range on CARD B best reflects the amount of . . . 's last Social Security or Railroad Retirement payment received?</p>	<p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0390 1 <input type="checkbox"/> Yes – Go to item 9d 2 <input type="checkbox"/> No – Go to item 10</p> <p>0400 \$ _____ .00 Go to item 9f If "Don't know" or "Refuse" – Go to item 9e</p> <p>0410 1 <input type="checkbox"/> Less than \$300 2 <input type="checkbox"/> \$300–\$399 3 <input type="checkbox"/> \$400–\$499 4 <input type="checkbox"/> \$500–\$599 5 <input type="checkbox"/> \$600–\$699 6 <input type="checkbox"/> \$700–\$799 7 <input type="checkbox"/> \$800–\$899 8 <input type="checkbox"/> \$900–\$999 9 <input type="checkbox"/> \$1,000–\$1,499 10 <input type="checkbox"/> \$1,500 and over</p>	<p>11. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</i></p> <p>0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>		

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

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

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 22 06 9 ↓</p>	<p>a. NAME b. LINE NUMBER 0010</p>	<p>Ask if item 2 marked "Did not work" –</p> <p>5. What was the main reason . . . did not work during the past 12 months? Was . . .</p> <p>CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify</p>	<p>0070 _____ Code</p>	<p>6e. Was there any money deducted from . . . 's last pay for – If YES – How much?</p> <p>(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f</p> <p>f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h</p> <p>g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>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.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>				
<p>3. In the weeks that . . . worked, how many hours did . . . work per week?</p>	<p>0030 _____ Hours per week</p>				
<p>Information Booklet, page 43</p> <p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0040 _____ Code</p>	<p>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, teaching fellowships, and the like.</p> <p>0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7</p> <p>a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?</p> <p>0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.</p> <p>Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.</p> <p>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?</p> <p>0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p> <p>c. What was the amount of . . . 's last pay before deductions?</p> <p>0110 \$ _____ .00</p> <p>d. What period of time did this cover?</p> <p>0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify 7 <input type="checkbox"/> Twice a month</p>			
<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>			<p>7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p> <p>0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c</p> <p>a. What was the amount of income or loss after expenses?</p> <p>0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b.</p> <p>Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.</p> <p>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?</p> <p>0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

			NOTES	
<p>7c. During the last 12 months, did . . . have any income from . . . 's own farm?</p> <p>d. What was the amount of income or loss after expenses?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</i></p> <p>e. Could you tell me which range on CARD A best reflects . . . 's income or loss from . . . 's own farm during the last 12 months?</p>	<p>0310 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8</p> <p>0320 \$ _____ .00 } Go to item 8 0330 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7e</p> <p>0340 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	<p>9f. Is this amount AFTER the deduction for a Medicare premium?</p> <p>g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p> <p>10. During the last 12 months, did . . . receive any –</p> <p>a. Supplemental Security Income (SSI) payments from the U.S. Government?</p> <p>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</p> <p><i>If "Yes" in items 10a and/or 10b –</i></p> <p>c. During the last 12 months, how much did . . . receive in Supplemental Security Income checks from ALL government sources?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</i></p> <p>d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months?</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0430 _____ Number</p> <p>0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0460 \$ _____ .00 Go to item 11 If "Don't know" or "Refuse" –Go to item 10d</p> <p>0470 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$5,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,000 12 <input type="checkbox"/> \$50,000 and over</p>	
<p>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. <i>If YES – How much?</i></p>	<p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0360 \$ _____ .00</p>	<p>11. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</i></p>	<p>0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	
<p>9. During the last 12 months, did . . . receive from the U.S. Government any money from –</p> <p>a. Social Security checks?</p> <p>b. Railroad Retirement checks?</p> <p>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</p> <p>d. What was the amount of the last Social Security or Railroad Retirement payment received?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</i></p> <p>e. Could you tell me which range on CARD B best reflects the amount of . . . 's last Social Security or Railroad Retirement payment received?</p>	<p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0390 1 <input type="checkbox"/> Yes – Go to item 9d 2 <input type="checkbox"/> No – Go to item 10</p> <p>0400 \$ _____ .00 Go to item 9f If "Don't know" or "Refuse" – Go to item 9e</p> <p>0410 1 <input type="checkbox"/> Less than \$300 2 <input type="checkbox"/> \$300–\$399 3 <input type="checkbox"/> \$400–\$499 4 <input type="checkbox"/> \$500–\$599 5 <input type="checkbox"/> \$600–\$699 6 <input type="checkbox"/> \$700–\$799 7 <input type="checkbox"/> \$800–\$899 8 <input type="checkbox"/> \$900–\$999 9 <input type="checkbox"/> \$1,000–\$1,499 10 <input type="checkbox"/> \$1,500 and over</p>			

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

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

1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY a. NAME b. LINE NUMBER	1 22 11 9 ↓ 0010	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	0070 _____ Code	6e. Was there any money deducted from . . . 's last pay for – If YES – How much? (1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5	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, teaching fellowships, and the like.	0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7	(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
3. In the weeks that . . . worked, how many hours did . . . work per week?	0030 _____ Hours per week	a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?	0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.	(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces	0040 _____ Code	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?	0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over	(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?	0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	c. What was the amount of . . . 's last pay before deductions?	0110 \$ _____ .00 d. What period of time did this cover?	7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice? 0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b. Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44. 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? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over	

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

				NOTES
<p>7c. During the last 12 months, did . . . have any income from . . . 's own farm?</p>	<p>0310 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8</p>	<p>9f. Is this amount AFTER the deduction for a Medicare premium?</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>d. What was the amount of income or loss after expenses?</p>	<p>0320 \$ _____ .00 } Go to item 8 0330 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7e</p>	<p>g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p>	<p>0430 _____ Number</p>	
<p><i>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</i></p> <p>e. Could you tell me which range on CARD A best reflects . . . 's income or loss from . . . 's own farm during the last 12 months?</p>	<p>0340 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	<p>10. During the last 12 months, did . . . receive any –</p> <p>a. Supplemental Security Income (SSI) payments from the U.S. Government?</p>	<p>0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>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?</p>	<p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00</p>	<p>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</p>	<p>0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>9. During the last 12 months, did . . . receive from the U.S. Government any money from –</p> <p>a. Social Security checks?</p>	<p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><i>If "Yes" in items 10a and/or 10b –</i></p> <p>c. During the last 12 months, how much did . . . receive in Supplemental Security Income checks from ALL government sources?</p>	<p>0460 \$ _____ .00 Go to item 11 If "Don't know" or "Refuse" –Go to item 10d</p>	
<p>b. Railroad Retirement checks?</p>	<p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p><i>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</i></p> <p>d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months?</p>	<p>0470 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$5,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,000 12 <input type="checkbox"/> \$50,000 and over</p>	
<p>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</p>	<p>0390 1 <input type="checkbox"/> Yes – Go to item 9d 2 <input type="checkbox"/> No – Go to item 10</p>	<p>11. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</p>	<p>0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	
<p>d. What was the amount of the last Social Security or Railroad Retirement payment received?</p>	<p>0400 \$ _____ .00 Go to item 9f If "Don't know" or "Refuse" – Go to item 9e</p>			
<p><i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</i></p> <p>e. Could you tell me which range on CARD B best reflects the amount of . . . 's last Social Security or Railroad Retirement payment received?</p>	<p>0410 1 <input type="checkbox"/> Less than \$300 2 <input type="checkbox"/> \$300–\$399 3 <input type="checkbox"/> \$400–\$499 4 <input type="checkbox"/> \$500–\$599 5 <input type="checkbox"/> \$600–\$699 6 <input type="checkbox"/> \$700–\$799 7 <input type="checkbox"/> \$800–\$899 8 <input type="checkbox"/> \$900–\$999 9 <input type="checkbox"/> \$1,000–\$1,499 10 <input type="checkbox"/> \$1,500 and over</p>			

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 – Continued

1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	1 22 16 8 ↓ 0010	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	0070 _____ Code	6e. Was there any money deducted from . . . 's last pay for – If YES – How much? (1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5	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, teaching fellowships, and the like.	0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7	(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
3. In the weeks that . . . worked, how many hours did . . . work per week?	0030 _____ Hours per week	a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?	0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.	(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <small>Information Booklet, page 43</small> Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces	0040 _____ Code	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?	0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over	(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?	0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	c. What was the amount of . . . 's last pay before deductions?	0110 \$ _____ .00 d. What period of time did this cover?	7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice? 0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b. Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44. 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? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over	

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Section 22 – WORK EXPERIENCE AND INCOME – Continued			NOTES
<p>7c. During the last 12 months, did . . . have any income from . . . 's own farm?</p> <p>d. What was the amount of income or loss after expenses?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</i></p> <p>e. Could you tell me which range on CARD A best reflects . . . 's income or loss from . . . 's own farm during the last 12 months?</p>	<p>0310 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8</p> <p>0320 \$ _____ .00 } Go to item 8 0330 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7e</p> <p>0340 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	<p>9f. Is this amount AFTER the deduction for a Medicare premium?</p> <p>g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p> <p>10. During the last 12 months, did . . . receive any –</p> <p>a. Supplemental Security Income (SSI) payments from the U.S. Government?</p> <p>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</p> <p><i>If "Yes" in items 10a and/or 10b –</i></p> <p>c. During the last 12 months, how much did . . . receive in Supplemental Security Income checks from ALL government sources?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</i></p> <p>d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months?</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0430 _____ Number</p> <p>0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0460 \$ _____ .00 Go to item 11 If "Don't know" or "Refuse" – Go to item 10d</p> <p>0470 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$5,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,000 12 <input type="checkbox"/> \$50,000 and over</p> <p>0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>
<p>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.</p> <p><i>If YES – How much?</i></p>	<p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0360 \$ _____ .00</p>	<p>9. During the last 12 months, did . . . receive from the U.S. Government any money from –</p> <p>a. Social Security checks?</p> <p>b. Railroad Retirement checks?</p> <p>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</p> <p>d. What was the amount of the last Social Security or Railroad Retirement payment received?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</i></p> <p>e. Could you tell me which range on CARD B best reflects the amount of . . . 's last Social Security or Railroad Retirement payment received?</p>	<p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0390 1 <input type="checkbox"/> Yes – Go to item 9d 2 <input type="checkbox"/> No – Go to item 10</p> <p>0400 \$ _____ .00 Go to item 9f If "Don't know" or "Refuse" – Go to item 9e</p> <p>0410 1 <input type="checkbox"/> Less than \$300 2 <input type="checkbox"/> \$300–\$399 3 <input type="checkbox"/> \$400–\$499 4 <input type="checkbox"/> \$500–\$599 5 <input type="checkbox"/> \$600–\$699 6 <input type="checkbox"/> \$700–\$799 7 <input type="checkbox"/> \$800–\$899 8 <input type="checkbox"/> \$900–\$999 9 <input type="checkbox"/> \$1,000–\$1,499 10 <input type="checkbox"/> \$1,500 and over</p>
<p>11. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</i></p>			<p>0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

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

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 22 21 8 ↓</p>	<p>a. NAME b. LINE NUMBER 0010</p>	<p>Ask if item 2 marked "Did not work" –</p> <p>5. What was the main reason . . . did not work during the past 12 months? Was . . .</p> <p>CODE 1 – Retired? 0070 _____ Code 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify _____</p>		<p>6e. Was there any money deducted from . . . 's last pay for – If YES – How much?</p> <p>(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f</p> <p>f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h</p> <p>g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>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.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>					
<p>3. In the weeks that . . . worked, how many hours did . . . work per week?</p>	<p>0030 _____ Hours per week</p>					
<p>Information Booklet, page 43</p> <p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0040 _____ Code</p>	<p>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, teaching fellowships, and the like.</p> <p>0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7</p> <p>a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions? 0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.</p> <p>Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.</p> <p>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?</p> <p>0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p> <p>c. What was the amount of . . . 's last pay before deductions? 0110 \$ _____ .00</p> <p>d. What period of time did this cover? 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify _____ 7 <input type="checkbox"/> Twice a month</p>		<p>7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p> <p>0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c</p> <p>a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b.</p> <p>Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.</p> <p>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?</p> <p>0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>		
<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>					

Section 22 - WORK EXPERIENCE AND INCOME - Continued

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

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

1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	1 22 26 7 ↓ 0010	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify	0070 _____ Code	6e. Was there any money deducted from . . . 's last pay for - <small>If YES - How much?</small> (1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes - Go to item 6g 2 <input type="checkbox"/> No - Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes - Go to item 6g 2 <input type="checkbox"/> No - Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	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, teaching fellowships, and the like.	0080 1 <input type="checkbox"/> Yes - Go to item 6a 2 <input type="checkbox"/> No - Go to item 7	(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes - Go to item 6g 2 <input type="checkbox"/> No - Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes - Go to item 6g 2 <input type="checkbox"/> No - Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
3. In the weeks that . . . worked, how many hours did . . . work per week?	0030 _____ Hours per week	a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?	0090 \$ _____ .00 <small>Go to item 6c</small> <small>If "Don't know" or "Refuse" - Go to item 6b.</small>	(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes - Go to item 6g 2 <input type="checkbox"/> No - Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes - Go to item 6g 2 <input type="checkbox"/> No - Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: <small>Information Booklet, page 43</small> Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces	0040 _____ Code	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?	0100 1 <input type="checkbox"/> \$0-\$4,999 2 <input type="checkbox"/> \$5,000-\$9,999 3 <input type="checkbox"/> \$10,000-\$14,999 4 <input type="checkbox"/> \$15,000-\$19,999 5 <input type="checkbox"/> \$20,000-\$29,999 6 <input type="checkbox"/> \$30,000-\$39,999 7 <input type="checkbox"/> \$40,000-\$49,999 8 <input type="checkbox"/> \$50,000-\$69,999 9 <input type="checkbox"/> \$70,000-\$89,999 10 <input type="checkbox"/> \$90,000-\$119,999 11 <input type="checkbox"/> \$120,000 and over	(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes - Go to item 6g 2 <input type="checkbox"/> No - Go to item 6f f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes - Go to item 6g 2 <input type="checkbox"/> No - Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm?	0050 _____ Code 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <small>Ask if code 5 and not a farm - Is the business incorporated?</small>	c. What was the amount of . . . 's last pay before deductions?	0110 \$ _____ .00 d. What period of time did this cover?	7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice? 0270 1 <input type="checkbox"/> Yes - Go to item 7a 2 <input type="checkbox"/> No - Go to item 7c a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } <small>Go to item 7c</small> 0290 1 <input type="checkbox"/> Loss <small>If "Don't know" or "Refuse" - Go to item 7b.</small> <small>Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.</small> 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? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0-\$4,999 2 <input type="checkbox"/> \$5,000-\$9,999 3 <input type="checkbox"/> \$10,000-\$14,999 4 <input type="checkbox"/> \$15,000-\$19,999 5 <input type="checkbox"/> \$20,000-\$29,999 6 <input type="checkbox"/> \$30,000-\$39,999 7 <input type="checkbox"/> \$40,000-\$49,999 8 <input type="checkbox"/> \$50,000-\$69,999 9 <input type="checkbox"/> \$70,000-\$89,999 10 <input type="checkbox"/> \$90,000-\$119,999 11 <input type="checkbox"/> \$120,000 and over	

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Section 22 – WORK EXPERIENCE AND INCOME – Continued			NOTES
<p>7c. During the last 12 months, did . . . have any income from . . . 's own farm?</p> <p>d. What was the amount of income or loss after expenses?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</i></p> <p>e. Could you tell me which range on CARD A best reflects . . . 's income or loss from . . . 's own farm during the last 12 months?</p>	<p>0310 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8</p> <p>0320 \$ _____ .00 } Go to item 8 0330 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7e</p> <p>0340 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	<p>9f. Is this amount AFTER the deduction for a Medicare premium?</p> <p>g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p> <p>10. During the last 12 months, did . . . receive any –</p> <p>a. Supplemental Security Income (SSI) payments from the U.S. Government?</p> <p>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</p> <p><i>If "Yes" in items 10a and/or 10b –</i></p> <p>c. During the last 12 months, how much did . . . receive in Supplemental Security Income checks from ALL government sources?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</i></p> <p>d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months?</p>	<p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0430 _____ Number</p> <p>0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0460 \$ _____ .00 Go to item 11 If "Don't know" or "Refuse" –Go to item 10d</p> <p>0470 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$5,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,000 12 <input type="checkbox"/> \$50,000 and over</p> <p>0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>
<p>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.</p> <p><i>If YES – How much?</i></p>	<p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0360 \$ _____ .00</p>		
<p>9. During the last 12 months, did . . . receive from the U.S. Government any money from –</p> <p>a. Social Security checks?</p> <p>b. Railroad Retirement checks?</p> <p>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</p> <p>d. What was the amount of the last Social Security or Railroad Retirement payment received?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</i></p> <p>e. Could you tell me which range on CARD B best reflects the amount of . . . 's last Social Security or Railroad Retirement payment received?</p>	<p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0390 1 <input type="checkbox"/> Yes – Go to item 9d 2 <input type="checkbox"/> No – Go to item 10</p> <p>0400 \$ _____ .00 Go to item 9f If "Don't know" or "Refuse" – Go to item 9e</p> <p>0410 1 <input type="checkbox"/> Less than \$300 2 <input type="checkbox"/> \$300–\$399 3 <input type="checkbox"/> \$400–\$499 4 <input type="checkbox"/> \$500–\$599 5 <input type="checkbox"/> \$600–\$699 6 <input type="checkbox"/> \$700–\$799 7 <input type="checkbox"/> \$800–\$899 8 <input type="checkbox"/> \$900–\$999 9 <input type="checkbox"/> \$1,000–\$1,499 10 <input type="checkbox"/> \$1,500 and over</p>		
		<p>11. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</i></p>	

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Part B – Second Quarter, Fifth Quarter or New Consumer Units ONLY – Ask for entire CU as a group.

<p>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.</p> <p>1. During the last 12 months, did you (or any members of your CU) receive income from any of the following –</p> <p>a. Interest on bank accounts, money market funds, CD's, or bonds?</p> <p>b. What was the total amount received by all CU members?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 1b. Information Booklet, page 46.</i></p> <p>c. Could you tell me which range on CARD C best reflects the total amount of interest received by all CU members during the last 12 months?</p>	<p>PROCESSING USE ONLY 1 22 97 8 ↓</p> <p>0010 1 <input type="checkbox"/> Yes – Go to item 1b 2 <input type="checkbox"/> No – Go to item 2</p> <p>0020 \$ _____ .00 7 Go to item 2 If "Don't know" or "Refuse" – Go to item 1c.</p> <p>0030 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p>3. During the last 12 months, did you (or any members of your CU) receive any income from –</p> <p>a. Retirement, disability and survivor pensions or annuities from private companies, military, government, IRA or Keogh?</p> <p>b. What was the total amount received by all CU members?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 3b. Information Booklet, page 46.</i></p> <p>c. Could you tell me which range on CARD C best reflects the total amount of income from retirement pensions and annuities during the last 12 months?</p>	<p>0070 1 <input type="checkbox"/> Yes – Go to item 3b 2 <input type="checkbox"/> No – Go to item 4</p> <p>0080 \$ _____ .00 7 Go to item 4 If "Don't know" or "Refuse" – Go to item 3c.</p> <p>0090 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p><i>Ask only if "Don't know" or "Refuse" to item 5b. Information Booklet, page 46.</i></p> <p>c. Could you tell me which range on CARD C best reflects the total amount of income from worker's compensation during the last 12 months?</p>	<p>0150 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>
<p>2. During the last 12 months, did you (or any members of your CU) receive any –</p> <p>a. REGULAR income from dividends, trusts, estates, or royalties?</p> <p>b. What was the total amount received by all CU members?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 2b. Information Booklet, page 46.</i></p> <p>c. Could you tell me which range on CARD C best reflects the total amount of income from dividends, trusts, estates, or royalties during the last 12 months?</p>	<p>0040 1 <input type="checkbox"/> Yes – Go to item 2b 2 <input type="checkbox"/> No – Go to item 3</p> <p>0050 \$ _____ .00 7 Go to item 3 If "Don't know" or "Refuse" – Go to item 2c.</p> <p>0060 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p>4. During the last 12 months, did you (or any members of your CU) receive any income from –</p> <p>a. Unemployment compensation or supplemental unemployment compensation?</p> <p>b. What was the total amount received by all CU members?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 4b. Information Booklet, page 46.</i></p> <p>c. Could you tell me which range on CARD C best reflects the total amount received in unemployment compensation during the last 12 months?</p>	<p>0100 1 <input type="checkbox"/> Yes – Go to item 4b 2 <input type="checkbox"/> No – Go to item 5</p> <p>0110 \$ _____ .00 7 Go to item 5 If "Don't know" or "Refuse" – Go to item 4c.</p> <p>0120 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p><i>Ask only if "Don't know" or "Refuse" to item 6b. Information Booklet, page 46.</i></p> <p>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?</p>	<p>0160 1 <input type="checkbox"/> Yes – Go to item 6b 2 <input type="checkbox"/> No – Go to item 7</p> <p>0170 \$ _____ .00 7 Go to item 7 If "Don't know" or "Refuse" – Go to item 6c.</p> <p>0180 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>
<p>5. During the last 12 months, did you (or any members of your CU) receive any income from –</p> <p>a. Worker's compensation or veteran's benefits including the GI Bill but not including military retirement?</p> <p>b. What was the total amount received by all CU members?</p>	<p>0130 1 <input type="checkbox"/> Yes – Go to item 5b 2 <input type="checkbox"/> No – Go to item 6</p> <p>0140 \$ _____ .00 7 Go to item 6 If "Don't know" or "Refuse" – Go to item 5c.</p>	<p>6. During the last 12 months, did you (or any members of your CU) receive any income from –</p> <p>a. Public assistance or welfare such as AFDC and grants from Job Corps? Do not include non-monetary assistance such as food stamps.</p> <p>b. What was the total amount received by all CU members?</p> <p><i>Ask only if "Don't know" or "Refuse" to item 6b. Information Booklet, page 46.</i></p> <p>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?</p>	<p>0190 1 <input type="checkbox"/> Yes – Go to item 7b 2 <input type="checkbox"/> No – Go to item 8</p> <p>0200 _____ Number</p> <p>0210 \$ _____ .00 7 Go to item 8 If "Don't know" or "Refuse" – Go to item 7d.</p>	<p>7. During the last 12 months, did you (or any members of your CU) receive any –</p> <p>a. Food stamps or electronic benefit transfers?</p> <p>b. For how many months during the last 12 months, were food stamps or electronic benefit transfers received?</p> <p>c. What was the value of all food stamps or electronic benefits received?</p>	<p>0190 1 <input type="checkbox"/> Yes – Go to item 7b 2 <input type="checkbox"/> No – Go to item 8</p> <p>0200 _____ Number</p> <p>0210 \$ _____ .00 7 Go to item 8 If "Don't know" or "Refuse" – Go to item 7d.</p>

Section 22 – WORK EXPERIENCE AND INCOME – Continued

Part B – Second Quarter, Fifth Quarter or New Consumer Units ONLY – Continued

<p><i>Ask only if "Don't know" or "Refuse" to item 7c. Information Booklet, page 46.</i></p> <p>7d. Could you tell me which range on CARD C best reflects the total value of food stamps or electronic benefits received in the last 12 months?</p>	<p>0220 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p>9. During the last 12 months, did you (or any members of your CU) receive any income from –</p> <p>a. Child support?</p> <p><i>If YES –</i></p> <p>b. Did you receive a one time lump sum payment for child support?</p> <p><i>If YES –</i></p> <p>What was the total amount of lump sum payments received by ALL CU members in the last 12 months?</p> <p>0320 \$ _____ .00</p> <p><i>If "Don't know" or "Refuse" – Go to item 9c.</i></p>	<p>Income from regular contribution from –</p> <p>f. Alimony?</p> <p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>g. Other sources such as from persons outside your CU?</p> <p><i>If YES to item 9f or 9g ask –</i></p> <p>h. Altogether, what was the total amount received by all CU members from alimony and other sources in the last 12 months?</p> <p>0390 \$ _____ .00 ⁷</p> <p><i>Go to item 10</i></p> <p><i>If "Don't know" or "Refuse" – Go to item 9i.</i></p>
<p>8. During the last 12 months, did you (or any members of your CU) have any net income or loss from any type of rental of rooms or living units?</p>	<p>0230 1 <input type="checkbox"/> Yes – <i>Go to item 8a</i> 2 <input type="checkbox"/> No – <i>Go to item 9</i></p>	<p><i>Ask only if "Don't know" or "Refuse" to item 9b. Information Booklet, page 46.</i></p> <p>c. Could you tell me which range on CARD C best reflects the total amount received in lump sum payments for child support by ALL CU members during the last 12 months?</p>	<p>0400 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>
<p>a. How much net income or loss was received from roomers or boarders?</p>	<p>0240 \$ _____ .00 } <i>Go to item 8c</i></p> <p>0250 0 <input type="checkbox"/> None 1 <input type="checkbox"/> Loss <i>If "Don't know" or "Refuse" – Go to item 8b.</i></p>	<p><i>Ask only if "Don't know" or "Refuse" to item 8a. Information Booklet, page 46.</i></p> <p>b. Could you tell me which range on CARD C best reflects your net income or loss from roomers or boarders?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 9f</i></p>
<p>c. How much net income or loss was received from other rental units?</p>	<p>0260 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p>d. Did you receive any child support payments in other than a lump sum amount?</p> <p><i>If YES –</i></p> <p>What was the total amount of non-lump sum payments received by ALL CU members in the last 12 months?</p>	<p>0350 \$ _____ .00</p> <p><i>If "Don't know" or "Refuse" – Go to item 9e.</i></p>
<p>d. Could you tell me which range on CARD C best reflects the net income or loss received from other rental units during the last 12 months?</p>	<p>0270 \$ _____ .00 } <i>Go to item 9</i></p> <p>0280 0 <input type="checkbox"/> None 1 <input type="checkbox"/> Loss <i>If "Don't know" or "Refuse" – Go to item 8d.</i></p>	<p><i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 46.</i></p> <p>e. Could you tell me which range on Card C best reflects the total amount received in child support payments, other than lump sum amounts, by ALL CU members during the last 12 months?</p>	<p>0360 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>
<p>10. During the last 12 months, did you (or any members of your CU) receive any –</p>	<p>a. Lump sum payments from insurance, estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside your CU?</p>	<p>0370 1 <input type="checkbox"/> Yes – <i>Go to item 9b</i> 2 <input type="checkbox"/> No – <i>Go to item 9f</i></p>	<p>0410 1 <input type="checkbox"/> Yes – <i>Go to item 10b</i> 2 <input type="checkbox"/> No – <i>Go to item 11</i></p>
<p>b. What was the total amount received by ALL CU members?</p>	<p>0420 \$ _____ .00 ⁷</p> <p><i>Go to item 11</i></p> <p><i>If "Don't know" or "Refuse" – Go to item 10c.</i></p>	<p><i>Ask only if "Don't know" or "Refuse" to item 9c. Information Booklet, page 46.</i></p> <p>c. Could you tell me which range on CARD C best reflects the total lump sum payments during the last 12 months?</p>	<p>0430 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>

Section 22 – WORK EXPERIENCE AND INCOME – Continued

Part B – Second Quarter, Fifth Quarter or New Consumer Units ONLY – Continued

		NOTES
<p>11. During the last 12 months, did you (or any members of your CU) receive any –</p> <p>a. Money from the sale of household furnishings, equipment, clothing, jewelry, pets, or other belongings, not including the sale of vehicles or real estate?</p> <p>0440 1 <input type="checkbox"/> Yes – Go to item 11b 2 <input type="checkbox"/> No – Go to item 12</p> <p>b. What was the total amount received by ALL CU members?</p> <p>0450 \$ _____ .00 Go to item 12 If "Don't know" or "Refuse" – Go to item 11c.</p> <p><i>Ask only if "Don't know" or "Refuse" to item 11b. Information Booklet, page 46.</i></p> <p>c. Could you tell me which range on CARD C best reflects the total amount received from these sales during the last 12 months?</p> <p>0460 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p>13. During the last 12 months, did you (or any members of your CU) receive any REFUNDS from any of the following?</p> <p><i>If YES – What was the total amount received by ALL CU members?</i></p> <p>a. Federal income tax?</p> <p>0500 1 <input type="checkbox"/> Yes 0510 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>b. State and local income tax?</p> <p>0520 1 <input type="checkbox"/> Yes 0530 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>c. Overpayment on Social Security?</p> <p>0540 1 <input type="checkbox"/> Yes 0550 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>d. Insurance policies?</p> <p>0560 1 <input type="checkbox"/> Yes 0570 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>e. Property taxes?</p> <p>0580 1 <input type="checkbox"/> Yes 0590 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>f. Other sources, including any other taxes – Specify</p> <p>0600 1 <input type="checkbox"/> Yes 0610 \$ _____ .00 2 <input type="checkbox"/> No</p>	
<p>12. During the last 12 months, did you (or any members of your CU) receive any –</p> <p>a. Other money income, including money received from cash scholarships and fellowships, stipends not based on working, or from the care of foster children?</p> <p>0470 1 <input type="checkbox"/> Yes – Go to item 12b 2 <input type="checkbox"/> No – Go to item 13</p> <p>b. What was the total amount received by ALL CU members?</p> <p>0480 \$ _____ .00 Go to item 13 If "Don't know" or "Refuse" – Go to item 12c.</p> <p><i>Ask only if "Don't know" or "Refuse" to item 12b. Information Booklet, page 46.</i></p> <p>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?</p> <p>0490 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p>14. During the last 12 months, did you (or any members of your CU) pay any of the following –</p> <p><i>If YES – What was the total amount PAID by ALL CU members?</i></p> <p>a. Federal income tax in addition to that withheld from earnings?</p> <p>0620 1 <input type="checkbox"/> Yes 0630 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>b. State and local income tax in addition to that withheld from earnings?</p> <p>0640 1 <input type="checkbox"/> Yes 0650 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>c. Personal property taxes for vehicles?</p> <p>0660 1 <input type="checkbox"/> Yes 0670 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>d. Personal property taxes and other taxes not reported elsewhere? Do not include Social Security tax for the self-employed – Specify</p> <p>0680 1 <input type="checkbox"/> Yes 0690 \$ _____ .00 2 <input type="checkbox"/> No</p>	

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

NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued

Part D – Third and Fourth Quarter – CU Members 14 Years Old and Over who previously did not work

1. OFFICE TRANSCRIPTION ITEMS CU members who previously reported not working.	PROCESSING USE ONLY	1 23 13 3 ↓	1 23 14 1 ↓	1 23 15 8 ↓	1 23 16 6 ↓	1 23 17 4 ↓	1 23 18 2 ↓
	a. NAME						
	b. LINE NUMBER	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____
2. Since the 1st of (month, 3 months ago), did... earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____

• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.

1. OFFICE TRANSCRIPTION ITEMS CU members who previously reported not working.	PROCESSING USE ONLY	1 23 19 0 ↓	1 23 20 8 ↓	1 23 21 6 ↓	1 23 22 4 ↓	1 23 23 2 ↓	1 23 24 0 ↓
	a. NAME						
	b. LINE NUMBER	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____	0010 _____
2. Since the 1st of (month, 3 months ago), did... earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____	0030 _____

• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.

NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 25 7 ↓</p>	<p>a. NAME</p> <p>b. LINE NUMBER 0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE</p> <p>1 – Retired? 2 – Taking care of home/family? 0070 _____ Code 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify <input checked="" type="checkbox"/></p>		<p>6e. Was there any money deducted from . . . 's last pay for –</p> <p>(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f</p> <p>f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h</p> <p>g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>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.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>					
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>					
<p><i>Information Booklet, page 43</i></p> <p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</p> <p>Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional</p> <p>Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician</p> <p>Service 08 – Protective service 09 – Private household service 10 – Other service</p> <p>Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer</p> <p>Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining</p> <p>Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping</p> <p>Armed forces 18 – Armed forces</p>	<p>0040 _____ Code</p>	<p>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.</p> <p>0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7</p> <p>a. During the last 12 months, how much did . . . receive in wages and salaries for All JOBS before any deductions? 0090 \$ _____ .00 <input checked="" type="checkbox"/> Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.</p> <p><i>Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.</i></p> <p>b. Could you tell me which range on CARD A best reflects . . . total wages and salaries for all jobs during the last 12 months?</p> <p>0100 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>		<p>7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p> <p>0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c</p> <p>a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "refuse" –Go to item 7b</p> <p><i>Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.</i></p> <p>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?</p> <p>0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>		
<p>b. Was . . . CODE</p> <p>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?</p>	<p>0050 _____ Code</p> <p><i>Ask if code 5 and not a farm – Is the business incorporated?</i></p> <p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>c. What was the amount of . . . 's last pay before deductions? 0110 \$ _____ .00</p>				
		<p>d. What period of time did this cover? 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify _____ 7 <input type="checkbox"/> Twice a month</p>				

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter – Continued

7c. During the last 12 months, did . . . have any income from . . . 's own farm?	0310 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8	9f. Is this amount AFTER the deduction for a Medicare premium?	0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	NOTES
d. What was the amount of income or loss after expenses?	0320 \$ _____ .00 } Go to item 8 0330 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7e	g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?	0430 _____ Number	
e. Could you tell me which range on CARD A best reflects . . . 's income or loss from . . . 's own farm during the last 12 months? <i>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</i>	0340 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over	10. During the last 12 months, did . . . receive any – a. Supplemental Security Income (SSI) payments from the U.S. Government?	0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
		b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?	0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
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. <i>If YES – How much?</i>	0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00	<i>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</i>	0470 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$5,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,000 12 <input type="checkbox"/> \$50,000 and over	
9. During the last 12 months, did . . . receive from the U.S. Government any money from – a. Social Security checks?	0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months?	0460 \$ _____ .00 Go to item 11 <i>If "Don't know" or "Refuse" – Go to item 10d</i>	
b. Railroad Retirement checks?	0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	11. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</i>	0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used	
c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?	0390 1 <input type="checkbox"/> Yes – Go to item 9d 2 <input type="checkbox"/> No – Go to item 10			
d. What was the amount of the last Social Security or Railroad Retirement payment received?	0400 \$ _____ .00 Go to item 9f <i>If "Don't know" or "Refuse" – Go to item 9e</i>			
e. Could you tell me which range on CARD B best reflects the amount of . . . 's last Social Security or Railroad Retirement payment received? <i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</i>	0410 1 <input type="checkbox"/> Less than \$300 2 <input type="checkbox"/> \$300–\$399 3 <input type="checkbox"/> \$400–\$499 4 <input type="checkbox"/> \$500–\$599 5 <input type="checkbox"/> \$600–\$699 6 <input type="checkbox"/> \$700–\$799 7 <input type="checkbox"/> \$800–\$899 8 <input type="checkbox"/> \$900–\$999 9 <input type="checkbox"/> \$1,000–\$1,499 10 <input type="checkbox"/> \$1,500 and over			

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY</p>	<p>1 23 30 7 ↓</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ✓</p>	<p>0070 _____ Code</p>	<p>6e. Was there any money deducted from . . . 's last pay for –</p> <p>(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f</p> <p>f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h</p> <p>g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>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.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>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.</p>	<p>0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7</p>	<p>7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p>	
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>	<p>a. During the last 12 months, how much did . . . receive in wages and salaries for All JOBS before any deductions? 0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.</p>	<p>0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.</p>	<p>a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b</p>	
<p>Information Booklet, page 43 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0040 _____ Code</p>	<p>b. Could you tell me which range on CARD A best reflects . . . total wages and salaries for all jobs during the last 12 months? 0100 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	<p>0100 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	<p>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? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	
<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>c. What was the amount of . . . 's last pay before deductions? 0110 \$ _____ .00</p> <p>d. What period of time did this cover? 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify 7 <input type="checkbox"/> Twice a month</p>	<p>0110 \$ _____ .00</p> <p>0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify 7 <input type="checkbox"/> Twice a month</p>		

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter – Continued

				NOTES
<p>7c. During the last 12 months, did . . . have any income from . . . 's own farm?</p> <p>0310 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8</p>		<p>9f. Is this amount AFTER the deduction for a Medicare premium?</p> <p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		
<p>d. What was the amount of income or loss after expenses?</p> <p>0320 \$ _____ .00 } Go to item 8 0330 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7e</p>		<p>g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p> <p>0430 _____ Number</p>		
<p><i>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</i></p> <p>e. Could you tell me which range on CARD A best reflects . . . 's income or loss from . . . 's own farm during the last 12 months?</p> <p>0340 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>		<p>10. During the last 12 months, did . . . receive any –</p> <p>a. Supplemental Security Income (SSI) payments from the U.S. Government? 0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government? 0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><i>If "Yes" in items 10a and/or 10b –</i></p> <p>c. During the last 12 months, how much did . . . receive in Supplemental Security Income checks from ALL government sources? 0460 \$ _____ .00 Go to item 11 <i>If "Don't know" or "Refuse" –Go to item 10d</i></p>		
<p>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. <i>If YES – How much?</i></p> <p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0360 \$ _____ .00</p>		<p><i>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</i></p> <p>d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months? 0470 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$5,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,000 12 <input type="checkbox"/> \$50,000 and over</p>		
<p>9. During the last 12 months, did . . . receive from the U.S. Government any money from –</p> <p>a. Social Security checks? 0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Railroad Retirement checks? 0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>				
<p>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b? 0390 1 <input type="checkbox"/> Yes – Go to item 9d 2 <input type="checkbox"/> No – Go to item 10</p>				
<p>d. What was the amount of the last Social Security or Railroad Retirement payment received? 0400 \$ _____ .00 Go to item 9f <i>If "Don't know" or "Refuse" – Go to item 9e</i></p>		<p>11. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</i></p> <p>0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>		
<p><i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</i></p> <p>e. 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 <input type="checkbox"/> Less than \$300 2 <input type="checkbox"/> \$300–\$399 3 <input type="checkbox"/> \$400–\$499 4 <input type="checkbox"/> \$500–\$599 5 <input type="checkbox"/> \$600–\$699 6 <input type="checkbox"/> \$700–\$799 7 <input type="checkbox"/> \$800–\$899 8 <input type="checkbox"/> \$900–\$999 9 <input type="checkbox"/> \$1,000–\$1,499 10 <input type="checkbox"/> \$1,500 and over</p>				

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 35 6 ↓</p>	<p>a. NAME b. LINE NUMBER 0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 0070 _____ Code 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify <input checked="" type="checkbox"/></p>		<p>6e. Was there any money deducted from . . . 's last pay for –</p> <p>(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f</p> <p>f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h</p> <p>g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>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.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>		<p>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.</p>	<p>0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7</p>	<p>7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p>	<p>0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c</p>
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>		<p>a. During the last 12 months, how much did . . . receive in wages and salaries for All JOBS before any deductions? 0090 \$ _____ .00 <input checked="" type="checkbox"/> Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.</p>		<p>a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b</p>	
<p><i>Information Booklet, page 43</i> 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0040 _____ Code</p>	<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>b. Could you tell me which range on CARD A best reflects . . . total wages and salaries for all jobs during the last 12 months? 0100 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	<p>c. What was the amount of . . . 's last pay before deductions? 0110 \$ _____ .00</p>	<p>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? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	
<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0050 _____ Code <i>Ask if code 5 and not a farm – Is the business incorporated?</i> 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		<p>d. What period of time did this cover? 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify _____ 7 <input type="checkbox"/> Twice a month</p>			

Section 22 - WORK EXPERIENCE AND INCOME - Continued

FIELD REPRESENTATIVE - Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E - Third and Fourth Quarter - Continued

Form with multiple sections (7c-e, 8, 9a-b, 9f, 10a-d, 11) containing checkboxes, dollar amounts, and ranges for reporting work experience and income.

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 40 6 ↓</p>	<p>a. NAME b. LINE NUMBER 0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 0070 _____ Code 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ✓</p>		<p>6e. Was there any money deducted from . . . 's last pay for –</p> <p>(1) Federal income tax? 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(2) State and local income tax? 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(3) Private pension fund? 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(4) Government retirement? 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(5) Railroad retirement? 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No</p> <p>(6) Social Security including Medicare? 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f</p> <p>f. Are Social Security payments NORMALLY deducted from . . . 's pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h</p> <p>g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>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.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>		<p>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.</p>	<p>0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7</p>	<p>7. During the last 12 months, did . . . have any income or loss from . . . 's own nonfarm business, partnership, or professional practice?</p>
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>		<p>a. During the last 12 months, how much did . . . receive in wages and salaries for All JOBS before any deductions?</p>	<p>0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.</p>	<p>a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b</p>
<p><i>Information Booklet, page 43</i> 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0040 _____ Code</p>	<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>b. Could you tell me which range on CARD A best reflects . . . total wages and salaries for all jobs during the last 12 months?</p>	<p>0100 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>	<p>a. What was the amount of . . . 's last pay before deductions? 0110 \$ _____ .00</p>
	<p>0050 _____ Code <i>Ask if code 5 and not a farm – Is the business incorporated?</i> 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>d. What period of time did this cover? 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify 7 <input type="checkbox"/> Twice a month</p>	<p>c. What was the amount of . . . 's last pay before deductions? 0110 \$ _____ .00</p>		<p>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? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>

Section 22 – WORK EXPERIENCE AND INCOME – Continued

FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.

Part E – Third and Fourth Quarter – Continued

				NOTES
<p>7c. During the last 12 months, did . . . have any income from . . . 's own farm?</p> <p>0310 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8</p>		<p>9f. Is this amount AFTER the deduction for a Medicare premium?</p> <p>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		
<p>d. What was the amount of income or loss after expenses?</p> <p>0320 \$ _____ .00 } Go to item 8 0330 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7e</p>		<p>g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p> <p>0430 _____ Number</p>		
<p><i>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</i></p> <p>e. Could you tell me which range on CARD A best reflects . . . 's income or loss from . . . 's own farm during the last 12 months?</p> <p>0340 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</p>		<p>10. During the last 12 months, did . . . receive any –</p> <p>a. Supplemental Security Income (SSI) payments from the U.S. Government? 0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government? 0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><i>If "Yes" in items 10a and/or 10b –</i></p> <p>c. During the last 12 months, how much did . . . receive in Supplemental Security Income checks from ALL government sources? 0460 \$ _____ .00 Go to item 11 <i>If "Don't know" or "Refuse" –Go to item 10d</i></p>		
<p>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. <i>If YES – How much?</i></p> <p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0360 \$ _____ .00</p>		<p><i>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</i></p> <p>d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months? 0470 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$5,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,000 12 <input type="checkbox"/> \$50,000 and over</p>		
<p>9. During the last 12 months, did . . . receive from the U.S. Government any money from –</p> <p>a. Social Security checks? 0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Railroad Retirement checks? 0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		<p>11. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</i></p> <p>0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>		
<p>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b? 0390 1 <input type="checkbox"/> Yes – Go to item 9d 2 <input type="checkbox"/> No – Go to item 10</p> <p>d. What was the amount of the last Social Security or Railroad Retirement payment received? 0400 \$ _____ .00 Go to item 9f <i>If "Don't know" or "Refuse" – Go to item 9e</i></p>				
<p><i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</i></p> <p>e. 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 <input type="checkbox"/> Less than \$300 2 <input type="checkbox"/> \$300–\$399 3 <input type="checkbox"/> \$400–\$499 4 <input type="checkbox"/> \$500–\$599 5 <input type="checkbox"/> \$600–\$699 6 <input type="checkbox"/> \$700–\$799 7 <input type="checkbox"/> \$800–\$899 8 <input type="checkbox"/> \$900–\$999 9 <input type="checkbox"/> \$1,000–\$1,499 10 <input type="checkbox"/> \$1,500 and over</p>				

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Part G – Changes In Assets – Fifth Quarter Only

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? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6 0160		NOTES
a. Savings accounts in banks, savings and loans, credit unions and similar accounts? 0010 \$ _____ .00 <input type="checkbox"/> None	If YES – What was the net amount received from sales after subtracting broker fees? 0170 \$ _____ .00			
b. Checking accounts, brokerage accounts and other similar accounts? 0020 \$ _____ .00 <input type="checkbox"/> None	6. During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7 0180			
c. U.S. Savings bonds? 0030 \$ _____ .00 <input type="checkbox"/> None	If YES – How much did you invest? 0190 \$ _____ .00			
2. How does the amount your CU had at the end of the last day of (last month) compare with the amount your CU had on the last day of (last month, one year ago) in – 0040 <input type="checkbox"/> Same – Go to item 2b <input type="checkbox"/> More <input type="checkbox"/> Less If more or less – How much more (less)?	7. During the past 12 months, did you (or any members of your CU) withdraw any assets from your own business or farm? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8a 0200			
a. Savings accounts? 0050 \$ _____ .00	If YES – What was the value of such assets? 0210 \$ _____ .00			
b. Checking accounts? 0060 <input type="checkbox"/> Same – Go to item 2c <input type="checkbox"/> More <input type="checkbox"/> Less 0070 \$ _____ .00	8a. During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 9a 0220			
c. U.S. Savings bonds? 0080 <input type="checkbox"/> Same – Go to item 3a <input type="checkbox"/> More <input type="checkbox"/> Less 0090 \$ _____ .00	b. What was the value of these goods or services? 0230 \$ _____ .00			
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 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4	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 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 10			
b. If YES – What was the estimated value of all such securities on the last day of (last month)? 0110 \$ _____ .00	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)? <input type="checkbox"/> Same – Go to item 10 <input type="checkbox"/> More <input type="checkbox"/> Less 0250			
c. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)? <input type="checkbox"/> Same – Go to item 4 <input type="checkbox"/> More <input type="checkbox"/> Less If more or less – How much more (less)? 0120 0130 \$ _____ .00	If more or less – How much more (less)? 0260 \$ _____ .00			
4. During the past 12 months, did you (or any members of your CU) purchase any stocks, mutual funds or bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5 0140	10. Did anyone outside of your CU owe money to you or any member of your CU on the last day of (last month, one year ago)? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 11 0270			
If YES – What was the total purchase price including broker fees? 0150 \$ _____ .00	If YES – How much was owed? 0280 \$ _____ .00			
	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)? <input type="checkbox"/> Yes <input type="checkbox"/> No 0290			
	If YES – How much did you receive? 0300 \$ _____ .00			

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

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

TOTAL CU INCOME
Information Booklet, page 47
1. Which category represents the total combined income of this CU during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received by all CU members 14 years of age or older.

- 1 24 01 6 ↓
- 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

NOTES

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