

# TABLE OF CONTENTS

## SURVEY OF INCOME AND PROGRAM PARTICIPATION (SIPP) 1993 PANEL WAVE 1 TOPICAL MODULE MICRODATA FILE

Abstract .....	1-1
File Information .....	2-1
Glossary of Selected Terms .....	3-1
Index .....	4-1
Variable Listing .....	5-1
How to Use the Data Dictionary .....	6-1
Data Dictionary .....	7-1
Source and Accuracy Statement .....	8-1
Employment History Topical Module Review .....	9-1
Appendices	
A. Code Lists	
A-1 Income Source Code List .....	A1-1
A-2 Income Sources Included in Monthly Cash Income .....	A2-1
A-3 Sources of Means-Tested Benefits Covered in SIPP .....	A3-1
A-4 1990 Census of Population Occupation Classification System .....	A4-1
A-5 1990 Census of Population Industry Classification System .....	A5-1
B. Facsimiles	
B-1 Control Card .....	B1-1
B-2 Core Questionnaire .....	B2-1
B-3 Topical Module Questionnaire .....	B3-1
C. Working Papers .....	C-1
D. Machine-Readable Data Dictionary Layout .....	D-1
E. User Notes .....	E-1

## ABSTRACT

*Survey of Income and Program Participation (SIPP) 1993 Panel, Wave 1 Topical Module Microdata File [machine-readable data file] / conducted by the U.S. Bureau of the Census. -Washington: The Bureau [producer and distributor], 1994.*

### Type of File

Microdata; unit of observation is an individual.

### Universe Description

The universe is the resident population of the United States, excluding persons living in institutions and military barracks.

### Subject-Matter Description

The file contains data primarily from the topical module portion of the questionnaire. However, for purposes of matching persons to the core file, which was released separately, the beginning of the file contains identifying information as well as some basic demographic and social characteristics that are also contained in the core file. The identifying information includes sample unit, household address, and entry address identification. Demographic and social characteristics include age, sex, race (White; Black; American Indian, Eskimo, and Aleut; Asian or Pacific Islander; and Other), ethnic origin (23 categories including 7 Spanish origin categories), marital status, and education. Data in this topical module file include reciprocity and employment.

The sample consists of 4 rotation groups, each interviewed in a different month from February to May 1993. For each group the reference period for reporting labor force activity and income is the four calendar months preceding the interview month.

SIPP is a longitudinal survey where each sampled household and each descendent household is reinterviewed at 4-month intervals for 9 interviews or "waves." This file contains the results of the first interview. Unique codes are included on each record to allow linking together the same persons from the preceding and subsequent waves.

### Geographic Coverage

United States. Codes are included for 41 individual States and the District of Columbia, **although the sample was not designed to produce State estimates**. Areas in the SIPP sample in nine other States are identified in three groups for confidentiality reasons. The file identifies a subsample of metropolitan residents, along with codes for selected metropolitan statistical areas (MSA's) and consolidated metropolitan statistical areas (CMSA's).

### Technical Description

**File Structure:** Rectangular. Each logical record for a sampled person includes information on the household and family of which the person was a part during each month of the reference period, as well as characteristics of the person.

**File Size:** 51,995 logical records; 544 character logical record length.

**File Sort Sequence of Sample Units:** Sampling unit identification number by entry address ID and person number within sampling unit.

## Reference Materials

*Interviewers' Manual (1985). Survey of Income and Program Participation.* U.S. Department of Commerce, Bureau of the Census. The manual is available from Data User Services Division, Customer Services, Bureau of the Census, Washington, D.C. 20233.

*Survey of Income and Program Participation (SIPP) 1993 Panel, Wave 1 Topical Module Microdata File Technical Documentation.* The documentation includes this abstract, the data dictionary, an index to the data dictionary, relevant code lists, a questionnaire facsimile, and general information relative to SIPP. One copy of the technical documentation accompanies each file order but also may be purchased separately from Data User Services Division, Customer Services, Bureau of the Census, Washington, D.C. 20233.

*Survey of Income and Program Participation Users' Guide. The Users' Guide* contains a general overview of the file as well as chapters on survey design and content, structure and use of cross-sectional files, linking waves and reliability of the data. A single copy accompanies each technical documentation or tape order. Additional copies are available from Customer Services, Data User Services Division, Bureau of the Census, Washington, D.C. 20233.

One copy of the technical documentation and *Users' Guide* accompanies each file order. A single copy of the *Users' Guide* also accompanies each additional technical documentation order. Additional copies of the technical documentation and *Users' Guide* are available from Customer Services, Data User Services Division, Bureau of the Census, Washington, 20233; Phone: (301) 763-4100 or FAX: (301) 763-4794.

## Related Printed Reports

Related printed reports include working papers, compilations of papers presented at annual meetings of the American Statistical Association, articles appearing in the *Journal of Economic and Social Measurement*, and reports in the P-70 series of the Current Population Reports. See the Users' Guide that accompanies the documentation for ordering information.

## Related Machine-Readable Data Files

SIPP files from all Waves of the 1984 through 1991 Panels as well as Waves 1 through 5 of the 1992 Panel and 1993 Panel Wave 1-3 are available from Customer Services, Data User Services Division, Bureau of the Census, Washington, DC 20233. An order form is on the following page for your convenience.

## File Availability

Survey of Income and Program Participation (SIPP) 1993 Panel, Wave 1 Topical Module Microdata File is available on computer tape at 6250 bpi, ASCII or EBCDIC, and standard ANSI labeling. The file can also be made available on IBM 3480 compatible tape cartridge or CD-R (compact disc-recordable) in ASCII for the same price as the file on tape. A machine-readable dictionary is contained at the end of each file. This dictionary is also available separately on one tape reel or cartridge. When ordering, please use the [order form](#) on the following page.

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### Computer Tape Instructions

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Expiration date \_\_\_\_ - \_\_\_\_

(Name on card)

\_\_\_\_\_  
(Signature)

## FILE INFORMATION

### Matching Topical Module File with Core File

Since the core and topical module data are released as separate files it may be necessary to match the two files. The two files contain the following information for linking purposes.

Sample Unit ID (scrambled)	Race
Household Address ID	Sex
Item36B	MS(5)
Entry Address ID	PNSP(5)
Person Number	PNPT(5)
PP-Intvw	Higrade
Finalwgt(5)	Grd-Cmpl
RRP(5)	Ethnicity
Age(5)	

### Geographic Coverage

State codes are shown except for nine States which are identified in three groups. A subsample of metropolitan residents is identified along with codes for selected metropolitan statistical areas (MSA's) and consolidated metropolitan statistical areas (CMSA's). **The sample was not designed to produce State or MSA/CMSA level estimates.** State codes are primarily useful in relating a respondent's reciprocity of benefits to thresholds which may vary from State to State. MSA/CMSA codes may be used in relating respondent characteristics with contextual variables.

### Identification Number System

The SIPP identification scheme is designed to uniquely identify individuals in each wave, provide a means of linking the same individuals over time, and group individuals into households and families over time.

The various components of the identification scheme are listed below:

- Sample Unit Identification Number
- Address ID
- Entry Address ID
- Person Number

The sample unit identification number was created by scrambling together the PSU, segment, and serial numbers used for Census Bureau administrative purposes. This identifier is constructed the same way on each wave regardless of moves, to enable matching from wave to wave.

The two-digit address ID code identifies each household associated with the same sample unit identification number. The first digit of the address ID code indicates the wave in which that address was first assigned for interview. The second digit sequentially numbers multiple households that have the same serial number. The address ID code is 11 for all sample addresses that are the same as in Wave 1. As SIPP sample persons move to new addresses, new address ID codes are assigned. Any new address to which sample unit members moved during Wave 4 is numbered in the 40's.

The person ID is a five-digit number consisting of the two-digit entry address ID and a three-digit person number. Person numbers 101, 102, etc., are assigned in Wave 1; 201, 202, etc., are assigned to persons added to the roster in Wave 2, and so forth. This five-digit number is not changed or updated, regardless of moves.

The sampling unit serial number and address ID code uniquely identifies each household in any given wave. The sampling unit serial number can link all households in subsequent waves back to the original Wave 1 household.

### **Topcoding of Income Variables**

To protect against the possibility that a user might recognize the identity of a SIPP respondent with very high income, income from every source is "topcoded" so that no individual income amounts above \$100,000 are revealed. While the data dictionary indicates a topcode of \$33,332 for monthly income, this topcode will rarely be used. In most cases the monthly income is shown as an individual dollar amount of \$8,333, with \$8,333 actually representing "\$8,333 or more." (the \$100,000 annual income topcode is \$8,333 multiplied by 12 months). Individual monthly amounts above \$8333 may occasionally be shown if the respondent's income varied considerably from month to month, as long as the average does not exceed \$8,333. For example, if a respondents' income from a single job were concentrated in only one of the four reference months, a figure as high as \$33,332 could be shown. (Income from interest or property have lower topcodes).

Summary income figures on the person, family, and household records are simple sums of the components shown on the file after topcoding, and are not independently topcoded. Thus, a person with high income from several sources (jobs, businesses, property) could have aggregate monthly income well over the topcode for each source. Families and households with a number of high income members could theoretically have aggregate income shown well over \$100,000, though well below the \$1.5 million shown as the highest allowable value in the data dictionary.

The user is cautioned against trying to make much use of the occasional monthly figures above \$8,333, except in calculating aggregates or observing patterns across the 4-month period for a single individual, family, or household. Those units with higher monthly amounts shown are a biased sample of high income units, more likely to include units with income from multiple sources than other units with equally high aggregate income which comes from a single source.

## GLOSSARY OF SELECTED TERMS

**Absent 1 or more weeks.** Absent 1 or more weeks means absent without pay from a job or business. Persons were absent without pay in a month if they were `with a job' during the entire month, but were not at work at that job during at least 1 full week (Sunday through Saturday) during the month, and did not receive wages or a salary for any time during that week. Reasons for an unpaid absence include vacation, illness, layoff, bad weather, labor disputes, and waiting to start a new job.

**Family household.** A family household is a household maintained by a family; any unrelated persons (unrelated subfamily members and/or secondary individuals) who may be residing there are included. The number of family households is equal to the number of families. The count of family household members differs from the count of family members, however, in that the family household members include all persons living in the household, whereas family members include only the householder and his/her relatives.

**Family.** A family is a group of two or more persons (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such persons (including related subfamily members) are considered members of one family.

**Farm-nonfarm residence.** The farm population refers to rural residents living on farms. Under this definition, a farm is any place in rural territory from which sales of crops, livestock, and other agricultural products amounted to \$1,000 or more during the previous 12-month period.

**Full-time and part-time.** The data on full- and part-time workers pertain to the number of hours a person usually worked per week during the weeks worked in the 4-month reference period of the survey. If the hours worked per week varied considerably, the respondent was asked to report an approximate average of the actual hours worked each week.

Persons 16 years old and over who reported usually working 35 or more hours each week during the weeks they worked are classified as `full-time' workers; persons who reported that they usually worked fewer than 35 hours are classified as `part-time' workers. The same definitions are used in the CPS.

**Household.** A household consists of all persons who occupy a housing unit. A house, an apartment or other group of rooms, or a single room is regarded as a housing unit when it is occupied or intended for occupancy as separate living quarters; that is, when the occupants do not live and eat with any other persons in the structure and there is either (1) direct access from the outside or through a common hall or (2) a kitchen or cooking equipment for the exclusive use of the occupants.

A household includes the related family members and all the unrelated persons, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit or a group of unrelated persons sharing a housing unit as partners is also counted as a household. The count of households excludes group quarters. Examples of group quarters include rooming and boarding houses, college dormitories, and convents and monasteries.

**Householder.** Survey procedures call for listing first the person (or one of the persons) in whose name the home is owned or rented. If the house is owned jointly by a married couple, either the husband or the wife may be listed first, thereby becoming the reference person, or householder, to whom the relationship of the other household members is recorded. One person in each household is designated as the `householder.' The number of householders, therefore, is equal to the number of households.

**Layoff.** In general, the word `layoff' means release from a job because of slack work, material shortages, inventory taking, plant remodeling, installation of machinery, or other similar reasons. For this survey, persons were also on `layoff' who did not have job but who responded that they has spent at least 1 week on layoff from a job and that they were available to accept a job.

## SIPP 1993 WAVE 1 TOPICAL MODULE

In addition, persons were on 'layoff' in a given month if they were 16 years old or over and (a) were 'with a job' but 'absent without pay' from that job for at least 1 full week during that month, and (b) they responded that their main reason for being absent from their job or business was 'layoff.' 'On layoff' also includes a small number of persons who responded that they were waiting to report to a new wage and salary job that was to begin within 30 days. In other words, persons waiting to begin a new job are classified together with persons waiting to return to a job from which they have been laid off.

**Looking for work.** Persons who 'looked for work' in a given month are those who were 16 years old or over and (a) were without a job during at least 1 week during the month, (b) tried to get work or establish a business or profession in that week, and (c) were available to accept a job. Examples of jobseeking activities are (1) registering at a public or private employment office, (2) meeting with prospective employers, (3) investigating possibilities for starting a professional practice or opening a business, (4) placing or answering advertisements, (5) writing letters of application, and (6) being on a professional register.

The CPS uses a similar concept of 'looking for work.' The term 'unemployed' as used in the CPS includes persons who were looking for work in the reference week and those who were 'on layoff' or 'waiting to begin a new job in 30 days."

**Low-Income Home Energy Assistance Program.** Benefits from the Federally funded LIHEAP authorized by Title XXVI of the Omnibus Budget Reconciliation Act of 1981, or comparable assistance provided through State funded assistance programs, may be received in the form of direct payment to the household as reimbursement for heating or cooling expenses or paid directly to the fuel dealer or landlord.

**Means-tested benefits.** The term means-tested benefits refers to programs that require the income or assets (resources) of the individual or family be below specified guidelines in order to qualify for benefits. These programs provide cash and noncash assistance to the low-income population. The major sources of means-tested cash and noncash assistance are shown in Appendix B-2.

**Medicaid.** This term refers to the Federal-State program of medical assistance for low-income individuals and their families as provided for by Title XIX of the Social Security Act. The phrase 'Medicaid covered' refers to persons enrolled in the Medicaid program, regardless of whether they actually utilized any Medicaid covered health care services during the survey reference period.

**Medicare.** This term refers to the Federal Health Insurance Program for the Aged and Disabled as provided for by Title XVIII of the Social Security Act. The phrase 'Medicare covered' refers to persons enrolled in the Medicare program, regardless of whether they actually utilized any Medicare covered health care services during the survey reference period.

**Monthly income.** The monthly income estimates for households are based on the sum of the monthly income received by each household member age 15 years old or over.

Cash income includes all income received from any of the sources listed in Appendix B-1. Rebates, refunds, loans, and capital gain or loss amounts from the sale of assets, and interhousehold transfers of cash such as allowances are not included. Accrued interest on Individual Retirement Accounts, KEOUGH retirement plans, and U.S. Savings bonds are also excluded. This definition differs somewhat from that used in the annual income reports based on the March CPS Income supplement questionnaire. These data, published in the Consumer Income Series, P-6O, are based only on income received in a regular or periodic manner and, therefore, exclude lump-sum or one-time payments such as inheritances and insurance settlements. The March CPS income definition, however, does exclude the same income sources excluded by SIPP.

The income amounts represent amounts actually received during the month, before deductions for income and payroll taxes, union dues, Part B Medicare premiums, etc.



The SIPP income definition includes three types of earnings: wages and salary, nonfarm self-employment, and farm self-employment. The definition of nonfarm self-employment and farm self-employment is not based on the net difference between gross receipts or sales and operating expenses, depreciation, etc. The monthly amounts for these income types are based on the salary or other income received from the business by the owner of the business or farm during the 4-month reference period.

The Bureau of Labor Statistics publishes quarterly averages for an earnings concept called 'usual weekly earnings' for employed wage and salary workers. The concept differs from the SIPP earnings concept since it is based on usual, not actual earnings, excludes the self-employed, and excludes earnings from secondary jobs.

While the income amounts from most sources are recorded monthly for the 4-month reference period, property income amounts, interest, dividends, rental income, etc., were recorded as totals for the 4-month period. These totals were distributed equally between months of the reference period for purposes of calculating monthly averages.

**Nonfamily household.** A nonfamily household is a household maintained by a person living alone or with nonrelatives only.

**Persons of Spanish origin.** Persons of Spanish origin were determined on the basis of a question that asked for self-identification of the person's origin or descent. Respondents were asked to select their origin (or the origin of some other household member) from a 'flash card' listing ethnic origins. Persons of Spanish origin, in particular, were those who indicated that their origin was Mexican, Puerto Rican, Cuban, Central or South American, or some other Spanish origin. It should be noted that persons of Spanish origin may be of any race.

**Population coverage.** The estimates are restricted to the civilian noninstitutional population of the 50 States and members of the Armed Forces living off post or with their families on post.

**Race.** The population is divided into groups on the basis of race: White; Black; American Indian, Eskimo, or Aleut; Asian or Pacific Islander; and 'other races.'

**Special Supplemental Food Program for women, Infants, and Children (WIC).** Benefits are received in the form of vouchers that are redeemed at retail stores for specific supplemental nutritious foods. Eligible low-income recipients are infants and children up to age five and pregnant, postpartum, and breastfeeding women.

**Unemployment compensation.** This term refers to cash benefits paid to unemployed workers through a State or local unemployment agency. These include all benefits paid under the Federal-State unemployment insurance program as established under the Social Security Act, as well as those benefits paid to State and local government employees, Federal civilian employees, and veterans.

**With a Job.** Persons are classified 'with a job' in a given month if they were 16 years old or over and, during the month, either (a) worked as paid employees or worked in their own business or profession or on their own farm or worked without pay in a family business or farm or (b) were temporarily absent from work either with or without pay. In general, the word 'job' implies an arrangement for regular work for pay where payment is in cash wages or salaries, at piece rates, in tips, by commission, or in kind (meals, living quarters, supplies received). 'Job' also includes self-employment at a business, professional practice, or farm. A business is defined as an activity which involves the use of machinery or equipment in which money has been invested or an activity requiring an office or 'place of business' or an activity which requires advertising; payment may be in the form of profits or fees.

The Current Population Survey (CPS), the official source of labor force statistics for the Nation, uses the same definition for a job or business. The term 'with a job,' however, should not be confused with the term 'employed' as used in the CPS. 'With a job' includes those who were temporarily absent from a job because of layoff and

## SIPP 1993 WAVE 1 TOPICAL MODULE

those waiting to begin a new job in 30 days; in the CPS these persons are not considered 'employed.' See 'Worked each week' below.

**With labor force activity.** The term 'with labor force activity' includes all persons with a job (as defined above) and those looking for work or on layoff from a job for at least 1 week during a given month. Conversely, those persons 'with no labor force activity' had no job, were not on layoff from a job and made no effort to find a job during the month.

**Work disability.** Persons were classified as having a work disability if they were identified by the respondent as having a physical, mental, or other health condition that limits the kind or amount of work they can do.

**Worked each week.** Persons 'worked each week' in a month if, for the entire month, they were 'with a job' and not 'absent without pay' from the job. In other words, a person worked each week in any month when they were (a) on the job the entire month, or (b) they received wages or a salary for all weeks in the month, whether they were on the job or not. Persons also worked each week if they were self-employed and spent time during each week of the month at or on behalf of the business or farm they owned, as long as they received or expected to receive profit or fees for their work.

In the CPS, the concept of 'work' includes those persons who spent at least 1 hour during the reference week at their job or business. In the CPS, however, 'at work' does not include persons who were temporarily absent from their jobs during the entire reference week on paid vacation, sick leave, etc. In SIPP, 'worked each week' does include persons on paid absences.

## INDEX TO 1993 WAVE 1 TOPICAL MODULE

<u>Item</u>	<u>Mnemonic</u>	<u>Position</u>
Address Identification .....	ADDID .....	20
Address Identification - Edited Entry .....	ENTRY .....	30
AFDC Application For Benefits .....	TM8080 .....	91
AFDC Benefits Starting Month .....	TM8084 .....	93
AFDC Benefits Starting Year .....	TM8086 .....	95
AFDC Reciprocity - Check Item T4 .....	TM8076 .....	89
AFDC Reciprocity Of Benefits .....	TM8082 .....	92
AFDC Reciprocity, Number Of Months For .....	TM8090 .....	101
AFDC Reciprocity, Number Of Times For .....	TM8094 .....	105
AFDC Reciprocity, Number Of Years For .....	TM8088 .....	99
AFDC Reciprocity, Previous .....	TM8078 .....	90
Age 18 To 64 - Check Item T12 .....	TM8200 .....	429
Age 18 Years Or Over - Check Item T1 .....	TM8052 .....	69
Age As Of Last Birthday - Edited and Imputed .....	AGE .....	48
Business ID Number, Main - Check Item T14 .....	TM8216 .....	433
Business Located At More Than One Location .....	TM8226 .....	444
Designated Parent Or Guardian - Check Item T3 .....	TM8074 .....	88
Employer ID Number, Main - Check Item T14 .....	TM8214 .....	431
Employer Number Filled - Check Item T15 .....	TM8222 .....	441
Employment History Imputation Flags .....	IMP8218:8294 .....	513
Employment Month, Starting .....	TM8218 .....	435
Employment Size At All Locations .....	TM8228 .....	446
Employment Size At Work Location .....	TM8224 .....	442
Employment Year, Starting .....	TM8220 .....	437
Ethnic Origin .....	ETHNICTY .....	63
Food Stamp Application From Federal Government .....	TM8058 .....	72
Food Stamp Authorization .....	TM8060 .....	73
Food Stamp Reciprocity - Check Item T2 .....	TM8054 .....	70
Food Stamp Reciprocity Starting Month .....	TM8062 .....	74
Food Stamp Reciprocity Starting Year .....	TM8064 .....	76
Food Stamp Reciprocity, Number Of Months For .....	TM8068 .....	82
Food Stamp Reciprocity, Number Of Times For .....	TM8072 .....	86
Food Stamp Reciprocity, Number Of Years For .....	TM8066 .....	80
Food Stamp Reciprocity, Previous .....	TM8056 .....	71
Food Stamps - Month Received - Fifth Income Type .....	TM8716 .....	300
Food Stamps - Month Received - First Income Type .....	TM8316 .....	176
Food Stamps - Month Received - Fourth Income Type .....	TM8616 .....	269
Food Stamps - Month Received - Second Income Type .....	TM8416 .....	207
Food Stamps - Month Received - Sixth Income Type .....	TM8816 .....	332
Food Stamps - Month Received - Third Income Type .....	TM8516 .....	238
Food Stamps - Received 4 months ago - Fifth Income Type .....	TM8714 .....	299
Food Stamps - Received 4 months ago - First Income Type .....	TM8314 .....	175
Food Stamps - Received 4 months ago - Fourth Income Type .....	TM8614 .....	268
Food Stamps - Received 4 months ago - Second Income Type .....	TM8414 .....	206
Food Stamps - Received 4 months ago - Sixth Income Type .....	TM8814 .....	331
Food Stamps - Received 4 months ago - Third Income Type .....	TM8514 .....	237
Food Stamps - Year Received - Fifth Income Type .....	TM8718 .....	302
Food Stamps - Year Received - First Income Type .....	TM8318 .....	178
Food Stamps - Year Received - Fourth Income Type .....	TM8618 .....	271
Food Stamps - Year Received - Second Income Type .....	TM8418 .....	209

SIPP 1993 WAVE 1 TOPICAL MODULE

<u>Item</u>	<u>Mnemonic</u>	<u>Position</u>
Food Stamps - Year Received - Sixth Income Type .....	TM8818 .....	334
Food Stamps - Year Received - Third Income Type .....	TM8518 .....	240
Grade Attended Was Completed, Highest .....	GRD-CMPL .....	62
Grade Or Year Of School Attended, Highest .....	HIGRADE .....	60
Health Insurance Plan Coverage - Check Item T8 .....	TM8124 .....	133
Health Insurance Plan, Last Month Covered By .....	TM8132 .....	140
Health Insurance Plan, Last Period Covered By .....	TM8136 .....	146
Health Insurance Plan, Last Year Covered By .....	TM8134 .....	142
Health Insurance Plan, Length Of Time Covered By .....	TM8130 .....	138
Health Insurance Plan, Number Of Months Covered By .....	TM8126 .....	134
Health Insurance Plan, Number Of Years Covered By .....	TM8128 .....	136
Housing Unit Public Or Subsidized - Check Item T10 .....	TM8140 .....	149
Housing Unit, Length Of Time Lived In Subsidized .....	TM8146 .....	154
Housing Unit, Number Of Months Lived In Subsidized .....	TM8142 .....	150
Housing Unit, Number Of Years Lived In Subsidized .....	TM8144 .....	152
Housing Waiting List, Name On Public Or Subsidized .....	TM8150 .....	157
Identifier, Sample Unit .....	ID .....	6
Income - Month Received - Fifth Income Type .....	TM8704 .....	286
Income - Month Received - First Income Type .....	TM8304 .....	162
Income - Month Received - Fourth Income Type .....	TM8604 .....	255
Income - Month Received - Second Income Type .....	TM8404 .....	193
Income - Month Received - Sixth Income Type .....	TM8804 .....	318
Income - Month Received - Third Income Type .....	TM8504 .....	224
Income - Year Received - Fifth Income Type .....	TM8706 .....	288
Income - Year Received - First Income Type .....	TM8306 .....	164
Income - Year Received - Fourth Income Type .....	TM8606 .....	257
Income - Year Received - Second Income Type .....	TM8406 .....	195
Income - Year Received - Sixth Income Type .....	TM8806 .....	320
Income - Year Received - Third Income Type .....	TM8506 .....	226
Income Authorized To Receive During The 4-month Period - Fifth Income Type .....	TM3800 .....	282
Income Authorized To Receive During The 4-month Period - First Income Type .....	TM3000 .....	158
Income Authorized To Receive During The 4-month Period - Fourth Income Type .....	TM3600 .....	251
Income Authorized To Receive During The 4-month Period - Second Income Type .....	TM3200 .....	189
Income Authorized To Receive During The 4-month Period - Sixth Income Type .....	TM4000 .....	314
Income Authorized To Receive During The 4-month Period - Third Income Type .....	TM3400 .....	220
Income Received - Fifth Type Of .....	TM8702 .....	285
Income Received - First Type Of .....	TM8302 .....	161
Income Received - Fourth Type Of .....	TM8602 .....	254
Income Received - Second Type Of .....	TM8402 .....	192
Income Received - Sixth Type Of .....	TM8802 .....	317
Income Received - Third Type Of .....	TM8502 .....	223
Income Received During 4-Month Period - Fifth Income Type .....	TM8700 .....	284
Income Received During 4-Month Period - First Income Type .....	TM8300 .....	160
Income Received During 4-Month Period - Fourth Income Type .....	TM8600 .....	253
Income Received During 4-Month Period - Second Income Type .....	TM8400 .....	191
Income Received During 4-Month Period - Sixth Income Type .....	TM8800 .....	316
Income Received During 4-Month Period - Third Income Type .....	TM8500 .....	222
Income Type Imputation Flags, Fifth .....	IMP8704:8724 .....	410
Income Type Imputation Flags, First .....	IMP8304:8324 .....	378
Income Type Imputation Flags, Fourth .....	IMP8604:8624 .....	402
Income Type Imputation Flags, Second .....	IMP8404:8424 .....	386

<u>Item</u>	<u>Mnemonic</u>	<u>Position</u>
Income Type Imputation Flags, Sixth .....	IMP8804:8824 .....	418
Income Type Imputation Flags, Third .....	IMP8504:8524 .....	394
Index From Core, Person .....	PINX .....	18
Industry Imputation Flag .....	IMP-IND .....	540
Interview Status Code .....	ITEM36B .....	22
Interview Status, Monthly Person's .....	PP-MIS1-5 .....	25
Interview Status, Person's .....	INTVW .....	24
ISS Code For Worked Marked - Check Item T13 .....	TM8210 .....	430
ISS Codes Marked - Check Item T11 .....	TM8148 .....	156
Job Never Lasted For Two Weeks Or More .....	TM8252 .....	470
Kind Of Company, Business Or Occupation .....	TMIND4 .....	476
Marital Status .....	MS .....	53
Medicaid Coverage, Beginning Month Of .....	TM8118 .....	125
Medicaid Coverage, Beginning Of .....	TM8122 .....	131
Medicaid Coverage, Beginning Year Of .....	TM8120 .....	127
Medicaid Marked - Check Item T6 .....	TM8114 .....	123
Name Of Employer Or Business .....	TMIND3 .....	473
Occupation Imputation Flag .....	IMP-OCC .....	541
Person Number Of Parent .....	PNPT .....	57
Person Number Of Spouse .....	PNSP .....	54
Person Number, Edited .....	PNUM .....	32
Race - Edited And Imputed .....	RACE .....	52
Reciprocity History Imputation Flags .....	IMP8058:8150 .....	345
Reference Person - Check Item T9 .....	TM8138 .....	148
Relationship To Reference Person, Edited .....	RRP .....	47
Rotation Group .....	ROTATION .....	15
Sequence Number Of Sample Unit .....	SUSEQNUM .....	1
Sex - Edited And Imputed .....	SEX .....	51
Social Security/Railroad Ret. For Children - Month Received - Fifth Income Type .....	TM8708 .....	292
Social Security/Railroad Ret. For Children - Month Received - First Income Type .....	TM8308 .....	168
Social Security/Railroad Ret. For Children - Month Received - Fourth Income Type .....	TM8608 .....	261
Social Security/Railroad Ret. For Children - Month Received - Second Income Type .....	TM8408 .....	199
Social Security/Railroad Ret. For Children - Month Received - Sixth Income Type .....	TM8808 .....	324
Social Security/Railroad Ret. For Children - Month Received - Third Income Type .....	TM8508 .....	230
Social Security/Railroad Retirement - Month Received - Fifth Income Type .....	TM8710 .....	293
Social Security/Railroad Retirement - Month Received - First Income Type .....	TM8310 .....	169
Social Security/Railroad Retirement - Month Received - Fourth Income Type .....	TM8610 .....	262
Social Security/Railroad Retirement - Month Received - Second Income Type .....	TM8410 .....	200
Social Security/Railroad Retirement - Month Received - Sixth Income Type .....	TM8810 .....	325
Social Security/Railroad Retirement - Month Received - Third Income Type .....	TM8510 .....	231
Social Security/Railroad Retirement - Year Received - Fifth Income Type .....	TM8712 .....	295
Social Security/Railroad Retirement - Year Received - First Income Type .....	TM8312 .....	171
Social Security/Railroad Retirement - Year Received - Fourth Income Type .....	TM8612 .....	264
Social Security/Railroad Retirement - Year Received - Second Income Type .....	TM8412 .....	202
Social Security/Railroad Retirement - Year Received - Sixth Income Type .....	TM8812 .....	327
Social Security/Railroad Retirement - Year Received - Third Income Type .....	TM8512 .....	233
SSI Application For Benefits .....	TM8100 .....	109
SSI Benefits Starting Month .....	TM8104 .....	111
SSI Benefits Starting Year .....	TM8106 .....	113
SSI Benefits, Number Of Months Received .....	TM8110 .....	119
SSI Benefits, Number Of Years Received .....	TM8108 .....	117

SIPP 1993 WAVE 1 TOPICAL MODULE

<u>Item</u>	<u>Mnemonic</u>	<u>Position</u>
SSI Benefits, Reciprocity Of .....	TM8102 .....	110
SSI Or AFDC Marked - Check Item T7 .....	TM8116 .....	124
SSI Reciprocity - Check Item T5 .....	TM8096 .....	107
SSI Reciprocity, Previous .....	TM8098 .....	108
State Code, FIPS .....	STATE .....	16
Time Out Of Labor Force Lasting 6 Months Or More .....	TM8286 .....	501
Wave Number Within Panel .....	WAVE .....	65
Weight, Second Stage Factor .....	FINALWGT .....	35
WIC Benefits - Month Received - Fifth Income Type .....	TM8722 .....	307
WIC Benefits - Month Received - First Income Type .....	TM8322 .....	183
WIC Benefits - Month Received - Fourth Income Type .....	TM8622 .....	276
WIC Benefits - Month Received - Second Income Type .....	TM8422 .....	214
WIC Benefits - Month Received - Sixth Income Type .....	TM8822 .....	339
WIC Benefits - Month Received - Third Income Type .....	TM8522 .....	245
WIC Benefits - Received 4 Months Ago - Fifth Income Type .....	TM8720 .....	306
WIC Benefits - Received 4 Months Ago - First Income Type .....	TM8320 .....	182
WIC Benefits - Received 4 Months Ago - Fourth Income Type .....	TM8620 .....	275
WIC Benefits - Received 4 Months Ago - Second Income Type .....	TM8420 .....	213
WIC Benefits - Received 4 Months Ago - Sixth Income Type .....	TM8820 .....	338
WIC Benefits - Received 4 Months Ago - Third Income Type .....	TM8520 .....	244
WIC Benefits - Year Received - Fifth Income Type .....	TM8724 .....	309
WIC Benefits - Year Received - First Income Type .....	TM8324 .....	185
WIC Benefits - Year Received - Fourth Income Type .....	TM8624 .....	278
WIC Benefits - Year Received - Second Income Type .....	TM8424 .....	216
WIC Benefits - Year Received - Sixth Income Type .....	TM8824 .....	341
WIC Benefits - Year Received - Third Income Type .....	TM8524 .....	247
Work At Job Or Business, Reason Did Not .....	TM8294 .....	512
Work For Employer Or Self-Employed .....	TM8266 .....	480
Work Starting Month .....	TM8268 .....	481
Work Starting Year .....	TM8270 .....	483
Work Stopped, Main Reason That .....	TM8272 .....	487
Work Type Performed For How Many Months .....	TM8236 .....	450
Work Type Performed For How Many Years .....	TM8234 .....	448
Worked At Least Six Months During Year .....	TM8276 .....	493
Worked At Least Six Months During Year Since 1981 .....	TM8282 .....	498
Worked At Least Six Months For How Many Years .....	TM8278 .....	495
Worked At Paid Job Or Business, Last Month .....	TM8240 .....	454
Worked At Paid Job Or Business, Last Year .....	TM8242 .....	456
Worked For 2 Consecutive Weeks Or More, Last .....	TM8244 .....	460
Worked For 2 Consecutive Weeks Or More, Reasons Never .....	TM8246 .....	462
Worked For Six Months Or Longer, Reason .....	TM8274 .....	489
Worked Last 1981 Or later - Check Item T16 .....	TM8254 .....	472
Worked Last At Job Or Business Before This Job, Month .....	TM8248 .....	464
Worked Last At Job Or Business Before This Job, Year .....	TM8250 .....	466
Worked Six Months Or Longer In 1981 Or Later-Check Item T17 .....	TM8280 .....	497
Worked Six Months Or More, Year - Check Item T18 .....	TM8284 .....	500
Working At Job Or Business For 6 Months, Times Without .....	TM8288 .....	502
Working At Job Or Business, Time Without - Beginning Year .....	TM8290 .....	504
Working At Job Or Business, Time Without - Ending Year .....	TM8292 .....	508

## VARIABLE LISTING TO 1993 WAVE 1 TOPICAL MODULE

<u>Mnemonic</u>	<u>Item</u>	<u>Position</u>
ADDID .....	Address Identification .....	20
AGE .....	Age As Of Last Birthday - Edited and Imputed .....	48
ENTRY .....	Address Identification - Edited Entry .....	30
ETHNICTY .....	Ethnic Origin .....	63
FINALWGT .....	Weight, Second Stage Factor .....	35
GRD-CMPL .....	Grade Attended Was Completed, Highest .....	62
HIGRADE .....	Grade Or Year Of School Attended, Highest .....	60
ID .....	Identifier, Sample Unit .....	6
IMP-IND .....	Industry Imputation Flag .....	540
IMP-OCC .....	Occupation Imputation Flag .....	541
IMP8058:8150 .....	Reciency History Imputation Flags .....	345
IMP8218:8294 .....	Employment History Imputation Flags .....	513
IMP8304:8324 .....	Income Type Imputation Flags, First .....	378
IMP8404:8424 .....	Income Type Imputation Flags, Second .....	386
IMP8504:8524 .....	Income Type Imputation Flags, Third .....	394
IMP8604:8624 .....	Income Type Imputation Flags, Fourth .....	402
IMP8704:8724 .....	Income Type Imputation Flags, Fifth .....	410
IMP8804:8824 .....	Income Type Imputation Flags, Sixth .....	418
INTVW .....	Interview Status, Person's .....	24
ITEM36B .....	Interview Status Code .....	22
MS .....	Marital Status .....	53
PINX .....	Index From Core, Person .....	18
PNPT .....	Person Number Of Parent .....	57
PNSP .....	Person Number Of Spouse .....	54
PNUM .....	Person Number, Edited .....	32
PP-MIS1-5 .....	Interview Status, Monthly Person's .....	25
RACE .....	Race - Edited And Imputed .....	52
ROTATION .....	Rotation Group .....	15
RRP .....	Relationship To Reference Person, Edited .....	47
SEX .....	Sex - Edited And Imputed .....	51
STATE .....	State Code, FIPS .....	16
SUSEQNUM .....	Sequence Number Of Sample Unit .....	1
TM3000 .....	Income Authorized To Receive During The 4-month Period - First Income Type .....	158
TM3200 .....	Income Authorized To Receive During The 4-month Period - Second Income Type ..	189
TM3400 .....	Income Authorized To Receive During The 4-month Period - Third Income Type .....	220
TM3600 .....	Income Authorized To Receive During The 4-month Period - Fourth Income Type ....	251
TM3800 .....	Income Authorized To Receive During The 4-month Period - Fifth Income Type .....	282
TM4000 .....	Income Authorized To Receive During The 4-month Period - Sixth Income Type .....	314
TM8052 .....	Age 18 Years Or Over - Check Item T1 .....	69
TM8054 .....	Food Stamp Recipiency - Check Item T2 .....	70
TM8056 .....	Food Stamp Recipiency, Previous .....	71
TM8058 .....	Food Stamp Application From Federal Government .....	72
TM8060 .....	Food Stamp Authorization .....	73
TM8062 .....	Food Stamp Recipiency Starting Month .....	74
TM8064 .....	Food Stamp Recipiency Starting Year .....	76
TM8066 .....	Food Stamp Recipiency, Number Of Years For .....	80
TM8068 .....	Food Stamp Recipiency, Number Of Months For .....	82
TM8072 .....	Food Stamp Recipiency, Number Of Times For .....	86
TM8074 .....	Designated Parent Or Guardian - Check Item T3 .....	88
TM8076 .....	AFDC Recipiency - Check Item T4 .....	89

SIPP 1993 WAVE 1 TOPICAL MODULE

<u>Mnemonic</u>	<u>Item</u>	<u>Position</u>
TM8078	AFDC Reciprocity, Previous	90
TM8080	AFDC Application For Benefits	91
TM8082	AFDC Reciprocity Of Benefits	92
TM8084	AFDC Benefits Starting Month	93
TM8086	AFDC Benefits Starting Year	95
TM8088	AFDC Reciprocity, Number Of Years For	99
TM8090	AFDC Reciprocity, Number Of Months For	101
TM8094	AFDC Reciprocity, Number Of Times For	105
TM8096	SSI Reciprocity - Check Item T5	107
TM8098	SSI Reciprocity, Previous	108
TM8100	SSI Application For Benefits	109
TM8102	SSI Benefits, Reciprocity Of	110
TM8104	SSI Benefits Starting Month	111
TM8106	SSI Benefits Starting Year	113
TM8108	SSI Benefits, Number Of Years Received	117
TM8110	SSI Benefits, Number Of Months Received	119
TM8114	Medicaid Marked - Check Item T6	123
TM8116	SSI Or AFDC Marked - Check Item T7	124
TM8118	Medicaid Coverage, Beginning Month Of	125
TM8120	Medicaid Coverage, Beginning Year Of	127
TM8122	Medicaid Coverage, Beginning Of	131
TM8124	Health Insurance Plan Coverage - Check Item T8	133
TM8126	Health Insurance Plan, Number Of Months Covered By	134
TM8128	Health Insurance Plan, Number Of Years Covered By	136
TM8130	Health Insurance Plan, Length Of Time Covered By	138
TM8132	Health Insurance Plan, Last Month Covered By	140
TM8134	Health Insurance Plan, Last Year Covered By	142
TM8136	Health Insurance Plan, Last Period Covered By	146
TM8138	Reference Person - Check Item T9	148
TM8140	Housing Unit Public Or Subsidized - Check Item T10	149
TM8142	Housing Unit, Number Of Months Lived In Subsidized	150
TM8144	Housing Unit, Number Of Years Lived In Subsidized	152
TM8146	Housing Unit, Length Of Time Lived In Subsidized	154
TM8148	ISS Codes Marked - Check Item T11	156
TM8150	Housing Waiting List, Name On Public Or Subsidized	157
TM8200	Age 18 To 64 - Check Item T12	429
TM8210	ISS Code For Worked Marked - Check Item T13	430
TM8214	Employer ID Number, Main - Check Item T14	431
TM8216	Business ID Number, Main - Check Item T14	433
TM8218	Employment Month, Starting	435
TM8220	Employment Year, Starting	437
TM8222	Employer Number Filled - Check Item T15	441
TM8224	Employment Size At Work Location	442
TM8226	Business Located At More Than One Location	444
TM8228	Employment Size At All Locations	446
TM8234	Work Type Performed For How Many Years	448
TM8236	Work Type Performed For How Many Months	450
TM8240	Worked At Paid Job Or Business, Last Month	454
TM8242	Worked At Paid Job Or Business, Last Year	456
TM8244	Worked For 2 Consecutive Weeks Or More, Last	460
TM8246	Worked For 2 Consecutive Weeks Or More, Reasons Never	462



VARIABLE LISTING

<u>Mnemonic</u>	<u>Item</u>	<u>Position</u>
TM8248	Worked Last At Job Or Business Before This Job, Month	464
TM8250	Worked Last At Job Or Business Before This Job, Year	466
TM8252	Job Never Lasted For Two Weeks Or More	470
TM8254	Worked Last 1981 Or later - Check Item T16	472
TM8266	Work For Employer Or Self-Employed	480
TM8268	Work Starting Month	481
TM8270	Work Starting Year	483
TM8272	Work Stopped, Main Reason That	487
TM8274	Worked For Six Months Or Longer, Reason	489
TM8276	Worked At Least Six Months During Year	493
TM8278	Worked At Least Six Months For How Many Years	495
TM8280	Worked Six Months Or Longer In 1981 Or Later-Check Item T17	497
TM8282	Worked At Least Six Months During Year Since 1981	498
TM8284	Worked Six Months Or More, Year - Check Item T18	500
TM8286	Time Out Of Labor Force Lasting 6 Months Or More	501
TM8288	Working At Job Or Business For 6 Months, Times Without	502
TM8290	Working At Job Or Business, Time Without - Beginning Year	504
TM8292	Working At Job Or Business, Time Without - Ending Year	508
TM8294	Work At Job Or Business, Reason Did Not	512
TM8300	Income Received During 4-Month Period - First Income Type	160
TM8302	Income Received - First Type Of	161
TM8304	Income - Month Received - First Income Type	162
TM8306	Income - Year Received - First Income Type	164
TM8308	Social Security/Railroad Ret. For Children - Month Received - First Income Type	168
TM8310	Social Security/Railroad Retirement - Month Received - First Income Type	169
TM8312	Social Security/Railroad Retirement - Year Received - First Income Type	171
TM8314	Food Stamps - Received 4 months ago - First Income Type	175
TM8316	Food Stamps - Month Received - First Income Type	176
TM8318	Food Stamps - Year Received - First Income Type	178
TM8320	WIC Benefits - Received 4 Months Ago - First Income Type	182
TM8322	WIC Benefits - Month Received - First Income Type	183
TM8324	WIC Benefits - Year Received - First Income Type	185
TM8400	Income Received During 4-Month Period - Second Income Type	191
TM8402	Income Received - Second Type Of	192
TM8404	Income - Month Received - Second Income Type	193
TM8406	Income - Year Received - Second Income Type	195
TM8408	Social Security/Railroad Ret. For Children - Month Received - Second Income Type	199
TM8410	Social Security/Railroad Retirement - Month Received - Second Income Type	200
TM8412	Social Security/Railroad Retirement - Year Received - Second Income Type	202
TM8414	Food Stamps - Received 4 months ago - Second Income Type	206
TM8416	Food Stamps - Month Received - Second Income Type	207
TM8418	Food Stamps - Year Received - Second Income Type	209
TM8420	WIC Benefits - Received 4 Months Ago - Second Income Type	213
TM8422	WIC Benefits - Month Received - Second Income Type	214
TM8424	WIC Benefits - Year Received - Second Income Type	216
TM8500	Income Received During 4-Month Period - Third Income Type	222
TM8502	Income Received - Third Type Of	223
TM8504	Income - Month Received - Third Income Type	224
TM8506	Income - Year Received - Third Income Type	226
TM8508	Social Security/Railroad Ret. For Children - Month Received - Third Income Type	230
TM8510	Social Security/Railroad Retirement - Month Received - Third Income Type	231

SIPP 1993 WAVE 1 TOPICAL MODULE

<u>Mnemonic</u>	<u>Item</u>	<u>Position</u>
TM8512	Social Security/Railroad Retirement - Year Received - Third Income Type	233
TM8514	Food Stamps - Received 4 months ago - Third Income Type	237
TM8516	Food Stamps - Month Received - Third Income Type	238
TM8518	Food Stamps - Year Received - Third Income Type	240
TM8520	WIC Benefits - Received 4 Months Ago - Third Income Type	244
TM8522	WIC Benefits - Month Received - Third Income Type	245
TM8524	WIC Benefits - Year Received - Third Income Type	247
TM8600	Income Received During 4-Month Period - Fourth Income Type	253
TM8602	Income Received - Fourth Type Of	254
TM8604	Income - Month Received - Fourth Income Type	255
TM8606	Income - Year Received - Fourth Income Type	257
TM8608	Social Security/Railroad Ret. For Children - Month Received - Fourth Income Type	261
TM8610	Social Security/Railroad Retirement - Month Received - Fourth Income Type	262
TM8612	Social Security/Railroad Retirement - Year Received - Fourth Income Type	264
TM8614	Food Stamps - Received 4 months ago - Fourth Income Type	268
TM8616	Food Stamps - Month Received - Fourth Income Type	269
TM8618	Food Stamps - Year Received - Fourth Income Type	271
TM8620	WIC Benefits - Received 4 Months Ago - Fourth Income Type	275
TM8622	WIC Benefits - Month Received - Fourth Income Type	276
TM8624	WIC Benefits - Year Received - Fourth Income Type	278
TM8700	Income Received During 4-Month Period - Fifth Income Type	284
TM8702	Income Received - Fifth Type Of	285
TM8704	Income - Month Received - Fifth Income Type	286
TM8706	Income - Year Received - Fifth Income Type	288
TM8708	Social Security/Railroad Ret. For Children - Month Received - Fifth Income Type	292
TM8710	Social Security/Railroad Retirement - Month Received - Fifth Income Type	293
TM8712	Social Security/Railroad Retirement - Year Received - Fifth Income Type	295
TM8714	Food Stamps - Received 4 months ago - Fifth Income Type	299
TM8716	Food Stamps - Month Received - Fifth Income Type	300
TM8718	Food Stamps - Year Received - Fifth Income Type	302
TM8720	WIC Benefits - Received 4 Months Ago - Fifth Income Type	306
TM8722	WIC Benefits - Month Received - Fifth Income Type	307
TM8724	WIC Benefits - Year Received - Fifth Income Type	309
TM8800	Income Received During 4-Month Period - Sixth Income Type	316
TM8802	Income Received - Sixth Type Of	317
TM8804	Income - Month Received - Sixth Income Type	318
TM8806	Income - Year Received - Sixth Income Type	320
TM8808	Social Security/Railroad Ret. For Children - Month Received - Sixth Income Type	324
TM8810	Social Security/Railroad Retirement - Month Received - Sixth Income Type	325
TM8812	Social Security/Railroad Retirement - Year Received - Sixth Income Type	327
TM8814	Food Stamps - Received 4 months ago - Sixth Income Type	331
TM8816	Food Stamps - Month Received - Sixth Income Type	332
TM8818	Food Stamps - Year Received - Sixth Income Type	334
TM8820	WIC Benefits - Received 4 Months Ago - Sixth Income Type	338
TM8822	WIC Benefits - Month Received - Sixth Income Type	339
TM8824	WIC Benefits - Year Received - Sixth Income Type	341
TMIND3	Name Of Employer Or Business	473
TMIND4	Kind Of Company, Business Or Occupation	476
WAVE	Wave Number Within Panel	65

## HOW TO USE THE DATA DICTIONARY

The Data Dictionary describes the contents and record layout of the public-use computer tape file. The first line of each data item description gives the data name, size of the data field, and the begin position of the field.

The next few lines contain descriptive text and any applicable notes. Categorical value codes and labels are given where needed. Comment notes marked by an (\*) are provided throughout. Comments should be removed from the machine-readable version of the data dictionary before using it to help access the data file.

**Data.** Alphabetic, numeric, and the special character (-). No other special characters are used. It may

be a mnemonic such as "STATE" or "SE1-OCC", or a sequential identifier such as "SC1176" or "WS-IMP01". Data item names are unique throughout the entire file.

**Size.** Numeric. The size of a data item is given in characters. Indication of implied decimal places is provided in notes.

**Begin.** Numeric. Contains the location in the data record of the first character position of the data item field.

The first line of each data item description begins with the character "D" (left-justified, two characters). The "D" flag indicates lines in the data dictionary containing the name, size, relative begin and begin position of each data item. This information (in machine-readable form) can be used to help access the data file. The line beginning with the character "U" describes the universe for that item. Lines containing categorical value codes and labels follow next and begin with the character "V". The special character (.) denotes the start of the value labels. Two examples of data item descriptions follow:

```
D SC1218   1 2805
  What was the main reason ... could
  not take a job during those weeks
U Persons 15 years old or older
V   0 .Not in universe
V   1 .Already had a job
V   2 .Temporary illness
V   3 .School
V   4 .Other

D RR3064   2 3760
  Railroad retirement sends out two types
  of checks; which color check does ...
  receive.
U Persons age 15 years or older receiving
  railroad retirement
V  -1 .DK
V   00 .Not in universe
V   01 .Blue
V   02 .Buff
V   03 .Direct deposit
V   04 .Other
```

## SIPP 1993 TOPICAL MODULE WAVE 1 DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D SUSEQNUM	5	1	D ADDID	2	20
Sequence number of sample unit			Address ID - This field		
Primary sort key			differentiates households within		
			the same PSU, segment and serial,		
			that is, households which originate		
			out of an original sample household		
D ID	9	6	U All households		
Sample unit identifier					
This identifier is created by scrambling			D ITEM36B	2	22
together the PSU, segment and serial of			Control card item 36B - Interview		
the original sample address. It may be			status code		
used in matching sample units from			U All households		
different waves.			V	01	.Interviewed
			Type A Noninterview		
D ROTATION	1	15	V	02	.No one home
Rotation			V	03	.Temporarily absent
			V	04	.Refused
			V	05	.Unable to locate
			V	06	.Other Type A
D STATE	2	16	Type B Noninterview (Wave 1)		
FIPS state code from the MST/GRIN file			V	09	.Vacant
V	01	.Alabama	V	10	.Occupied by persons with URE
V	04	.Arizona	V	11	.Unfit or to be demolished
V	05	.Arkansas	V	12	.Under construction, not ready
V	06	.California	V	13	.Converted to temporary business
V	08	.Colorado	V		.or storage
V	09	.Connecticut	V	14	.Unoccupied site for mobile home,
V	10	.Delaware	V		.trailer, or tent
V	11	.District of Columbia	V	15	.Permit granted, construction not
V	12	.Florida	V		.started
V	13	.Georgia	V	16	.Other Type B
V	15	.Hawaii	Type B Noninterview (Wave 2+)		
V	17	.Illinois	V	16	.Entire HH institutionalized
V	18	.Indiana	V		.or temporarily ineligible
V	20	.Kansas	Type C Noninterview (Wave 1)		
V	21	.Kentucky	V	17	.Demolished
V	22	.Louisiana	V	18	.House or trailer moved
V	24	.Maryland	V	19	.Converted to permanent business
V	25	.Massachusetts	V		.or storage
V	26	.Michigan	V	20	.Merged
V	27	.Minnesota	V	21	.Condemned
V	28	.Mississippi	V	22	.Other Type C
V	29	.Missouri	Type C Noninterview (Wave 2+)		
V	31	.Nebraska	V	22	.Deleted (sample adjustment,
V	32	.Nevada	V		.error)
V	33	.New Hampshire	V	23	.Entire household deceased,
V	34	.New Jersey	V		.moved out of country, or
V	35	.New Mexico	V		.living in Armed Forces barracks
V	36	.New York	Type D Noninterview (Wave 2+)		
V	37	.North Carolina	V	24	.Moved, address unknown
V	39	.Ohio	V	25	.Moved within country beyond
V	40	.Oklahoma	V		.limit
V	41	.Oregon	V	26	.All sample persons relisted on
V	42	.Pennsylvania	V		.new control card(s)
V	44	.Rhode Island			
V	45	.South Carolina	D INTVW	1	24
V	47	.Tennessee	Person's interview status		
V	48	.Texas	U All persons, including children		
V	49	.Utah	V	0	.Not applicable (children under 1
V	51	.Virginia	V	1	.Interview (self)
V	53	.Washington	V	2	.Interview (proxy)
V	54	.West Virginia	V	3	.Noninterview - Type Z refusal
V	55	.Wisconsin	V	4	.Noninterview - Type Z other
V	61	.Maine, Vermont			
V	62	.Iowa, North Dakota, South Dakota			
V	63	.Alaska, Idaho, Montana, Wyoming			
D PINX	2	18			
Person index from core					

**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D PP-MIS1	1	25	V	6	.Non-relative of household
Monthly person's interview status			V		.reference person but related to
U All persons, including children			V		.others in the household -
V	1	.Interviewed	V		.member of an unrelated
V	2	.Noninterview	V		.sub (secondary) family
D PP-MIS2	1	26	V	7	.Non-relative of household
Monthly person's interview status			V		.reference person and not related
U All persons, including children			V		.to anyone else in the household
V	1	.Interviewed	V		.(secondary individual)
V	2	.Noninterview	D AGE	3	48
D PP-MIS3	1	27	Edited and imputed age as of last		
Monthly person's interview status			birthday		
U All persons, including children			U All persons, including children		
V	1	.Interviewed	V	000	.Less than 1 full year
V	2	.Noninterview	V	001	.1 year
D PP-MIS4	1	28	V		.Etc.
Monthly person's interview status			D SEX	1	51
U All persons, including children			Sex of this person		
V	1	.Interviewed	Edited and imputed		
V	2	.Noninterview	U All persons, including children		
D PP-MIS5	1	29	V	1	.Male
Monthly person's interview status			V	2	.Female
U All persons, including children			D RACE	1	52
V	1	.Interviewed	Race of this person		
V	2	.Noninterview	Edited and imputed		
D ENTRY	2	30	U All persons, including children		
Edited entry address ID			V	1	.White
Address of the household that this			V	2	.Black
person belonged to at the time this			V	3	.American Indian, Eskimo or Aleut
person first became part of the sample			V	4	.Asian or Pacific Islander
U All persons, including children			D MS	1	53
D PNUM	3	32	Marital status		
Edited person number			If a person's marital status changed		
U All persons, including children			during any month, the marital status		
D FINALWGT	12	35	shown is the status maintained for the		
'STAGE1WT' * Second stage factor.			greatest part of the month - edited and		
U All persons, including children			imputed		
D RRP	1	47	U Persons 15 years old or older		
Edited relationship to reference person			V	0	.Not a sample person in this
U All persons, including children			V		.month
V	0	.Not a sample person in this	V	1	.Married, spouse present
V		.month	V	2	.Married, spouse absent
V	1	.Household reference person,	V	3	.Widowed
V		.living with relatives	V	4	.Divorced
V	2	.Household reference person	V	5	.Separated
V		.living alone or with only non-	V	6	.Never married
V		.relatives (primary individual)	D PNSP	3	54
V	3	.Spouse of household reference	Person number of spouse		
V		.person	U Persons 15 years old or older		
V	4	.Child of household reference	V	000	.Not a sample person in this
V		.person	V		.month
V	5	.Other relative of household	V	999	.Not applicable
V		.reference person	D PNPT	3	57
			Person number of parent		
			U Persons 15 years old or older		
			V	000	.Not a sample person in this
			V		.month
			V	999	.Not applicable

DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D HIGRADE	2	60	*****		
		What is the highest grade or year of regular school this person attended?	* Statement C		*
U Persons	15	years old or older	* Now I have some questions regarding past * participation in government programs.		*
V	00	.Not applicable if under 15,	*****		
V		.did not attend or attended only			
V		.kindergarten	D TM8054	1	70
V	01-08	.Elementary	Check item T2		
V	09-12	.High school	Is 'food stamps' (code 27) marked?		
V	21-26	.College	U All persons	18	years of age or over
			V	0	.Not applicable
D GRD-CMPL	1	62	V	1	.Yes
		Did he/she complete that grade	V	2	.No - skip to TM8058
U Persons	15	years old or older	D TM8056	1	71
	0	.Not applicable	Besides this period of time, have there been any other times when ... was authorized to receive food stamps?		
V	1	.Yes	U All persons	18	years of age or over
V	2	.No	recorded as receiving food stamps		
D ETHNICTY	2	63	V	0	.Not applicable
		Ethnic origin	V	1	.Yes - skip to TM8062
U All persons,		including children	V	2	.No - skip to TM8074
V	01	.German	D TM8058	1	72
V	02	.English	Has ... ever applied for the Federal Government's food stamp program?		
V	03	.Irish	U All persons	18	years of age or over
V	04	.French	V	0	.Not applicable
V	05	.Italian	V	1	.Yes
V	06	.Scottish	V	2	.No - skip to TM8074
V	07	.Polish	D TM8060	1	73
V	08	.Dutch	Has ... ever been authorized to receive food stamps?		
V	09	.Swedish	U All persons	18	years of age or over who
V	10	.Norwegian	have ever applied for the federal government food stamp program		
V	11	.Russian	V	0	.Not applicable
V	12	.Ukrainian	V	1	.Yes
V	13	.Welsh	V	2	.No - skip to TM8074
V	14	.Mexican-American	D TM8062	2	74
V	15	.Chicano	When did ... first start receiving food stamps?		
V	16	.Mexican	U All persons	18	years of age or over who
V	17	.Puerto Rican	have been authorized to receive food stamps		
V	18	.Cuban	V	00	.Not applicable
V	19	.Central or South American	V	01-12	.Month
V		.(Spanish Speaking)	D TM8064	4	76
V	20	.Other Spanish	When did ... first start receiving food stamps?		
V	21	.Afro-American (Black Or Negro)	U All persons	18	years of age or over who
V	30	.Another group not listed	have been authorized to receive food stamps		
V	39	.Don't know	V	0000	.Not applicable
			V	1901-1993	.Year
D WAVE	1	65	D TM8066	2	80
		Wave number within Panel	For how long did ... receive food stamps that time?		
D FILLER	3	66	U All persons	18	years of age or over who
		Blank or zero filler	have been authorized to receive food stamps		
D TM8052	1	69	V	00	.Not applicable
		Check item T1	V	1901-1993	.Year
		Is ... 18 years of age or over?	D TM8066	2	80
U All reference persons			For how long did ... receive food stamps that time?		
V	0	.Not applicable	U All persons	18	years of age or over who
V	1	.Yes	have been authorized to receive food stamps		
V	2	.No -skip to TM8124	V	00	.Not applicable
			V	01-12	.Number of months received

**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA            SIZE   BEGIN

D TM8068        2       82  
                 For how long did ... receive food stamps  
                 that time? (Years)

U All persons 18 years of age or over who  
   have been authorized to receive food stamps

V            00 .Not applicable

V            01-99 .Number of years received

D FILLER        2       84  
                 Zero or blank filler

D TM8072        2       86  
                 How many times in all have there been  
                 when ... received food stamps?

U All persons 18 years of age or over who  
   have been authorized to receive food stamps

V            00 .Not applicable

V            01-99 .Times

D TM8074        1       88  
                 Check item T3  
                 Is ... a designated parent or guardian of  
                 children under 18 who live in this  
                 household?

U All persons 18 years of age or over

V            0 .Not applicable

V            1 .Yes

V            2 .No - skip to TM8096

D TM8076        1       89  
                 Check item T4  
                 Is 'AFDC' (code 20) marked?

U All persons 18 years of age or over who  
   are designated as a parent or guardian of  
   children under 18 who live in this  
   household

V            0 .Not applicable

V            1 .Yes

V            2 .No - skip to TM8080

D TM8078        1       90  
                 Besides this period of time, have there  
                 been any other times when ... received  
                 AFDC (ADC)?

U All persons 18 years of age or over who  
   are designated as a parent or guardian of  
   children under 18 who live in this  
   household and receive AFDC

V            0 .Not applicable

V            1 .Yes - skip to TM8084

V            2 .No - skip to TM8096

D TM8080        1       91  
                 Has ... ever applied for benefits from  
                 the program called AFDC - Aid to Families  
                 with Dependent Children (or ADC)?

U All persons 18 years of age or over who  
   are designated as a parent or guardian of  
   children under 18 who live in this household

V            0 .Not applicable

V            1 .Yes

V            2 .No - skip to TM8096

DATA            SIZE   BEGIN

D TM8082        1       92  
                 Has ... ever received AFDC (ADC)  
                 benefits?

U All persons 18 years of age or over who  
   are designated as a parent or guardian of  
   children under 18 who live in this  
   household and have ever applied for  
   benefits from AFDC

V            0 .Not applicable

V            1 .Yes

V            2 .No - skip to TM8096

D TM8084        2       93  
                 When did ... first start receiving AFDC  
                 (ADC) benefits? (Month)

U All persons 18 years of age or over who  
   are designated as a parent or guardian of  
   children under 18 who live in this  
   household and have received AFDC benefits

V            00 .Not applicable

V            01-12 .Month

D TM8086        4       95  
                 When did ... first strt receiving AFDC  
                 (ADC) benefits? (Year)

U All persons 18 years of age or over who  
   are designated as a parent or guardian of  
   children under 18 who live in this  
   household and have received AFDC benefits

V            0000 .Not applicable

V            1901-1993 .Year

D TM8088        2       99  
                 For how long did ... receive AFDC (ADC)  
                 that time? (Months)

U All persons 18 years of age or over who  
   are designated as a parent or guardian of  
   children under 18 who live in this  
   household and have received AFDC benefits

V            00 .Not applicable

V            01-12 .Number of months received

D TM8090        2       101  
                 For how long did ... receive AFDC (ADC)  
                 that time? (Years)

U All persons 18 years of age or over who  
   are designated as a parent or guardian of  
   children under 18 who live in this  
   household and have received AFDC benefits

V            00 .Not applicable

V            01-99 .Number of years received

D FILLER        2       103  
                 Zero or blank filler

D TM8094        2       105  
                 How many times in all have there been  
                 when ... received AFDC (ADC)?

U All persons 18 years of age or over who  
   are designated as a parent or guardian of  
   children under 18 who live in this  
   household and have received AFDC benefits

V            00 .Not applicable

V            01-99 .Times

DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TM8096	1	107	D FILLER	2	121
Check item T5			Zero or blank filler		
Is 'SSI' (codes 3 or 4) marked?			D TM8114	1	123
U All persons 18 years of age or over			Check item T6		
V	0	.Not applicable	Is 'Medicaid' (code 173) marked ?		
V	1	.Yes	U All persons 18 years of age or over who		
V	2	.No - skip to TM8100	have ever received benefits from SSI		
D TM8098	1	108	V	0	.Not applicable
Besides this period of time, have there			V	1	.Yes
been any other times when ... received			V	2	.No - skip to TM8124
SSI benefits?			D TM8116	1	124
U All persons 18 years of age or over who			Check item T7		
are listed in the reciprocity history			Is 'SSI' or 'AFDC' (codes 3,4, or 20)		
roster as recipients of ISS (codes 3 or 4)			marked?		
V	0	.Not applicable	U All persons 18 years of age or over		
V	1	.Yes - skip to TM8104	with Medicaid (code 175) marked		
V	2	.No - skip to TM8114	V	0	.Not applicable
D TM8100	1	109	V	1	.Yes - skip to TM8124
Has ... ever applied for benefits from			V	2	.No
the program called SSI (Supplemental			D TM8118	2	125
Security Income)?			Earlier we recorded that was		
U All persons 18 years of age or over			covered by (use local name for		
V	0	.Not applicable	Medicaid).		
V	1	.Yes	When did ...'s period of Medicaid		
V	2	.No - skip to TM8114	coverage first begin?		
D TM8102	1	110	U All persons 18 years of age or over who		
Has ... ever received SSI benefits?			were recorded on last visit as covered by		
U All persons 18 years of age or over who			(local name for Medicaid)		
have ever applied for benefits from SSI			V	00	.Not applicable
V	0	.Not applicable	V	01-12	.Month
V	1	.Yes	D TM8120	4	127
V	2	.No - skip to TM8114	Earlier we recorded that was		
D TM8104	2	111	covered by (use local name for		
When did ... first start receiving SSI?			Medicaid).		
U All persons 18 years of age or over who			When did ...'s period of Medicaid		
have ever received benefits from SSI			coverage first begin?		
V	00	.Not applicable	U All persons 18 years of age or over who		
V	01-12	.Month	were recorded on last visit as covered by		
D TM8106	4	113	(local name for Medicaid)		
When did ... first start receiving SSI?			V	0000	.Not applicable
U All persons 18 years of age or over who			V	1901-1993	.Year
have ever received benefits from SSI			D TM8122	2	131
V	0000	.Not applicable	Earlier we recorded that was		
V	1901-1993	.Year	covered by (use local name for		
D TM8108	2	117	Medicaid).		
For how long did ... receive SSI that			When did ...'s period of Medicaid		
time? (Months)			coverage first begin?		
U All persons 18 years of age or over who			U All persons 18 years of age or over who		
have ever received benefits from SSI			were recorded on last visit as covered by		
V	00	.Not applicable	(local name for Medicaid)		
V	01-12	.Number of months received	V	-3	.Never covered by Medicaid
D TM8110	2	119	V	00	.Not applicable
For how long did ... receive SSI that			D TM8124	1	133
time? (Years)			Check item T8		
U All persons 18 years of age or over who			Was ... covered by a health insurance		
have ever received benefits from SSI			plan? (Is item 24A , marked 'Yes?')		
V	00	.Not applicable	U All persons 18 years of age or over		
V	01-99	.Number of years received	V	0	.Not applicable
			V	1	.Yes
			V	2	.No - skip to TM8132



**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA            SIZE   BEGIN

D TM8126        2     134  
           We have recorded that ... is covered by a  
           private health insurance plan. For how  
           long was ... covered by health  
           insurance without interruption?  
 U All persons 18 years of age or over covered  
 by health insurance plan  
 V            00 .Not applicable  
 V        01-12 .Number of months received - skip  
 V            .to TM8138

D TM8128        2     136  
           We have recorded that ... is covered by a  
           private health insurance plan. For how  
           long was ... covered by health  
           insurance without interruption?  
 U All persons 18 years of age or over covered  
 by health insurance plan  
 V            00 .Not applicable  
 V        01-82 .Number of years received - skip  
 V            .to TM8138

D TM8130        2     138  
           We have recorded that ... is covered by a  
           private health insurance plan. For how  
           long was ... covered by health  
           insurance without interruption?  
 U All persons 18 years of age or over covered  
 by health insurance plan  
 V            -3 .Have always had insurance -  
 V            .skip to TM8138  
 V            00 .Not applicable

D TM8132        2     140  
           We have recorded that ... was not  
           covered by a private health insurance  
           plan. When was the last time ... was  
           covered by private health insurance?  
 U All persons not covered by health insurance  
 plan during the 4-month period  
 V            00 .Not applicable  
 V        01-12 .Month

D TM8134        4     142  
           We have recorded that ... is not  
           covered by a private health insurance  
           plan. When was the last time ... was  
           covered by private health insurance?  
 U All persons not covered by health insurance  
 plan during the 4-month period  
 V            0000 .Not applicable  
 V        1911-1993 .Year

D TM8136        2     146  
           We have recorded that ... is not  
           covered by a private health insurance  
           plan. When was the last time ... was  
           covered by private health insurance?  
 U All persons not covered by health insurance  
 plan during the 4-month period  
 V            -3 .Has never been covered  
 V            00 .Not applicable

DATA            SIZE   BEGIN

D TM8138        1     148  
           Check item T9  
           Is ... the reference person?  
 U All persons 18 years of age or over  
 V            0 .Not applicable  
 V            1 .Yes  
 V            2 .No - skip to TM8200

D TM8140        1     149  
           Check item T10  
           Is this housing unit public or subsidized  
 U All reference persons  
 V            0 .Not applicable  
 V            1 .Yes  
 V            2 .No - skip to TM8148

D TM8142        2     150  
           For how long has ... been living in  
           public or subsidized housing?  
 U All reference persons living in public  
 or subsidized housing  
 V            00 .Not applicable  
 V        01-12 .Number of months - skip to  
 V            .TM8200

D TM8144        2     152  
           For how long has ... been living in  
           public or subsidized housing?  
 U All reference persons living in public  
 or subsidized housing  
 V            00 .Not applicable  
 V        01-82 .Number of years - skip  
 V            .to TM8200

D TM8146        2     154  
           For how long has ... been living in  
           public or subsidized housing?  
 U All reference persons living in public  
 or subsidized housing  
 V            -3 .Have always lived in public  
 V            .housing  
 V            00 .Not applicable

D TM8148        1     156  
           Check item T11  
           Is one or more of the following codes  
           marked on the ISS for ... code 3,  
           codes 20 - 27, or code 173?  
 U All reference persons  
 V            0 .Not applicable  
 V            1 .Yes  
 V            2 .No - skip to TM8200

D TM8150        1     157  
           Is ... on a waiting list for public or  
           subsidized housing?  
 U All reference persons with codes 3,  
 20-27, or 173 marked on the ISS  
 V            0 .Not applicable  
 V            1 .Yes  
 V            2 .No

DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TM3000	2	158	D TM8300	1	160
You said ... received (was authorized to receive) (income type) during the 4-month period.			Check item A4.1		
U All reference persons			Is the "Yes" box marked for "4 months ago		
V 00 .Not applicable			U All persons receiving ISS except food stamps and WIC		
V 01 .Social Security			V 0 .Not applicable		
V 02 .U.S. Government railroad retirement pay			V 1 .Yes		
V 03 .Federal Supplemental Security Income (SSI)			V 2 .No - skip to SC3032		
V .(State Administered SSI only)			D TM8302	1	161
V 05 .State unemployment compensation			Check item A4.2		
V 06 .Supplemental unemployment benefits			Are income types 1-10,20-35,40 or 41 marked in SC3000?		
V 07 .Other unemployment compensation			U All persons receiving ISS except food stamps and WIC 4 months ago		
V 08 .Veterans' compensation or pension			V 0 .Not applicable		
V 10 .Workers compensation			V 1 .Yes		
V 11 .State temporary sickness or disability benefits			V 2 .No - skip to SC3032		
V 12 .Employer or union temporary sickness policy			D TM8304	2	162
V 13 .Payments from a sickness, accident or disability insurance policy purchased on your own			When did ... begin to receive (income type)?		
V 20 .Aid to families with dependent children (AFDC,ADC)			U All persons who received income types 1-10, 20-35, 40, or 41 4 months ago		
V 21 .General assistance or general relief			V 00 .Not applicable		
V 23 .Foster child care payments			V 01-12 .Month		
V 24 .Other welfare			D TM8306	4	164
V 25 .WIC (Women, Infants and Children nutrition program)			When did ... begin to receive (income type)?		
V 27 .Food stamps			U All persons who received income types 1-10, 20-35, 40, or 41 4 months ago		
V 28 .Child support payments			V 0000 .Not applicable		
V 29 .Alimony payments			V 1911-1993 .Year		
V 30 .Pension from company or union			D TM8308	1	168
V 31 .Federal Civil Service or other Federal civilian employee pension			Is the "Yes" box marked for "4 months ago"?		
V 32 .U.S. Military retirement pay			U All persons receiving Social Security/Railroad payments for children		
V .retirement			V 0 .Not applicable		
V 34 .State government pensions			V 1 .Yes		
V 35 .Local government pensions			V 2 .No - skip to SC3086		
V 36 .Income from paid-up life insurance policies or annuities			D TM8310	2	169
V 37 .Estates and trusts			When did ... begin to receive Social Security/Railroad Retirement? (Month)		
V 38 .Other payments for retirement, disability or survivor			U All persons receiving Social Security/Railroad payments for children 4 months ago		
V 40 .GI bill education benefits			V 00 .Not applicable		
V 41 .Other VA education benefits			V 01-12 .Month		
V 50 .Income assistance from a charitable group			D TM8312	4	171
V 51 .Money from relatives or friends			When did ... begin to receive Social Security/Railroad Retirement? (Year)		
V 52 .Lump sum payments			U All persons receiving Social Security/Railroad payments for children 4 months ago		
V 53 .Income from roomers or boarders			V 0000 .Not applicable		
V 54 .National guard or reserve pay			V 1901-1993 .Year		
V 55 .Incidental or casual earnings			D TM8314	1	175
V 56 .Other cash income not included elsewhere			Check item A7.2		
			Is the "Yes" box marked for "4 months ago"?		
			U All persons receiving food stamps		
			V 0 .Not applicable		
			V 1 .Yes		
			V 2 .No - skip to NEXT ISS CODE		

**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TM8316	2	176	V	20	.Aid to families with dependent
When did ... begin to receive food			V		.children (AFDC,ADC)
stamps? (Month)			V	21	.General assistance or general
U All persons who received food stamps			V		.relief
4 months ago			V	23	.Foster child care payments
V	00	.Not applicable	V	24	.Other welfare
V	01-12	.Month	V	25	.WIC (Women, Infants and Children
			V		.nutrition program)
D TM8318	4	178	V	27	.Food stamps
When did ... begin to receive food			V	28	.Child support payments
stamps? (Year)			V	29	.Alimony payments
U All persons who received food stamps			V	30	.Pension from company or union
4 months ago			V	31	.Federal Civil Service or other
V	0000	.Not applicable	V		.Federal civilian employee
V	1901-1993	.Year	V		.pension
			V	32	.U.S. Military retirement pay
D TM8320	1	182	V	34	.State government pensions
Check item A7.3			V	35	.Local government pensions
Is the "4 months ago" box marked?			V	36	.Income from paid-up life
U All persons receiving WIC benefits			V		.insurance policies or annuities
V	0	.Not applicable	V	37	.Estates and trusts
V	1	.Yes	V	38	.Other payments for retirement,
V	2	.No - skip to next ISS code	V		.disability or survivor
			V	40	.GI Bill education benefits
D TM8322	2	183	V	41	.Other VA education benefits
When did ... begin to receive WIC?			V	50	.Income assistance from a
(Month)			V		.charitable group
U All persons who received WIC benefits			V	51	.Money from relatives or friends
4 months ago			V	52	.Lump sum payments
V	00	.Not applicable	V	53	.Income from roomers or boarders
V	01-12	.Month	V	54	.National Guard or reserve pay
			V	55	.Incidental or casual earnings
D TM8324	4	185	V	56	.Other cash income not included
When did ... begin to receive WIC?			V		.elsewhere
(Year)					
U All persons who received WIC benefits			D TM8400	1	191
4 months ago			Check item A4.1		
V	0000	.Not applicable	Is the "Yes" box marked for "4 months		
V	1901-1993	.Year	ago"?		
			U All persons receiving ISS except WIC or		
D TM3200	2	189	food stamps		
You said ... received (was authorized			V	0	.Not applicable
to receive) (income type) during the			V	1	.Yes
4-month period.			V	2	.No - skip to SC3232
U All persons reported as receiving income					
V	00	.Not applicable	D TM8402	1	192
V	01	.Social Security	Check item A4.2		
V	02	.U.S. Government Railroad	Are income types 1-10,20-35,40 or 41		
V		.Retirement pay	Marked in SC3200?		
V	03	.Federal Supplemental Security	U All persons receiving ISS except WIC or		
V		.Income (SSI)	food stamps 4 months ago		
V		.(State Administered SSI Only)	V	0	.Not applicable
V	05	.State Unemployment compensation	V	1	.Yes
V	06	.Supplemental Unemployment	V	2	.No - skip to SC3232
V		.benefits			
V	07	.Other Unemployment compensation	D TM8404	2	193
V	08	.Veterans' compensation or	When did ... begin to receive		
V		.pension	(income type)?		
V	10	.Workers compensation	U All persons receiving income types 1-10,		
V	11	.State temporary sickness or	20-35, 40, or 41 four months ago		
V		.disability benefits	V	00	.Not applicable
V	12	.Employer or union temporary	V	01-12	.Month
V		.sickness policy			
V	13	.Payments from a sickness,			
V		.accident or disability			
V		.insurance policy purchased			
V		.on your own			

DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TM8406	4	195	D TM8422	2	214
When did ... begin to receive (income type)?			When did ... begin to receive WIC?		
U All persons receiving income types 1-10, 20-35, 40, or 41 four months ago			U All persons who received WIC 4 months ago		
V 0000 .Not applicable			V 00 .Not applicable		
V 1911-1993 .Year			V 01-12 .Month		
D TM8408	1	199	D TM8424	4	216
Check item A7.1			When did ... begin to receive WIC?		
Is the "Yes" box marked for "4 months ago"?			U All persons who received WIC 4 months ago		
U All persons who received Social Security/Railroad Retirement payments for children			V 0000 .Not applicable		
V 0 .Not applicable			V 1901-1993 .Year		
V 1 .Yes			D TM3400	2	220
V 2 .No - skip to SC3286			You said ... received (was authorized to receive) (income type)during the 4-month period.		
D TM8410	2	200	U All persons receiving income		
When did ... begin to receive Social Security/Railroad Retirement? (Month)			V 00 .Not applicable		
U All persons who received Social Security/Railroad Retirement payments for children 4 months ago			V 01 .Social Security		
V 00 .Not applicable			V 02 .U.S. Government Railroad Retirement pay		
V 01-12 .Month			V 03 .Federal Supplemental Security Income (SSI)		
D TM8412	4	202	V .(State Administered SSI Only)		
When did ... begin to receive Social Security/Railroad Retirement? (Year)			V 05 .State Unemployment compensation		
U All persons who received Social Security/Railroad Retirement payments for children 4 months ago			V 06 .Supplemental Unemployment		
V 0000 .Not applicable			V 07 .Other Unemployment compensation		
V 1901-1993 .Year			V 08 .Veterans' compensation or pension		
D TM8414	1	206	V 10 .Workers compensation		
Check item A7.2			V 11 .State temporary sickness or disability benefits		
Is the "Yes" box marked for "4 months ago"?			V 12 .Employer or union temporary sickness policy		
U All persons who received food stamps			V 13 .Payments from a sickness, accident or disability insurance policy purchased on your own		
V 0 .Not applicable			V 20 .Aid to families with dependent children (AFDC,ADC)		
V 1 .Yes			V 21 .General assistance or general relief assistance		
V 2 .No - skip to NEXT ISS CODE			V 23 .Foster child care payments		
D TM8416	2	207	V 24 .Other welfare		
When did ... begin to receive food stamps? (Month)			V 25 .WIC (Women, Infants And Children nutrition program)		
U All persons who received food stamps 4 months ago			V 27 .Food stamps		
V 00 .Not applicable			V 28 .Child support payments		
V 01-12 .Month			V 29 .Alimony payments		
D TM8418	4	209	V 30 .Pension from company or union		
When did ... begin to receive food stamps? (Year)			V 31 .Federal Civil Service or other Federal civilian employee pension		
U All persons who received food stamps 4 months ago			V 32 .U.S. Military retirement pay		
V 0000 .Not applicable			V 34 .State government pensions		
V 1901-1993 .Year			V 35 .Local government pensions		
D TM8420	1	213	V 36 .Income from paid-up life insurance policies or annuities		
Check item A7.3			V 37 .Estates and trusts		
Is the "4 months ago" box marked?			V 38 .Other payments for retirement, disability or survivor		
U All persons who received WIC			V 40 .GI Bill education benefits		
V 0 .Not applicable			V 41 .Other VA education benefits		
V 1 .Yes			V 50 .Income assistance from a charitable group		
V 2 .No - skip to NEXT ISS CODE			V 51 .Money from relatives or friends		
			V 52 .Lump sum payments		
			V 53 .Income from roomers or boarders		

**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
V	54	.National Guard or reserve pay	D TM8512	4	233
V	55	.Incidental or casual earnings			When did ... begin to receive Social Security/Railroad Retirement?
V	56	.Other cash income not included elsewhere			(Years)
V			U		All persons receiving Social Security/Railroad Retirement for children 4 months ago
D TM8500	1	222	V	0000	.Not applicable
		Check item A4.1	V	1901-1993	.Year
		Is the "yes" box marked for "4 months ago"?	D TM8514	1	237
U		All persons receiving ISS except WIC and food stamps			Check item A7.2
V	0	.Not applicable			Is the "Yes" box marked for "4 months ago"?
V	1	.Yes	U		All persons who received food stamps
V	2	.No - skip to SC3432	V	0	.Not applicable
D TM8502	1	223	V	1	.Yes
		Check item A4.2	V	2	.No - skip to next ISS code
		Are income types 1-10,20-35,40 or 41 marked in SC3400?	D TM8516	2	238
U		All persons receiving ISS except WIC and food stamps 4 months ago			When did ... begin to receive food stamps? (Month)
V	0	.Not applicable	U		All persons who received food stamps 4 months ago
V	1	.Yes	V	00	.Not applicable
V	2	.No - skip to SC3432	V	01-12	.Month
D TM8504	2	224	D TM8518	4	240
		When did ... begin to receive (income type)? (Month)			When did ... begin to receive food stamps? (Year)
U		All persons receiving ISS except WIC and food stamps 4 months ago	U		All persons who received food stamps 4 months ago
V	00	.Not applicable	V	0000	.Not applicable
V	01-12	.Month	V	1901-1993	.Year
D TM8506	4	226	D TM8520	1	244
		When did ... begin to receive (income type)? (Year)			Is the "4 months ago" box marked?
U		All persons receiving ISS except WIC and food stamps 4 months ago	U		All persons who received WIC
V	0000	.Not applicable	V	0	.Not applicable
V	1911-1993	.Year	V	1	.Yes
D TM8508	1	230	V	2	.No - skip to next ISS code
		Check item A7.1	D TM8522	2	245
		Is the "Yes" box marked for "4 months ago"?			When did ... begin to receive WIC? (Month)
U		All persons receiving Social Security/Railroad Retirement for children	U		All persons who received WIC 4 months ago
V	0	.Not applicable	V	00	.Not applicable
V	1	.Yes	V	01-12	.Month
V	2	.No - skip to SC3486	D TM8524	4	247
D TM8510	2	231			When did ... begin to receive WIC? (Year)
		When did ... begin to receive Social Security/Railroad Retirement? (Months)	U		All persons who received WIC 4 months ago
U		All persons receiving Social Security/Railroad Retirement for children 4 months ago	V	0000	.Not applicable
V	00	.Not applicable	V	1901-1993	.Year
V	01-12	.Month	D TM3600	2	251
					You said ... received (was authorized to receive) (income type)during the 4-month period.
			U		All reference persons receiving income
			V	00	.Not applicable
			V	01	.Social Security
			V	02	.U.S. Government Railroad Retirement pay
			V	03	.Federal Supplemental Security Income (SSI)
			V		.(State Administered SSI Only)
			V	05	.State Unemployment compensation

DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
V	06	.Supplemental Unemployment	D TM8604	2	255
V	07	.Other Unemployment compensation			When did ... begin to receive (income type)? (Month)
V	08	.Veterans' compensation or pensions	U		All persons who received income types 1-10, 20-35, 40, or 41 four months ago
V	10	.Workers compensation	V	00	.Not applicable
V	11	.State temporary sickness or disability benefits	V	01-12	.Month
V	12	.Employer or union temporary sickness policy	D TM8606	4	257
V	13	.Payments from a sickness, accident or disability			When did ... begin to receive (income type)? (Year)
V		.insurance policy purchased on your own	U		All persons who received income types 1-10, 20-35, 40, or 41 four months ago
V	20	.Aid to families with dependent children (AFDC,ADC)	V	0000	.Not applicable
V			V	1911-1993	.Year
V	21	.General assistance or general relief	D TM8608	1	261
V	23	.Foster child care payments			Check item A7.1
V	24	.Other welfare			Is the "Yes" box marked for "4 months ago"?
V	25	.WIC (Women, Infants And Children nutrition program)	U		All persons who received Social Security/Railroad Retirement
V	27	.Food stamps	V	0	.Not applicable
V	28	.Child support payments	V	1	.Yes
V	29	.Alimony payments	V	2	.No - skip to SC3686
V	30	.Pension from company or union	D TM8610	2	262
V	31	.Federal Civil Service or other Federal civilian employee pension			When did ... begin to receive Social Security/Railroad Retirement? (Month)
V	32	.U.S. Military retirement pay	U		All persons who received Social Security/Railroad Retirement 4 months ago
V	34	.State government pensions	V	00	.Not applicable
V	35	.Local government pensions	V	01-12	.Month
V	36	.Income from paid-up life insurance policies or annuities	D TM8612	4	264
V	37	.Estates and trusts			When did ... begin to receive Social Security/Railroad Retirement? (Year)
V	38	.Other payments for retirement, disability or survivor	U		All persons who received Social Security/Railroad Retirement 4 months ago
V	40	.GI Bill education benefits	V	0000	.Not applicable
V	41	.Other VA education benefits	V	1901-1993	.Year
V	50	.Income assistance from a charitable group	D TM8614	1	268
V	51	.Money from relatives or friends			Check item A7.2
V	52	.Lump sum payments			Is the "Yes" box marked for "4 months ago"?
V	53	.Income from roomers or boarders	U		All persons who received food stamps
V	54	.National Guard or reserve pay	V	0	.Not applicable
V	55	.Incidental or casual earnings	V	1	.Yes
V	56	.Other cash income not included elsewhere	V	2	.No - skip to next ISS code
D TM8600	1	253	D TM8616	2	269
		Check item A4.1			When did ... begin to receive food stamps? (Month)
		Is the "yes" box marked for "4 months ago"?	U		All persons who received food stamps 4 months ago
		U All persons who received ISS except WIC or food stamps	V	00	.Not applicable
		V 0 .Not applicable	V	01-12	.Month
		V 1 .Yes	D TM8618	4	271
		V 2 .No - skip to SC3632			When did ... begin to receive food stamps? (Year)
D TM8602	1	254	U		All persons who received food stamps 4 months ago
		Check item A4.2	V	0000	.Not applicable
		Are income types 1-10,20-35,40 or 41 marked in SC3600?	V	1901-1993	.Year
		U All persons who received ISS except WIC or food stamps 4 months ago			
		V 0 .Not applicable			
		V 1 .Yes			
		V 2 .No - skip to SC3632			

**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TM8620	1	275	V	35	.Local government pensions
		Check item A7.3	V	36	.Income from paid-up life
		Is the "4 months ago" box marked?	V		.insurance policies or annuities
U All persons who received WIC benefits			V	37	.Estates and trusts
V	0	.Not applicable	V	38	.Other payments for retirement,
V	1	.Yes	V		.disability or survivor
V	2	.No - skip to next ISS code	V	40	.GI Bill education benefits
D TM8622	2	276	V	41	.Other VA education benefits
		When did ... begin to receive WIC?	V	50	.Income assistance from a
		(Month)	V		.charitable group
U All persons who received WIC benefits 4			V	51	.Money from relatives or friends
months ago			V	52	.Lump sum payments
V	00	.Not applicable	V	53	.Income from roomers or boarders
V	01-12	.Month	V	54	.National Guard or reserve pay
D TM8624	4	278	V	55	.Incidental or casual earnings
		When did ... begin to receive WIC?	V	56	.Other cash income not included
		(Year)	V		.elsewhere
U All persons who received WIC benefits 4			D TM8700	1	284
months ago					Check item A4.1
V	0000	.Not applicable			Is the "Yes" box marked for "4 months
V	1901-1993	.Year			ago"?
D TM3800	2	282	U All persons who received income		
		You said ... received (was authorized	V	0	.Not applicable
		to receive) (income type)during the	V	1	.Yes
		4-month period.	V	2	.No - skip to SC3832
U All persons who received ISS			D TM8702	1	285
V	00	.Not applicable			Check item A4.2
V	01	.Social Security			Are income types 1-10,20-35,40 or 41
V	02	.U.S. Government Railroad			marked in SC3600?
V		.Retirement pay	U All persons who received income 4 months ago		
V	03	.Federal Supplemental Security	V	0	.Not applicable
V		.Income (SSI)	V	1	.Yes
V		.(State Administered SSI Only)	V	2	.No - skip to SC3832
V	05	.State Unemployment compensation	D TM8704	2	286
V	06	.Supplemental Unemployment			When did ... begin to receive (income
V		.benefits			type)? (Month)
V	07	.Other Unemployment compensation	U All persons who received income type 1-10,		
V	08	.Veterans' compensation or	20-35, 40, or 41 four months ago		
V		.pension	V	00	.Not applicable
V	10	.Workers compensation	V	01-12	.Month
V	11	.State temporary sickness or	D TM8706	4	288
V		.disability benefits			When did ... begin to receive (income
V	12	.Employer or union temporary			type)? (Year)
V		.sickness policy	U All persons who received income type 1-10,		
V	13	.Payments from a sickness,	20-35, 40, or 41 four months ago		
V		.accident or disability	V	0000	.Not applicable
V		.insurance policy purchased	V	1911-1993	.Year
V		.on your own	D TM8708	1	292
V	20	.Aid to families with dependent			Is the "Yes" box marked for "4 months
V		.children (AFDC,ADC)			ago"?
V	21	.General assistance or general	U All persons who received Social Security/		
V		.relief	Railroad Retirement payments for children		
V	23	.Foster child care payments	V	0	.Not applicable
V	24	.Other welfare	V	1	.Yes
V	25	.WIC (Women, Infants and Children	V	2	.No - skip to SC3886
V		.nutrition program)			
V	27	.Food stamps			
V	28	.Child support payments			
V	29	.Alimony payments			
V	30	.Pension from company or union			
V	31	.Federal Civil Service or other			
V		.Federal civilian employee			
V		.pension			
V	32	.U.S. Military retirement pay			
V	34	.State government pensions			

DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TM8710	2	293	D TM4000	2	314
When did ... begin to receive Social Security/Railroad Retirement? (Month)			You said ... received (was authorized to receive) (income type) during the 4-month period.		
U All persons who received Social Security/Railroad Retirement payments for children 4 months ago			U All reference persons reported as receiving income		
V 00 .Not applicable			V 00 .Not applicable		
V 01-12 .Month			V 01 .Social Security		
D TM8712	4	295	V 02 .U.S. Government Railroad Retirement pay		
When did ... begin to receive Social Security/Railroad Retirement?			V 03 .Federal Supplemental Security Income (SSI)		
U All persons who received Social Security/Railroad Retirement payments for children 4 months ago			V .(State Administered SSI Only)		
V 0000 .Not applicable			V 05 .State unemployment compensation		
V 1901-1993 .Year			V 06 .Supplemental unemployment		
D TM8714	1	299	V 07 .Other unemployment compensation		
Is the "Yes" box marked for "4 months ago"?			V 08 .Veterans' compensation or pensions		
U All persons who received food stamps			V 10 .Workers compensation		
V 0 .Not applicable			V 11 .State temporary sickness or disability benefits		
V 1 .Yes			V 12 .Employer or union temporary sickness policy		
V 2 .No - skip to next ISS code			V 13 .Payments from a sickness, accident or disability insurance policy purchased on your own		
D TM8716	2	300	V 20 .Aid to families with dependent children (AFDC,ADC)		
When did ... begin to receive food stamps? (Month)			V 21 .General assistance or general relief		
U All persons who received food stamps 4 months ago			V 23 .Foster child care payments		
V 00 .Not applicable			V 24 .Other welfare		
V 01-12 .Month			V 25 .WIC (Women, Infants and Children nutrition program)		
D TM8718	4	302	V 27 .Food stamps		
When did ... begin to receive food stamps? (Year)			V 28 .Child support payments		
U All persons who received food stamps 4 months ago			V 29 .Alimony payments		
V 0000 .Not applicable			V 30 .Pension from company or union		
V 1901-1993 .Year			V 31 .Federal Civil Service or other Federal civilian employee pension		
D TM8720	1	306	V 32 .U.S. Military retirement pay		
Is the "4 months ago" box marked?			V 34 .State government pensions		
U All persons who received WIC benefits			V 35 .Local government pensions		
V 0 .Not applicable			V 36 .Income from paid-up life insurance policies or annuities		
V 1 .Yes			V 37 .Estates and trusts		
V 2 .No - skip to next ISS code			V 38 .Other payments for retirement, disability or survivor		
D TM8722	2	307	V 40 .GI Bill education benefits		
When did ... begin to receive WIC? (Month)			V 41 .Other VA education benefits		
U All persons who received WIC benefits 4 months ago			V 50 .Income assistance from a charitable group		
V 00 .Not applicable			V 51 .Money from relatives or friends		
V 01-12 .Month			V 52 .Lump sum payments		
D TM8724	4	309	V 53 .Income from roomers or boarders		
When did ... begin to receive WIC? (Year)			V 54 .National Guard or reserve pay		
U All persons who received WIC benefits 4 months ago			V 55 .Incidental or casual earnings		
V 0000 .Not applicable			V 56 .Other cash income not included elsewhere		
V 1901-1993 .Year					
D FILLER	1	313			
Zero or blank filler					



**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TM8800	1	316	D TM8816	2	332
Is the "Yes" box marked for "4 months ago"?			When did ... begin to receive food stamps? (Month)		
U All persons who received ISS except WIC or food stamps			U All persons who received food stamps 4 months ago		
V	0	.Not applicable	V	00	.Not applicable
V	1	.Yes	V	01 - 12	.Month
V	2	.No - skip to SC4032			
D TM8802	1	317	D TM8818	4	334
Are income types 1-10,20-35,40 or 41 marked in SC3600?			When did ... begin to receive food stamps? (Year)		
U All persons who received ISS except WIC or food stamps 4 months ago			U All persons who received food stamps 4 months ago		
V	0	.Not applicable	V	0000	.Not applicable
V	1	.Yes	V	1901-1993	.Year
V	2	.No - skip to SC4032			
D TM8804	2	318	D TM8820	1	338
When did ... begin to receive (income type)? (Month)			Is the "4 months ago" box marked?		
U All persons who received income types 1-10, 20-35, 40, or 41 four months ago			U All persons who received WIC benefits		
V	00	.Not applicable	V	0	.Not applicable
V	01-12	.Month	V	1	.Yes
			V	2	.No - skip to next ISS code
D TM8806	4	320	D TM8822	2	339
When did ... begin to receive (income type)? (Year)			When did ... begin to receive WIC? (Month)		
U All persons who received income types 1-10, 20-35, 40, or 41 four months ago			U All persons who received WIC benefits 4 months ago		
V	0000	.Not applicable	V	00	.Not applicable
V	1911-1993	.Year	V	01-12	.Month
D TM8808	1	324	D TM8824	4	341
Is the "Yes" box marked for "4 months ago"?			When did ... begin to receive WIC? (Year)		
U All persons who received Social Security/Railroad Retirement payments for children			U All persons who received WIC benefits 4 months ago		
V	0	.Not applicable	V	0000	.Not applicable
V	1	.Yes	V	1901-1993	.Year
V	2	.No - skip to SC4086			
D TM8810	2	325	D IMP8058	1	345
When did ... begin to receive Social Security/Railroad Retirement? (Month)			Topical module imputation flag #1 Imputation for 'TM8058'		
U All persons who received Social Security/Railroad Retirement 4 months ago			V	0	.Not imputed
V	00	.Not applicable	V	1	.Imputed
V	01-12	.Month			
			D IMP8060	1	346
D TM8812	4	327	Topical module imputation flag #2 Imputation for 'TM8060'		
When did ... begin to receive Social Security/Railroad Retirement? (Year)			V	0	.Not imputed
U All persons who received Social Security/Railroad Retirement 4 months ago			V	1	.Imputed
V	0000	.Not applicable			
V	1901-1993	.Year	D IMP8062	1	347
			Topical module imputation flag #3 Imputation for 'TM8062'		
D TM8814	1	331	V	0	.Not imputed
Is the "Yes" box marked for "4 months ago"?			V	1	.Imputed
U All persons covered under the food stamp allotment					
V	0	.Not applicable	D IMP8064	1	348
V	1	.Yes	Topical module imputation flag #4 Imputation for 'TM8064'		
V	2	.No - skip to next ISS code	V	0	.Not imputed
			V	1	.Imputed
			D IMP8066	1	349
			Topical module imputation flag #5 Imputation for 'TM8066'		
			V	0	.Not imputed
			V	1	.Imputed

DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D IMP8068	1	350	D IMP8104	1	361
Topical module imputation flag #6			Topical module imputation flag #17		
Imputation for 'TM8068'			Imputation for 'TM8104'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8072	1	351	D IMP8106	1	362
Topical module imputation flag #7			Topical module imputation flag #18		
Imputation for 'TM8072'			Imputation for 'TM8106'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8080	1	352	D IMP8108	1	363
Topical module imputation flag #8			Topical module imputation flag #19		
Imputation for 'TM8080'			Imputation for 'TM8108'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8082	1	353	D IMP8110	1	364
Topical module imputation flag #9			Topical module imputation flag #20		
Imputation for 'TM8082'			Imputation for 'TM8110'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8084	1	354	D IMP8118	1	365
Topical module imputation flag #10			Topical module imputation flag #21		
Imputation for 'TM8084'			Imputation for 'TM8118'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8086	1	355	D IMP8120	1	366
Topical module imputation flag #11			Topical module imputation flag #22		
Imputation for 'TM8086'			Imputation for 'TM8120'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8088	1	356	D IMP8122	1	367
Topical module imputation flag #12			Topical module imputation flag #23		
Imputation for 'TM8088'			Imputation for 'TM8122'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8090	1	357	D IMP8126	1	368
Topical module imputation flag #13			Topical module imputation flag #24		
Imputation for 'TM8090'			Imputation for 'TM8126'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8094	1	358	D IMP8128	1	369
Topical module imputation flag #14			Topical module imputation flag #25		
Imputation for 'TM8094'			Imputation for 'TM8128'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8100	1	359	D IMP8130	1	370
Topical module imputation flag #15			Topical module imputation flag #26		
Imputation for 'TM8100'			Imputation for 'TM8130'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8102	1	360	D IMP8132	1	371
Topical module imputation flag #16			Topical module imputation flag #27		
Imputation for 'TM8102'			Imputation for 'TM8132'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed

**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D IMP8134	1	372	D IMP8318	1	383
Topical module imputation flag #28			Topical module imputation flag #39		
Imputation for 'TM8134'			Imputation for 'TM8318'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8136	1	373	D IMP8322	1	384
Topical module imputation flag #29			Topical module imputation flag #40		
Imputation for 'TM8136'			Imputation for 'TM8322'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8142	1	374	D IMP8324	1	385
Topical module imputation flag #30			Topical module imputation flag #41		
Imputation for 'TM8142'			Imputation for 'TM8324'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8144	1	375	D IMP8404	1	386
Topical module imputation flag #31			Topical module imputation flag #42		
Imputation for 'TM8144'			Imputation for 'TM8404'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8146	1	376	D IMP8406	1	387
Topical module imputation flag #32			Topical module imputation flag #43		
Imputation for 'TM8146'			Imputation for 'TM8406'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8150	1	377	D IMP8410	1	388
Topical module imputation flag #33			Topical module imputation flag #44		
Imputation for 'TM8150'			Imputation for 'TM8410'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8304	1	378	D IMP8412	1	389
Topical module imputation flag #34			Topical module imputation flag #45		
Imputation for 'TM8304'			Imputation for 'TM8412'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8306	1	379	D IMP8416	1	390
Topical module imputation flag #35			Topical module imputation flag #46		
Imputation for 'TM8306'			Imputation for 'TM8416'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8310	1	380	D IMP8418	1	391
Topical module imputation flag #36			Topical module imputation flag #47		
Imputation for 'TM8310'			Imputation for 'TM8418'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8312	1	381	D IMP8422	1	392
Topical module imputation flag #37			Topical module imputation flag #48		
Imputation for 'TM8312'			Imputation for 'TM8422'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8316	1	382	D IMP8424	1	393
Topical module imputation flag #38			Topical module imputation flag #49		
Imputation for 'TM8316'			Imputation for 'TM8424'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed

DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D IMP8504	1	394	D IMP8612	1	405
Topical module imputation flag #50			Topical module imputation flag #61		
Imputation for 'TM8504'			Imputation for 'TM8612'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8506	1	395	D IMP8616	1	406
Topical module imputation flag #51			Topical module imputation flag #62		
Imputation for 'TM8506'			Imputation for 'TM8616'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8510	1	396	D IMP8618	1	407
Topical module imputation flag #52			Topical module imputation flag #63		
Imputation for 'TM8510'			Imputation for 'TM8618'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8512	1	397	D IMP8622	1	408
Topical module imputation flag #53			Topical module imputation flag #64		
Imputation for 'TM8512'			Imputation for 'TM8622'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8516	1	398	D IMP8624	1	409
Topical module imputation flag #54			Topical module imputation flag #65		
Imputation for 'TM8516'			Imputation for 'TM8624'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8518	1	399	D IMP8704	1	410
Topical module imputation flag #55			Topical module imputation flag #66		
Imputation for 'TM8518'			Imputation for 'TM8704'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8522	1	400	D IMP8706	1	411
Topical module imputation flag #56			Topical module imputation flag #67		
Imputation for 'TM8522'			Imputation for 'TM8706'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8524	1	401	D IMP8710	1	412
Topical module imputation flag #57			Topical module imputation flag #68		
Imputation for 'TM8524'			Imputation for 'TM8710'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8604	1	402	D IMP8712	1	413
Topical module imputation flag #58			Topical module imputation flag #69		
Imputation for 'TM8604'			Imputation for 'TM8712'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8606	1	403	D IMP8716	1	414
Topical module imputation flag #59			Topical module imputation flag #70		
Imputation for 'TM8606'			Imputation for 'TM8716'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8610	1	404	D IMP8718	1	415
Topical module imputation flag #60			Topical module imputation flag #71		
Imputation for 'TM8610'			Imputation for 'TM8718'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed

**SIPP 1993 TOPICAL MODULE WAVE 1**

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DATA          SIZE  BEGIN
D IMP8722      1    416
    Topical module imputation flag #72
    Imputation for 'TM8722'
V              0 .Not imputed
V              1 .Imputed
D IMP8724      1    417
    Topical module imputation flag #73
    Imputation for 'TM8724'
V              0 .Not imputed
V              1 .Imputed
D IMP8804      1    418
    Topical module imputation flag #74
    Imputation for 'TM8804'
V              0 .Not imputed
V              1 .Imputed
D IMP8806      1    419
    Topical module imputation flag #75
    Imputation for 'TM8806'
V              0 .Not imputed
V              1 .Imputed
D IMP8810      1    420
    Topical module imputation flag #76
    Imputation for 'TM8810'
V              0 .Not imputed
V              1 .Imputed
D IMP8812      1    421
    Topical module imputation flag #77
    Imputation for 'TM8812'
V              0 .Not imputed
V              1 .Imputed
D IMP8816      1    422
    Topical module imputation flag #78
    Imputation for 'TM8816'
V              0 .Not imputed
V              1 .Imputed
D IMP8818      1    423
    Topical module imputation flag #79
    Imputation for 'TM8818'
V              0 .Not imputed
V              1 .Imputed
D IMP8822      1    424
    Topical module imputation flag #80
    Imputation for 'TM8822'
V              0 .Not imputed
V              1 .Imputed
D IMP8824      1    425
    Topical module imputation flag #81
    Imputation for 'TM8824'
V              0 .Not imputed
V              1 .Imputed
D FILLER      3    426 (0:0)

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DATA          SIZE  BEGIN
*****
* Part B: Employment History *
*****
D TM8200      1    429
    Check item T12
    Is ... 18 to 64 years old?
U All persons
V              0 .Not applicable
V              1 .Yes
V              2 .No - skip to TM8300
*****
* Now I would like to ask some questions*
* about some of the jobs ... has held. *
*****
D TM8210      1    430
    Check item T13
    Is 'worked' (code 170) marked on the ISS?
U All persons 18 to 64 years of age
V              0 .Not applicable
V              1 .Yes
V              2 .No - skip to TM8240
D TM8214      2    431
    Check item T14
    What is the ID number of this employer
U All persons 18 to 64 years of age
    reported as working
V              00 .Not applicable
V              01-16 .Employer number
D TM8216      2    433
    Check item T14
    What is the ID number of this business
U All persons 18 to 64 years of age
    reported as working
V              00 .Not applicable
V              01-16 .Business number
D TM8218      2    435
    When did ... start working for (read
    name of employer or business)? (Month)
U All persons 18 to 64 years of age
    reported as working
V              00 .Not applicable
V              01-12 .Month
D TM8220      4    437
    When did ... start working for (read
    name employer or business)? (Year)
U All persons 18 to 64 years of age reported
    as working
V              0000 .Not applicable
V              1901-1993 .Year
D TM8222      1    441
    Is an "employer number" entered?
U All persons 18 to 64 years of age reported
    as working
V              0 .Not applicable
V              1 .Yes
V              2 .No - skip to TM8248

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DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TM8224	2	442	D TM8242	4	456
About how many persons were employed by ... 's employer at the location where ... works (worked)			When did ... last work at a paid job or business lasting 2 consecutive weeks or more?		
U All persons 18 to 64 years of age with employer number reported			U All persons 18 to 64 years of age with employer number reported		
V 00 .Not applicable			V 0000 .Not applicable		
V 01 .Under 25			V 1900-1993 .Year - skip to TM8254		
V 02 .25 TO 99					
V 03 .100 TO 999			D TM8244	2	460
			When did ... last work at a paid job or business lasting 2 consecutive weeks or more?		
D TM8226	2	444	U All persons 18 to 64 years of age with employer number reported		
Did ... 's employer operate in more than one location			V -3 .Never worked for 2 consecutive weeks or more (ask TM8246)		
U All persons 18 to 64 years of age with employer number reported and <1,000 persons employed at location			V 00 .Not applicable		
V 00 .Not applicable			V 01 .Yes		
V 01 .Yes			V 02 .No - skip to TM8248		
V 02 .No - skip to TM8248					
D TM8228	2	446	D TM8246	2	462
About how many persons are (were) employed by ... 's employer at all location ...			What is the main reason ... never worked 2 consecutive weeks or more at a job or business? If 0-7 - skip to TM8300		
U All persons 18 to 64 years of age working for employer who operated in more than one location			U All persons who never worked for 2 consecutive weeks or more		
V 00 .Not applicable			V 00 .Not applicable		
V 01 .Under 25			V 01 .Taking care of home or family		
V 02 .25 TO 99			V 02 .Ill or disabled		
V 03 .100 TO 499			V 03 .Going to school		
			V 04 .Couldn't find work		
			V 05 .Didn't want to work		
			V 07 .Other		
D TM8234	2	448	D TM8248	2	464
For how many years has ... done the kind of work that ... does on this job			Before this job when did ... last work at a paid job or business lasting 2 consecutive weeks or more?		
U All persons 18 to 64 years of age with employer number reported			U All persons 18 to 64 years of age who worked for 2 or more consecutive weeks		
V 00 .Not applicable			V 00 .Not applicable		
V 01-99 .Years skip to TM8248			V 01-12 .Month		
D TM8236	2	450	D TM8250	4	466
For how many years has ... done the kind of work that ... does on this job			Before this job when did ... last work at a paid job or business lasting 2 consecutive weeks or more? (Year)		
U All persons 18 to 64 years of age with employer number reported			U All persons 18 to 64 years of age		
V 00 .Not applicable			V 0000 .Not applicable		
V 01-99 .Months - skip to TM8248			V 1901-1993 .Year		
D FILLER	2	452	D TM8252	2	470
Zero or blank filler			Before this job when did ... last work at a paid job or business lasting 2 consecutive weeks or more?		
D TM8240	2	454	U All persons 18 to 64 years of age		
When did ... last work at a paid job or business lasting 2 consecutive weeks or more?			V -3 .Never had another job lasting two weeks or more (skip to TM8284)		
U All persons 18 to 64 years of age with employer number reported			V 00 .Not applicable		
V 00 .Not applicable					
V 01-12 .Month - skip to TM8254			D TM8254	1	472
			Check item T20		
			Is the year 1981 or later?		
			U All persons 18 to 64 years of age who worked		
			V 0 .Not applicable		
			V 1 .Yes		
			V 2 .No - skip to TM8284		

**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TMIND3	3	473	V	11	.Health reasons
		What was the name of ... 's employer or business at that time?	V	12	.Other family or personal reasons
U		All persons 18 to 64 years of age who worked for 2 or more consecutive weeks in 1981 or later	V	13	.Other
V	000	.Not applicable	D TM8274	4	489
V	001-990	.Industry code			In what year did ... first work six straight months or longer at a regular job or business?
D TMIND4	3	476	U		All persons 18 to 64 years of age who worked for 2 or more consecutive weeks in 1981 or later
		What kind of company, business, or occupation was this?	V	-003	.Never worked 6 straight months
U		All persons 18 to 64 years of age who worked for 2 or more consecutive weeks in 1981 or later	V		.at a job or business -
V	000	.Not applicable	V		.(skip To TM8300)
V	001-999	.Occupation code	V	0000	.Not applicable
D FILLER	1	479	V	1901-1993	.Year
		Zero or blank filler	D TM8276	2	493
D TM8266	1	480			Since (year in TM8274) has ... always worked at least six months during the year?
		Did ... work for and employer on that job or job or was ... self-employed?	U		All persons 18 to 64 years of age who worked 6 straight months or longer
U		All persons 18 to 64 years of age who worked for 2 or more consecutive weeks in 1981 or later	V	-1	.Don't know - skip to end
V	0	.Not applicable	V	00	.Not applicable
V	1	.Worked for an employer	V	01	.Yes - skip to end
V	2	.Self-employed	V	02	.No
D TM8268	2	481	D TM8278	2	495
		When did ... start working for (name of employer or business)?			How many years were there when ... worked at least 6 months?
U		All persons 18 to 64 years of age who worked for 2 or more consecutive weeks in 1981 or later	U		All persons 18 to 64 years of age who have not always worked at least 6 straight months or longer during the year
V	00	.Not applicable	V	00	.Not applicable
V	01-12	.Month	V	01-99	.Number of years worked
D TM8270	4	483	D TM8280	1	497
		When did ... start working for (name of employer or business)?			Check item T17
U		All persons 18 to 64 years of age who worked for 2 or more consecutive weeks in 1981 or later			Is the year in TM8274 1981 or later?
V	0000	.Not applicable	U		All persons 18 to 64 years of age who have not always worked at least 6 straight months or longer during the year
V	1901-1993	.Year	V	0	.Not applicable
D TM8272	2	487 (0:13)	V	1	.Yes - skip to TM8286
		What was the main reason ... stopped working for (name of employer or business)?	V	2	.No
U		All persons 18 to 64 years of age who worked for 2 or more consecutive weeks in 1981 or later	D TM8282	2	498
V	00	.Not applicable			Since the beginning of 1981 how many years have there been when ... worked at least 6 months during the year?
V	01	.Layoff, plant closed	U		All persons 18 to 64 years of age who first worked at least 6 straight months or longer before 1981
V	02	.Discharged	V	-5	.All years
V	03	.Job was temporary and ended	V	00	.Not applicable
V	04	.Found a better job	V	01-99	.Years
V	05	.Retirement/old age	D TM8284	1	500
V	06	.Did not like working conditions			Check item T18
V	07	.Dissatisfied with earnings			Is there a year in TM8274 or in TM8220?
V	08	.Did not like location	U		All persons 18 to 64 years of age who first worked at least 6 straight months or longer before 1981 or later
V	09	.Going to school	V	0	.Not applicable
V	10	.Became pregnant/had child	V	1	.Yes
			V	2	.No - skip to TM8300

DATA DICTIONARY

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D TM8286	1	501	D IMP8220	1	514
(People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since (year in TM8218 or TM8256), have there been any periods lasting 6 months or longer when ... did not work at a paid job or business?			Topical module imputation flag #2		
U All persons 18 to 64 years of age who worked at least 6 straight months or longer with year reported			Imputation for 'TM8220'		
V 0 .Not applicable			V 0 .Not imputed		
V 1 .Yes			V 1 .Imputed		
V 2 .No - skip to TM8300			D IMP8224	1	515
D TM8288	2	502	Topical module imputation flag #3		
About how many times has ... gone 6 months or longer without working at a job or business?			Imputation for 'TM8224'		
U All persons 18 to 64 years of age who have had periods of 6 months or more without working since year started working			V 0 .Not imputed		
V 00 .Not applicable			V 1 .Imputed		
V 01-99 .Times			D IMP8226	1	516
D TM8290	4	504	Topical module imputation flag #4		
When was the last time that ... went 6 months or longer without working at a job or business? - beginning year			Imputation for 'TM8226'		
U All persons 18 to 64 years of age who have had periods of 6 months or more without working since year started working			V 0 .Not imputed		
V 0000 .Not applicable			V 1 .Imputed		
V 1900-1993 .Year			D IMP8228	1	517
D TM8292	4	508	Topical module imputation flag #5		
When was the last time that ... went 6 months or longer without working at a job or business? - ending year			Imputation for 'TM8228'		
U All persons 18 to 64 years of age who have had periods of 6 months or more without working since year started working			V 0 .Not imputed		
V 0000 .Not applicable			V 1 .Imputed		
V 1900-1993 .Year			D IMP8234	1	518
D TM8294	1	512	Topical module imputation flag #6		
What was the reason ... did not work at a job or business during that time?			Imputation for 'TM8234'		
U All persons 18 to 64 years of age who have had periods of 6 months or more without working since year started working			V 0 .Not imputed		
V 0 .Not applicable			V 1 .Imputed		
V 1 .Took care of family or home			D IMP8240	1	519
V 2 .Own illness or disability			Topical module imputation flag #7		
V 3 .Could not find work			Imputation for 'TM8240'		
V 4 .Going to school			V 0 .Not imputed		
V 5 .Became pregnant/had child			V 1 .Imputed		
V 6 .Other			D IMP8242	1	520
D IMP8218	1	513	Topical module imputation flag #8		
Topical module imputation flag #1			Imputation for 'TM8242'		
Imputation for 'TM8218'			V 0 .Not imputed		
V 0 .Not imputed			V 1 .Imputed		
V 1 .Imputed			D IMP8244	1	521
D IMP8220	1	514	Topical module imputation flag #9		
Topical module imputation flag #2			Imputation for 'TM8244'		
Imputation for 'TM8220'			V 0 .Not imputed		
V 0 .Not imputed			V 1 .Imputed		
V 1 .Imputed			D IMP8246	1	522
D IMP8224	1	515	Topical module imputation flag #10		
Topical module imputation flag #3			Imputation for 'TM8246'		
Imputation for 'TM8224'			V 0 .Not imputed		
V 0 .Not imputed			V 1 .Imputed		
V 1 .Imputed			D IMP8248	1	523
D IMP8226	1	516	Topical module imputation flag #11		
Topical module imputation flag #4			Imputation for 'TM8248'		
Imputation for 'TM8226'			V 0 .Not imputed		
V 0 .Not imputed			V 1 .Imputed		
V 1 .Imputed			D IMP8250	1	524
D IMP8228	1	517	Topical module imputation flag #12		
Topical module imputation flag #5			Imputation for 'TM8250'		
Imputation for 'TM8228'			V 0 .Not imputed		
V 0 .Not imputed			V 1 .Imputed		
V 1 .Imputed					



**SIPP 1993 TOPICAL MODULE WAVE 1**

DATA	SIZE	BEGIN	DATA	SIZE	BEGIN
D IMP8252	1	525	D IMP8286	1	534
Topical module imputation flag #13			Topical module imputation flag #22		
Imputation for 'TM8252'			Imputation for 'TM8286'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8266	1	526	D IMP8288	1	535
Topical module imputation flag #14			Topical module imputation flag #23		
Imputation for 'TM8266'			Imputation for 'TM8288'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8268	1	527	D IMP8290	1	536
Topical module imputation flag #15			Topical module imputation flag #24		
Imputation for 'TM8268'			Imputation for 'TM8290'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8270	1	528	D IMP829A	1	537
Topical module imputation flag #16			Topical module imputation flag #25		
Imputation for 'TM8270'			Imputation for 'TM8290'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8272	1	529	D IMP8292	1	538
Topical module imputation flag #17			Topical module imputation flag #26		
Imputation for 'TM8272'			Imputation for 'TM8292'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8274	1	530	D IMP8294	1	539
Topical module imputation flag #18			Topical module imputation flag #27		
Imputation for 'TM8274'			Imputation for 'TM8294'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8276	1	531	D IMP-IND	1	540
Topical module imputation flag #19			Topical module imputation flag #28		
Imputation for 'TM8276'			Imputation for 'TMIND3'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8278	1	532	D IMP-OCC	1	541
Topical module imputation flag #20			Topical module imputation flag #29		
Imputation for 'TM8278'			Imputation for 'TMIND4'		
V	0	.Not imputed	V	0	.Not imputed
V	1	.Imputed	V	1	.Imputed
D IMP8282	1	533	D FILLER	3	542
Topical module imputation flag #21			Zero or blank filler		
Imputation for 'TM8282'					
V	0	.Not imputed			
V	1	.Imputed			

**SOURCE AND ACCURACY STATEMENT  
FOR THE 1993 PUBLIC USE FILES  
FROM THE SURVEY OF INCOME AND PROGRAM PARTICIPATION (SIPP)**

Available in paper copy only.

## APPENDIX A-1

### Income Source Code List

#### Code Income Sources

- 1 - Social Security
- 2 - U.S. Government Railroad Retirement pay
- 3 - Federal Supplemental Security Income (SSI)
- 5 - State unemployment compensation
- 6 - Supplemental Unemployment Benefits
- 7 - Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)
- 8 - Veterans compensation or pensions
- 10 - Worker's compensation
- 12 - Employer or union temporary sickness policy
- 13 - Payments from a sickness, accident or disability insurance policy purchased on your own
- 20 - Aid to Families with Dependent Children (AFDC, ADC)
- 21 - General assistance or General relief
- 23 - Foster child care payments
- 24 - Other welfare
- 25 - WIC (Women, Infants and Children) Nutrition Program
- 27 - Food stamps
- 28 - Child support payments
- 29 - Alimony payments
- 30 - Pension from company or union
- 31 - Federal Civil Service or other Federal civilian employee pensions
- 32 - U.S. Military retirement pay
- 34 - State government pensions
- 35 - Local government pensions
- 36 - Income from paid-up life insurance policies or annuities
- 37 - Estates and trusts
- 38 - Other payments for retirement, disability or survivor
- 40 - G.I. Bill/VEAP education benefits
- 41 - Other VA educational assistance
- 50 - Income assistance from a charitable group
- 51 - Money from relatives or friends
- 52 - Lump sum payments
- 53 - Income from roomers or boarders
- 54 - National Guard or Reserve pay
- 55 - Incidental or casual earnings
- 56 - Other cash income not included elsewhere
- 75 - Categories combined and recoded for confidentiality reasons
  - State Administered Supplemental Security Income (old code 4)
  - Black lung payments (old code 9)
  - State temporary sickness or disability benefits (old code 11)
  - Indian, Cuban, or Refugee Assistance (old code 22)
  - National Guard or Reserve Force retirement (old code 33)

## SIPP FILES

### Code Asset List

- 100 - Regular/passbook savings accounts in a bank, savings and loan or credit union
- 101 - Money market deposit accounts
- 102 - Certificates of Deposit or other savings certificates
- 103 - NOW, Super NOW or other interest earning checking accounts
- 104 - Money market funds
- 105 - U.S. Government securities
- 106 - Municipal or corporate bonds
- 107 - Other interest-earning assets
- 110 - Stocks or mutual fund shares
- 120 - Rental property
- 130 - Mortgages
- 140 - Royalties
- 150 - Other financial investments

### Code Special Indicators

- 170 - Worked
- 171 - Disabled
- 172 - Medicare
- 173 - Medicaid
- 174 - U.S. Saving Bonds (E, EE)
- 175 - College Work Study
- 176 - PELL Grant
- 177 - Supplemental Educational Opportunity Grant (SEOG)
- 178 - National Direct Student Loan (NSL)
- 179 - Guaranteed Student Loan
- 180 - JTPA Training
- 181 - Employer assistance
- 182 - Fellowship/Scholarship
- 183 - Other financial aid
- 200 - VA disability rating of 100%
- 201 - VA disability of less than 100%

## **APPENDIX A-2**

### **Income Sources Included in Monthly Cash Income**

#### **Earnings from Employment**

Wages and salaries  
Nonfarm self-employment income  
Farm self-employment income

#### **Income from Assets (Property Income)**

Regular/passbook savings accounts in a bank, savings and loan or credit union  
Money market deposit accounts  
Certificates of Deposit or other savings certificates  
NOW, Super NOW or other interest-earning checking accounts  
Money market funds  
U.S. Government securities  
Municipal or corporate bonds  
Other interest-earning assets  
Stocks or mutual fund shares  
Rental property  
Mortgages  
Royalties  
Other financial investments

#### **Other Income Sources**

Social Security  
U.S. Government Railroad Retirement pay  
Federal Supplemental Security Income (SSI)  
State Administered Supplemental Security Income  
State unemployment compensation  
Supplemental Unemployment Benefits  
Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)  
Veterans compensation or pensions  
Black lung payments  
Worker's compensation  
State temporary sickness or disability benefits  
Payments from a sickness, accident or disability insurance policy purchased on your own  
Aid to Families with Dependent Children (AFDC, ADC)  
General Assistance or General Relief  
Indian, Cuban, or Refugee Assistance  
Foster child care payments  
Other welfare  
Child support payments  
Alimony payments  
Pension from company or union  
Federal Civil Service or other Federal civilian employee pensions  
U.S. Military retirement pay  
National Guard or Reserve Forces retirement  
State government pensions  
Local government pensions

**SIPP FILES**

Income from paid-up life insurance policies or annuities  
Estates and trusts  
Other payments for retirement, disability or survivor benefits  
G.I. Bill/VEAP education benefits  
Income assistance from a charitable group  
Money from relatives or friends  
Lump sum payments  
Income from roomers or boarders  
National Guard or Reserve pay  
Incidental or casual earnings  
Other cash income not included elsewhere

## **APPENDIX A-3**

### **Sources of Means-Tested Benefits Covered in SIPP**

#### **Cash Benefits**

Federal Supplemental Security Income (SSI)  
State Administered Supplemental Security Income  
Veterans' pensions  
Aid to Families with Dependent Children (AFDC, ADC)  
General Assistance or General Relief  
Indian, Cuban, or Refugee Assistance  
Other welfare  
Foster child care payments

#### **Noncash Benefits**

Food Stamps  
Special Supplemental Food Program for Women, Infants, and Children (WIC)  
Low-Income Home Energy Assistance  
Medicaid  
Free or reduced price school lunches  
Free or reduced price school breakfasts  
Public or subsidized rental housing

## APPENDIX A-4

### 1990 Census of Population Occupation Classification System

The list presents the occupational classification developed for the 1990 Census of Population and Housing. There are 501 categories for the employed with 1 additional category for the experienced unemployed and 3 additional categories for the Armed Forces. These categories are grouped into 6 summary groups and 13 major groups. The classification is developed from the 1980 Standard Occupational Classification. "n.e.c." is the abbreviation for not elsewhere classified.

1990  
Census  
code

Occupation category

#### MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS

##### Executive, Administrative, and Managerial Occupations

003	Legislators (111)
004	Chief executives and general administrators, public administration (112)
005	Administrators and officials, public administration (1132-1139)
006	Administrators, protective services (1131)
007	Financial managers (122)
008	Personnel and labor relations managers (123)
009	Purchasing managers (124)
013	Managers, marketing, advertising, and public relations (125)
014	Administrators, education and related fields (128)
015	Managers, medicine and health (131)
016	Postmasters and mail superintendents (1344)
017	Managers, food serving and lodging establishments (1351)
018	Managers, properties and real estate (1353)
019	Funeral directors (pt 1359)
021	Managers, service organizations, n.e.c. (127, 1352, 1354, pt 1359)
022	Managers and administrators, n.e.c. (121, 126, 132-1343, 136-139)

##### Management Related Occupations

023	Accountants and auditors (1412)
024	Underwriters (1414)
025	Other financial officers (1415, 1419)
026	Management analysts (142)
027	Personnel, training, and labor relations specialists (143)
028	Purchasing agents and buyers, farm products (1443)
029	Buyers, wholesale and retail trade except farm products (1442)
033	Purchasing agents and buyers, n.e.c. (1449)
034	Business and promotion agents (145)
035	Construction inspectors (1472)
036	Inspectors and compliance officers, except construction (1473)
037	Management related occupations, n.e.c. (149)



**MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS—Con.  
Professional Specialty Occupations**

043	Engineers, Architects, and Surveyors Architects (161)
	Engineers
044	Aerospace (1622)
045	Metallurgical and materials (1623)
046	Mining (1624)
047	Petroleum (1625)
048	Chemical (1626)
049	Nuclear (1627)
053	Civil (1628)
054	Agricultural (1632)
055	Electrical and electronic (1633, 1636)
056	Industrial (1634)
057	Mechanical (1635)
058	Marine and naval architects (1637)
059	Engineers, n.e.c. (1639)
063	Surveyors and mapping scientists (164)
	Mathematical and Computer Scientists
064	Computer systems analysts and scientists (171)
065	Operations and systems researchers and analysts (172)
066	Actuaries (1732)
067	Statisticians (1733)
068	Mathematical scientists, n.e.c. (1739)
	Natural Scientists
069	Physicists and astronomers (1842, 1843)
073	Chemists, except biochemists (1845)
074	Atmospheric and space scientists (1846)
075	Geologists and geodesists (1847)
076	Physical scientists, n.e.c. (1849)
077	Agricultural and food scientists (1853)
078	Biological and life scientists (1854)
079	Forestry and conservation scientists (1852)
083	Medical scientists (1855)
	Health Diagnosing Occupations
084	Physicians (261)
085	Dentists (262)
086	Veterinarians (27)
087	Optometrists (281)
088	Podiatrists (283)
089	Health diagnosing practitioners, n.e.c. (289)
	Health Assessment and Treating Occupations
095	Registered nurses (29)
096	Pharmacists (301)
097	Dietitians (302)
	Therapists
098	Respiratory therapists (3031)
099	Occupational therapists (3032)
103	Physical therapists (3033)

**MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS—Con.**  
**Professional Specialty Occupations—Con.**

104	Speech therapists (3034)
105	Therapists, n.e.c. (3039)
106	Physicians' assistants (304)
	Teachers, Postsecondary
113	Earth, environmental, and marine science teachers (2212)
114	Biological science teachers (2213)
115	Chemistry teachers (2214)
116	Physics teachers (2215)
117	Natural science teachers, n.e.c. (2216)
118	Psychology teachers (2217)
119	Economics teachers (2218)
123	History teachers (2222)
124	Political science teachers (2223)
125	Sociology teachers (2224)
126	Social science teachers, n.e.c. (2225)
127	Engineering teachers (2226)
128	Mathematical science teachers (2227)
129	Computer science teachers (2228)
133	Medical science teachers (2231)
134	Health specialties teachers (2232)
135	Business, commerce, and marketing teachers (2233)
136	Agriculture and forestry teachers (2234)
137	Art, drama, and music teachers (2235)
138	Physical education teachers (2236)
139	Education teachers (2237)
143	English teachers (2238)
144	Foreign language teachers (2242)
145	Law teachers (2243)
146	Social work teachers (2244)
147	Theology teachers (2245)
148	Trade and industrial teachers (2246)
149	Home economics teachers (2247)
153	Teachers, postsecondary, n.e.c. (2249)
154	Postsecondary teachers, subject not specified
	Teachers, Except Postsecondary
155	Teachers, prekindergarten and kindergarten (231)
156	Teachers, elementary school (232)
157	Teachers, secondary school (233)
158	Teachers, special education (235)
159	Teachers, n.e.c. (236, 239)
163	Counselors, educational and vocational (24)
	Librarians, Archivists, and Curators
164	Librarians (251)
165	Archivists and curators (252)
	Social Scientists and Urban Planners
166	Economists (1912)
167	Psychologists (1915)
168	Sociologists (1916)
169	Social scientists, n.e.c. (1913, 1914, 1919)
173	Urban planners (192)

**MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS—Con.  
Professional Specialty Occupations—Con.**

	Social, Recreation, and Religious Workers
174	Social workers (2032)
175	Recreation workers (2033)
176	Clergy (2042)
177	Religious workers, n.e.c. (2049)
	Lawyers and Judges
178	Lawyers (211)
179	Judges (212)
	Writers, Artists, Entertainers, and Athletes
183	Authors (321)
184	Technical writers (398)
185	Designers (322)
186	Musicians and composers (323)
187	Actors and directors (324)
188	Painters, sculptors, craft-artists, and artist printmakers (325)
189	Photographers (326)
193	Dancers (327)
194	Artists, performers, and related workers, n.e.c. (328, 329)
195	Editors and reporters (331)
197	Public relations specialists (332)
198	Announcers (333)
199	Athletes (34)

**TECHNICAL, SALES, AND ADMINISTRATIVE SUPPORT OCCUPATIONS**

**Technicians and Related Support Occupations**

	Health Technologists and Technicians
203	Clinical laboratory technologists and technicians (362)
204	Dental hygienists (363)
205	Health record technologists and technicians (364)
206	Radiologic technicians (365)
207	Licensed practical nurses (366)
208	Health technologists and technicians, n.e.c. (369)
	Technologists and Technicians, Except Health
	Engineering and Related Technologists and Technicians
213	Electrical and electronic technicians (3711)
214	Industrial engineering technicians (3712)
215	Mechanical engineering technicians (3713)
216	Engineering technicians, n.e.c. (3719)
217	Drafting occupations (372)
218	Surveying and mapping technicians (373)
	Science Technicians
223	Biological technicians (382)
224	Chemical technicians (3831)
225	Science technicians, n.e.c. (3832, 3833, 384, 389)
	Technicians; Except Health, Engineering, and Science
226	Airplane pilots and navigators (825)
227	Air traffic controllers (392)

**TECHNICAL, SALES, AND ADMINISTRATIVE SUPPORT OCCUPATIONS—Con.  
Technicians and Related Support Occupations—Con.**

228	Broadcast equipment operators (393)
229	Computer programmers (3971, 3972)
233	Tool programmers, numerical control (3974)
234	Legal assistants (396)
235	Technicians, n.e.c. (399)

**Sales Occupations**

243	Supervisors and proprietors, sales occupations (40)
	Sales Representatives, Finance and Business Services
253	Insurance sales occupations (4122)
254	Real estate sales occupations (4123)
255	Securities and financial services sales occupations (4124)
256	Advertising and related sales occupations (4153)
257	Sales occupations, other business services (4152)
	Sales Representatives, Commodities Except Retail
258	Sales engineers (421)
259	Sales representatives, mining, manufacturing, and wholesale (423, 424)
	Sales Workers, Retail and Personal Services
263	Sales workers, motor vehicles and boats (4342, 4344)
264	Sales workers, apparel (4346)
265	Sales workers, shoes (4351)
266	Sales workers, furniture and home furnishings (4348)
267	Sales workers; radio, TV, hi-fi, and appliances (4343, 4352)
268	Sales workers, hardware and building supplies (4353)
269	Sales workers, parts (4367)
274	Sales workers, other commodities (4345, 4347, 4354, 4356, 4359, 4362, 4369)
275	Sales counter clerks (4363)
276	Cashiers (4364)
277	Street and door-to-door sales workers (4366)
278	News vendors (4365)
	Sales Related Occupations
283	Demonstrators, promoters and models, sales (445)
284	Auctioneers (447)
285	Sales support occupations, n.e.c. (444, 446, 449)
	<b>Administrative Support Occupations, Including Clerical</b>
	Supervisors, Administrative Support Occupations
303	Supervisors, general office (4511, 4513, 4514, 4516, 4519, 4529)
304	Supervisors, computer equipment operators (4512)
305	Supervisors, financial records processing (4521)
306	Chief communications operators (4523)
307	Supervisors; distribution, scheduling, and adjusting clerks (4522, 4524-4528)
	Computer Equipment Operators
308	Computer operators (4612)
309	Peripheral equipment operators (4613)

**TECHNICAL, SALES, AND ADMINISTRATIVE SUPPORT OCCUPATIONS—Con.  
Administrative Support Occupations, Including Clerical—Con.**

	Secretaries, Stenographers, and Typists
313	Secretaries (4622)
314	Stenographers (4623)
315	Typists (4624)
	Information Clerks
316	Interviewers (4642)
317	Hotel clerks (4643)
318	Transportation ticket and reservation agents (4644)
319	Receptionists (4645)
323	Information clerks, n.e.c. (4649)
	Records Processing Occupations, Except Financial
325	Classified-ad clerks (4662)
326	Correspondence clerks (4663)
327	Order clerks (4664)
328	Personnel clerks, except payroll and timekeeping (4692)
329	Library clerks (4694)
335	File clerks (4696)
336	Records clerks (4699)
	Financial Records Processing Occupations
337	Bookkeepers, accounting, and auditing clerks (4712)
338	Payroll and timekeeping clerks (4713)
339	Billing clerks (4715)
343	Cost and rate clerks (4716)
344	Billing, posting, and calculating machine operators (4718)
	Duplicating, Mail and Other Office Machine Operators
345	Duplicating machine operators (4722)
346	Mail preparing and paper handling machine operators (4723)
347	Office machine operators, n.e.c. (4729)
	Communications Equipment Operators
348	Telephone operators (4732)
353	Communications equipment operators, n.e.c. (4733, 4739)
	Mail and Message Distributing Occupations
354	Postal clerks, exc. mail carriers (4742)
355	Mail carriers, postal service (4743)
356	Mail clerks, exc. postal service (4744)
357	Messengers (4745)
	Material Recording, Scheduling, and Distributing Clerks
359	Dispatchers (4751)
363	Production coordinators (4752)
364	Traffic, shipping, and receiving clerks (4753)
365	Stock and inventory clerks (4754)
366	Meter readers (4755)
368	Weighers, measurers, checkers and samplers (4756, 4757)
373	Expeditors (4758)
374	Material recording, scheduling, and distributing clerks, n.e.c. (4759)

**TECHNICAL, SALES, AND ADMINISTRATIVE SUPPORT OCCUPATIONS—Con.  
Administrative Support Occupations, Including Clerical—Con.**

Adjusters and Investigators

- 375 Insurance adjusters, examiners, and investigators (4782)
- 376 Investigators and adjusters, except insurance (4783)
- 377 Eligibility clerks, social welfare (4784)
- 378 Bill and account collectors (4786)

Miscellaneous Administrative Support Occupations

- 379 General office clerks (463)
- 383 Bank tellers (4791)
- 384 Proofreaders (4792)
- 385 Data-entry keyers (4793)
- 386 Statistical clerks (4794)
- 387 Teachers' aides (4795)
- 389 Administrative support occupations, n.e.c. (4787, 4799)

**SERVICE OCCUPATIONS**

**Private Household Occupations**

- 403 Launderers and ironers (503)
- 404 Cooks, private household (504)
- 405 Housekeepers and butlers (505)
- 406 Child care workers, private household (506)
- 407 Private household cleaners and servants (502, 507, 509)

**Protective Service Occupations**

Supervisors, Protective Service Occupations

- 413 Supervisors, firefighting and fire prevention occupations (5111)
- 414 Supervisors, police and detectives (5112)
- 415 Supervisors, guards (5113)

Firefighting and Fire Prevention Occupations

- 416 Fire inspection and fire prevention occupations (5122)
- 417 Firefighting occupations (5123)

Police and Detectives

- 418 Police and detectives, public service (5132)
- 423 Sheriffs, bailiffs, and other law enforcement officers (5134)
- 424 Correctional institution officers (5133)

Guards

- 425 Crossing guards (5142)
- 426 Guards and police, exc. public service (5144)
- 427 Protective service occupations, n.e.c. (5149)

**Service Occupations, Except Protective and Household**

Food Preparation and Service Occupations

- 433 Supervisors, food preparation and service occupations (5211)
- 434 Bartenders (5212)
- 435 Waiters and waitresses (5213)
- 436 Cooks (5214, 5215)
- 438 Food counter, fountain and related occupations (5216)
- 439 Kitchen workers, food preparation (5217)

SIPP FILES

**SERVICE OCCUPATIONS—Con.**

**Service Occupations, Except Protective and Household—Con.**

- 443 Waiters/waitresses' assistants (5218)
- 444 Miscellaneous food preparation occupations (5219)
  
- Health Service Occupations
- 445 Dental assistants (5232)
- 446 Health aides, except nursing (5233)
- 447 Nursing aides, orderlies, and attendants (5236)
  
- Cleaning and Building Service Occupations, except Household
- 448 Supervisors, cleaning and building service workers (5241)
- 449 Maids and housemen (5242, 5249)
- 453 Janitors and cleaners (5244)
- 454 Elevator operators (5245)
- 455 Pest control occupations (5246)
  
- Personal Service Occupations
- 456 Supervisors, personal service occupations (5251)
- 457 Barbers (5252)
- 458 Hairdressers and cosmetologists (5253)
- 459 Attendants, amusement and recreation facilities (5254)
- 461 Guides (5255)
- 462 Ushers (5256)
- 463 Public transportation attendants (5257)
- 464 Baggage porters and bellhops (5262)
- 465 Welfare service aides (5263)
- 466 Family child care providers (pt 5264)
- 467 Early childhood teacher's assistants (pt 5264)
- 468 Child care workers, n.e.c. (pt 5264)
- 469 Personal service occupations, n.e.c. (5258, 5269)

**FARMING, FORESTRY, AND FISHING OCCUPATIONS**

**Farm Operators and Managers**

- 473 Farmers, except horticultural (5512-5514)
- 474 Horticultural specialty farmers (5515)
- 475 Managers, farms, except horticultural (5522-5524)
- 476 Managers, horticultural specialty farms (5525)

**Other Agricultural and Related Occupations**

- Farm Occupations, Except Managerial
- 477 Supervisors, farm workers (5611)
- 479 Farm workers (5612-5617)
- 483 Marine life cultivation workers (5618)
- 484 Nursery workers (5619)
  
- Related Agricultural Occupations
- 485 Supervisors, related agricultural occupations (5621)
- 486 Groundskeepers and gardeners, except farm (5622)
- 487 Animal caretakers, except farm (5624)
- 488 Graders and sorters, agricultural products (5625)
- 489 Inspectors, agricultural products (5627)

**FARMING, FORESTRY, AND FISHING OCCUPATIONS—Con.**

Forestry and Logging Occupations

- 494 Supervisors, forestry, and logging workers (571)
- 495 Forestry workers, except logging (572)
- 496 Timber cutting and logging occupations (573, 579)

Fishers, Hunters, and Trappers

- 497 Captains and other officers, fishing vessels (pt 8241)
- 498 Fishers (583)
- 499 Hunters and trappers (584)

**PRECISION PRODUCTION, CRAFT, AND REPAIR OCCUPATIONS**

Mechanics and Repairers

- 503 Supervisors, mechanics and repairers (60)

Mechanics and Repairers, Except Supervisors

Vehicle and Mobile Equipment Mechanics and Repairers

- 505 Automobile mechanics (pt 6111)
- 506 Automobile mechanic apprentices (pt 6111)
- 507 Bus, truck, and stationary engine mechanics (6112)
- 508 Aircraft engine mechanics (6113)
- 509 Small engine repairers (6114)
- 514 Automobile body and related repairers (6115)
- 515 Aircraft mechanics, exc. engine (6116)
- 516 Heavy equipment mechanics (6117)
- 517 Farm equipment mechanics (6118)
- 518 Industrial machinery repairers (613)
- 519 Machinery maintenance occupations (614)

Electrical and Electronic Equipment Repairers

- 523 Electronic repairers, communications and industrial equipment (6151, 6153, 6155)
- 525 Data processing equipment repairers (6154)
- 526 Household appliance and power tool repairers (6156)
- 527 Telephone line installers and repairers (6157)
- 529 Telephone installers and repairers (6158)
- 533 Miscellaneous electrical and electronic equipment repairers (6152, 6159)
- 534 Heating, air conditioning, and refrigeration mechanics (616)

Miscellaneous Mechanics and Repairers

- 535 Camera, watch, and musical instrument repairers (6171, 6172)
- 536 Locksmiths and safe repairers (6173)
- 538 Office machine repairers (6174)
- 539 Mechanical controls and valve repairers (6175)
- 543 Elevator installers and repairers (6176)
- 544 Millwrights (6178)
- 547 Specified mechanics and repairers, n.e.c. (6177, 6179)
- 549 Not specified mechanics and repairers

Construction Trades

Supervisors, Construction Occupations

- 553 Supervisors; brickmasons, stonemasons, and tile setters (6312)
- 554 Supervisors, carpenters and related workers (6313)
- 555 Supervisors, electricians and power transmission installers (6314)
- 556 Supervisors; painters, paperhangers, and plasterers (6315)



**PRECISION PRODUCTION, CRAFT, AND  
REPAIR OCCUPATIONS—Con.**

- 557 Supervisors; plumbers, pipefitters, and steamfitters (6316)
- 558 Supervisors, construction n.e.c. (6311, 6318)
  
- Construction Trades, Except Supervisors
- 563 Brickmasons and stonemasons (pt 6412, pt 6413)
- 564 Brickmason and stonemason apprentices (pt 6412, pt 6413)
- 565 Tile setters, hard and soft (pt 6414, pt 6462)
- 566 Carpet installers (pt 6462)
- 567 Carpenters (pt 6422)
- 569 Carpenter apprentices (pt 6422)
- 573 Drywall installers (6424)
- 575 Electricians (pt 6432)
- 576 Electrician apprentices (pt 6432)
- 577 Electrical power installers and repairers (6433)
- 579 Painters, construction and maintenance (6442)
- 583 Paperhangers (6443)
- 584 Plasterers (6444)
- 585 Plumbers, pipefitters, and steamfitters (pt 645)
- 587 Plumber, pipefitter, and steamfitter apprentices (pt 645)
- 588 Concrete and terrazzo finishers (6463)
- 589 Glaziers (6464)
- 593 Insulation workers (6465)
- 594 Paving, surfacing, and tamping equipment operators (6466)
- 595 Roofers (6468)
- 596 Sheetmetal duct installers (6472)
- 597 Structural metal workers (6473)
- 598 Drillers, earth (6474)
- 599 Construction trades, n.e.c. (6467, 6475, 6476, 6479)
  
- Extractive Occupations
- 613 Supervisors, extractive occupations (632)
- 614 Drillers, oil well (652)
- 615 Explosives workers (653)
- 616 Mining machine operators (654)
- 617 Mining occupations, n.e.c. (656)
  
- Precision Production Occupations
- 628 Supervisors, production occupations (67, 71)
  
- Precision Metal Working Occupations
- 634 Tool and die makers (pt 6811)
- 635 Tool and die maker apprentices (pt 6811)
- 636 Precision assemblers, metal (6812)
- 637 Machinists (pt 6813)
- 639 Machinist apprentices (pt 6813)
- 643 Boilermakers (6814)
- 644 Precision grinders, filers, and tool sharpeners (6816)
- 645 Patternmakers and model makers, metal (6817)
- 646 Lay-out workers (6821)
- 647 Precious stones and metals workers (Jewelers) (6822, 6866)
- 649 Engravers, metal (6823)
- 653 Sheet metal workers (pt 6824)
- 654 Sheet metal worker apprentices (pt 6824)

**PRECISION PRODUCTION, CRAFT, AND REPAIR OCCUPATIONS—Con.**

- 655                   Miscellaneous precision metal workers (6829)
  
- Precision Woodworking Occupations
- 656                    Patternmakers and model makers, wood (6831)
- 657                    Cabinet makers and bench carpenters (6832)
- 658                    Furniture and wood finishers (6835)
- 659                    Miscellaneous precision woodworkers (6839)
  
- Precision Textile, Apparel, and Furnishings Machine Workers
- 666                    Dressmakers (pt 6852, pt 7752)
- 667                    Tailors (pt 6852)
- 668                    Upholsterers (6853)
- 669                    Shoe repairers (6854)
- 674                    Miscellaneous precision apparel and fabric workers (6856, 6859, pt 7752)
  
- Precision Workers, Assorted Materials
- 675                    Hand molders and shapers, except jewelers (6861)
- 676                    Patternmakers, lay-out workers, and cutters (6862)
- 677                    Optical goods workers (6864, pt 7477, pt 7677)
- 678                    Dental laboratory and medical appliance technicians (6865)
- 679                    Bookbinders (6844)
- 683                    Electrical and electronic equipment assemblers (6867)
- 684                    Miscellaneous precision workers, n.e.c. (6869)
  
- Precision Food Production Occupations
- 686                    Butchers and meat cutters (6871)
- 687                    Bakers (6872)
- 688                    Food batchmakers (6873, 6879)
  
- Precision Inspectors, Testers, and Related Workers
- 689                    Inspectors, testers, and graders (6881, 828)
- 693                    Adjusters and calibrators (6882)
  
- Plant and System Operators
- 694                    Water and sewage treatment plant operators (691)
- 695                    Power plant operators (pt 693)
- 696                    Stationary engineers (pt 693, 7668)
- 699                    Miscellaneous plant and system operators (692, 694, 695, 696)

**OPERATORS, FABRICATORS, AND LABORERS**

**Machine Operators, Assemblers, and Inspectors**

Machine Operators and Tenders, Except Precision

Metalworking and Plastic Working Machine Operators

- 703                    Lathe and turning machine set-up operators (7312)
- 704                    Lathe and turning machine operators (7512)
- 705                    Milling and planing machine operators (7313, 7513)
- 706                    Punching and stamping press machine operators (7314, 7317, 7514, 7517)
- 707                    Rolling machine operators (7316, 7516)
- 708                    Drilling and boring machine operators (7318, 7518)
- 709                    Grinding, abrading, buffing, and polishing machine operators (7322, 7324, 7522)
- 713                    Forging machine operators (7319, 7519)

**OPERATORS, FABRICATORS, AND LABORERS—Con.**  
**Machine Operators, Assemblers, and Inspectors—Con.**

714	Numerical control machine operators (7326)
715	Miscellaneous metal, plastic, stone, and glass working machine operators (7329, 7529)
717	Fabricating machine operators, n.e.c. (7339, 7539)
	<b>Metal and Plastic Processing Machine Operators</b>
719	Molding and casting machine operators (7315, 7342, 7515, 7542)
723	Metal plating machine operators (7343, 7543)
724	Heat treating equipment operators (7344, 7544)
725	Miscellaneous metal and plastic processing machine operators (7349, 7549)
	<b>Woodworking Machine Operators</b>
726	Wood lathe, routing, and planing machine operators (7431, 7432, 7631, 7632)
727	Sawing machine operators (7433, 7633)
728	Shaping and joining machine operators (7435, 7635)
729	Nailing and tacking machine operators (7636)
733	Miscellaneous woodworking machine operators (7434, 7439, 7634, 7639)
	<b>Printing Machine Operators</b>
734	Printing press operators (7443, 7643)
735	Photoengravers and lithographers (6842, 7444, 7644)
736	Typesetters and compositors (6841, 7642)
737	Miscellaneous printing machine operators (6849, 7449, 7649)
	<b>Textile, Apparel, and Furnishings Machine Operators</b>
738	Winding and twisting machine operators (7451, 7651)
739	Knitting, looping, taping, and weaving machine operators (7452, 7652)
743	Textile cutting machine operators (7654)
744	Textile sewing machine operators (7655)
745	Shoe machine operators (7656)
747	Pressing machine operators (7657)
748	Laundering and dry cleaning machine operators (6855, 7658)
749	Miscellaneous textile machine operators (7459, 7659)
	<b>Machine Operators, Assorted Materials</b>
753	Cementing and gluing machine operators (7661)
754	Packaging and filling machine operators (7462, 7662)
755	Extruding and forming machine operators (7463, 7663)
756	Mixing and blending machine operators (7664)
757	Separating, filtering, and clarifying machine operators (7476, 7666, 7676)
758	Compressing and compacting machine operators (7467, 7667)
759	Painting and paint spraying machine operators (7669)
763	Roasting and baking machine operators, food (7472, 7672)
764	Washing, cleaning, and pickling machine operators (7673)
765	Folding machine operators (7474, 7674)
766	Furnace, kiln, and oven operators, exc. food (7675)
768	Crushing and grinding machine operators (pt 7477, pt 7677)
769	Slicing and cutting machine operators (7478, 7678)
773	Motion picture projectionists (pt 7479)
774	Photographic process machine operators (6863, 6868, 7671)
777	Miscellaneous machine operators, n.e.c. (pt 7479, 7665, 7679)
779	Machine operators, not specified

**OPERATORS, FABRICATORS, AND LABORERS—Con.**  
**Machine Operators, Assemblers, and Inspectors—Con.**

Fabricators, Assemblers, and Hand Working Occupations

783	Welders and cutters (7332, 7532, 7714)
784	Solderers and brazers (7333, 7533, 7717)
785	Assemblers (772, 774)
786	Hand cutting and trimming occupations (7753)
787	Hand molding, casting, and forming occupations (7754, 7755)
789	Hand painting, coating, and decorating occupations (7756)
793	Hand engraving and printing occupations (7757)
795	Miscellaneous hand working occupations (7758, 7759)

Production Inspectors, Testers, Samplers, and Weighers

796	Production inspectors, checkers, and examiners (782, 787)
797	Production testers (783)
798	Production samplers and weighers (784)
799	Graders and sorters, exc. agricultural (785)

**Transportation and Material Moving Occupations**

Motor Vehicle Operators

803	Supervisors, motor vehicle operators (8111)
804	Truck drivers (8212-8214)
806	Driver-sales workers (8218)
808	Bus drivers (8215)
809	Taxicab drivers and chauffeurs (8216)
813	Parking lot attendants (874)
814	Motor transportation occupations, n.e.c. (8219)

Transportation Occupations, Except Motor Vehicles

Rail Transportation Occupations

823	Railroad conductors and yardmasters (8113)
824	Locomotive operating occupations (8232)
825	Railroad brake, signal, and switch operators (8233)
826	Rail vehicle operators, n.e.c. (8239)

Water Transportation Occupations

828	Ship captains and mates, except fishing boats (pt 8241, 8242)
829	Sailors and deckhands (8243)
833	Marine engineers (8244)
834	Bridge, lock, and lighthouse tenders (8245)

Material Moving Equipment Operators

843	Supervisors, material moving equipment operators (812)
844	Operating engineers (8312)
845	Longshore equipment operators (8313)
848	Hoist and winch operators (8314)
849	Crane and tower operators (8315)
853	Excavating and loading machine operators (8316)
855	Grader, dozer, and scraper operators (8317)
856	Industrial truck and tractor equipment operators (8318)
859	Miscellaneous material moving equipment operators (8319)

**SIPP FILES**

**OPERATORS, FABRICATORS, AND LABORERS—Con.  
Handlers, Equipment Cleaners, Helpers, and Laborers**

864 Supervisors, handlers, equipment cleaners, and laborers, n.e.c. (85)  
865 Helpers, mechanics and repairers (863)

Helpers, Construction and Extractive Occupations

866 Helpers, construction trades (8641-8645, 8648)  
867 Helpers, surveyor (8646)  
868 Helpers, extractive occupations (865)  
869 Construction laborers (871)  
874 Production helpers (861, 862)

Freight, Stock, and Material Handlers

875 Garbage collectors (8722)  
876 Stevedores (8723)  
877 Stock handlers and baggers (8724)  
878 Machine feeders and offbearers (8725)  
883 Freight, stock, and material handlers, n.e.c. (8726)  
885 Garage and service station related occupations (873)  
887 Vehicle washers and equipment cleaners (875)  
888 Hand packers and packagers (8761)  
889 Laborers, except construction (8769)

**MILITARY OCCUPATIONS**

903 Commissioned Officers and Warrant Officers  
904 Non-commissioned Officers and Other Enlisted Personnel  
905 Military occupation, rank not specified

**EXPERIENCED UNEMPLOYED NOT CLASSIFIED BY OCCUPATION**

909 Last worked 1984 or earlier

## APPENDIX A-5

### 1990 Census of Population Industry Classification System

The list presents the industrial classification developed for the 1990 Census of Population and Housing. There are 235 categories for the employed, with 1 additional category for the experienced unemployed, and 7 additional categories for the Armed Forces. These categories are aggregated into 13 major groups. The classification is developed from the 1987 Standard Industrial Classification. "n.e.c." is the abbreviation for not elsewhere classified.

1990  
Census  
code

Industry category

#### **AGRICULTURE, FORESTRY, AND FISHERIES**

010 Agricultural production, crops (01)  
011 Agricultural production, livestock (02)  
012 Veterinary services (074)  
020 Landscape and horticultural services (078)  
030 Agricultural services, n.e.c. (071, 072, 075, 076)  
031 Forestry (08)  
032 Fishing, hunting, and trapping (09)

#### **MINING**

040 Metal mining (10)  
041 Coal mining (12)  
042 Oil and gas extraction (13)  
050 Nonmetallic mining and quarrying, except fuels (14)

#### **060 CONSTRUCTION (15, 16, 17)**

#### **MANUFACTURING**

##### **Nondurable Goods**

Food and kindred products

100 Meat products (201)  
101 Dairy products (202)  
102 Canned, frozen, and preserved fruits and vegetables (203)  
110 Grain mill products (204)  
111 Bakery products (205)  
112 Sugar and confectionery products (206)  
120 Beverage industries (208)  
121 Miscellaneous food preparations and kindred products (207, 209)  
122 Not specified food industries  
130 Tobacco manufactures (21)

Textile mill products

132 Knitting mills (225)  
140 Dyeing and finishing textiles, except wool and knit goods (226)  
141 Carpets and rugs (227)  
142 Yarn, thread, and fabric mills (221-224, 228)  
150 Miscellaneous textile mill products (229)

SIPP FILES

**MANUFACTURING-Con.  
Nondurable Goods-Con.**

	Apparel and other finished textile products
151	Apparel and accessories, except knit (231-238)
152	Miscellaneous fabricated textile products (239)
	Paper and allied products
160	Pulp, paper, and paperboard mills (261-263)
161	Miscellaneous paper and pulp products (267)
162	Paperboard containers and boxes (265)
	Printing, publishing, and allied industries
171	Newspaper publishing and printing (271)
172	Printing, publishing, and allied industries, except newspapers (272-279)
	Chemicals and allied products
180	Plastics, synthetics, and resins (282)
181	Drugs (283)
182	Soaps and cosmetics (284)
190	Paints, varnishes, and related products (285)
191	Agricultural chemicals (287)
192	Industrial and miscellaneous chemicals (281, 286, 289)
	Petroleum and coal products
200	Petroleum refining (291)
201	Miscellaneous petroleum and coal products (295, 299)
	Rubber and miscellaneous plastics products
210	Tires and inner tubes (301)
211	Other rubber products, and plastics footwear and belting (302-306)
212	Miscellaneous plastics products (308)
	Leather and leather products
220	Leather tanning and finishing (311)
221	Footwear, except rubber and plastic (313, 314)
222	Leather products, except footwear (315-317, 319)
	<b>Durable Goods</b>
	Lumber and wood products, except furniture
230	Logging (241)
231	Sawmills, planing mills, and millwork (242, 243)
232	Wood buildings and mobile homes (245)
241	Miscellaneous wood products (244, 249)
242	Furniture and fixtures (25)
	Stone, clay, glass, and concrete products
250	Glass and glass products (321-323)
251	Cement, concrete, gypsum, and plaster products (324, 327)
252	Structural clay products (325)
261	Pottery and related products (326)
262	Miscellaneous nonmetallic mineral and stone products (328, 329)

**MANUFACTURING—Con.****Durable Goods—Con.**

## Metal industries

270	Blast furnaces, steelworks, rolling and finishing mills (331)
271	Iron and steel foundries (332)
272	Primary aluminum industries (3334, part 334, 3353-3355, 3363,3365)
280	Other primary metal industries (3331, 3339, part 334, 3351, 3356, 3357, 3364, 3366, 3369, 339)
281	Cutlery, handtools, and general hardware (342)
282	Fabricated structural metal products (344)
290	Screw machine products (345)
291	Metal forgings and stampings (346)
292	Ordnance (348)
300	Miscellaneous fabricated metal products (341, 343, 347, 349)
301	Not specified metal industries

## Machinery and computing equipment

310	Engines and turbines (351)
311	Farm machinery and equipment (352)
312	Construction and material handling machines (353)
320	Metalworking machinery (354)
321	Office and accounting machines (3578, 3579)
322	Computers and related equipment (3571- 3577)
331	Machinery, except electrical, n.e.c. (355, 356, 358, 359)
332	Not specified machinery

## Electrical machinery, equipment, and supplies

340	Household appliances (363)
341	Radio, TV, and communication equipment (365, 366)
342	Electrical machinery, equipment, and supplies, n.e.c. (361, 362, 364, 367, 369)
350	Not specified electrical machinery, equipment, and supplies

## Transportation equipment

351	Motor vehicles and motor vehicle equipment (371)
352	Aircraft and parts (372)
360	Ship and boat building and repairing (373)
361	Railroad locomotives and equipment (374)
362	Guided missiles, space vehicles, and parts (376)
370	Cycles and miscellaneous transportation equipment (375, 379)

## Professional and photographic equipment, and watches

371	Scientific and controlling instruments (381, 382 exc. 3827)
372	Medical, dental, and optical instruments and supplies (3827, 384, 385)
380	Photographic equipment and supplies (386)
381	Watches, clocks, and clockwork operated devices (387)
390	Toys, amusement, and sporting goods (394)
391	Miscellaneous manufacturing industries (39 exc. 394)
392	Not specified manufacturing industries

**TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC UTILITIES**

## Transportation

400	Railroads (40)
401	Bus service and urban transit (41, except 412)
402	Taxicab service (412)
410	Trucking service (421, 423)
411	Warehousing and storage (422)
412	U.S. Postal Service (43)



## SIPP FILES

### **TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC UTILITIES—Con.**

420	Water transportation (44)
421	Air transportation (45)
422	Pipe lines, except natural gas (46)
432	Services incidental to transportation (47)
	Communications
440	Radio and television broadcasting and cable (483, 484)
441	Telephone communications (481)
442	Telegraph and miscellaneous communications services (482, 489)
	Utilities and sanitary services
450	Electric light and power (491)
451	Gas and steam supply systems (492, 496)
452	Electric and gas, and other combinations (493)
470	Water supply and irrigation (494, 497)
471	Sanitary services (495)
472	Not specified utilities

### **WHOLESALE TRADE**

#### **Durable Goods**

500	Motor vehicles and equipment (501)
501	Furniture and home furnishings (502)
502	Lumber and construction materials (503)
510	Professional and commercial equipment and supplies (504)
511	Metals and minerals, except petroleum (505)
512	Electrical goods (506)
521	Hardware, plumbing and heating supplies (507)
530	Machinery, equipment, and supplies (508)
531	Scrap and waste materials (5093)
532	Miscellaneous wholesale, durable goods (509 exc. 5093)

#### **Nondurable Goods**

540	Paper and paper products (511)
541	Drugs, chemicals and allied products (512, 516)
542	Apparel, fabrics, and notions (513)
550	Groceries and related products (514)
551	Farm-product raw materials (515)
552	Petroleum products (517)
560	Alcoholic beverages (518)
561	Farm supplies (5191)
562	Miscellaneous wholesale, nondurable goods (5192-5199)
571	Not specified wholesale trade

#### **RETAIL TRADE**

580	Lumber and building material retailing (521, 523)
581	Hardware stores (525)
582	Retail nurseries and garden stores (526)
590	Mobile home dealers (527)
591	Department stores (531)
592	Variety stores (533)
600	Miscellaneous general merchandise stores (539)
601	Grocery stores (541)

**RETAIL TRADE—Con.**

602	Dairy products stores (545)
610	Retail bakeries (546)
611	Food stores, n.e.c. (542, 543, 544, 549)
612	Motor vehicle dealers (551, 552)
620	Auto and home supply stores (553)
621	Gasoline service stations (554)
622	Miscellaneous vehicle dealers (555, 556, 557, 559)
623	Apparel and accessory stores, except shoe (56, except 566)
630	Shoe stores (566)
631	Furniture and home furnishings stores (571)
632	Household appliance stores (572)
633	Radio, TV, and computer stores (5731, 5734)
640	Music stores (5735, 5736)
641	Eating and drinking places (58)
642	Drug stores (591)
650	Liquor stores (592)
651	Sporting goods, bicycles, and hobby stores (5941, 5945, 5946)
652	Book and stationery stores (5942, 5943)
660	Jewelry stores (5944)
661	Gift, novelty, and souvenir shops (5947)
662	Sewing, needlework and piece goods stores (5949)
663	Catalog and mail order houses (5961)
670	Vending machine operators (5962)
671	Direct selling establishments (5963)
672	Fuel dealers (598)
681	Retail florists (5992)
682	Miscellaneous retail stores (593, 5948, 5993- 5995, 5999)
691	Not specified retail trade

**FINANCE, INSURANCE, AND REAL ESTATE**

700	Banking (60 exc. 603 and 606)
701	Savings institutions, including credit unions (603, 606)
702	Credit agencies, n.e.c. (61)
710	Security, commodity brokerage, and investment companies (62, 67)
711	Insurance (63, 64)
712	Real estate, including real estate-insurance offices (65)

**BUSINESS AND REPAIR SERVICES**

721	Advertising (731)
722	Services to dwellings and other buildings (734)
731	Personnel supply services (736)
732	Computer and data processing services (737)
740	Detective and protective services (7381, 7382)
741	Business services, n.e.c. (732, 733, 735, 7383-7389)
742	Automotive rental and leasing, without drivers (751)
750	Automobile parking and carwashes (752, 7542)
751	Automotive repair and related services (753, 7549)
752	Electrical repair shops (762, 7694)
760	Miscellaneous repair services (763, 764, 7692, 7699)

## SIPP FILES

### PERSONAL SERVICES

761	Private households (88)
762	Hotels and motels (701)
770	Lodging places, except hotels and motels (702, 703, 704)
771	Laundry, cleaning, and garment services (721 exc. part 7219)
772	Beauty shops (723)
780	Barber shops (724)
781	Funeral service and crematories (726)
782	Shoe repair shops (725)
790	Dressmaking shops (part 7219)
791	Miscellaneous personal services (722, 729)

### ENTERTAINMENT AND RECREATION SERVICES

800	Theaters and motion pictures (781-783, 792)
801	Video tape rental (784)
802	Bowling centers (793)
810	Miscellaneous entertainment and recreation services (791, 794, 799)

### PROFESSIONAL AND RELATED SERVICES

812	Offices and clinics of physicians (801, 803)
820	Offices and clinics of dentists (802)
821	Offices and clinics of chiropractors (8041)
822	Offices and clinics of optometrists (8042)
830	Offices and clinics of health practitioners, n.e.c. (8043, 8049)
831	Hospitals (806)
832	Nursing and personal care facilities (805)
840	Health services, n.e.c. (807, 808, 809)
841	Legal services (81)
842	Elementary and secondary schools (821)
850	Colleges and universities (822)
851	Vocational schools (824)
852	Libraries (823)
860	Educational services, n.e.c. (829)
861	Job training and vocational rehabilitation services (833)
862	Child day care services (part 835)
863	Family child care homes (part 835)
870	Residential care facilities, without nursing (836)
871	Social services, n.e.c. (832, 839)
872	Museums, art galleries, and zoos (84)
873	Labor unions (863)
880	Religious organizations (866)
881	Membership organizations, n.e.c. (861, 862, 864, 865, 869)
882	Engineering, architectural, and surveying services (871)
890	Accounting, auditing, and bookkeeping services (872)
891	Research, development, and testing services (873)
892	Management and public relations services (874)
893	Miscellaneous professional and related services (899)

### PUBLIC ADMINISTRATION

900	Executive and legislative offices (911-913)
901	General government, n.e.c. (919)
910	Justice, public order, and safety (92)
921	Public finance, taxation, and monetary policy (93)
922	Administration of human resources programs (94)

**PUBLIC ADMINISTRATION-Con.**

- 930 Administration of environmental quality and housing programs (95)
- 931 Administration of economic programs (96)
- 932 National security and international affairs (97)

**ACTIVE DUTY MILITARY**

Armed Forces

- 940 Army
- 941 Air Force
- 942 Navy
- 950 Marines
- 951 Coast Guard
- 952 Armed Forces, Branch not specified
- 960 Military Reserves or National Guard

**EXPERIENCED UNEMPLOYED NOT CLASSIFIED BY INDUSTRY**

- 992 Last worked 1984 or earlier

## CONTROL CARD

Available in paper copy only.



## Section 1 – LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

**1. During the 4-month period outlined on this calendar, that is, from (4 months ago) through (Last month), did . . . have a job or business, either full time or part time, even for only a few days?**  
*Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.*

**PGM 7**  
**1000**

1  Yes – Mark "Worked" (code 170) on ISS and SKIP to 4  
 2  No

**2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?**

**1002**

1  Yes  
 2  No – SKIP to 3a

**b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**  
*Mark (X) all that apply.*

**1004** x5  ALL

<b>1006</b>	<input type="checkbox"/> 1	<b>1018</b>	<input type="checkbox"/> 7	<b>1030</b>	<input type="checkbox"/> 13
<b>1008</b>	<input type="checkbox"/> 2	<b>1020</b>	<input type="checkbox"/> 8	<b>1032</b>	<input type="checkbox"/> 14
<b>1010</b>	<input type="checkbox"/> 3	<b>1022</b>	<input type="checkbox"/> 9	<b>1034</b>	<input type="checkbox"/> 15
<b>1012</b>	<input type="checkbox"/> 4	<b>1024</b>	<input type="checkbox"/> 10	<b>1036</b>	<input type="checkbox"/> 16
<b>1014</b>	<input type="checkbox"/> 5	<b>1026</b>	<input type="checkbox"/> 11	<b>1038</b>	<input type="checkbox"/> 17
<b>1016</b>	<input type="checkbox"/> 6	<b>1028</b>	<input type="checkbox"/> 12	<b>1040</b>	<input type="checkbox"/> 18

**c. Could . . . have taken a job during any of those weeks if one had been offered?**

**1042**

1  Yes – SKIP to 3a  
 2  No

**d. What was the main reason . . . could not take a job during those weeks?**  
*Mark (X) only one.*

**1044**

1  Already had a job  
 2  Temporary illness  
 3  School  
 4  Other – Specify ↴

**3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?**

**1046**

1  Yes – Mark "55" on ISS  
 2  No – SKIP to 9a, page 4

**b. In which of the months shown on this calendar did . . . do that work?**  
*Mark (X) all that apply.*

**1048** 1  Last month  
**1050** 2  2 months ago  
**1052** 3  3 months ago  
**1054** 4  4 months ago

} SKIP to 9a, page 4

**4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?**  
*Note that the person did not have to work each week.*

**1056**

1  Yes  
 2  No – SKIP to 6a

**5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?**

**1058**

1  Yes  
 2  No – SKIP to 8a, page 4

**b. Please look at the calendar. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**  
*Mark (X) all that apply.*

**1060** x5  ALL

<b>1062</b>	<input type="checkbox"/> 1	<b>1074</b>	<input type="checkbox"/> 7	<b>1086</b>	<input type="checkbox"/> 13
<b>1064</b>	<input type="checkbox"/> 2	<b>1076</b>	<input type="checkbox"/> 8	<b>1088</b>	<input type="checkbox"/> 14
<b>1066</b>	<input type="checkbox"/> 3	<b>1078</b>	<input type="checkbox"/> 9	<b>1090</b>	<input type="checkbox"/> 15
<b>1068</b>	<input type="checkbox"/> 4	<b>1080</b>	<input type="checkbox"/> 10	<b>1092</b>	<input type="checkbox"/> 16
<b>1070</b>	<input type="checkbox"/> 5	<b>1082</b>	<input type="checkbox"/> 11	<b>1094</b>	<input type="checkbox"/> 17
<b>1072</b>	<input type="checkbox"/> 6	<b>1084</b>	<input type="checkbox"/> 12	<b>1096</b>	<input type="checkbox"/> 18

**c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks?**  
*Mark (X) only one.*

**1098**

1  On layoff  
 2  Own illness  
 3  On vacation  
 4  Bad weather  
 5  Labor dispute  
 6  New job to begin within 30 days  
 7  Other – Specify ↴

} SKIP to 8a, page 4

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

(SHOW FLASHCARD J)

**6a. Please look at the calendar. In which weeks did . . . have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

<b>1100</b>	<input type="checkbox"/> 1	<b>1112</b>	<input type="checkbox"/> 7	<b>1124</b>	<input type="checkbox"/> 13
<b>1102</b>	<input type="checkbox"/> 2	<b>1114</b>	<input type="checkbox"/> 8	<b>1126</b>	<input type="checkbox"/> 14
<b>1104</b>	<input type="checkbox"/> 3	<b>1116</b>	<input type="checkbox"/> 9	<b>1128</b>	<input type="checkbox"/> 15
<b>1106</b>	<input type="checkbox"/> 4	<b>1118</b>	<input type="checkbox"/> 10	<b>1130</b>	<input type="checkbox"/> 16
<b>1108</b>	<input type="checkbox"/> 5	<b>1120</b>	<input type="checkbox"/> 11	<b>1132</b>	<input type="checkbox"/> 17
<b>1110</b>	<input type="checkbox"/> 6	<b>1122</b>	<input type="checkbox"/> 12	<b>1134</b>	<input type="checkbox"/> 18

**b. Of those weeks that . . . had a job or business, was . . . absent from work for any full weeks without pay?**

**1136** 1  Yes  
2  No – SKIP to 7a

**c. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

<b>1138</b>	<input type="checkbox"/> 1	<b>1150</b>	<input type="checkbox"/> 7	<b>1162</b>	<input type="checkbox"/> 13
<b>1140</b>	<input type="checkbox"/> 2	<b>1152</b>	<input type="checkbox"/> 8	<b>1164</b>	<input type="checkbox"/> 14
<b>1142</b>	<input type="checkbox"/> 3	<b>1154</b>	<input type="checkbox"/> 9	<b>1166</b>	<input type="checkbox"/> 15
<b>1144</b>	<input type="checkbox"/> 4	<b>1156</b>	<input type="checkbox"/> 10	<b>1168</b>	<input type="checkbox"/> 16
<b>1146</b>	<input type="checkbox"/> 5	<b>1158</b>	<input type="checkbox"/> 11	<b>1170</b>	<input type="checkbox"/> 17
<b>1148</b>	<input type="checkbox"/> 6	<b>1160</b>	<input type="checkbox"/> 12	<b>1172</b>	<input type="checkbox"/> 18

**d. What was the main reason . . . was absent from . . . 's job or business during those weeks?**

Mark (X) only one.

**1174** 1  On layoff  
2  Own illness  
3  On vacation  
4  Bad weather  
5  Labor dispute  
6  New job to begin within 30 days  
7  Other – Specify         

**7a. I have marked that there were some weeks in this period in which . . . did NOT have a job or business. During that week or weeks, did . . . spend any time looking for work or on layoff?**

**1176** 1  Yes  
2  No – SKIP to 7e

**b. In which of these weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

**1178** x5  All weeks without a job

<b>1180</b>	<input type="checkbox"/> 1	<b>1192</b>	<input type="checkbox"/> 7	<b>1204</b>	<input type="checkbox"/> 13
<b>1182</b>	<input type="checkbox"/> 2	<b>1194</b>	<input type="checkbox"/> 8	<b>1206</b>	<input type="checkbox"/> 14
<b>1184</b>	<input type="checkbox"/> 3	<b>1196</b>	<input type="checkbox"/> 9	<b>1208</b>	<input type="checkbox"/> 15
<b>1186</b>	<input type="checkbox"/> 4	<b>1198</b>	<input type="checkbox"/> 10	<b>1210</b>	<input type="checkbox"/> 16
<b>1188</b>	<input type="checkbox"/> 5	<b>1200</b>	<input type="checkbox"/> 11	<b>1212</b>	<input type="checkbox"/> 17
<b>1190</b>	<input type="checkbox"/> 6	<b>1202</b>	<input type="checkbox"/> 12	<b>1214</b>	<input type="checkbox"/> 18

**c. Could . . . have taken a job during those weeks if one had been offered?**

**1216** 1  Yes – SKIP to 7e  
2  No

**d. What was the main reason . . . could not take a job during those weeks?**

Mark (X) only one.

**1218** 1  Already had a job  
2  Temporary illness  
3  School  
4  Other – Specify         

**e. During the weeks that . . . did not have a job, did . . . do any work at all that earned some money?**

**1220** 1  Yes – Mark "55" on ISS  
2  No – SKIP to 8a, page 4

**f. In which of the months shown on this calendar did . . . do that work?**

Mark (X) all that apply.

**1222** 1  Last month  
**1224** 2  2 months ago  
**1226** 3  3 months ago  
**1228** 4  4 months ago

NOTES



**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</b></p>	1230	<input type="text"/> <input type="text"/>	Hours per week
			x3 <input type="checkbox"/> None } <i>SKIP to 9a</i> x1 <input type="checkbox"/> DK
<b>CHECK ITEM R3</b>	<p><i>Refer to item 8a.</i></p> <p>Did . . . usually work 35 or more hours per week?</p>	1231	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8c</i>
<p><b>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.</b></p>	1232		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i>
<p><b>c. How many weeks did . . . work fewer than 35 hours in the months of</b> <i>(Read each month)?</i></p>	1233	x5 <input type="checkbox"/>	All weeks
	1234	<input type="text"/>	Weeks last month
	1235	<input type="text"/>	Weeks 2 months ago
	1236	<input type="text"/>	Weeks 3 months ago
	1237	<input type="text"/>	Weeks 4 months ago
<p><b>d. What was the main reason . . . worked fewer than 35 hours in those weeks?</b></p> <p><i>Mark (X) only one.</i></p>	1238		1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other – <i>Specify</i> <input type="text"/>
<p><b>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</b></p>	1240		1 <input type="checkbox"/> Yes – <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R4</i>
<p><b>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</b></p>	1242		1 <input type="checkbox"/> Yes – <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM R4</b>	<p>Is "Worked" (code 170) marked on the ISS?</p>	1244	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i>
<p><b>10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?</b></p>	1246		1 <input type="checkbox"/> Yes – <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM R5</b>	<p><i>Refer to cc items 32a and 32c.</i></p> <p>Is . . . a veteran of the U.S. Armed Forces? <i>(Mark "No" if currently in Armed Forces.)</i></p>	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R6</i>
<p><b>11a. How long did . . . serve on active duty in the Armed Forces?</b></p>	1332		1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK
<p><b>b. Does . . . have a service-connected disability; that is, a health condition or impairment caused or made worse by military service?</b></p>	1334		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 11d</i> x1 <input type="checkbox"/> DK
<p><b>c. What is . . .'s VA percent disability rating?</b></p> <p><i>Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)</i></p>	1336	<input type="text"/> <input type="text"/> <input type="text"/>	Percent } <i>Mark "200" on ISS if rating is 100%; otherwise, mark "201"</i> x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
<p><b>d. During this 4-month period, did . . . receive any payments from the Department of Veterans Affairs (VA)? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)</b></p>	1338		1 <input type="checkbox"/> Yes – <i>Mark "8" on ISS</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM R6</b>	<p><i>Refer to cc item 24.</i></p> <p>Is . . . 18 years of age or older?</p>	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15a</i>

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>12a. During this 4-month period, did . . . receive any Social Security payments?</b></p>	1342	<p>1 <input type="checkbox"/> Yes – Mark "1" on ISS                  2 <input type="checkbox"/> No – SKIP to Check Item R8</p>
<p><b>b. What is the reason . . . is getting Social Security; is it because . . . is</b> (Read categories) – Mark (X) only one.</p>	1344	<p>1 <input type="checkbox"/> <b>Retired?</b>                  2 <input type="checkbox"/> <b>Disabled?</b>                  3 <input type="checkbox"/> <b>Widowed or surviving child?</b>                  4 <input type="checkbox"/> <b>Spouse or dependent child?</b>                  5 <input type="checkbox"/> Some other reason } SKIP to 13a                  x1 <input type="checkbox"/> DK</p>
<p><b>c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?</b></p>	1346	<p>1 <input type="checkbox"/> Retired                  2 <input type="checkbox"/> Disabled                  3 <input type="checkbox"/> Widowed or surviving child                  4 <input type="checkbox"/> Spouse or dependent child                  5 <input type="checkbox"/> No other reason                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM R7</b> Is "Disabled" marked in item 12b or 12c above?</p>	1348	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 13a</p>
<p><b>12d. At what age did . . . begin receiving Social Security because of (his/her) disability?</b></p>	1349	<p><input type="text"/> <input type="text"/> Age in years } SKIP to 13a                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM R8</b> Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	1350	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 13a</p>
<p><b>12e. During the 4-month period did . . . receive any Social Security payments especially for . . .'s children (under 18)?</b></p>	1352	<p>1 <input type="checkbox"/> Yes – Mark "1" on ISS                  2 <input type="checkbox"/> No</p>
<p><b>13a. During this 4-month period did . . . (or any of . . .'s children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?</b></p>	1354	<p>1 <input type="checkbox"/> Yes – Mark "3" on ISS                  2 <input type="checkbox"/> No – SKIP to Check Item R9</p>
<p><b>b. Who received the SSI (Supplemental Security Income) payments?</b> Mark (X) only one.</p>	1355	<p>1 <input type="checkbox"/> Adult(s)                  2 <input type="checkbox"/> Child(ren)                  3 <input type="checkbox"/> Both adult(s) and child(ren)</p>
<p><b>c. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?</b></p>	1356	<p>1 <input type="checkbox"/> Yes – Mark "4" on ISS                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R9</b> Refer to cc item 24. Is . . . 40 years of age or older?</p>	1358	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 15a</p>
<p><b>14a. Has . . . ever retired from a job or business? (Include retirement from the military.)</b></p>	1360	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item R10</p>
<p><b>b. During the 4-month period did . . . receive any retirement income other than Social Security?</b></p>	1362	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 14d</p>
<p><b>c. What kind of retirement income? Anything else?</b> Mark (X) all that apply.</p>	1364	<p>1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS</p>
	1366	<p>2 <input type="checkbox"/> Pension from company or union – Mark "30" on ISS (including income from profit-sharing plans)</p>
	1368	<p>3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS</p>
	1370	<p>4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS</p>
	1372	<p>5 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS</p>
	1374	<p>6 <input type="checkbox"/> State government pension – Mark "34" on ISS</p>
	1376	<p>7 <input type="checkbox"/> Local government pension – Mark "35" on ISS</p>
	1378	<p>8 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS</p>
	1380	<p><input type="text"/> <input type="text"/></p>
<p><b>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</b></p>	1382	<p>1 <input type="checkbox"/> Yes – Mark "36" on ISS                  2 <input type="checkbox"/> No</p>

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R10</b>	Refer to cc item 24. Is . . . 70 years of age or older?	<b>1384</b>	1 <input type="checkbox"/> Yes – SKIP to Check Item R11 2 <input type="checkbox"/> No
<b>15a.</b>	Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	<b>1386</b>	1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R11
<b>b.</b>	During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	<b>1388</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R11
<b>c.</b>	What kind of income? Anything else? Mark (X) all that apply.	<b>1390</b>	1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS
		<b>1392</b>	2 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS
		<b>1394</b>	3 <input type="checkbox"/> Workers' Compensation – Mark "10" on ISS
		<b>1396</b>	4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – Mark "13" on ISS
		<b>1398</b>	5 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS
		<b>1400</b>	6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
		<b>1402</b>	7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS
		<b>1406</b>	8 <input type="checkbox"/> State government pension – Mark "34" on ISS
		<b>1408</b>	9 <input type="checkbox"/> Local government pension – Mark "35" on ISS
		<b>1410</b>	10 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" ↘ – Mark ISS
		<b>1412</b>	<input type="text"/> <input type="text"/>
<b>CHECK ITEM R11</b>	Refer to cc item 26a. What is . . . 's marital status?	<b>1414</b>	1 <input type="checkbox"/> Married – SKIP to 17 2 <input type="checkbox"/> Widowed – SKIP to 19a 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – SKIP to Check Item R12
<b>16.</b>	Did . . . receive any alimony (or support payments other than child support) during the 4-month period?	<b>1416</b>	1 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R12 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R12 x2 <input type="checkbox"/> Ref. }
<b>17.</b>	(People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? If "Yes," mark previous marital status.	<b>1418</b>	1 <input type="checkbox"/> Widowed – SKIP to 19a 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – SKIP to Check Item R15
<b>CHECK ITEM R12</b>	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	<b>1420</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R13
<b>18.</b>	Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	<b>1422</b>	1 <input type="checkbox"/> Yes – Mark "28" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM R13</b>	Is "Both widowed and divorced" (box 3) marked in item 17?	<b>1424</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R15

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>19a. During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?</b></p>	<p><b>1426</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R15</i></p>
<p><b>b. What kind of income was this? Was there anything else? (SHOW FLASHCARD K)</b>                  Mark (X) all that apply.</p>	<p><b>1428</b> 1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS  <b>1430</b> 2 <input type="checkbox"/> Veterans' compensation or pension – Mark "8" on ISS  <b>1432</b> 3 <input type="checkbox"/> Black Lung benefits – Mark "9" on ISS  <b>1434</b> 4 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS  <b>1436</b> 5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS  <b>1438</b> 6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS  <b>1440</b> 7 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS  <b>1442</b> 8 <input type="checkbox"/> State government pension – Mark "34" on ISS  <b>1444</b> 9 <input type="checkbox"/> Local government pension – Mark "35" on ISS  <b>1446</b> 10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS  <b>1448</b> 11 <input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS  <b>1450</b> 12 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "38" <math>\overline{\text{z}}</math> – Mark ISS  <b>1452</b> <input type="text"/> <input type="text"/></p>
<p><b>CHECK ITEM R14</b> Is "Veterans' compensation or pension" (box 2) marked in item 19b?</p>	<p><b>1454</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item R15</i></p>
<p><b>19c. Did . . . 's late spouse die while in the service or from a service-related injury?</b></p>	<p><b>1456</b> 1 <input type="checkbox"/> Yes, in the service                  2 <input type="checkbox"/> Yes, from service-related injury                  3 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R15</b> Refer to cc item 24. Is . . . 65 years of age or older?</p>	<p><b>1458</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 20a</i>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R16</b> Refer to item 15a, page 6. Does . . . have a work disability?</p>	<p><b>1460</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item R17</i></p>
<p><b>20a. Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L).</b>                  Was . . . covered by Medicare?</p>	<p><b>1462</b> 1 <input type="checkbox"/> Yes – Mark "172" on ISS                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R17</i></p>
<p><b>b. May I see . . . 's Medicare card to record the claim number and type of coverage?</b> ★</p>	<p><b>1464</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <b>1466</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <b>1467</b> <input type="text"/> <input type="text"/></p> <p>TYPE OF COVERAGE</p> <p><b>1468</b> 1 <input type="checkbox"/> Hospital only (Type A)                  2 <input type="checkbox"/> Medical only (Type B)                  3 <input type="checkbox"/> Both hospital and medical (Types A and B)                  4 <input type="checkbox"/> Card not available – ASK 20c</p> <p>} <i>SKIP to Check Item R17</i></p>
<p><b>c. If I were to call later would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)</b></p>	<p><b>1470</b> 1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 2</i>                  2 <input type="checkbox"/> No</p>
<p><b>d. Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?</b></p>	<p><b>1472</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM R17</b> Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?</p>	<p><b>1474</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item R19</i>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R18</b> Refer to cc item 24. Is . . . 18 years of age or older?</p>	<p><b>1476</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 24a</i></p>
<p><b>CHECK ITEM R19</b> Interview status of . . . 's spouse.</p>	<p><b>1480</b> 1 <input type="checkbox"/> No spouse in household                  2 <input type="checkbox"/> Interview for spouse not yet conducted                  3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 23a</i></p>
<p><b>21. Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)</b></p>	<p><b>1482</b> 1 <input type="checkbox"/> Yes – Mark "27" on ISS                  2 <input type="checkbox"/> No</p>

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>22a. During the 4-month period, did . . . receive any welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . .'s children)? (Exclude energy assistance.)</b></p>	1484	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 23a</p>
<p><b>b. What kind of welfare did . . . receive?</b> <b>Anything else?</b> <i>Mark (X) all that apply.</i></p>	1486 1488 1490 1492 1494 1496 1498	<p>1 <input type="checkbox"/> AFDC – Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief – Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance – Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care – Mark "23" on ISS 5 <input type="checkbox"/> WIC – Mark "25" on ISS 6 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "24" ↘ – Mark ISS</p>
<p><i>(Refer to FLASHCARD M for Medicaid name.)</i> <b>23a. During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?</b></p>	1502	<p>1 <input type="checkbox"/> Yes – Mark "173" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R20</p>
<p><b>b. May I see . . .'s (Use local name for Medicaid) card to record the claim number?</b></p>	1504 1506	<p>_____ - _____ - 1505 _____ _____</p> <p>x3 <input type="checkbox"/> Card not available      x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM R20</b>      <i>Refer to cc item 27.</i> Is . . . the designated parent or guardian of children under 18 years old who live in this household?</p>	1507	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21</p>
<p><b>23c. Were any of . . .'s children (under 18) covered by (Use local name for Medicaid)?</b></p>	1508	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21</p>
<p><b>d. Which children were covered?</b></p>	1510 1512 1514 1516 1518 1520	<p>x5 <input type="checkbox"/> All children OR Person No.      Name</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>CHECK ITEM R21</b>      <i>Refer to items 23a and 23c.</i> Is "Yes" marked in either of these items?</p>	1524	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 24a</p>
<p><b>23e. Was (. . ./and) . . .'s children) covered during the entire 4-month period?</b></p>	1526	<p>1 <input type="checkbox"/> Yes – SKIP to 24a 2 <input type="checkbox"/> No</p>
<p><b>f. In which months was (. . ./and) . . .'s children) covered?</b> <i>Mark (X) all that apply.</i></p>	1528 1530 1532 1534	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>
<p><b>24a. Was . . . covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)</b></p>	1536	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R22</p>
<p><i>ASK OR VERIFY –</i> <b>b. Was . . . covered by a health insurance plan during the entire 4-month period?</b></p>	1538	<p>1 <input type="checkbox"/> Yes – SKIP to 24d 2 <input type="checkbox"/> No</p>
<p><b>c. In which months was . . . covered?</b> <i>Mark (X) all that apply.</i></p>	1540 1542 1544 1546	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>
<p><b>d. Was . . .'s health insurance coverage from a plan in . . .'s own name (primary policy holder), or was . . . covered as a family member on someone else's plan?</b></p>	1547	<p>1 <input type="checkbox"/> Plan in own name – SKIP to 24f 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both – SKIP to 24f</p>

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>24e. Whose plan covered . . . ?</b></p>	<p align="center">Household member</p> <p>Person No.      Name</p> <p><b>1548</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p align="right">} <i>SKIP to Check Item R22</i></p> <p>x4 <input type="checkbox"/> Not a Household member</p>
<p><b>f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</b></p>	<p><b>1549</b>    1 <input type="checkbox"/> Current employer or union                  2 <input type="checkbox"/> Former employer                  3 <input type="checkbox"/> CHAMPUS                  4 <input type="checkbox"/> CHAMPVA                  5 <input type="checkbox"/> Military                  6 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p> <p align="right">} <i>SKIP to 24h</i></p>
<p><b>g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?</b></p>	<p><b>1550</b>    1 <input type="checkbox"/> All                  2 <input type="checkbox"/> Part                  3 <input type="checkbox"/> None</p>
<p><b>h. Was . . . 's plan an individual plan or a family plan?</b></p>	<p><b>1552</b>    1 <input type="checkbox"/> Individual – <i>SKIP to Check Item R22</i>                  2 <input type="checkbox"/> Family</p>
<p><b>i. Other than . . . , which persons in this household were covered by . . . 's plan?</b>                  (Include children as well as adults.)</p>	<p><b>1554</b>    x5 <input type="checkbox"/> Yes – All persons</p> <p>Person No.      Name</p> <p><b>1556</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1558</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1560</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1562</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1564</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1566</b>    x3 <input type="checkbox"/> None</p>
<p><b>j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months?</b>                  Mark (X) all that apply.                  If "Yes," "Who did the plan cover?"</p>	<p><b>1567</b>    1 <input type="checkbox"/> Yes, spouse  <b>1568</b>    2 <input type="checkbox"/> Yes, child(ren)  <b>1569</b>    3 <input type="checkbox"/> Yes, someone else  <b>1570</b>    4 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R22</b>      Refer to cc item 27.                  Is . . . the designated parent or guardian of children under 15 years old who live in this household?</p>	<p><b>1572</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 25</i></p>
<p><i>ASK OR VERIFY –</i>  <b>24k. Were all of . . . 's children under 15 years old covered by a health insurance plan?</b>                  (Include CHAMPUS, CHAMPVA, and military plans.)                  (Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)</p>	<p><b>1574</b>    1 <input type="checkbox"/> Yes – <i>SKIP to 24m</i>                  2 <input type="checkbox"/> No</p>
<p><b>l. Which children were covered by a health insurance plan?</b></p>	<p>Person No.      Name</p> <p><b>1575</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1576</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1577</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1578</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p><b>1579</b>    <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p align="center">OR</p> <p><b>1580</b>    x3 <input type="checkbox"/> None – <i>SKIP to 25</i></p>

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>24m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?</b></p>	<p><b>1581</b> 1 <input type="checkbox"/> Yes – <b>Which children?</b></p> <p>Person No.      Name</p> <p><b>1582</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p><b>1583</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p><b>1584</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p><b>1585</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p><b>1586</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p><b>1587</b> 2 <input type="checkbox"/> No</p>
<p><b>25. Excluding IRA, Keogh, and 401K accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?</b></p>	<p><b>1624</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27a</i></p>
<p><i>(SHOW FLASHCARD N)</i></p> <p><b>26. Did . . . have any –</b></p> <p><b>a. Regular or passbook savings accounts?</b></p>	<p><b>1626</b> 1 <input type="checkbox"/> Yes – <i>Mark "100" on ISS</i> 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p><b>b. Money market deposit accounts?</b></p>	<p><b>1628</b> 1 <input type="checkbox"/> Yes – <i>Mark "101" on ISS</i> 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p><b>c. Certificates of deposit or other savings certificates?</b></p>	<p><b>1630</b> 1 <input type="checkbox"/> Yes – <i>Mark "102" on ISS</i> 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p><b>d. Interest-earning checking accounts (such as NOW or Super NOW accounts)?</b></p>	<p><b>1632</b> 1 <input type="checkbox"/> Yes – <i>Mark "103" on ISS</i> 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p><b>27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages, or bonds at any time during the 4-month period? (Exclude IRA, Keogh, and 401K accounts.)</b></p>	<p><b>1634</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 28</i></p>
<p><i>(SHOW FLASHCARD N)</i></p> <p><b>b. Which kinds of these assets did . . . own? Any others? (Exclude IRA, Keogh, and 401 accounts.)</b> <i>Mark (X) all that apply.</i></p>	<p><b>1636</b> 1 <input type="checkbox"/> Money market funds – <i>Mark "104" on ISS</i> <b>1638</b> 2 <input type="checkbox"/> U.S. Government securities – <i>Mark "105" on ISS</i> <b>1640</b> 3 <input type="checkbox"/> Municipal or corporate bonds – <i>Mark "106" on ISS</i> <b>1642</b> 4 <input type="checkbox"/> Mortgages – <i>Mark "130" on ISS</i> <b>1644</b> 5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) – <i>Mark "174" on ISS</i> <b>1646</b> 6 <input type="checkbox"/> Other – <i>Specify and mark "107" on ISS</i> <input checked="" type="checkbox"/></p>
<p><b>28. During the 4-month period did . . . have any – (Exclude IRA, Keogh, and 401K accounts.)</b></p> <p><b>a. Stocks or mutual fund shares?</b></p>	<p><b>1648</b> 1 <input type="checkbox"/> Yes – <i>Mark "110" on ISS</i> 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p><b>b. Rental property?</b></p>	<p><b>1650</b> 1 <input type="checkbox"/> Yes – <i>Mark "120" on ISS</i> 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p><b>c. Royalties?</b></p>	<p><b>1652</b> 1 <input type="checkbox"/> Yes – <i>Mark "140" on ISS</i> 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p><b>d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?</b></p>	<p><b>1654</b> 1 <input type="checkbox"/> Yes – <i>Specify and mark "150" on ISS</i> <input checked="" type="checkbox"/> 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p><b>29a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</b></p>	<p><b>1656</b> 1 <input type="checkbox"/> Yes, full time 2 <input type="checkbox"/> Yes, part time 3 <input type="checkbox"/> No – <i>SKIP to Check Item R23</i></p>

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>29b. During which months was . . . enrolled?</b></p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1658</td> <td><input type="checkbox"/> All months</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1660</td> <td><input type="checkbox"/> Last month</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1662</td> <td><input type="checkbox"/> 2 months ago</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1664</td> <td><input type="checkbox"/> 3 months ago</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1666</td> <td><input type="checkbox"/> 4 months ago</td> </tr> </table>	1658	<input type="checkbox"/> All months	1660	<input type="checkbox"/> Last month	1662	<input type="checkbox"/> 2 months ago	1664	<input type="checkbox"/> 3 months ago	1666	<input type="checkbox"/> 4 months ago												
1658	<input type="checkbox"/> All months																						
1660	<input type="checkbox"/> Last month																						
1662	<input type="checkbox"/> 2 months ago																						
1664	<input type="checkbox"/> 3 months ago																						
1666	<input type="checkbox"/> 4 months ago																						
<p><b>c. At what level or grade was . . . enrolled?</b></p> <p>(If enrolled at more than one level during this period, check most recent level.)</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1668</td> <td> <input type="checkbox"/> Elementary grades 1–8  <input type="checkbox"/> High school grades 9–12  <input type="checkbox"/> College year 1  <input type="checkbox"/> College year 2  <input type="checkbox"/> College year 3  <input type="checkbox"/> College year 4  <input type="checkbox"/> College year 5  <input type="checkbox"/> College year 6  <input type="checkbox"/> Vocational school  <input type="checkbox"/> Technical school  <input type="checkbox"/> Business school                 </td> <td style="font-size: 2em; vertical-align: middle;">}</td> <td style="vertical-align: middle;"> <i>SKIP to Check Item R23</i> </td> </tr> </table>	1668	<input type="checkbox"/> Elementary grades 1–8 <input type="checkbox"/> High school grades 9–12 <input type="checkbox"/> College year 1 <input type="checkbox"/> College year 2 <input type="checkbox"/> College year 3 <input type="checkbox"/> College year 4 <input type="checkbox"/> College year 5 <input type="checkbox"/> College year 6 <input type="checkbox"/> Vocational school <input type="checkbox"/> Technical school <input type="checkbox"/> Business school	}	<i>SKIP to Check Item R23</i>																		
1668	<input type="checkbox"/> Elementary grades 1–8 <input type="checkbox"/> High school grades 9–12 <input type="checkbox"/> College year 1 <input type="checkbox"/> College year 2 <input type="checkbox"/> College year 3 <input type="checkbox"/> College year 4 <input type="checkbox"/> College year 5 <input type="checkbox"/> College year 6 <input type="checkbox"/> Vocational school <input type="checkbox"/> Technical school <input type="checkbox"/> Business school	}	<i>SKIP to Check Item R23</i>																				
<p><b>30a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any type of scholarship or grant?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1670</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item R23</i> </td> </tr> </table>	1670	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R23</i>																				
1670	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R23</i>																						
<p><b>b. What kind of educational assistance did . . . receive? Anything else?</b></p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1672</td> <td><input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1674</td> <td><input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1676</td> <td><input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1678</td> <td><input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1680</td> <td><input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1682</td> <td><input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1684</td> <td><input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1686</td> <td><input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) – <i>Mark "180" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1688</td> <td><input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1690</td> <td><input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1692</td> <td><input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i></td> </tr> </table>	1672	<input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i>	1674	<input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i>	1676	<input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i>	1678	<input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i>	1680	<input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i>	1682	<input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i>	1684	<input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i>	1686	<input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS) – <i>Mark "180" on ISS</i>	1688	<input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i>	1690	<input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i>	1692	<input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i>
1672	<input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i>																						
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1692	<input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i>																						
<p><b>CHECK ITEM R23</b> <i>Refer to cc item 26a.</i></p> <p>Is code 2 (married, spouse absent) the current entry?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1694</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item R24</i> </td> </tr> </table>	1694	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R24</i>																				
1694	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R24</i>																						
<p><i>ASK OR VERIFY –</i></p> <p><b>31. Is . . . 's spouse in the Armed Forces?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1696</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No                 </td> </tr> </table>	1696	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
1696	<input type="checkbox"/> Yes <input type="checkbox"/> No																						
<p><b>CHECK ITEM R24</b></p> <p>Are any codes (excluding codes 171–173, 200, and 201), including code 170 – "Worked," marked on the ISS?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1698</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to 33a</i> </td> </tr> </table>	1698	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 33a</i>																				
1698	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 33a</i>																						
<p><b>32a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171–173, 200, and 201.) Is that correct?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1700</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>Probe and resolve (make corrections to ISS if necessary)</i> </td> </tr> </table>	1700	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>Probe and resolve (make corrections to ISS if necessary)</i>																				
1700	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>Probe and resolve (make corrections to ISS if necessary)</i>																						
<p><b>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1702</td> <td> <input type="checkbox"/> Yes – <i>SKIP to 33b</i>  <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 13</i> </td> </tr> </table>	1702	<input type="checkbox"/> Yes – <i>SKIP to 33b</i> <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 13</i>																				
1702	<input type="checkbox"/> Yes – <i>SKIP to 33b</i> <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 13</i>																						
<p><b>33a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government, or anything else?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1704</td> <td> <input type="checkbox"/> Yes  <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 51</i> </td> </tr> </table>	1704	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 51</i>																				
1704	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 51</i>																						
<p><b>b. What kind of income did . . . receive? Anything else?</b></p>	<p align="center"><i>Enter codes from income source list and mark ISS.</i></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1706</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1708</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1710</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table>	1706				1708				1710													
1706																							
1708																							
1710																							



NOTES

EARNINGS AND EMPLOYMENT

## Section 2 – EARNINGS AND EMPLOYMENT

**CHECK  
ITEM E1**

Is "Worked" (code 170) marked on ISS?

**1712**

- 1  Yes
- 2  No – *SKIP to first ISS Code marked or Check Item P1, page 51*

**1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?  
(Include unpaid worker in family business or farm as working for an employer.)**

**1714**

- 1  Worked for employer only
- 2  Self-employed only – *SKIP to Statement B, page 18*
- 3  Both worked for employer and self-employed

**b. How many different employers did . . . work for during this 4-month period?**

**1716**

- 1  1 employer
- 2  2 employers
- 3  3 or more employers

**CHECK  
ITEM E2**

Is "Both worked for employer and self-employed" (box 3) marked in item 1a?

**1718**

- 1  Yes
- 2  No – *SKIP to 2a, page 14*

**STATEMENT A**

**. . . worked for an employer and was also self-employed. The first questions will be about . . .'s work for an employer.**

NOTES

EARNINGS AND EMPLOYMENT

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 – EMPLOYER IDENTIFICATION NUMBER 1**

<p><b>2a. What is the name of the employer for whom . . . worked during this 4-month period?</b>  <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 16. If worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p><b>PGM 8</b> Employer name</p> <p><b>2000</b></p>
<p><b>CHECK ITEM E3</b> Enter number "1" for this employer in box. <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span></p>	<p><b>PGM 8</b> Employer I.D. No.</p> <p><b>2002</b> <input style="width: 20px; height: 20px;" type="text"/></p>
<p><b>2b. What kind of business or industry was</b> <i>(Name of company or business)?</i>  <b>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b></p>	<p><b>PGM 8</b></p> <p><b>2005</b></p>
<p><i>ASK OR VERIFY –</i></p> <p><b>c. Is it mainly –</b></p>	<p><b>PGM 8</b></p> <p><b>2006</b></p> <p>1 <input type="checkbox"/> <b>Manufacturing?</b>                  2 <input type="checkbox"/> <b>Wholesale Trade?</b>                  3 <input type="checkbox"/> <b>Retail Trade?</b>                  4 <input type="checkbox"/> <b>Some other kind of business?</b></p>
<p><b>d. What kind of work was . . . doing on this job?</b>  <b>For example: Electrical engineer, stock clerk, typist, farmer.</b></p>	<p><b>PGM 8</b></p> <p><b>2008</b></p>
<p><b>e. What were . . .'s main activities or duties on this job?</b>  <b>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b></p>	<p><b>PGM 8</b></p> <p><b>2010</b></p>
<p><i>ASK OR VERIFY –</i></p> <p><b>f. Was . . . an employee of –</b></p>	<p><b>PGM 8</b></p> <p><b>2012</b></p> <p>1 <input type="checkbox"/> <b>A private for-profit company or individual?</b>                  2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b>                  3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b>                  4 <input type="checkbox"/> <b>State government?</b>                  5 <input type="checkbox"/> <b>Local government?</b>                  6 <input type="checkbox"/> <b>Armed Forces?</b>                  7 <input type="checkbox"/> <b>Unpaid in family business or farm?</b></p>
<p><i>ASK OR VERIFY –</i></p> <p><b>3a. Was . . . employed by</b> <i>(Name of employer)</i> <b>during the entire 4-month period?</b></p>	<p><b>PGM 7</b></p> <p><b>2014</b></p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to 4</i>                  2 <input type="checkbox"/> No</p>
<p><b>b. When was . . . employed by</b> <i>(Name of employer)</i> <b>during this 4-month period?</b></p>	<p><b>2016</b> FROM <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month <b>2018</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Day</p> <p><b>2020</b> TO <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month <b>2022</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Day</p>
<p><b>CHECK ITEM E3.1</b> Did . . . stop working for this employer during the reference period?</p>	<p><b>2023</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 4</i></p>
<p><b>3c. What is the main reason . . . stopped working for</b> <i>(Name of employer)?</i>  <i>Mark (X) only one.</i></p>	<p><b>2024</b></p> <p>1 <input type="checkbox"/> Laid off      4 <input type="checkbox"/> Job was temporary and ended                  2 <input type="checkbox"/> Retired      5 <input type="checkbox"/> Quit to take another job                  3 <input type="checkbox"/> Discharged    6 <input type="checkbox"/> Quit for some other reason</p>
<p><i>ASK OR VERIFY –</i></p> <p><b>4. How many hours per week did . . . usually work at this job?</b></p>	<p><b>2025</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK</p>
<p><b>5. Was . . . paid by the hour on this job?</b></p>	<p><b>2026</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 7a</i></p>
<p><b>6. What was . . .'s regular hourly pay rate at the end of</b> <i>(Read last month or "to" date in item 3b)?</i></p>	<p><b>2028</b> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. – <i>SKIP to 9a</i></p>
<p><b>7a. During the 4-month period, how often was . . . paid on this job?</b></p>	<p><b>2029</b></p> <p>1 <input type="checkbox"/> Once a week      6 <input type="checkbox"/> Some other way –                  2 <input type="checkbox"/> Once each 2 weeks      <i>Specify</i> <input style="width: 50px;" type="text"/>                  3 <input type="checkbox"/> Once a month                  4 <input type="checkbox"/> Twice a month                  5 <input type="checkbox"/> Unpaid in family business or farm – <i>SKIP to Check Item E5</i></p>
<p><b>b. On what date was . . . last paid during this 4-month period?</b></p>	<p><b>2030</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month <b>2031</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Day</p> <p>x1 <input type="checkbox"/> DK      x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.      x2 <input type="checkbox"/> Ref.                  x4 <input type="checkbox"/> Not paid during this reference period      x4 <input type="checkbox"/> Not paid during this reference period</p>

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 – EMPLOYER IDENTIFICATION NUMBER 1 (Continued)**

**8a. READ STATEMENT ONLY ONCE PER RESPONDENT**

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)



LAST MONTH

2032

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

**FIELD REPRESENTATIVE USE ONLY**

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

2 MONTHS AGO

2034

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

3 MONTHS AGO

2036

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

4 MONTHS AGO

2038

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

**CHECK ITEM E4**

Is "DK" marked in all parts of item 8a?

2040

- 1  Yes  
 2  No – SKIP to 9a

**8b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

2042

- 1  Yes – Mark Reminder Card and Callback Summary, Item 3a  
 2  No

**9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?**

2044

- 1  Yes – SKIP to Check Item E5  
 2  No

**b. Was . . . covered by a union or employee association contract during the 4-month period?**

2046

- 1  Yes  
 2  No

**CHECK ITEM E5**

Number of employers in item 1b, page 13?

2048

- 1  1 employer – SKIP to Check Item E8, page 17  
 2  2 or more employers

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 – EMPLOYER IDENTIFICATION NUMBER 2**

**10a. What is the name of the employer for whom . . . worked during this 4-month period?**  
*(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)*

PGM 8 Employer name  
 2100 \_\_\_\_\_

**CHECK ITEM E6** Enter number "2" for this employer in box. →

PGM 8 Employer I.D. No.  
 2102

**10b. What kind of business or industry was (Name of company or business)?**  
 For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8 \_\_\_\_\_  
 2105 \_\_\_\_\_

*ASK OR VERIFY –*  
**c. Is it mainly –**

PGM 8 1  **Manufacturing?**  
 2106 2  **Wholesale Trade?**  
 3  **Retail Trade?**  
 4  **Some other kind of business?**

**d. What kind of work was . . . doing on this job?**  
 For example: Electrical engineer, stock clerk, typist, farmer.

PGM 8 \_\_\_\_\_  
 2108 \_\_\_\_\_

**e. What were . . . 's main activities or duties on this job?**  
 For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8 \_\_\_\_\_  
 2110 \_\_\_\_\_

*ASK OR VERIFY –*  
**f. Was . . . an employee of –**

PGM 8 1  **A private for-profit company or individual?**  
 2112 2  **A private not-for-profit, tax exempt, or charitable organization?**  
 3  **Federal government (exclude Armed Forces)?**  
 4  **State government?**  
 5  **Local government?**  
 6  **Armed Forces?**  
 7  **Unpaid in family business or farm?**

*ASK OR VERIFY –*  
**11a. Was . . . employed by (Name of employer) during the entire 4-month period?**

PGM 7 1  Yes – *SKIP to 12*  
 2114 2  No

**b. When was . . . employed by (Name of employer) during this 4-month period?**

2116 FROM   Month 2118   Day  
 2120 TO   Month 2122   Day

**CHECK ITEM E6.1** Did . . . stop working for this employer during the reference period?

2123 1  Yes  
 2  No – *SKIP to 12*

**11c. What is the main reason . . . stopped working for (Name of employer)?**  
*Mark (X) only one.*

2124 1  Laid off 4  Job was temporary and ended  
 2  Retired 5  Quit to take another job  
 3  Discharged 6  Quit for some other reason

*ASK OR VERIFY –*  
**12. How many hours per week did . . . usually work at this job?**

2125   Hours  
 x3  None  
 x1  DK

**13. Was . . . paid by the hour on this job?**

2126 1  Yes  
 2  No – *SKIP to 15a*

**14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?**

2128 \$   .    
 x1  DK  
 x2  Ref. – *SKIP to 17a*

**15a. During the 4-month period, how often was . . . paid on this job?**

2129 1  Once a week 6  Some other way –  
 2  Once each 2 weeks *Specify* ↘  
 3  Once a month  
 4  Twice a month  
 5  Unpaid in family business or farm – *SKIP to Check Item E8*

**b. On what date was . . . last paid during this 4-month period?**

2130   Month 2131   Day  
 x1  DK x1  DK  
 x2  Ref. x2  Ref.  
 x4  Not paid during this reference period x4  Not paid during this reference period

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 – EMPLOYER IDENTIFICATION NUMBER 2 (Continued)**

**16a. READ STATEMENT ONLY ONCE PER RESPONDENT**

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)



**FIELD REPRESENTATIVE USE ONLY**

LAST MONTH

2132

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

2 MONTHS AGO

2134

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

3 MONTHS AGO

2136

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

4 MONTHS AGO

2138

\$  .  00

- x3  None  
 x1  DK  
 x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

**CHECK ITEM E7**

Is "DK" marked in all parts of item 16a?

2140

- 1  Yes  
 2  No – SKIP to 17a

**16b. If I were to call back later would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

2142

- 1  Yes – Mark Reminder Card and Callback Summary, Item 3b  
 2  No

**17a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?**

2144

- 1  Yes – SKIP to Check Item E8  
 2  No

**b. Was . . . covered by a union or employee association contract during the 4-month period?**

2146

- 1  Yes  
 2  No

**CHECK ITEM E8**

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?

2148

- 1  Yes – Read Statement B  
 2  No – SKIP to first ISS Code marked or Check Item P1, page 51

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1**

**STATEMENT B** → You said . . . was (also) self-employed during this 4-month period.

<p><b>1a. What was the name of . . . 's business/ professional practice/farm?</b>  <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2200</p>	<p>Business name</p> <hr/>								
<p><b>CHECK ITEM S1</b> Enter number "1" for this business in box. →</p>	<p>PGM 8 2201</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>								
<p><b>1b. What kind of business was this?</b></p> <hr/> <p><i>ASK OR VERIFY –</i></p> <p><b>c. Is it mainly –</b></p>	<p>PGM 8 2204</p>	<hr/> <p>1 <input type="checkbox"/> <b>Manufacturing?</b>                  2 <input type="checkbox"/> <b>Wholesale Trade?</b>                  3 <input type="checkbox"/> <b>Retail Trade?</b>                  4 <input type="checkbox"/> <b>Some other kind of business?</b></p>								
<p><b>d. What kind of work was . . . doing on this job?</b></p>	<p>PGM 8 2208</p>	<hr/>								
<p><b>e. What were . . . 's most important activities or duties on this job?</b></p>	<p>PGM 8 2210</p>	<hr/> <hr/>								
<p><i>ASK OR VERIFY –</i></p> <p><b>f. How many hours per week did . . . usually work at this business?</b></p>	<p>PGM 7 2212</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span>Hours</span> </div> <p>x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK</p>								
<p><b>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b>  <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 10</i>                  x1 <input type="checkbox"/> DK</p>								
<p><b>CHECK ITEM S2</b> Have questions 3–5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 6a</i>                  2 <input type="checkbox"/> No</p>								
<p><b>3. What was the total number of employees working for this business? Be sure to include . . .</b>  <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2218</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span>Employees</span> </div> <p>x1 <input type="checkbox"/> DK</p>								
<p><b>4a. Was . . . 's business incorporated?</b></p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 5a</i>                  2 <input type="checkbox"/> No</p>								
<p><b>b. Was . . . 's business a sole proprietorship or a partnership?</b></p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 6a</i>                  2 <input type="checkbox"/> Partnership</p>								
<p><b>5a. Aside from . . . were any other members of this household owners or partners in this business?</b></p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 6a</i></p>								
<p><b>b. Which members?</b></p>	<p>2226 2228 2230</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%; text-align: left;">Person No.</th> <th style="width:10%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 80px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 80px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 80px; height: 20px;"></td> </tr> </tbody> </table>	Person No.	Name						
Person No.	Name									
<p><b>6a. Was . . . paid a regular salary from this business during the 4-month period?</b></p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>								
<p><b>b. Did . . . receive any (other) income from the business during this 4-month period?</b></p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>								
<p><b>CHECK ITEM S3</b> Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item S5</i></p>								

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)**

<p><b>7. READ STATEMENT ONLY ONCE PER RESPONDENT.</b></p> <p><b>The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.</b></p> <p><b>What was the total amount of income that . . . received from this business in (Read each month)?</b></p> <p>NOTE – Include total gross earnings before any deductions. ★</p>	<p align="center">LAST MONTH</p> <p>2238 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p align="center">2 MONTHS AGO</p> <p>2240 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p align="center">3 MONTHS AGO</p> <p>2242 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p align="center">4 MONTHS AGO</p> <p>2244 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p><b>FIELD REPRESENTATIVE USE ONLY</b></p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>Total \$</b> _____ .00</p> <hr/> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>Total \$</b> _____ .00</p> <hr/> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>Total \$</b> _____ .00</p> <hr/> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>Total \$</b> _____ .00</p>
<b>CHECK ITEM S4</b>	Is "DK" marked in all parts of item 7?	2246 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S5
<b>8.</b>	If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)	2248 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 4a 2 <input type="checkbox"/> No
<b>CHECK ITEM S5</b>	Refer to item 4a, page 18. Is this business incorporated?	2250 1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No
<b>CHECK ITEM S6</b>	Has information about the net profit (or loss) for this business already been obtained from another household member?	2252 1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No
<b>9a.</b>	Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period?	2254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11
<b>b.</b>	What was the net profit or loss? If "broke even," enter "\$1" in box.	2256 \$ <input type="text"/> . <input type="text"/> 00 2258 x4 <input type="checkbox"/> Loss in amount box } SKIP to 11
<b>10.</b>	About how much did . . . earn from this business after expenses during the 4-month period?	2260 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>11.</b>	Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?	2262 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code marked or Check Item P1, page 51



**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2**

<b>12a. What was the name of . . .’s other business/ professional practice/farm?</b> <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>	<b>PGM 8</b> <b>2300</b>	Business name _____ _____
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<b>CHECK ITEM S7</b>	Enter number "2" for this business in box. →	<b>PGM 8</b> <b>2301</b>	Business I.D. No. _____
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<b>12b. What kind of business was this?</b>	<b>PGM 8</b> <b>2304</b>	_____ _____
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ASK OR VERIFY – <b>c. Is it mainly –</b>	<b>PGM 8</b> <b>2306</b>	1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b>
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<b>d. What kind of work was . . . doing on this job?</b>	<b>PGM 8</b> <b>2308</b>	_____ _____
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<b>e. What were . . .’s most important activities or duties on this job?</b>	<b>PGM 8</b> <b>2310</b>	_____ _____ _____
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<b>f. How many hours per week did . . . usually work at this business?</b>	<b>PGM 7</b> <b>2312</b>	<table style="width:100%;"> <tr> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="padding-left: 5px;">Hours</td> </tr> <tr> <td colspan="2">                     x3 <input type="checkbox"/> None                      x1 <input type="checkbox"/> DK                 </td> </tr> </table>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Hours	x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK	
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Hours					
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK						

<b>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b>  <i>Gross earnings include sales and receipts before expenses.</i>	<b>2314</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 21</i> x1 <input type="checkbox"/> DK
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<b>CHECK ITEM S8</b>	Have questions 14–16b already been answered for this business by another household member?	<b>2316</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 17a</i> 2 <input type="checkbox"/> No
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<b>14. What was the total number of employees working for this business? Be sure to include . . . .</b>  <i>Enter 999 if 1,000 or more employees.</i>	<b>2318</b>	<table style="width:100%;"> <tr> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="padding-left: 5px;">Employees</td> </tr> <tr> <td colspan="2">                     x1 <input type="checkbox"/> DK                 </td> </tr> </table>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Employees	x1 <input type="checkbox"/> DK	
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Employees					
x1 <input type="checkbox"/> DK						

<b>15a. Was . . .’s business incorporated?</b>	<b>2320</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 16a</i> 2 <input type="checkbox"/> No
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<b>b. Was . . .’s business a sole proprietorship or a partnership?</b>	<b>2322</b>	1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 17a</i> 2 <input type="checkbox"/> Partnership
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<b>16a. Aside from . . . were any other members of this household owners or partners in this business?</b>	<b>2324</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17a</i>
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<b>b. Which members?</b>	<b>2326</b> <b>2328</b> <b>2330</b>	<table style="width:100%;"> <tr> <td style="text-align: center;">Person No.</td> <td style="text-align: center;">Name</td> </tr> <tr> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 100%;" type="text"/> </td> </tr> </table>	Person No.	Name	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
Person No.	Name									
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>									
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>									
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>									

<b>17a. Was . . . paid a regular salary from this business during the 4-month period?</b>	<b>2332</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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<b>b. Did . . . receive any (other) income from the business during this 4-month period?</b>	<b>2334</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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<b>CHECK ITEM S9</b>	Is "Yes" marked in either item 17a or 17b?	<b>2336</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item S11</i>
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**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)**

**18. READ STATEMENT ONLY ONCE PER RESPONDENT.**

**The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.**

**What was the total amount of income that . . . received from this business in (Read each month)?**

NOTE: Include total gross earnings before any deductions.



**FIELD REPRESENTATIVE USE ONLY**

LAST MONTH

2338 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

2 MONTHS AGO

2340 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

3 MONTHS AGO

2342 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

4 MONTHS AGO

2344 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

\$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
 \$ \_\_\_\_\_ .00  
**Total \$** \_\_\_\_\_ .00

**CHECK ITEM S10**

Is "DK" marked in all parts of item 18?

- 2346 1  Yes  
 2  No – SKIP to Check Item S11

**19. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

- 2348 1  Yes – Mark Reminder Card and Callback Summary, Item 4b  
 2  No

**CHECK ITEM S11**

Refer to item 15a, page 20.  
 Is this business incorporated?

- 2350 1  Yes – SKIP to first ISS Code marked or Check Item P1, page 51  
 2  No

**CHECK ITEM S12**

Has information about the net profit (or loss) for this business already been obtained from another household member?

- 2352 1  Yes – SKIP first ISS Code marked or Check Item P1, page 51  
 2  No

**20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period?**

- 2354 1  Yes  
 2  No – SKIP to first ISS Code marked or Check Item P1, page 51

**b. What was the net profit or loss?**

If "broke even," enter "\$1" in box.

2356 \$  .  00

2358 x4  Loss in amount box

} SKIP to first ISS Code marked or Check Item P1, page 51

**21. About how much did . . . earn from this business after expenses during the 4-month period?**

2360 \$  .  00

- x3  None
- x1  DK
- x2  Ref.

} SKIP to first ISS Code marked or Check Item P1, page 51

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1–56)

**1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.**

*(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)*

Income code    Name of income type

**3000**

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**CHECK ITEM A1**

Mark (X) income type code.

**3002**

- 1  ISS Code 1 or 2 (SS or RR)
- 2  ISS Code 25 (WIC) – *SKIP to 13a, page 25*
- 3  ISS Code 27 (Food Stamps) – *SKIP to 11a, page 24*
- 4  ISS Codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
- 5  Other ISS Codes – *SKIP to 5a*

**CHECK ITEM A2**

Refer to cc item 27.

Is . . . a designated parent or guardian of children under age 18?

**3004**

- 1  Yes
- 2  No – *SKIP to Check Item A3*

**2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?**

**3006**

- 1  Yes
- 2  No – *SKIP to Check Item A3*

**3. Did . . . also receive a separate payment for (himself/herself) during any of these months?**

**3008**

- 1  Yes
- 2  No – *SKIP to 9a*

**CHECK ITEM A3**

Refer to cc item 26a.

Is . . . married?

**3010**

- 1  Yes
- 2  No – *SKIP to 5a*

**4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?**

**3012**

- 1  Yes
- 2  No – *SKIP to 5a*

**CHECK ITEM A4**

Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?

**3014**

- 1  Yes – *SKIP to next ISS Code or Check Item P1, page 51*
- 2  No

**5a. Did . . . receive any (Read name of income type) in (Read each month)?**

Social Security and SSI payments may be adjusted for inflation each January.

**5b. Some persons receive more than one payment per month for certain income types.**

**How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.**

*For Social Security, code 01, read "after any deductions such as Medicare premiums."*

(Last month) .....

**3016**

- 1  Yes
- 2  No
- x1  DK

**3018**

\$	. 00
----	------

- x1  DK
- x2  Ref.

(2 months ago) .....

**3020**

- 1  Yes
- 2  No
- x1  DK

**3022**

\$	. 00
----	------

- x1  DK
- x2  Ref.

(3 months ago) .....

**3024**

- 1  Yes
- 2  No
- x1  DK

**3026**

\$	. 00
----	------

- x1  DK
- x2  Ref.

(4 months ago) .....

**3028**

- 1  Yes
- 2  No
- x1  DK

**3030**

\$	. 00
----	------

- x1  DK
- x2  Ref.

**CHECK ITEM A4.1**

Refer to item 5a above.

Is the "Yes" box marked for "4" months ago?

**8300**

- 1  Yes
- 2  No – *SKIP to Check Item A5*

**CHECK ITEM A4.2**

Refer to item 1 above.

Are income types 1–10, 20–35, 40, or 41 marked in item 1?

**8302**

- 1  Yes
- 2  No – *SKIP to Check Item A5*

AMOUNTS – PART A

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

**5c. When did . . . begin to receive** (Read name of income type)?

**8304**   Month x1  DK  
**8306**  **1**  **9**  Year x1  DK

**CHECK ITEM A5** Mark (X) income type code.

**3032** 1  ISS Code 1 or 2 – *SKIP to 8a*  
 2  ISS Code 8 or 20 through 24  
 3  All other income codes – *SKIP to next ISS Code or Check Item P1, page 51*

**6a. Were all the people living here covered by . . .’s payments?**

**3034** 1  Yes – *SKIP to Check Item A6*  
 2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3036</b>	<input type="text"/>	<input type="text"/>
<b>3038</b>	<input type="text"/>	<input type="text"/>
<b>3040</b>	<input type="text"/>	<input type="text"/>
<b>3042</b>	<input type="text"/>	<input type="text"/>
<b>3044</b>	<input type="text"/>	<input type="text"/>
<b>3046</b>	<input type="text"/>	<input type="text"/>
<b>3048</b>	<input type="text"/>	<input type="text"/>
<b>3050</b>	<input type="text"/>	<input type="text"/>
<b>3052</b>	<input type="text"/>	<input type="text"/>
<b>3054</b>	<input type="text"/>	<input type="text"/>

**CHECK ITEM A6** Is this ISS Code "8"?

**3056** 1  Yes  
 2  No – *SKIP to next ISS Code or Check Item P1, page 51*

**7a. What type of Veterans’ payments did . . . receive?**

**3058** 1  Service-connected disability compensation  
 2  Survivor benefits  
 3  Veterans’ pension  
 4  Other Veterans’ payments

**b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?**

**3060** 1  Yes  
 2  No  
 x1  DK } *SKIP to next ISS Code or Check Item P1, page 51*

(SHOW FLASHCARD O)  
**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

**3064** 1  Blue  
 2  Buff  
 3  Direct deposit  
 4  Other  
 x1  DK

**b. Do . . .’s payments usually come on the first of the month or the third?**

**3066** 1  First  
 2  Third  
 3  Other  
 x1  DK

**CHECK ITEM A7** Refer to item 2, page 22.

Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?

**3068** 1  Yes  
 2  No – *SKIP to next ISS Code or Check Item P1, page 51*

NOTES

AMOUNTS – PART A

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p>
<p>3070    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No                    x1 <input type="checkbox"/> DK</p>	<p>3072    \$ _____ . 00                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>3076    \$ _____ . 00                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>3080    \$ _____ . 00                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>3084    \$ _____ . 00                    x1 <input type="checkbox"/> DK                    x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b>    Refer to item 9a above.          Is the "Yes" box marked for "4 months ago"?</p>	<p>8308    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p>8310    <input type="text"/> <input type="text"/> Month    x1 <input type="checkbox"/> DK          8312    <b>1</b> <b>9</b> <input type="text"/> <input type="text"/> Year    x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p>3086    1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51                    2 <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td>3088</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3090</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3092</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3094</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3096</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3098</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Person No.	Name	3088	<input type="text"/>	<input type="text"/>	3090	<input type="text"/>	<input type="text"/>	3092	<input type="text"/>	<input type="text"/>	3094	<input type="text"/>	<input type="text"/>	3096	<input type="text"/>	<input type="text"/>	3098	<input type="text"/>	<input type="text"/>
	Person No.	Name																				
3088	<input type="text"/>	<input type="text"/>																				
3090	<input type="text"/>	<input type="text"/>																				
3092	<input type="text"/>	<input type="text"/>																				
3094	<input type="text"/>	<input type="text"/>																				
3096	<input type="text"/>	<input type="text"/>																				
3098	<input type="text"/>	<input type="text"/>																				

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p>3100    1 <input type="checkbox"/> Yes – SKIP to 12a                    2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td>3102</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3104</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3106</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3108</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3110</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3112</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3114</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3116</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Person No.	Name	3102	<input type="text"/>	<input type="text"/>	3104	<input type="text"/>	<input type="text"/>	3106	<input type="text"/>	<input type="text"/>	3108	<input type="text"/>	<input type="text"/>	3110	<input type="text"/>	<input type="text"/>	3112	<input type="text"/>	<input type="text"/>	3114	<input type="text"/>	<input type="text"/>	3116	<input type="text"/>	<input type="text"/>
	Person No.	Name																										
3102	<input type="text"/>	<input type="text"/>																										
3104	<input type="text"/>	<input type="text"/>																										
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3114	<input type="text"/>	<input type="text"/>																										
3116	<input type="text"/>	<input type="text"/>																										

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>12a. Did . . . receive food stamps in</b> <i>(Read each month)?</i></p> <p>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month) . . . . .</p> <p>(2 months ago) . . . . .</p> <p>(3 months ago) . . . . .</p> <p>(4 months ago) . . . . .</p>	<p><b>3122</b></p> <p><b>3126</b></p> <p><b>3130</b></p> <p><b>3134</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p><b>3124</b></p> <p><b>3128</b></p> <p><b>3132</b></p> <p><b>3136</b></p>	<p><b>12b. If "Yes" in item 12a, ask – What was the total amount?</b></p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
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<p><b>CHECK ITEM A7.2</b> Refer to item 12a above.</p> <p>Is the "Yes" box marked for "4 months ago"?</p>	<p><b>8314</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>12c. When did . . . begin to receive food stamps?</b></p>	<p><b>8316</b></p> <p><b>8318</b></p>	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month</p> <p><b>1</b> <b>9</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year</p>	<p>x1 <input type="checkbox"/> DK</p> <p>x1 <input type="checkbox"/> DK</p>
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**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>13a. Did . . . receive any WIC benefits in</b> <i>(Read each month)?</i></p> <p>Mark (X) all that apply.</p>	<p><b>3138</b> 1 <input type="checkbox"/> Last month <b>3140</b> 2 <input type="checkbox"/> 2 months ago <b>3142</b> 3 <input type="checkbox"/> 3 months ago <b>3144</b> 4 <input type="checkbox"/> 4 months ago</p>
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<p><b>CHECK ITEM A7.3</b> Refer to item 13a above.</p> <p>Is the "4 months ago" box marked?</p>	<p><b>8320</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 13c</i></p>
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<p><b>13b. When did . . . begin to receive WIC?</b></p>	<p><b>8322</b></p> <p><b>8324</b></p>	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month</p> <p><b>1</b> <b>9</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year</p>	<p>x1 <input type="checkbox"/> DK</p> <p>x1 <input type="checkbox"/> DK</p>
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<p><b>c. Which persons were covered?</b></p>	<p><b>3146</b></p> <p><b>3148</b></p> <p><b>3150</b></p> <p><b>3152</b></p> <p><b>3154</b></p>	<table border="0" style="width:100%;"> <tr> <td style="width:10%;"></td> <td style="width:10%;">Person No.</td> <td style="width:10%;">Name</td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 60px;" type="text"/></td> </tr> </table>		Person No.	Name	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>
	Person No.	Name																		
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**SKIP to next ISS Code or Check Item P1, page 51**

NOTES

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p style="text-align: right;">Income code    Name of income type</p> <p><b>3200</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>3202</b>    1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 29</i>                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 28</i>                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i>                  5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i>                  Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3204</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3206</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3208</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i>                  Is . . . married?</p>	<p><b>3210</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3212</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p><b>3214</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>                  Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b>  <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b>  <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>3216</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3220</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3224</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3228</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i>                  Is the "Yes" box marked for "4" months ago?"</p>	<p><b>3218</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i>                  Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>3222</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>8400</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>	<p><b>3226</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>8402</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>	<p><b>3230</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>5c. When did . . . begin to receive</b> <i>(Read name of income type)?</i></p>	<p><b>8404</b></p>	<input type="text"/> <input type="text"/>	Month	x1 <input type="checkbox"/> DK
	<p><b>8406</b></p>	<p><b>1 9</b> <input type="text"/> <input type="text"/></p>	Year	x1 <input type="checkbox"/> DK

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<p><b>3232</b></p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i></p> <p>2 <input type="checkbox"/> ISS Code 8 or 20 through 24</p> <p>3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>6a. Were all the people living here covered by . . .’s payments?</b></p>	<p><b>3234</b></p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i></p> <p>2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>		<p>Person No.</p>	<p>Name</p>
	<p><b>3236</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3238</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3240</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3242</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3244</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3246</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3248</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3250</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3252</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3254</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<p><b>3256</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>7a. What type of Veterans’ payments did . . . receive?</b></p>	<p><b>3258</b></p>	<p>1 <input type="checkbox"/> Service-connected disability compensation</p> <p>2 <input type="checkbox"/> Survivor benefits</p> <p>3 <input type="checkbox"/> Veterans’ pension</p> <p>4 <input type="checkbox"/> Other Veterans’ payments</p>
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<p><b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b></p>	<p><b>3260</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p style="margin-left: 100px;">} <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><i>(SHOW FLASHCARD O)</i></p> <p><b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b></p>	<p><b>3264</b></p>	<p>1 <input type="checkbox"/> Blue</p> <p>2 <input type="checkbox"/> Buff</p> <p>3 <input type="checkbox"/> Direct deposit</p> <p>4 <input type="checkbox"/> Other</p> <p>x1 <input type="checkbox"/> DK</p>
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<p><b>b. Do . . .’s payments usually come on the first of the month or the third?</b></p>	<p><b>3266</b></p>	<p>1 <input type="checkbox"/> First</p> <p>2 <input type="checkbox"/> Third</p> <p>3 <input type="checkbox"/> Other</p> <p>x1 <input type="checkbox"/> DK</p>
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<b>CHECK ITEM A7</b>	<p><i>Refer to item 2, page 26.</i></p> <p>Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?</p>	<p><b>3268</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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NOTES



**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p> <p>3270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3272 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>3274 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3276 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>3278 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3280 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>3282 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3284 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b> Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?</p>	<p>8408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p>8410 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK 8412 <b>1</b> <b>9</b> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i> <b>10a. Were all children living here covered by these payments?</b></p>	<p>3286 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3288</td><td><input type="text"/></td></tr> <tr><td>3290</td><td><input type="text"/></td></tr> <tr><td>3292</td><td><input type="text"/></td></tr> <tr><td>3294</td><td><input type="text"/></td></tr> <tr><td>3296</td><td><input type="text"/></td></tr> <tr><td>3298</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3288	<input type="text"/>	3290	<input type="text"/>	3292	<input type="text"/>	3294	<input type="text"/>	3296	<input type="text"/>	3298	<input type="text"/>
Person No.	Name														
3288	<input type="text"/>														
3290	<input type="text"/>														
3292	<input type="text"/>														
3294	<input type="text"/>														
3296	<input type="text"/>														
3298	<input type="text"/>														

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p>3300 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3302</td><td><input type="text"/></td></tr> <tr><td>3304</td><td><input type="text"/></td></tr> <tr><td>3306</td><td><input type="text"/></td></tr> <tr><td>3308</td><td><input type="text"/></td></tr> <tr><td>3310</td><td><input type="text"/></td></tr> <tr><td>3312</td><td><input type="text"/></td></tr> <tr><td>3314</td><td><input type="text"/></td></tr> <tr><td>3316</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3302	<input type="text"/>	3304	<input type="text"/>	3306	<input type="text"/>	3308	<input type="text"/>	3310	<input type="text"/>	3312	<input type="text"/>	3314	<input type="text"/>	3316	<input type="text"/>
Person No.	Name																		
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### Section 3 – AMOUNTS (Continued)

#### Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

<b>12a. Did . . . receive food stamps in</b> <i>(Read each month)?</i>  NOTE – Food stamp benefits may be adjusted for inflation in July and October.  (Last month) . . . . .  (2 months ago) . . . . .  (3 months ago) . . . . .  (4 months ago) . . . . .	<b>3322</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>12b. If "Yes" in item 12a, ask – What was the total amount?</b>
		<b>3324</b> \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		<b>3326</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		<b>3328</b> \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	<b>3330</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
	<b>3332</b> \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	<b>3334</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
	<b>3336</b> \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

<b>CHECK ITEM A7.2</b> <i>Refer to item 12a above.</i> Is the "Yes" box marked for "4 months ago"?	<b>8414</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i>
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<b>12c. When did . . . begin to receive food stamps?</b>	<b>8416</b> [ ] [ ] Month x1 <input type="checkbox"/> DK
	<b>8418</b> <b>1 9</b> [ ] [ ] Year x1 <input type="checkbox"/> DK

**SKIP to next ISS Code or Check Item P1, page 51**

<b>13a. Did . . . receive any WIC benefits in</b> <i>(Read each month)?</i>  <i>Mark (X) all that apply.</i>	<b>3338</b> 1 <input type="checkbox"/> Last month
	<b>3340</b> 2 <input type="checkbox"/> 2 months ago
	<b>3342</b> 3 <input type="checkbox"/> 3 months ago
	<b>3344</b> 4 <input type="checkbox"/> 4 months ago

<b>CHECK ITEM A7.3</b> <i>Refer to item 13a above.</i> Is the "4 months ago" box marked?	<b>8420</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 13c</i>
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<b>13b. When did . . . begin to receive WIC?</b>	<b>8422</b> [ ] [ ] Month x1 <input type="checkbox"/> DK
	<b>8424</b> <b>1 9</b> [ ] [ ] Year x1 <input type="checkbox"/> DK

<b>c. Which persons were covered?</b>	Person No. Name
	<b>3346</b> [ ] [ ] [ ] _____
	<b>3348</b> [ ] [ ] [ ] _____
	<b>3350</b> [ ] [ ] [ ] _____
	<b>3352</b> [ ] [ ] [ ] _____
<b>3354</b> [ ] [ ] [ ] _____	

**SKIP to next ISS Code or Check Item P1, page 51**

NOTES

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p>Income code    Name of income type</p> <p><b>3400</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>3402</b>    1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 33</i>                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 32</i>                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i>                  5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3404</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3406</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3408</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p><b>3410</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3412</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p><b>3414</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b> <i>Social Security and SSI payments may be adjusted for inflation each January.</i></p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b> <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b> <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>3416</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3420</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3424</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3428</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i></p> <p>Is the "Yes" box marked for "4" months ago?"</p>	<p><b>3418</b>    \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i></p> <p>Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>3422</b>    \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>8500</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>	<p><b>3426</b>    \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>8502</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>	<p><b>3430</b>    \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>5c. When did . . . begin to receive</b> <i>(Read name of income type)?</i></p>	<p><b>8504</b></p>	<input type="text"/> <input type="text"/>	Month	x1 <input type="checkbox"/> DK
	<p><b>8506</b></p>	<p><b>1 9</b> <input type="text"/> <input type="text"/></p>	Year	x1 <input type="checkbox"/> DK

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<p><b>3432</b></p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i>                  2 <input type="checkbox"/> ISS Code 8 or 20 through 24                  3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>6a. Were all the people living here covered by . . .’s payments?</b></p>	<p><b>3434</b></p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>                  2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>		<p>Person No.</p>	<p>Name</p>
	<p><b>3436</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3438</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3440</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3442</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3444</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3446</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3448</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3450</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3452</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>3454</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<p><b>3456</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>7a. What type of Veterans’ payments did . . . receive?</b></p>	<p><b>3458</b></p>	<p>1 <input type="checkbox"/> Service-connected disability compensation                  2 <input type="checkbox"/> Survivor benefits                  3 <input type="checkbox"/> Veterans’ pension                  4 <input type="checkbox"/> Other Veterans’ payments</p>
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<p><b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b></p>	<p><b>3460</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><i>(SHOW FLASHCARD O)</i></p> <p><b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b></p>	<p><b>3464</b></p>	<p>1 <input type="checkbox"/> Blue                  2 <input type="checkbox"/> Buff                  3 <input type="checkbox"/> Direct deposit                  4 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<p><b>b. Do . . .’s payments usually come on the first of the month or the third?</b></p>	<p><b>3466</b></p>	<p>1 <input type="checkbox"/> First                  2 <input type="checkbox"/> Third                  3 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<b>CHECK ITEM A7</b>	<p>Refer to item 2, page 30.</p> <p>Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?</p>	<p><b>3468</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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NOTES

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p>
<p>3470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3472 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>3476 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>3480 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>3484 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b> Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?</p>	<p>8508 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p>8510 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK 8512 <b>1 9</b> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p>3486 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>3488</td><td><input type="text"/></td></tr> <tr><td>3490</td><td><input type="text"/></td></tr> <tr><td>3492</td><td><input type="text"/></td></tr> <tr><td>3494</td><td><input type="text"/></td></tr> <tr><td>3496</td><td><input type="text"/></td></tr> <tr><td>3498</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3488	<input type="text"/>	3490	<input type="text"/>	3492	<input type="text"/>	3494	<input type="text"/>	3496	<input type="text"/>	3498	<input type="text"/>
Person No.	Name														
3488	<input type="text"/>														
3490	<input type="text"/>														
3492	<input type="text"/>														
3494	<input type="text"/>														
3496	<input type="text"/>														
3498	<input type="text"/>														

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p>3500 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>3502</td><td><input type="text"/></td></tr> <tr><td>3504</td><td><input type="text"/></td></tr> <tr><td>3506</td><td><input type="text"/></td></tr> <tr><td>3508</td><td><input type="text"/></td></tr> <tr><td>3510</td><td><input type="text"/></td></tr> <tr><td>3512</td><td><input type="text"/></td></tr> <tr><td>3514</td><td><input type="text"/></td></tr> <tr><td>3516</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3502	<input type="text"/>	3504	<input type="text"/>	3506	<input type="text"/>	3508	<input type="text"/>	3510	<input type="text"/>	3512	<input type="text"/>	3514	<input type="text"/>	3516	<input type="text"/>
Person No.	Name																		
3502	<input type="text"/>																		
3504	<input type="text"/>																		
3506	<input type="text"/>																		
3508	<input type="text"/>																		
3510	<input type="text"/>																		
3512	<input type="text"/>																		
3514	<input type="text"/>																		
3516	<input type="text"/>																		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>12a. Did . . . receive food stamps in</b> <i>(Read each month)?</i></p> <p>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month) . . . . .</p> <p>(2 months ago) . . . . .</p> <p>(3 months ago) . . . . .</p> <p>(4 months ago) . . . . .</p>	<p><b>3522</b></p> <p><b>3526</b></p> <p><b>3530</b></p> <p><b>3534</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p><b>12b. If "Yes" in item 12a, ask – What was the total amount?</b></p> <p><b>3524</b> \$ <input style="width: 80%;" type="text"/> . <input style="width: 10%;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p><b>3528</b> \$ <input style="width: 80%;" type="text"/> . <input style="width: 10%;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p><b>3532</b> \$ <input style="width: 80%;" type="text"/> . <input style="width: 10%;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p><b>3536</b> \$ <input style="width: 80%;" type="text"/> . <input style="width: 10%;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
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<p><b>CHECK ITEM A7.2</b> Refer to item 12a above.</p> <p>Is the "Yes" box marked for "4 months ago"?</p>	<p><b>8514</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>12c. When did . . . begin to receive food stamps?</b></p>	<p><b>8516</b></p> <p><b>8518</b></p>	<p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month x1 <input type="checkbox"/> DK</p> <p><b>1</b> <b>9</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
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**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>13a. Did . . . receive any WIC benefits in</b> <i>(Read each month)?</i></p> <p>Mark (X) all that apply.</p>	<p><b>3538</b></p> <p><b>3540</b></p> <p><b>3542</b></p> <p><b>3544</b></p>	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>
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<p><b>CHECK ITEM A7.3</b> Refer to item 13a above.</p> <p>Is the "4 months ago" box marked?</p>	<p><b>8520</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 13c</i></p>
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<p><b>13b. When did . . . begin to receive WIC?</b></p>	<p><b>8522</b></p> <p><b>8524</b></p>	<p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month x1 <input type="checkbox"/> DK</p> <p><b>1</b> <b>9</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><b>c. Which persons were covered?</b></p>	<p><b>3546</b></p> <p><b>3548</b></p> <p><b>3550</b></p> <p><b>3552</b></p> <p><b>3554</b></p>	<table border="0" style="width:100%;"> <tr> <td style="width:15%;">Person No.</td> <td style="width:15%;">Name</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table>	Person No.	Name	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
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**SKIP to next ISS Code or Check Item P1, page 51**

NOTES

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p style="text-align: right;">Income code    Name of income type</p> <p><b>3600</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>3602</b>    1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 37</i>                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 36</i>                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i>                  5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i>                  Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3604</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .’s children?</b></p>	<p><b>3606</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3608</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i>                  Is . . . married?</p>	<p><b>3610</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .’s spouse?</b></p>	<p><b>3612</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .’s spouse?</p>	<p><b>3614</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>                  Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b>  <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b>  <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>3616</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3620</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3624</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3628</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i>                  Is the "Yes" box marked for "4" months ago?"</p>	<p><b>8600</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i>                  Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>8602</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>5c. When did . . . begin to receive</b> <i>(Read name of income type)?</i></p>	<p><b>8604</b></p>	<input type="text"/> <input type="text"/>	Month	x1 <input type="checkbox"/> DK
	<p><b>8606</b></p>	<p><b>1 9</b> <input type="text"/> <input type="text"/></p>	Year	x1 <input type="checkbox"/> DK

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<p><b>3632</b></p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i>                  2 <input type="checkbox"/> ISS Code 8 or 20 through 24                  3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>6a. Were all the people living here covered by . . .’s payments?</b></p>	<p><b>3634</b></p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>                  2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>		<p>Person No.</p>	<p>Name</p>	
	<p><b>3636</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		
	<p><b>3638</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		
	<p><b>3640</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		
	<p><b>3642</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		
	<p><b>3644</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		
	<p><b>3646</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		
	<p><b>3648</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		
	<p><b>3650</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		
	<p><b>3652</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		
	<p><b>3654</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>		

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<p><b>3656</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>7a. What type of Veterans’ payments did . . . receive?</b></p>	<p><b>3658</b></p>	<p>1 <input type="checkbox"/> Service-connected disability compensation                  2 <input type="checkbox"/> Survivor benefits                  3 <input type="checkbox"/> Veterans’ pension                  4 <input type="checkbox"/> Other Veterans’ payments</p>
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<p><b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b></p>	<p><b>3660</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><i>(SHOW FLASHCARD O)</i></p> <p><b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b></p>	<p><b>3664</b></p>	<p>1 <input type="checkbox"/> Blue                  2 <input type="checkbox"/> Buff                  3 <input type="checkbox"/> Direct deposit                  4 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<p><b>b. Do . . .’s payments usually come on the first of the month or the third?</b></p>	<p><b>3666</b></p>	<p>1 <input type="checkbox"/> First                  2 <input type="checkbox"/> Third                  3 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<b>CHECK ITEM A7</b>	Refer to item 2, page 34.	<p><b>3668</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
	Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?		

NOTES



**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p> <p><b>3670</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3672</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p><b>3674</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3676</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p><b>3678</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3680</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p><b>3682</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p><b>3684</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b> Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?</p>	<p><b>8608</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p><b>8610</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Month x1 <input type="checkbox"/> DK</p> <p><b>8612</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p><b>3686</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td><b>3688</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3690</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3692</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3694</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3696</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3698</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	<b>3688</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3690</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3692</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3694</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3696</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3698</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
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**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p><b>3700</b> 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td><b>3702</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3704</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3706</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3708</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3710</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3712</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3714</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> <tr> <td><b>3716</b></td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td>_____</td> </tr> </tbody> </table>		Person No.	Name	<b>3702</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3704</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3706</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3708</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3710</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3712</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3714</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____	<b>3716</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
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## Section 3 – AMOUNTS (Continued)

### Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

<p><b>12a. Did . . . receive food stamps in</b> <i>(Read each month)?</i></p> <p>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month) . . . . .</p> <p>(2 months ago) . . . . .</p> <p>(3 months ago) . . . . .</p> <p>(4 months ago) . . . . .</p>	<p style="text-align: center;"><b>3722</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p><b>12b. If "Yes" in item 12a, ask – What was the total amount?</b></p> <p style="text-align: center;"><b>3724</b></p> <p>\$ <input style="width: 150px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p style="text-align: center;"><b>3726</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;"><b>3728</b></p> <p>\$ <input style="width: 150px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p style="text-align: center;"><b>3730</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;"><b>3732</b></p> <p>\$ <input style="width: 150px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p style="text-align: center;"><b>3734</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;"><b>3736</b></p> <p>\$ <input style="width: 150px;" type="text"/> . <input style="width: 30px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.2</b> Refer to item 12a above.</p> <p>Is the "Yes" box marked for "4 months ago"?</p>	<p style="text-align: center;"><b>8614</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>12c. When did . . . begin to receive food stamps?</b></p>	<p style="text-align: center;"><b>8616</b></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Month x1 <input type="checkbox"/> DK</p> <p style="text-align: center;"><b>8618</b></p> <p><input style="width: 30px;" type="text" value="1"/> <input style="width: 30px;" type="text" value="9"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
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**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>13a. Did . . . receive any WIC benefits in</b> <i>(Read each month)?</i></p> <p>Mark (X) all that apply.</p>	<p style="text-align: center;"><b>3738</b></p> <p>1 <input type="checkbox"/> Last month</p> <p style="text-align: center;"><b>3740</b></p> <p>2 <input type="checkbox"/> 2 months ago</p> <p style="text-align: center;"><b>3742</b></p> <p>3 <input type="checkbox"/> 3 months ago</p> <p style="text-align: center;"><b>3744</b></p> <p>4 <input type="checkbox"/> 4 months ago</p>
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<p><b>CHECK ITEM A7.3</b> Refer to item 13a above.</p> <p>Is the "4 months ago" box marked?</p>	<p style="text-align: center;"><b>8620</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 13c</i></p>
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<p><b>13b. When did . . . begin to receive WIC?</b></p>	<p style="text-align: center;"><b>8622</b></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Month x1 <input type="checkbox"/> DK</p> <p style="text-align: center;"><b>8624</b></p> <p><input style="width: 30px;" type="text" value="1"/> <input style="width: 30px;" type="text" value="9"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><b>c. Which persons were covered?</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Person No.</td> <td style="width: 15%; text-align: center;">Name</td> <td></td> </tr> <tr> <td style="text-align: center;"><b>3746</b></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><b>3748</b></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><b>3750</b></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><b>3752</b></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><b>3754</b></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td>_____</td> </tr> </table>		Person No.	Name		<b>3746</b>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	_____	<b>3748</b>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	_____	<b>3750</b>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	_____	<b>3752</b>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	_____	<b>3754</b>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	_____
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**SKIP to next ISS Code or Check Item P1, page 51**

NOTES

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p>Income code    Name of income type</p> <p><b>3800</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>3802</b>    1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 41</i>                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 40</i>                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i>                  5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i>                  Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>3804</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3806</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3808</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i>                  Is . . . married?</p>	<p><b>3810</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3812</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p><b>3814</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>                  Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b>  <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b>  <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>3816</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>3820</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>3824</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>3828</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i>                  Is the "Yes" box marked for "4" months ago?"</p>	<p><b>8700</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i>                  Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>8702</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>5c. When did . . . begin to receive</b> <i>(Read name of income type)?</i></p>	<p><b>8704</b> <input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> DK</p> <p><b>8706</b> <input type="text"/> <b>1</b> <input type="text"/> <b>9</b> <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> DK</p>																																	
<p><b>CHECK ITEM A5</b>      <i>Mark (X) income type code.</i></p>	<p><b>3832</b> 1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i>                  2 <input type="checkbox"/> ISS Code 8 or 20 through 24                  3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>																																	
<p><b>6a. Were all the people living here covered by . . .’s payments?</b></p>	<p><b>3834</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>                  2 <input type="checkbox"/> No</p>																																	
<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr><td><b>3836</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3838</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3840</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3842</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3844</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3846</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3848</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3850</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3852</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>3854</b></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	<b>3836</b>	<input type="text"/>	<input type="text"/>	<b>3838</b>	<input type="text"/>	<input type="text"/>	<b>3840</b>	<input type="text"/>	<input type="text"/>	<b>3842</b>	<input type="text"/>	<input type="text"/>	<b>3844</b>	<input type="text"/>	<input type="text"/>	<b>3846</b>	<input type="text"/>	<input type="text"/>	<b>3848</b>	<input type="text"/>	<input type="text"/>	<b>3850</b>	<input type="text"/>	<input type="text"/>	<b>3852</b>	<input type="text"/>	<input type="text"/>	<b>3854</b>	<input type="text"/>	<input type="text"/>
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<p><b>CHECK ITEM A6</b>      Is this ISS Code "8"?</p>	<p><b>3856</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>																																	
<p><b>7a. What type of Veterans’ payments did . . . receive?</b></p>	<p><b>3858</b> 1 <input type="checkbox"/> Service-connected disability compensation                  2 <input type="checkbox"/> Survivor benefits                  3 <input type="checkbox"/> Veterans’ pension                  4 <input type="checkbox"/> Other Veterans’ payments</p>																																	
<p><b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b></p>	<p><b>3860</b> 1 <input type="checkbox"/> Yes }                  2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or</i>                  x1 <input type="checkbox"/> DK } <i>Check Item P1, page 51</i></p>																																	
<p><i>(SHOW FLASHCARD O)</i></p> <p><b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b></p>	<p><b>3864</b> 1 <input type="checkbox"/> Blue                  2 <input type="checkbox"/> Buff                  3 <input type="checkbox"/> Direct deposit                  4 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>																																	
<p><b>b. Do . . .’s payments usually come on the first of the month or the third?</b></p>	<p><b>3866</b> 1 <input type="checkbox"/> First                  2 <input type="checkbox"/> Third                  3 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>																																	
<p><b>CHECK ITEM A7</b>      <i>Refer to item 2, page 38.</i></p> <p>Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?</p>	<p><b>3868</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>																																	
<p>NOTES</p>																																		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p> <p>3870 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3872 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>3874 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3876 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>3878 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3880 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>3882 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3884 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b> Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?</p>	<p>8708 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p>8710 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8712 <b>1</b> <b>9</b> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p>3886 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>3888</td><td><input type="text"/></td></tr> <tr><td>3890</td><td><input type="text"/></td></tr> <tr><td>3892</td><td><input type="text"/></td></tr> <tr><td>3894</td><td><input type="text"/></td></tr> <tr><td>3896</td><td><input type="text"/></td></tr> <tr><td>3898</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3888	<input type="text"/>	3890	<input type="text"/>	3892	<input type="text"/>	3894	<input type="text"/>	3896	<input type="text"/>	3898	<input type="text"/>
Person No.	Name														
3888	<input type="text"/>														
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3894	<input type="text"/>														
3896	<input type="text"/>														
3898	<input type="text"/>														

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p>3900 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>3902</td><td><input type="text"/></td></tr> <tr><td>3904</td><td><input type="text"/></td></tr> <tr><td>3906</td><td><input type="text"/></td></tr> <tr><td>3908</td><td><input type="text"/></td></tr> <tr><td>3910</td><td><input type="text"/></td></tr> <tr><td>3912</td><td><input type="text"/></td></tr> <tr><td>3914</td><td><input type="text"/></td></tr> <tr><td>3916</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	3902	<input type="text"/>	3904	<input type="text"/>	3906	<input type="text"/>	3908	<input type="text"/>	3910	<input type="text"/>	3912	<input type="text"/>	3914	<input type="text"/>	3916	<input type="text"/>
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3914	<input type="text"/>																		
3916	<input type="text"/>																		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

**12a. Did . . . receive food stamps in** *(Read each month)?*  
 NOTE – Food stamp benefits may be adjusted for inflation in July and October.

**12b. If "Yes" in item 12a, ask – What was the total amount?**

(Last month) . . . . .	<b>3922</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3924</b>	\$ <input style="width:100px;" type="text"/>	. <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>3926</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3928</b>	\$ <input style="width:100px;" type="text"/>	. <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>3930</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3932</b>	\$ <input style="width:100px;" type="text"/>	. <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>3934</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3936</b>	\$ <input style="width:100px;" type="text"/>	. <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

**CHECK ITEM A7.2** Refer to item 12a above.  
 Is the "Yes" box marked for "4 months ago"?

**8714** 1  Yes  
 2  No – *SKIP to next ISS Code or Check Item P1, page 51*

**12c. When did . . . begin to receive food stamps?**

**8716**   Month x1  DK  
**8718**     Year x1  DK

**SKIP to next ISS Code or Check Item P1, page 51**

**13a. Did . . . receive any WIC benefits in** *(Read each month)?*  
 Mark (X) all that apply.

**3938** 1  Last month  
**3940** 2  2 months ago  
**3942** 3  3 months ago  
**3944** 4  4 months ago

**CHECK ITEM A7.3** Refer to item 13a above.  
 Is the "4 months ago" box marked?

**8720** 1  Yes  
 2  No – *SKIP to 13c*

**13b. When did . . . begin to receive WIC?**

**8722**   Month x1  DK  
**8724**     Year x1  DK

**c. Which persons were covered?**

	Person No.	Name
<b>3946</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
<b>3948</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
<b>3950</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
<b>3952</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____
<b>3954</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	_____

**SKIP to next ISS Code or Check Item P1, page 51**

NOTES

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p>Income code    Name of income type</p> <p><b>4000</b>    <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>    <i>Mark (X) income type code.</i></p>	<p><b>4002</b>    1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 45</i>                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 44</i>                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i>                  5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A2</b>    <i>Refer to cc item 27.</i>                  Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>4004</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>4006</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>4008</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>    <i>Refer to cc item 26a.</i>                  Is . . . married?</p>	<p><b>4010</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>4012</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>CHECK ITEM A4</b>    Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p><b>4014</b>    1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 51</i>                  2 <input type="checkbox"/> No</p>
<p><b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>                  Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5b. Some persons receive more than one payment per month for certain income types.</b>  <b>How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions.</b>  <i>For Social Security, code 01, read "after any deductions such as Medicare premiums."</i></p>
<p>(Last month) . . . . .</p>	<p><b>4016</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(2 months ago) . . . . .</p>	<p><b>4020</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(3 months ago) . . . . .</p>	<p><b>4024</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p>(4 months ago) . . . . .</p>	<p><b>4028</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM A4.1</b>    <i>Refer to item 5a above.</i>                  Is the "Yes" box marked for "4" months ago?"</p>	<p><b>4018</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/><input style="width: 20px; text-align: center;" type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>CHECK ITEM A4.2</b>    <i>Refer to item 1 above.</i>                  Are income types 1–10, 20–35, 40, or 41 marked in item 1?</p>	<p><b>4022</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/><input style="width: 20px; text-align: center;" type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>8800</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>	<p><b>4026</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/><input style="width: 20px; text-align: center;" type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p><b>8802</b>    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A5</i></p>	<p><b>4030</b>    \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/><input style="width: 20px; text-align: center;" type="text"/>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>5c. When did . . . begin to receive</b> <i>(Read name of income type)?</i></p>	<p><b>8804</b></p>	<input type="text"/> <input type="text"/>	Month	x1 <input type="checkbox"/> DK
	<p><b>8806</b></p>	<p><b>1 9</b> <input type="text"/> <input type="text"/></p>	Year	x1 <input type="checkbox"/> DK

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<p><b>4032</b></p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to 8a</i>                  2 <input type="checkbox"/> ISS Code 8 or 20 through 24                  3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>6a. Were all the people living here covered by . . .’s payments?</b></p>	<p><b>4034</b></p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>                  2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>		<p>Person No.</p>	<p>Name</p>
	<p><b>4036</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>4038</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>4040</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>4042</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>4044</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>4046</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>4048</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>4050</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>4052</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<p><b>4054</b></p>	<input type="text"/> <input type="text"/> <input type="text"/>	

<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<p><b>4056</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>7a. What type of Veterans’ payments did . . . receive?</b></p>	<p><b>4058</b></p>	<p>1 <input type="checkbox"/> Service-connected disability compensation                  2 <input type="checkbox"/> Survivor benefits                  3 <input type="checkbox"/> Veterans’ pension                  4 <input type="checkbox"/> Other Veterans’ payments</p>
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<p><b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b></p>	<p><b>4060</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p>} <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><i>(SHOW FLASHCARD O)</i></p> <p><b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .’s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b></p>	<p><b>4064</b></p>	<p>1 <input type="checkbox"/> Blue                  2 <input type="checkbox"/> Buff                  3 <input type="checkbox"/> Direct deposit                  4 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<p><b>b. Do . . .’s payments usually come on the first of the month or the third?</b></p>	<p><b>4066</b></p>	<p>1 <input type="checkbox"/> First                  2 <input type="checkbox"/> Third                  3 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<b>CHECK ITEM A7</b>	<p><i>Refer to item 2, page 42.</i></p> <p>Were (Social Security/Railroad Retirement) payments received especially for . . .’s children?</p>	<p><b>4068</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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NOTES



**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?</b></p> <p>NOTE – Social Security payments may be adjusted for inflation each January.</p> <p>(Last month) . . . . .</p>	<p><b>9b. If "Yes" in item 9a – How much was received?</b></p> <p>4070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4072 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p>4074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4076 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p>4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4080 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p>4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4084 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><b>CHECK ITEM A7.1</b> Refer to item 9a above. Is the "Yes" box marked for "4 months ago"?</p>	<p>8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a</p>
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<p><b>9c. When did . . . begin to receive Social Security/Railroad Retirement?</b></p>	<p>8810 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK</p> <p>8812 <b>1 9</b> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p><b>10a. Were all children living here covered by these payments?</b></p>	<p>4086 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No</p>
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<p><b>b. Which children were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>4088</td><td><input type="text"/></td></tr> <tr><td>4090</td><td><input type="text"/></td></tr> <tr><td>4092</td><td><input type="text"/></td></tr> <tr><td>4094</td><td><input type="text"/></td></tr> <tr><td>4096</td><td><input type="text"/></td></tr> <tr><td>4098</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	4088	<input type="text"/>	4090	<input type="text"/>	4092	<input type="text"/>	4094	<input type="text"/>	4096	<input type="text"/>	4098	<input type="text"/>
Person No.	Name														
4088	<input type="text"/>														
4090	<input type="text"/>														
4092	<input type="text"/>														
4094	<input type="text"/>														
4096	<input type="text"/>														
4098	<input type="text"/>														

**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>11a. Were all the people living here covered under . . . 's food stamp allotment?</b></p>	<p>4100 1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td>4102</td><td><input type="text"/></td></tr> <tr><td>4104</td><td><input type="text"/></td></tr> <tr><td>4106</td><td><input type="text"/></td></tr> <tr><td>4108</td><td><input type="text"/></td></tr> <tr><td>4110</td><td><input type="text"/></td></tr> <tr><td>4112</td><td><input type="text"/></td></tr> <tr><td>4114</td><td><input type="text"/></td></tr> <tr><td>4116</td><td><input type="text"/></td></tr> </tbody> </table>	Person No.	Name	4102	<input type="text"/>	4104	<input type="text"/>	4106	<input type="text"/>	4108	<input type="text"/>	4110	<input type="text"/>	4112	<input type="text"/>	4114	<input type="text"/>	4116	<input type="text"/>
Person No.	Name																		
4102	<input type="text"/>																		
4104	<input type="text"/>																		
4106	<input type="text"/>																		
4108	<input type="text"/>																		
4110	<input type="text"/>																		
4112	<input type="text"/>																		
4114	<input type="text"/>																		
4116	<input type="text"/>																		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<p><b>12a. Did . . . receive food stamps in</b> <i>(Read each month)?</i></p> <p>NOTE – Food stamp benefits may be adjusted for inflation in July and October.</p> <p>(Last month) . . . . .</p> <p>(2 months ago) . . . . .</p> <p>(3 months ago) . . . . .</p> <p>(4 months ago) . . . . .</p>	<p><b>4122</b></p> <p><b>4126</b></p> <p><b>4130</b></p> <p><b>4134</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p>	<p><b>12b. If "Yes" in item 12a, ask – What was the total amount?</b></p> <p><b>4124</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <p><b>4128</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <p><b>4132</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <p><b>4136</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
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<p><b>CHECK ITEM A7.2</b> Refer to item 12a above.</p> <p>Is the "Yes" box marked for "4 months ago"?</p>	<p><b>8814</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 51</i></p>
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<p><b>12c. When did . . . begin to receive food stamps?</b></p>	<p><b>8816</b></p> <p><b>8818</b></p>	<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Month</p> <p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Year</p>	<p>X1 <input type="checkbox"/> DK</p> <p>X1 <input type="checkbox"/> DK</p>
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**SKIP to next ISS Code or Check Item P1, page 51**

<p><b>13a. Did . . . receive any WIC benefits in</b> <i>(Read each month)?</i></p> <p>Mark (X) all that apply.</p>	<p><b>4138</b></p> <p><b>4140</b></p> <p><b>4142</b></p> <p><b>4144</b></p>	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>
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<p><b>CHECK ITEM A7.3</b> Refer to item 13a above.</p> <p>Is the "4 months ago" box marked?</p>	<p><b>8820</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 13c</i></p>
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<p><b>13b. When did . . . begin to receive WIC?</b></p>	<p><b>8822</b></p> <p><b>8824</b></p>	<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Month</p> <p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Year</p>	<p>X1 <input type="checkbox"/> DK</p> <p>X1 <input type="checkbox"/> DK</p>
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<p><b>c. Which persons were covered?</b></p>	<p><b>4146</b></p> <p><b>4148</b></p> <p><b>4150</b></p> <p><b>4152</b></p> <p><b>4154</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Person No.</th> <th style="width:85%;">Name</th> </tr> <tr> <td><input style="width:30px;" type="text"/></td> <td><input style="width:90%; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width:30px;" type="text"/></td> <td><input style="width:90%; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width:30px;" type="text"/></td> <td><input style="width:90%; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width:30px;" type="text"/></td> <td><input style="width:90%; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width:30px;" type="text"/></td> <td><input style="width:90%; height: 20px;" type="text"/></td> </tr> </table>	Person No.	Name	<input style="width:30px;" type="text"/>	<input style="width:90%; height: 20px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:90%; height: 20px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:90%; height: 20px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:90%; height: 20px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:90%; height: 20px;" type="text"/>
Person No.	Name													
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**SKIP to next ISS Code or Check Item P1, page 51**

NOTES

**Section 3 – AMOUNTS (Continued)**

**Part B – SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102 and 103)**

<b>CHECK ITEM A8</b>	Asset types owned. Mark (X) all that apply.	4300 4302 4304 4306	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook savings accounts 2 <input type="checkbox"/> ISS Code 101 – Money market deposit accounts 3 <input type="checkbox"/> ISS Code 102 – Certificates of deposit or other savings certificates 4 <input type="checkbox"/> ISS Code 103 – Interest-earnings checking accounts (such as NOW OR Super-NOW accounts)
<b>1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.</b>			
<b>CHECK ITEM A9</b>	Interview status of . . . 's spouse.	4308	1 <input type="checkbox"/> No spouse in household – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>		4310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
<b>b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>		4312	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
<b>c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?</b> ★		4314	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		4316	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 5 2 <input type="checkbox"/> No
<b>3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?</b>		4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 51
<b>b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>		4320	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 51 x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 51 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
<b>c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?</b> ★		4322	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 51 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 51
<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>		4324	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 6 } SKIP to next ISS Code or Check Item P1, page 51 2 <input type="checkbox"/> No

NOTES

AMOUNTS – PARTS B & C

**Section 3 – AMOUNTS (Continued)**

**Part C – OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106 and 107)**

<p><b>CHECK ITEM A10</b></p>	<p>Asset types owned. Mark (X) all that apply.</p>	<p>4400 4402 4404 4406</p>	<p>1 <input type="checkbox"/> ISS Code 104 – Money market funds 2 <input type="checkbox"/> ISS Code 105 – U.S. Government securities 3 <input type="checkbox"/> ISS Code 106 – Municipal or corporate bonds 4 <input type="checkbox"/> ISS Code 107 – Other interest-earning assets – Specify <u>      </u></p>
<p><b>1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.</b></p>			
<p><b>CHECK ITEM A11</b></p>	<p>Interview status of . . . 's spouse.</p>	<p>4408</p>	<p>1 <input type="checkbox"/> No spouse in household – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a</p>
<p><b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b></p>			
<p><b>b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?</b></p>			
<p><b>c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?</b> ★</p>			
<p><b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b></p>			
<p><b>3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?</b></p>			
<p><b>b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?</b></p>			
<p><b>c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?</b> ★</p>			
<p><b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b></p>			

AMOUNTS – PARTS B & C

NOTES

**Section 3 – AMOUNTS (Continued)**

**Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)**

**1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)**

**4500** 1  Yes  
 2  No  
 x1  DK } *SKIP to 3a*

**CHECK ITEM A12**

Interview status of . . .'s spouse.

**4502** 1  No spouse in household – *SKIP to 2a*  
 2  Interview for spouse not yet conducted  
 3  Interview for spouse already conducted – *SKIP to 2a*

**1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)?** ★

**4504** \$  .  00 – *SKIP to 2a*  
 x3  None – *SKIP to 2a*  
 x1  DK  
 x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

**c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)**

**4506** 1  Yes – *Mark Reminder Card and Callback Summary, Item 9*  
 2  No

**2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)?** ★

**4508** \$  .  00 – *SKIP to 3a*  
 x3  None – *SKIP to 3a*  
 x1  DK  
 x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

**b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)**

**4510** 1  Yes – *Mark Reminder Card and Callback Summary, Item 10*  
 2  No

**3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?**

**4512** 1  Yes  
 2  No  
 x1  DK } *SKIP to next ISS Code or Check Item P1, page 51*

**CHECK ITEM A13**

Interview status of . . .'s spouse.

**4514** 1  No spouse in household – *SKIP to 3c*  
 2  Interview for spouse not yet conducted  
 3  Interview for spouse already conducted – *SKIP to 3c*

**3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?**

**4516** \$  .  00  
 x3  None  
 x1  DK  
 x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

**c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?**

**4518** \$  .  00 } *SKIP to next ISS Code or Check Item P1, page 51*  
 x3  None  
 x1  DK  
 x2  Ref.

NOTES

AMOUNTS – PARTS D & E

**Section 3 – AMOUNTS (Continued)**

**Part E – RENTAL INCOME (ISS Code 120)**

**1. Earlier you told me that . . . owned some rental property.**

**CHECK ITEM A14**

Interview status of . . .'s spouse.

**4600**

- 1  No spouse in household – *SKIP to 3a*
- 2  Interview for spouse not yet conducted
- 3  Interview for spouse already conducted – *SKIP to 3a*

**2a. Did . . . receive any rental income from property owned jointly by . . . and . . .'s (husband/wife) during the last 4 months?**

*Include only property owned entirely by couple.*

**4602**

- 1  Yes
- 2  No – *SKIP to 3a*

**b. About how much was received in gross rent from this property during the 4-month period?**

**4604**

\$  .  00

- x1  DK
- x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

**c. What is your best estimate of the amount that was cleared after expenses?**

**4606**

\$  .  00

- x3  None
- x1  DK
- x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

**4608**

- x4  Lost money – *Enter amount of loss in box*

**3a. Did . . . receive rental income from property owned entirely in . . .'s own name during the last 4 months?**

**4610**

- 1  Yes
- 2  No – *SKIP to 4a*

**b. About how much was received in gross rent from this property during the 4-month period?**

**4612**

\$  .  00

- x1  DK
- x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

**c. What is your best estimate of the amount that was cleared after expenses?**

**4614**

\$  .  00

- x3  None
- x1  DK
- x2  Ref. – *SKIP to next ISS Code or Check Item P1, page 51*

**4616**

- x4  Lost money – *Enter amount of loss in box*

**4a. Did . . . receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . .'s spouse.)**

**4618**

- 1  Yes
- 2  No – *SKIP to next ISS Code or Check Item P1, page 51*

**b. What is your best estimate of . . .'s share of the amount cleared on this property during the last 4 months?**

**4620**

\$  .  00

- x3  None
- x1  DK
- x2  Ref.
- 4622** x4  Lost money – *Enter amount of loss in box*

*SKIP to next ISS Code or Check Item P1, page 51*

NOTES

AMOUNTS – PARTS D & E

**Section 3 – AMOUNTS (Continued)**

**Part F – MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS  
(ISS Codes 130, 140, and 150)**

<b>CHECK ITEM A15</b>	Asset types owned. <i>Mark (X) all that apply.</i>	<b>4700</b>	1 <input type="checkbox"/> ISS Code 130 – Mortgages
		<b>4702</b>	2 <input type="checkbox"/> ISS Code 140 – Royalties
		<b>4704</b>	3 <input type="checkbox"/> ISS Code 150 – Other financial investments
<b>CHECK ITEM A16</b>	Is ISS Code 130 marked in Check Item A15?	<b>4706</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
<b>CHECK ITEM A17</b>	Interview status of . . . 's spouse.	<b>4708</b>	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
<b>1a.</b>	<b>Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse?</b>	<b>4710</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i>
<b>b.</b>	<b>During the past 4 months, how much interest was paid to . . . and . . . 's spouse by the borrower?</b>	<b>4712</b>	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>2a.</b>	<b>(Besides these jointly held mortgages) did . . . hold any mortgages in . . . 's own name?</b>	<b>4714</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A18</i>
<b>b.</b>	<b>(Earlier you said that . . . held a mortgage.) During the past 4 months, how much interest was paid to . . . by the borrower?</b>	<b>4716</b>	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A18</b>	Is ISS Code 140 or 150 marked in Check Item A15?	<b>4718</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P1</i>
<b>3.</b>	<b>Earlier you said . . . had (Read asset types). During the past 4 months, how much income did . . . receive from these (Read asset types)?</b> <i>If income was shared, count only . . . 's share.</i>	<b>4720</b>	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
		<b>4722</b>	X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

NOTES

PROGRAM QUESTIONS

## Section 4 – PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 52
<b>CHECK ITEM P2</b>	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a
<b>1a. What is your monthly rent?</b>	Include only the amount the respondent pays for rent. Exclude any subsidized amounts.	4804	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">00</div> </div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 2a
<b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b>	Exclude telephone.	4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?</b>		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
<b>b. Was this assistance received in the form of checks, coupons, or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?</b>	Mark (X) all that apply.	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
<b>c. What was the total amount of the energy assistance received by this household during the past 4 months?</b>		4824	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">00</div> </div> x1 <input type="checkbox"/> DK
<b>CHECK ITEM P3</b>	Are there any children 5 to 18 years old who live in this household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 52
<b>3a. Do any of the children in this household usually eat a complete hot lunch offered at school?</b>		4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 52
<b>b. How many children?</b>		4830	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Children</div> </div>
<b>c. How many complete school lunches do all of the children eat per week?</b>		4832	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Number of lunches</div> </div> x1 <input type="checkbox"/> DK
<b>d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?</b>		4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f
<b>e. In the past 4 months, were the lunches free, reduced price, or were they full price?</b>	Mark (X) only one.	4836	1 <input type="checkbox"/> Free lunch – SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
<b>f. What was the average price paid by all of the children for a complete school lunch?</b>		4838	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> x1 <input type="checkbox"/> DK
<b>g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?</b>		4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 52
<b>h. How many children?</b>		4842	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Children</div> </div>
<b>i. How many complete school breakfasts do all of the children eat per week?</b>		4844	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Number of breakfasts</div> </div> x1 <input type="checkbox"/> DK
<b>j. In the past 4 months, were the breakfasts free, reduced price, or were they full price?</b>	Mark (X) only one.	4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast



## Section 5 – TOPICAL MODULES

### Part A – RECIPIENCY HISTORY

**CHECK ITEM T1**

Refer to cc item 24.  
Is . . . 18 years of age or older?

- 8052** 1  Yes  
2  No – SKIP to Check Item T12, page 55

**STATEMENT C**

**Now I have some questions regarding past participation in Government programs.**

**CHECK ITEM T2**

Refer to the ISS.  
Is "Food Stamps" (code 27) marked?

- 8054** 1  Yes  
2  No – SKIP to 1b

**1a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?**

- 8056** 1  Yes – SKIP to 1d  
2  No – SKIP to Check Item T3

**b. Has . . . ever applied for the Federal Government's Food Stamp Program?**

- 8058** 1  Yes  
2  No – SKIP to Check Item T3

**c. Has . . . ever been authorized to receive food stamps?**

- 8060** 1  Yes  
2  No – SKIP to Check Item T3

**d. When did . . . first start receiving food stamps?**

- 8062**   Month x1  DK  
**8064**     Year x1  DK

**e. For how long did . . . receive food stamps that time?**

- 8066**   Months  
**8068** OR  
**8070**   Years  
x1  DK

**f. How many times in all have there been when . . . received food stamps?**

- 8072**   Times  
x1  DK

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – RECIPIENCY HISTORY (Continued)**

<b>CHECK ITEM T3</b>	<p><i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under 18 years old who live in this household?</p>	<p><b>8074</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<b>CHECK ITEM T4</b>	<p><i>Refer to the ISS.</i></p> <p>Is "AFDC" (code 20) marked?</p>	<b>8076</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i></p>
<b>2a.</b>	<p><b>Besides this period of time, have there been any other times when . . . received AFDC (ADC)?</b></p>	<b>8078</b>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 2d</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<b>b.</b>	<p><b>Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?</b></p>	<b>8080</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<b>c.</b>	<p><b>Has . . . ever received AFDC (ADC) benefits?</b></p>	<b>8082</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<b>d.</b>	<p><b>When did . . . first start receiving AFDC (ADC) benefits?</b></p>	<b>8084</b>	<p><input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> DK</p>
		<b>8086</b>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> DK</p>
<b>e.</b>	<p><b>For how long did . . . receive AFDC (ADC) that time?</b></p>	<b>8088</b>	<p><input type="text"/> <input type="text"/> Months</p>
		<b>8090</b>	<p>OR</p>
		<b>8092</b>	<p><input type="text"/> <input type="text"/> Years</p>
			<p>x1 <input type="checkbox"/> DK</p>
<b>f.</b>	<p><b>How many times in all have there been when . . . received AFDC (ADC)?</b></p>	<b>8094</b>	<p><input type="text"/> <input type="text"/> Times</p>
			<p>x1 <input type="checkbox"/> DK</p>
<b>CHECK ITEM T5</b>	<p><i>Refer to the ISS.</i></p> <p>Is "SSI" (codes 3 or 4) marked?</p>	<b>8096</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i></p>
<b>3a.</b>	<p><b>Besides this period of time, have there been any other times when . . . received SSI benefits?</b></p>	<b>8098</b>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T6</i></p>
<b>b.</b>	<p><b>Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?</b></p>	<b>8100</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T6</i></p>
<b>c.</b>	<p><b>Has . . . ever received SSI benefits?</b></p>	<b>8102</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T6</i></p>
<b>d.</b>	<p><b>When did . . . first start receiving SSI?</b></p>	<b>8104</b>	<p><input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> DK</p>
		<b>8106</b>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> DK</p>
<b>e.</b>	<p><b>For how long did . . . receive SSI that time?</b></p>	<b>8108</b>	<p><input type="text"/> <input type="text"/> Months</p>
			<p>OR</p>
		<b>8110</b>	<p><input type="text"/> <input type="text"/> Years</p>
		<b>8112</b>	<p>x1 <input type="checkbox"/> DK</p>
<b>CHECK ITEM T6</b>	<p><i>Refer to the ISS.</i></p> <p>Is "Medicaid" (code 173) marked?</p>	<b>8114</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T8</i></p>
<b>CHECK ITEM T7</b>	<p><i>Refer to the ISS.</i></p> <p>Is "SSI" or "AFDC" (codes 3, 4, or 20) marked?</p>	<b>8116</b>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T8</i> 2 <input type="checkbox"/> No</p>

NOTES

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – RECIPIENCY HISTORY (Continued)**

<p><b>4. Earlier we recorded that . . . was covered by</b> <i>(Use local name for Medicaid).</i></p> <p><b>When did . . .'s period of Medicaid coverage first begin?</b></p>	<p><b>8118</b>    <input type="text"/> <input type="text"/> Month                    x1 <input type="checkbox"/> DK</p> <p><b>8120</b>    <input type="text"/> <b>1</b> <input type="text"/> <b>9</b> <input type="text"/> <input type="text"/> Year                    x1 <input type="checkbox"/> DK</p> <p><b>8122</b>    x3 <input type="checkbox"/> Never covered by Medicaid</p>	
<p><b>CHECK ITEM T8</b>      <i>Refer to item 24a, page 8.</i></p> <p>Was . . . covered by a health insurance plan? (Is item 24a, page 8 marked "Yes"?)</p>	<p><b>8124</b>    1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No – <i>SKIP to item 6</i></p>	
<p><b>5. We have recorded that . . . was covered by a private health insurance plan during the 4-month period. For how long was . . . covered by health insurance without interruption?</b></p>	<p><b>8126</b>    <input type="text"/> <input type="text"/> Months</p> <p align="center">OR</p> <p><b>8128</b>    <input type="text"/> <input type="text"/> Years</p> <p><b>8130</b>    x3 <input type="checkbox"/> Have always had insurance              x1 <input type="checkbox"/> DK</p>	} SKIP to Check Item T9
<p><b>6. We have recorded that . . . was not covered by a private health insurance plan during the 4-month period. When was the last time . . . was covered by private health insurance?</b></p>	<p><b>8132</b>    <input type="text"/> <input type="text"/> Month                    x1 <input type="checkbox"/> DK</p> <p><b>8134</b>    <input type="text"/> <b>1</b> <input type="text"/> <b>9</b> <input type="text"/> <input type="text"/> Year                    x1 <input type="checkbox"/> DK</p> <p><b>8136</b>    x3 <input type="checkbox"/> Has never been covered</p>	
<p><b>CHECK ITEM T9</b>      <i>Refer to cc item 19b.</i></p> <p>Is . . . the reference person?</p>	<p><b>8138</b>    1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No – <i>SKIP to Check Item T12</i></p>	
<p><b>CHECK ITEM T10</b>    <i>Refer to cc items 16a and 16b.</i></p> <p>Is this housing unit public or subsidized?</p>	<p><b>8140</b>    1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No – <i>SKIP to Check Item T11</i></p>	
<p><b>7. For how long has . . . been living in public or subsidized housing?</b></p>	<p><b>8142</b>    <input type="text"/> <input type="text"/> Months</p> <p align="center">OR</p> <p><b>8144</b>    <input type="text"/> <input type="text"/> Years</p> <p><b>8146</b>    x3 <input type="checkbox"/> Have always lived in public housing              x1 <input type="checkbox"/> DK</p>	} SKIP to Check Item T12
<p><b>CHECK ITEM T11</b>    Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20–27, or code 173?</p>	<p><b>8148</b>    1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No – <i>SKIP to Check Item T12</i></p>	
<p><b>8. Is . . . on a waiting list for public or subsidized housing?</b></p>	<p><b>8150</b>    1 <input type="checkbox"/> Yes              2 <input type="checkbox"/> No</p>	

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY**

**CHECK ITEM T12**

Refer to cc item 24.

Is . . . 18 to 64 years old?

8200

- 1  Yes  
 2  No – SKIP to Check Item C1, page 59

**STATEMENT D**

Now I would like to ask some questions about some of the jobs . . . has held.

**CHECK ITEM T13**

Is "Worked" (code 170) marked on the ISS?

8210

- 1  Yes  
 2  No – SKIP to 4a

ASK OR VERIFY –

**1. What was the name of . . . 's MAIN employer or business during the past 4 months?**

PGM 8

Name of employer or business

8212

**CHECK ITEM T14**

Refer to Check Item E3, page 14, Check Item E6, page 16, Check Item S1, page 18, or Check Item S7, page 20.

What is the ID number of this employer or business?

PGM 7

8214

Employer number  
OR

8216

Business number

**2. When did . . . start working for (Read name of employer or business)?**

8218

Month x1  DK

(If worked for more than one period of time, ask about most recent period.)

8220

Year x1  DK

**CHECK ITEM T15**

Refer to Check Item T14 above.

Is an "Employer number" entered?

8222

- 1  Yes  
 2  No – SKIP to 5a

**3a. About how many persons were employed by . . . 's employer at the location where . . . works (worked)?**

8224

- 1  Under 25  
 2  25 to 99  
 3  100 to 499  
 4  500 to 999  
 5  1,000 or more } SKIP to 3d  
 x1  DK

**b. Did . . . 's employer operate in more than one location?**

8226

- 1  Yes  
 2  No } SKIP to 3d  
 x1  DK

**c. About how many persons were employed by . . . 's employer at ALL LOCATIONS?**

8228

- 1  Under 25  
 2  25 to 99  
 3  100 to 499  
 4  500 to 999  
 5  1,000 or more  
 x1  DK

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY (Continued)**

<p><b>3d. For how many years has . . . done the kind of work that . . . does on this job?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8234</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Months</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="3" style="vertical-align: middle;">SKIP to 5a</td> </tr> <tr> <td></td> <td align="center" colspan="3">OR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8236</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Years</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8238</td> <td colspan="4">x1 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	8234			Months	}	SKIP to 5a		OR			8236			Years	8238	x1 <input type="checkbox"/> DK								
8234			Months	}	SKIP to 5a																				
	OR																								
8236			Years																						
8238	x1 <input type="checkbox"/> DK																								
<p><b>4a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8240</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T16</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8242</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8244</td> <td colspan="4">x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more</td> <td style="vertical-align: middle;">} ASK 4b</td> </tr> </table>	8240			Month	}	SKIP to Check Item T16	8242	1	9			Year	8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more				} ASK 4b						
8240			Month	}	SKIP to Check Item T16																				
8242	1	9					Year																		
8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more				} ASK 4b																				
<p><b>b. What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business?</b> <i>Mark (X) only one.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8246</td> <td colspan="4">                 1 <input type="checkbox"/> Taking care of home or family                  2 <input type="checkbox"/> Ill or disabled                  3 <input type="checkbox"/> Going to school                  4 <input type="checkbox"/> Couldn't find work                  5 <input type="checkbox"/> Didn't want to work                  7 <input type="checkbox"/> Other – Specify _____                  x1 <input type="checkbox"/> DK             </td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item C1, page 59</td> </tr> </table>	8246	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other – Specify _____ x1 <input type="checkbox"/> DK				}	SKIP to Check Item C1, page 59																	
8246	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other – Specify _____ x1 <input type="checkbox"/> DK				}	SKIP to Check Item C1, page 59																			
<p><b>5a. Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8248</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T18</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8250</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8252</td> <td colspan="4">x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18</td> <td></td> </tr> </table>	8248					Month	}	SKIP to Check Item T18	8250	1	9			Year	8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18								
8248			Month	}	SKIP to Check Item T18																				
8250	1	9					Year																		
8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18																								
<p><b>CHECK ITEM T16</b>     <i>Refer to item 4a or 5a above.</i> Is the year 1981 or later?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8254</td> <td colspan="5">                 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item T18             </td> </tr> </table>	8254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18																						
8254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18																								
<p><b>5b. What was the name of . . .'s employer or business at that time?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">Name of employer or business</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8256</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	Name of employer or business					8256	_____																
PGM 8	Name of employer or business																								
8256	_____																								
<p><b>c. What kind of company, business, or industry was (Name of employer or business)?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8258</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	_____					8258	_____																
PGM 8	_____																								
8258	_____																								
<p><b>d. Was that business or industry mainly – (Read categories)</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">1 <input type="checkbox"/> <b>Manufacturing?</b></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8260</td> <td colspan="5">2 <input type="checkbox"/> <b>Wholesale Trade?</b></td> </tr> <tr> <td></td> <td colspan="5">3 <input type="checkbox"/> <b>Retail Trade?</b></td> </tr> <tr> <td></td> <td colspan="5">4 <input type="checkbox"/> <b>Some other kind of business?</b></td> </tr> </table>	PGM 8	1 <input type="checkbox"/> <b>Manufacturing?</b>					8260	2 <input type="checkbox"/> <b>Wholesale Trade?</b>						3 <input type="checkbox"/> <b>Retail Trade?</b>						4 <input type="checkbox"/> <b>Some other kind of business?</b>				
PGM 8	1 <input type="checkbox"/> <b>Manufacturing?</b>																								
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	3 <input type="checkbox"/> <b>Retail Trade?</b>																								
	4 <input type="checkbox"/> <b>Some other kind of business?</b>																								
<p><b>e. What kind of work was . . . doing on that job?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8262</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	_____					8262	_____																
PGM 8	_____																								
8262	_____																								
<p><b>f. What were . . .'s most important activities or duties?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8264</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	_____					8264	_____																
PGM 8	_____																								
8264	_____																								
<p><b>g. Did . . . work for an employer on that job or was . . . self-employed?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 7</td> <td colspan="5">1 <input type="checkbox"/> Worked for an employer</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8266</td> <td colspan="5">2 <input type="checkbox"/> Self-employed</td> </tr> </table>	PGM 7	1 <input type="checkbox"/> Worked for an employer					8266	2 <input type="checkbox"/> Self-employed																
PGM 7	1 <input type="checkbox"/> Worked for an employer																								
8266	2 <input type="checkbox"/> Self-employed																								
<p><b>h. When did . . . START working for (Name of employer or business)?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8268</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T18</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8270</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td></td> <td colspan="4">x1 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	8268			Month	}	SKIP to Check Item T18	8270	1	9			Year		x1 <input type="checkbox"/> DK										
8268			Month	}	SKIP to Check Item T18																				
8270	1	9					Year																		
	x1 <input type="checkbox"/> DK																								

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY (Continued)**

<p><b>5i. What was the main reason . . . stopped working for</b> <i>(Name of employer or business)?</i></p>	<p><b>8272</b> 1 <input type="checkbox"/> Layoff, plant closed                  2 <input type="checkbox"/> Discharged                  3 <input type="checkbox"/> Job was temporary and ended                  4 <input type="checkbox"/> Found a better job                  5 <input type="checkbox"/> Retirement/old age                  6 <input type="checkbox"/> Did not like working conditions                  7 <input type="checkbox"/> Dissatisfied with earnings                  8 <input type="checkbox"/> Did not like location                  9 <input type="checkbox"/> Going to school                  10 <input type="checkbox"/> Became pregnant/had child                  11 <input type="checkbox"/> Health reasons                  12 <input type="checkbox"/> Other family or personal reasons                  13 <input type="checkbox"/> Other – <i>Specify</i> <u>        </u></p>
<p><b>6a. In what year did . . . first work 6 straight months or longer at some job or business?</b></p>	<p><b>8274</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>                  x3 <input type="checkbox"/> Never worked 6 straight months at a job or business – <i>SKIP to Check Item C1, page 59</i>                  x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T18</i></p>
<p><b>b. Since</b> <i>(Year in 6a)</i> <b>has . . . always worked at least 6 months during the year?</b></p>	<p><b>8276</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item C1, page 59</i>                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK – <i>SKIP to Check Item C1, page 59</i></p>
<p><b>c. How many years were there when . . . worked at least 6 months during the year?</b></p>	<p><b>8278</b> <input type="text"/> <input type="text"/> Years                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T17</b> <i>Refer to item 6a.</i>                  Is the year in item 6a 1981 or later?</p>	<p><b>8280</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 7a</i>                  2 <input type="checkbox"/> No</p>
<p><b>6d. Since the beginning of 1981 how many years have there been when . . . worked at least 6 months during the year?</b></p>	<p><b>8282</b> x5 <input type="checkbox"/> All years                  OR  <input type="text"/> <input type="text"/> Years                  OR                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T18</b> <i>Refer to item 6a above, or item 2.</i>                  Is there a year entered in item 6a or in item 2?</p>	<p><b>8284</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 59</i></p>
<p><b>7a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since</b> <i>(Year in item 6a or 2), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?</i> <i>(If dates in both 6a and 2, use earliest date.)</i></p>	<p><b>8286</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 59</i></p>
<p><b>b. About how many times has . . . gone 6 months or longer without working at a paid job or business?</b></p>	<p><b>8288</b> <input type="text"/> <input type="text"/> Times                  x1 <input type="checkbox"/> DK</p>
<p><b>c. When was the last time that . . . went 6 months or longer without working at a paid job or business?</b></p>	<p align="center">FROM</p> <p><b>8290</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>                  x1 <input type="checkbox"/> DK</p> <p align="center">TO</p> <p><b>8292</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>                  x1 <input type="checkbox"/> DK</p>
<p><b>d. What was the main reason . . . did not work at a paid job or business during that time?</b>  <i>Mark (X) only one.</i></p>	<p><b>8294</b> 1 <input type="checkbox"/> Took care of family or home                  2 <input type="checkbox"/> Own illness or disability                  3 <input type="checkbox"/> Could not find work                  4 <input type="checkbox"/> Going to school                  5 <input type="checkbox"/> Became pregnant/had child                  6 <input type="checkbox"/> Other – <i>Specify</i> <u>        </u></p> <p align="right">} <i>Go To Check Item C1, page 59</i></p>

NOTES

# CALLBACK SUMMARY

**CHECK ITEM C1**

Are any items marked on Reminder Card for . . . ?

**5000**

- 1  Yes - Mark appropriate item(s) below, then SKIP to Check Item C2  
 2  No - SKIP to Check Item C2

<input type="checkbox"/>	<b>1.</b> Social Security Number <i>(Enter in cc item 33a)</i>		[ ] - [ ] - [ ]		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>2.</b> Medicare claim number <i>(Item 20b, page 7)</i>	<b>5002</b>	[ ] - [ ] -	<b>5004</b>	<b>5005</b>
<input type="checkbox"/>	<b>3. EMPLOYER</b>				
<input type="checkbox"/>	<b>a.</b> Employer #1 <i>(Item 8a, page 15)</i>  What was the total amount of pay received before deductions on this job in . . . ?	<b>5006</b>	\$ [ ] . [ ]	00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5008</b>	\$ [ ] . [ ]	00	2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5010</b>	\$ [ ] . [ ]	00	3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5012</b>	\$ [ ] . [ ]	00	4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>b.</b> Employer #2 <i>(Item 16a, page 17)</i>  What was the total amount of pay received before deductions on this job in . . . ?	<b>5014</b>	\$ [ ] . [ ]	00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5016</b>	\$ [ ] . [ ]	00	2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5018</b>	\$ [ ] . [ ]	00	3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5020</b>	\$ [ ] . [ ]	00	4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>4. SELF-EMPLOYMENT</b>				
<input type="checkbox"/>	<b>a.</b> Self-employment #1 <i>(Item 7, page 19)</i>  What was the total amount of income received from this business in . . . ?	<b>5022</b>	\$ [ ] . [ ]	00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5024</b>	\$ [ ] . [ ]	00	2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5026</b>	\$ [ ] . [ ]	00	3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5028</b>	\$ [ ] . [ ]	00	4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>b.</b> Self-employment #2 <i>(Item 18, page 21)</i>  What was the total amount of income received from this business in . . . ?	<b>5030</b>	\$ [ ] . [ ]	00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5032</b>	\$ [ ] . [ ]	00	2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5034</b>	\$ [ ] . [ ]	00	3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		<b>5036</b>	\$ [ ] . [ ]	00	4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>5.</b> What was the average amount in savings/money market deposit accounts/ CD's/interest-earning checking accounts held jointly by husband and wife? <i>(Item 2c, page 46)</i>		Amounts for the period - [ ] through [ ]		
		<b>5038</b>	\$ [ ] . [ ]	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>6.</b> What was the average amount in savings/money market deposit accounts/ CD's/interest-earning checking accounts in own name? <i>(Item 3c, page 46)</i>	<b>5040</b>	\$ [ ] . [ ]	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>7.</b> What was the average amount in money market funds/securities/bonds held jointly by husband and wife? <i>(Item 2c, page 47)</i>	<b>5042</b>	\$ [ ] . [ ]	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>8.</b> What was the average amount in money market funds/securities/bonds in own name? <i>(Item 3c, page 47)</i>	<b>5044</b>	\$ [ ] . [ ]	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>9.</b> What was the amount received in dividends by husband and wife jointly? <i>(Item 1b, page 48)</i>	<b>5048</b>	\$ [ ] . [ ]	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>10.</b> What was the amount received in dividends in own name? <i>(Item 2a, page 48)</i>	<b>5050</b>	\$ [ ] . [ ]	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None

**CHECK ITEM C2**

Has an interview been conducted for all household members 15+?

**5052**

- 1  Yes - Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW  
 2  No - Enter finish time for this household member, THEN interview next 15+ household member

CALLBACK SUMMARY



# INCOME SOURCE LIST

## INCOME LIST

Code	Type	Code	Type
<b>1</b>	Social Security	<b>28</b>	Child support payments
<b>2</b>	U.S. Government Railroad Retirement pay	<b>29</b>	Alimony payments
<b>3</b>	Federal Supplemental Security Income (SSI)	<b>30</b>	Pension from company or union
<b>4</b>	State Supplemental Security Income (State administered SSI only)	<b>31</b>	Federal Civil Service or other Federal civilian employee pensions
<b>5</b>	State unemployment compensation	<b>32</b>	U.S. Military retirement pay
<b>6</b>	Supplemental Unemployment Benefits	<b>33</b>	National Guard or Reserve Forces retirement
<b>7</b>	Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)	<b>34</b>	State government pensions
<b>8</b>	Veterans' compensation or pensions	<b>35</b>	Local government pensions
<b>9</b>	Black Lung payments	<b>36</b>	Income from paid-up life insurance policies or annuities
<b>10</b>	Workers' Compensation	<b>37</b>	Estates and trusts
<b>11</b>	State temporary sickness or disability benefits	<b>38</b>	Other payments for retirement, disability or survivor
<b>12</b>	Employer or union temporary sickness policy	<b>40</b>	GI Bill
<b>13</b>	Payments from a sickness, accident, or disability insurance policy purchased on your own	<b>41</b>	Other Department of Veterans Affairs (VA) Educational Assistance
<b>20</b>	Aid to Families with Dependent Children (AFDC, ADC)	<b>50</b>	Income assistance from a charitable group
<b>21</b>	General Assistance or General Relief	<b>51</b>	Money from relatives or friends
<b>22</b>	Indian, Cuban, or Refugee Assistance	<b>52</b>	Lump sum payments
<b>23</b>	Foster Child Care payments	<b>53</b>	Income from roomers or boarders
<b>24</b>	Other welfare	<b>54</b>	National Guard or Reserve pay
<b>25</b>	WIC (Women, Infants and Children Nutrition Program)	<b>55</b>	Incidental or casual earnings
<b>27</b>	Food Stamps	<b>56</b>	Other cash income not included elsewhere

## ASSET LIST

## SPECIAL INDICATORS

Code	Type	Code	Type
<b>100</b>	Regular/Passbook savings accounts in a bank, savings and loan, or credit union	<b>170</b>	Worked
<b>101</b>	Money market deposit accounts	<b>171</b>	Disabled
<b>102</b>	Certificates of deposit or other savings certificates	<b>172</b>	Medicare
<b>103</b>	Interest-earning checking accounts	<b>173</b>	Medicaid
<b>104</b>	Money market funds	<b>174</b>	U.S. Savings Bonds (E, EE)
<b>105</b>	U.S. Government securities	<b>175</b>	College Work Study
<b>106</b>	Municipal or corporate bonds	<b>176</b>	PELL Grant
<b>107</b>	Other interest-earnings assets	<b>177</b>	Supplemental Educational Opportunity Grant (SEOG)
<b>110</b>	Stocks or mutual fund shares	<b>178</b>	Perkins Loan or National Direct Student Loan (NDSL)
<b>120</b>	Rental property	<b>179</b>	Stafford Loan or Guaranteed Student Loan (GSL)
<b>130</b>	Mortgages	<b>180</b>	Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)
<b>140</b>	Royalties	<b>181</b>	Assistance from employer
<b>150</b>	Other financial investments	<b>182</b>	Fellowship/Scholarship
		<b>183</b>	Other financial aid
		<b>200</b>	VA disability rating of 100%
		<b>201</b>	VA disability of less than 100%

## INCOME SOURCE SUMMARY (ISS)

INSTRUCTION – Column (a) shows the income source code. In column (b), mark (X) for all sources from which income was received during the reference period. In column (c), enter the code to indicate whether the respondent used records to verify or provide amounts. Column (d) shows the type of income source. The Amounts section should be filled starting with the page number shown in column (e) for those income sources which have been marked.

PGM 9	ISS code	Mark (X)	Record use code 1 = Yes 2 = No 3 = Ref. 4 = Sp. Q.	Type of income source and income source code	Amounts section page number
(a)	(b)	(c)	(d)	(e)	
<b>1</b>				INCOME CODES 1–7 Social Security	A – 22 26 30 34 38 42
<b>2</b>				U.S. Government Railroad Retirement pay	
<b>3</b>				Federal Supplemental Security Income (SSI)	
<b>5</b>				State Unemployment compensation	
<b>6</b>				Supplemental Unemployment Benefits	
<b>8</b>				INCOME CODES 8–13 Veterans' compensation or pensions	
<b>20</b>				INCOME CODES 20–29 Aid to Families with Dependent Children (AFDC, ADC)	
<b>24</b>				Other Welfare – <i>Specify</i>	
<b>25</b>				WIC (Women, Infants, and Children Nutrition Program)	
<b>27</b>				Food Stamps	
<b>28</b>				Child Support payments	
<b>29</b>				Alimony payments	
<b>30</b>				INCOME CODES 30–39 Pension from company or union	
<b>40</b>				INCOME CODES 40–41 GI Bill education benefits	
<b>55</b>				INCOME CODES 50–56 Incidental or casual earnings	
<b>100</b>				ASSET CODES 100–150 Interest-earning assets Regular/Passbook savings accounts in a bank, savings and loan, or credit union	(B) – 46
<b>101</b>				Money market deposit accounts	
<b>102</b>				Certificates of deposit or other savings certificates	
<b>103</b>				Interest-earning checking accounts (such as NOW or Super-NOW accounts)	(C) – 47
<b>104</b>				Money market funds	
<b>105</b>				U.S. Government securities	
<b>106</b>				Municipal or corporate bonds	(D) – 48
<b>107</b>				Other interest-earning assets	
<b>110</b>				Stocks or mutual fund shares	
<b>120</b>				Rental property	(E) – 49
<b>130</b>				Mortgages	(F) – 50
<b>140</b>				Royalties	
<b>150</b>				Other financial investments	
<b>170</b>				SPECIAL INDICATOR CODES 170–183, 200, 201 Worked	Section 2
<b>171</b>				Disabled	DO NOT FILL
<b>172</b>				Medicare	
<b>173</b>				Medicaid	
<b>174</b>				U.S. Savings Bonds	
<b>200</b>				VA disability rating of 100%	
<b>201</b>				VA disability rating of less than 100%	

CALLBACK SUMMARY

TOPICAL MODULES

PROGRAM QUESTIONS

AMOUNTS - PARTS D & E

AMOUNTS - PARTS B & C

AMOUNTS - PART A

EARNINGS AND EMPLOYMENT

LABOR FORCE AND RECIPIENCY

## Section 5 – TOPICAL MODULES

### Part A – RECIPIENCY HISTORY

**CHECK ITEM T1**

Refer to cc item 24.

Is . . . 18 years of age or older?

**8052**

- 1  Yes  
 2  No – SKIP to Check Item T12, page 55

**STATEMENT C**

**Now I have some questions regarding past participation in Government programs.**

**CHECK ITEM T2**

Refer to the ISS.

Is "Food Stamps" (code 27) marked?

**8054**

- 1  Yes  
 2  No – SKIP to 1b

**1a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?**

**8056**

- 1  Yes – SKIP to 1d  
 2  No – SKIP to Check Item T3

**b. Has . . . ever applied for the Federal Government's Food Stamp Program?**

**8058**

- 1  Yes  
 2  No – SKIP to Check Item T3

**c. Has . . . ever been authorized to receive food stamps?**

**8060**

- 1  Yes  
 2  No – SKIP to Check Item T3

**d. When did . . . first start receiving food stamps?**

**8062**

Month x1  DK

**8064**

Year x1  DK

**e. For how long did . . . receive food stamps that time?**

**8066**

Months

**8068**

OR

**8070**

Years  
 x1  DK

**f. How many times in all have there been when . . . received food stamps?**

**8072**

Times  
 x1  DK

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – RECIPIENCY HISTORY (Continued)**

<b>CHECK ITEM T3</b>	<p><i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under 18 years old who live in this household?</p>	<p><b>8074</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<b>CHECK ITEM T4</b>	<p><i>Refer to the ISS.</i></p> <p>Is "AFDC" (code 20) marked?</p>	<b>8076</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i></p>
<b>2a.</b>	<p><b>Besides this period of time, have there been any other times when . . . received AFDC (ADC)?</b></p>	<b>8078</b>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 2d</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<b>b.</b>	<p><b>Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?</b></p>	<b>8080</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<b>c.</b>	<p><b>Has . . . ever received AFDC (ADC) benefits?</b></p>	<b>8082</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<b>d.</b>	<p><b>When did . . . first start receiving AFDC (ADC) benefits?</b></p>	<b>8084</b>	<p><input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> DK</p>
		<b>8086</b>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> DK</p>
<b>e.</b>	<p><b>For how long did . . . receive AFDC (ADC) that time?</b></p>	<b>8088</b>	<p><input type="text"/> <input type="text"/> Months</p>
		<b>8090</b>	<p>OR</p>
		<b>8092</b>	<p><input type="text"/> <input type="text"/> Years</p>
			<p>x1 <input type="checkbox"/> DK</p>
<b>f.</b>	<p><b>How many times in all have there been when . . . received AFDC (ADC)?</b></p>	<b>8094</b>	<p><input type="text"/> <input type="text"/> Times</p>
			<p>x1 <input type="checkbox"/> DK</p>
<b>CHECK ITEM T5</b>	<p><i>Refer to the ISS.</i></p> <p>Is "SSI" (codes 3 or 4) marked?</p>	<b>8096</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i></p>
<b>3a.</b>	<p><b>Besides this period of time, have there been any other times when . . . received SSI benefits?</b></p>	<b>8098</b>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T6</i></p>
<b>b.</b>	<p><b>Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?</b></p>	<b>8100</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T6</i></p>
<b>c.</b>	<p><b>Has . . . ever received SSI benefits?</b></p>	<b>8102</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T6</i></p>
<b>d.</b>	<p><b>When did . . . first start receiving SSI?</b></p>	<b>8104</b>	<p><input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> DK</p>
		<b>8106</b>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> DK</p>
<b>e.</b>	<p><b>For how long did . . . receive SSI that time?</b></p>	<b>8108</b>	<p><input type="text"/> <input type="text"/> Months</p>
			<p>OR</p>
		<b>8110</b>	<p><input type="text"/> <input type="text"/> Years</p>
		<b>8112</b>	<p>x1 <input type="checkbox"/> DK</p>
<b>CHECK ITEM T6</b>	<p><i>Refer to the ISS.</i></p> <p>Is "Medicaid" (code 173) marked?</p>	<b>8114</b>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T8</i></p>
<b>CHECK ITEM T7</b>	<p><i>Refer to the ISS.</i></p> <p>Is "SSI" or "AFDC" (codes 3, 4, or 20) marked?</p>	<b>8116</b>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T8</i> 2 <input type="checkbox"/> No</p>

NOTES

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – RECIPIENCY HISTORY (Continued)**

<p><b>4. Earlier we recorded that . . . was covered by</b> <i>(Use local name for Medicaid).</i></p> <p><b>When did . . . 's period of Medicaid coverage first begin?</b></p>	<p><b>8118</b> <input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> DK</p> <p><b>8120</b> <input type="text"/> <b>1</b> <input type="text"/> <b>9</b> <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> DK</p> <p><b>8122</b> x3 <input type="checkbox"/> Never covered by Medicaid</p>
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<p><b>CHECK ITEM T8</b>      <i>Refer to item 24a, page 8.</i></p> <p>Was . . . covered by a health insurance plan? (Is item 24a, page 8 marked "Yes"?)</p>	<p><b>8124</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 6</i></p>
---	---

<p><b>5. We have recorded that . . . was covered by a private health insurance plan during the 4-month period. For how long was . . . covered by health insurance without interruption?</b></p>	<p><b>8126</b> <input type="text"/> <input type="text"/> Months</p> <p align="center">OR</p> <p><b>8128</b> <input type="text"/> <input type="text"/> Years</p> <p><b>8130</b> x3 <input type="checkbox"/> Have always had insurance x1 <input type="checkbox"/> DK</p>	<p>} SKIP to Check Item T9</p>
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<p><b>6. We have recorded that . . . was not covered by a private health insurance plan during the 4-month period. When was the last time . . . was covered by private health insurance?</b></p>	<p><b>8132</b> <input type="text"/> <input type="text"/> Month      x1 <input type="checkbox"/> DK</p> <p><b>8134</b> <input type="text"/> <b>1</b> <input type="text"/> <b>9</b> <input type="text"/> <input type="text"/> Year      x1 <input type="checkbox"/> DK</p> <p><b>8136</b> x3 <input type="checkbox"/> Has never been covered</p>
--	--

<p><b>CHECK ITEM T9</b>      <i>Refer to cc item 19b.</i></p> <p>Is . . . the reference person?</p>	<p><b>8138</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12</i></p>
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<p><b>CHECK ITEM T10</b>      <i>Refer to cc items 16a and 16b.</i></p> <p>Is this housing unit public or subsidized?</p>	<p><b>8140</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T11</i></p>
---	---

<p><b>7. For how long has . . . been living in public or subsidized housing?</b></p>	<p><b>8142</b> <input type="text"/> <input type="text"/> Months</p> <p align="center">OR</p> <p><b>8144</b> <input type="text"/> <input type="text"/> Years</p> <p><b>8146</b> x3 <input type="checkbox"/> Have always lived in public housing x1 <input type="checkbox"/> DK</p>	<p>} SKIP to Check Item T12</p>
--	---	---

<p><b>CHECK ITEM T11</b>      Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20–27, or code 173?</p>	<p><b>8148</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12</i></p>
---	---

<p><b>8. Is . . . on a waiting list for public or subsidized housing?</b></p>	<p><b>8150</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY**

**CHECK ITEM T12**

Refer to cc item 24.

Is . . . 18 to 64 years old?

**8200**

- 1  Yes  
 2  No – *SKIP to Check Item C1, page 59*

**STATEMENT D**

**Now I would like to ask some questions about some of the jobs . . . has held.**

**CHECK ITEM T13**

Is "Worked" (code 170) marked on the ISS?

**8210**

- 1  Yes  
 2  No – *SKIP to 4a*

*ASK OR VERIFY –*

**1. What was the name of . . .'s MAIN employer or business during the past 4 months?**

**PGM 8**

Name of employer or business

**8212**

**CHECK ITEM T14**

Refer to Check Item E3, page 14, Check Item E6, page 16, Check Item S1, page 18, or Check Item S7, page 20.

What is the ID number of this employer or business?

**PGM 7**

**8214**

Employer number  
OR

**8216**

Business number

**2. When did . . . start working for (Read name of employer or business)?**

**8218**

Month x1  DK

*(If worked for more than one period of time, ask about most recent period.)*

**8220**

**1**  **9**   Year x1  DK

**CHECK ITEM T15**

Refer to Check Item T14 above.

Is an "Employer number" entered?

**8222**

- 1  Yes  
 2  No – *SKIP to 5a*

**3a. About how many persons were employed by . . .'s employer at the location where . . . works (worked)?**

**8224**

- 1  Under 25  
 2  25 to 99  
 3  100 to 499  
 4  500 to 999  
 5  1,000 or more } *SKIP to 3d*  
 x1  DK

**b. Did . . .'s employer operate in more than one location?**

**8226**

- 1  Yes  
 2  No } *SKIP to 3d*  
 x1  DK

**c. About how many persons were employed by . . .'s employer at ALL LOCATIONS?**

**8228**

- 1  Under 25  
 2  25 to 99  
 3  100 to 499  
 4  500 to 999  
 5  1,000 or more  
 x1  DK

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY (Continued)**

<p><b>3d. For how many years has . . . done the kind of work that . . . does on this job?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8234</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Months</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="3" style="vertical-align: middle;">SKIP to 5a</td> </tr> <tr> <td></td> <td align="center" colspan="3">OR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8236</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Years</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8238</td> <td colspan="4">x1 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	8234			Months	}	SKIP to 5a		OR			8236			Years	8238	x1 <input type="checkbox"/> DK								
8234			Months	}	SKIP to 5a																				
	OR																								
8236			Years																						
8238	x1 <input type="checkbox"/> DK																								
<p><b>4a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8240</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T16</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8242</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8244</td> <td colspan="4">x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more</td> <td style="vertical-align: middle;">} ASK 4b</td> </tr> </table>	8240			Month	}	SKIP to Check Item T16	8242	1	9			Year	8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more				} ASK 4b						
8240			Month	}	SKIP to Check Item T16																				
8242	1	9					Year																		
8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more				} ASK 4b																				
<p><b>b. What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business?</b> <i>Mark (X) only one.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8246</td> <td colspan="4">                 1 <input type="checkbox"/> Taking care of home or family                  2 <input type="checkbox"/> Ill or disabled                  3 <input type="checkbox"/> Going to school                  4 <input type="checkbox"/> Couldn't find work                  5 <input type="checkbox"/> Didn't want to work                  7 <input type="checkbox"/> Other – Specify _____                  x1 <input type="checkbox"/> DK             </td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item C1, page 59</td> </tr> </table>	8246	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other – Specify _____ x1 <input type="checkbox"/> DK				}	SKIP to Check Item C1, page 59																	
8246	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other – Specify _____ x1 <input type="checkbox"/> DK				}	SKIP to Check Item C1, page 59																			
<p><b>5a. Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8248</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T18</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8250</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8252</td> <td colspan="4">x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18</td> <td></td> </tr> </table>	8248					Month	}	SKIP to Check Item T18	8250	1	9			Year	8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18								
8248			Month	}	SKIP to Check Item T18																				
8250	1	9					Year																		
8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18																								
<p><b>CHECK ITEM T16</b>     <i>Refer to item 4a or 5a above.</i> Is the year 1981 or later?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8254</td> <td colspan="5">                 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item T18             </td> </tr> </table>	8254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18																						
8254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18																								
<p><b>5b. What was the name of . . .'s employer or business at that time?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">Name of employer or business</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8256</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	Name of employer or business					8256	_____																
PGM 8	Name of employer or business																								
8256	_____																								
<p><b>c. What kind of company, business, or industry was (Name of employer or business)?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8258</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	_____					8258	_____																
PGM 8	_____																								
8258	_____																								
<p><b>d. Was that business or industry mainly – (Read categories)</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">1 <input type="checkbox"/> <b>Manufacturing?</b></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8260</td> <td colspan="5">2 <input type="checkbox"/> <b>Wholesale Trade?</b></td> </tr> <tr> <td></td> <td colspan="5">3 <input type="checkbox"/> <b>Retail Trade?</b></td> </tr> <tr> <td></td> <td colspan="5">4 <input type="checkbox"/> <b>Some other kind of business?</b></td> </tr> </table>	PGM 8	1 <input type="checkbox"/> <b>Manufacturing?</b>					8260	2 <input type="checkbox"/> <b>Wholesale Trade?</b>						3 <input type="checkbox"/> <b>Retail Trade?</b>						4 <input type="checkbox"/> <b>Some other kind of business?</b>				
PGM 8	1 <input type="checkbox"/> <b>Manufacturing?</b>																								
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	3 <input type="checkbox"/> <b>Retail Trade?</b>																								
	4 <input type="checkbox"/> <b>Some other kind of business?</b>																								
<p><b>e. What kind of work was . . . doing on that job?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8262</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	_____					8262	_____																
PGM 8	_____																								
8262	_____																								
<p><b>f. What were . . .'s most important activities or duties?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td colspan="5">_____</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8264</td> <td colspan="5">_____</td> </tr> </table>	PGM 8	_____					8264	_____																
PGM 8	_____																								
8264	_____																								
<p><b>g. Did . . . work for an employer on that job or was . . . self-employed?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 7</td> <td colspan="5">1 <input type="checkbox"/> Worked for an employer</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8266</td> <td colspan="5">2 <input type="checkbox"/> Self-employed</td> </tr> </table>	PGM 7	1 <input type="checkbox"/> Worked for an employer					8266	2 <input type="checkbox"/> Self-employed																
PGM 7	1 <input type="checkbox"/> Worked for an employer																								
8266	2 <input type="checkbox"/> Self-employed																								
<p><b>h. When did . . . START working for (Name of employer or business)?</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8268</td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:15%; border: 1px solid black; text-align: center;">  </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T18</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8270</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">  </td> <td style="border: 1px solid black; text-align: center;">  </td> <td>Year</td> </tr> <tr> <td></td> <td colspan="4">x1 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	8268			Month	}	SKIP to Check Item T18	8270	1	9			Year		x1 <input type="checkbox"/> DK										
8268			Month	}	SKIP to Check Item T18																				
8270	1	9					Year																		
	x1 <input type="checkbox"/> DK																								

NOTES



**Section 5 – TOPICAL MODULES (Continued)**

**Part B – EMPLOYMENT HISTORY (Continued)**

<p><b>5i. What was the main reason . . . stopped working for</b> <i>(Name of employer or business)?</i></p>	<p><b>8272</b> 1 <input type="checkbox"/> Layoff, plant closed                  2 <input type="checkbox"/> Discharged                  3 <input type="checkbox"/> Job was temporary and ended                  4 <input type="checkbox"/> Found a better job                  5 <input type="checkbox"/> Retirement/old age                  6 <input type="checkbox"/> Did not like working conditions                  7 <input type="checkbox"/> Dissatisfied with earnings                  8 <input type="checkbox"/> Did not like location                  9 <input type="checkbox"/> Going to school                  10 <input type="checkbox"/> Became pregnant/had child                  11 <input type="checkbox"/> Health reasons                  12 <input type="checkbox"/> Other family or personal reasons                  13 <input type="checkbox"/> Other – <i>Specify</i> <u>        </u></p>
<p><b>6a. In what year did . . . first work 6 straight months or longer at some job or business?</b></p>	<p><b>8274</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>                  x3 <input type="checkbox"/> Never worked 6 straight months at a job or business – <i>SKIP to Check Item C1, page 59</i>                  x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T18</i></p>
<p><b>b. Since</b> <i>(Year in 6a)</i> <b>has . . . always worked at least 6 months during the year?</b></p>	<p><b>8276</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item C1, page 59</i>                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK – <i>SKIP to Check Item C1, page 59</i></p>
<p><b>c. How many years were there when . . . worked at least 6 months during the year?</b></p>	<p><b>8278</b> <input type="text"/> <input type="text"/> Years                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T17</b> <i>Refer to item 6a.</i>                  Is the year in item 6a 1981 or later?</p>	<p><b>8280</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 7a</i>                  2 <input type="checkbox"/> No</p>
<p><b>6d. Since the beginning of 1981 how many years have there been when . . . worked at least 6 months during the year?</b></p>	<p><b>8282</b> x5 <input type="checkbox"/> All years                  OR  <input type="text"/> <input type="text"/> Years                  OR                  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T18</b> <i>Refer to item 6a above, or item 2.</i>                  Is there a year entered in item 6a or in item 2?</p>	<p><b>8284</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 59</i></p>
<p><b>7a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since</b> <i>(Year in item 6a or 2), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?</i> <i>(If dates in both 6a and 2, use earliest date.)</i></p>	<p><b>8286</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 59</i></p>
<p><b>b. About how many times has . . . gone 6 months or longer without working at a paid job or business?</b></p>	<p><b>8288</b> <input type="text"/> <input type="text"/> Times                  x1 <input type="checkbox"/> DK</p>
<p><b>c. When was the last time that . . . went 6 months or longer without working at a paid job or business?</b></p>	<p align="center">FROM</p> <p><b>8290</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>                  x1 <input type="checkbox"/> DK</p> <p align="center">TO</p> <p><b>8292</b> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>                  x1 <input type="checkbox"/> DK</p>
<p><b>d. What was the main reason . . . did not work at a paid job or business during that time?</b>  <i>Mark (X) only one.</i></p>	<p><b>8294</b> 1 <input type="checkbox"/> Took care of family or home                  2 <input type="checkbox"/> Own illness or disability                  3 <input type="checkbox"/> Could not find work                  4 <input type="checkbox"/> Going to school                  5 <input type="checkbox"/> Became pregnant/had child                  6 <input type="checkbox"/> Other – <i>Specify</i> <u>        </u></p> <p align="right" style="font-size: 2em;">}</p> <p align="right"><i>Go To Check Item C1, page 59</i></p>

## **APPENDIX C**

### **SIPP WHAT'S AVAILABLE Ordering Information**

Various working papers, Statistical Briefs and other products are available free of charge. To receive a list of these products, send your request to:

Data User Services Division  
Microdata Access Branch  
Bureau of the Census  
Washington, DC 20233

You may also request products by phone. Please contact Carmen Campbell on (301) 763-2005.

## APPENDIX D

### Machine-Readable Data Dictionary Layout

Data dictionary lines are 46 characters. The character on the first position determines the type of lines. Each variable may have the following lines:

1. COMMENTS ( " \* " ) lines
2. DATA DICTIONARY ( " D " ) ; line and DATA DESCRIPTION
3. UNIVERSE ( " U " ) lines
4. VALUE DESCRIPTION lines
5. One blank line at the end

#### FORMAT

##### "\*" LINE ) COMMENTS

- a. " \* " in the first position indicates that this is a comment line. This line can appear any place in the dictionary. It will be used for short comments or to nullify any value codes.
- b. " \*\* " in the first two positions is also comments but it has additional meaning. It indicates this is a block of comments which will be applied to several variables. The first line of this block will have the COMMENT NO. so that subsequent variable can refer back to this comment block.

##### "D" LINE ) DATA DICTIONARY

This line contains the following information:

ID	"D"	COL.	1- 1
NAME	Variable name	COL.	3-10
SIZE	Size of data field	COL.	14-15
BEGIN	Begin position of data field	COL.	19-22
TYPE	Character variable indicator "CHAR" or blanks if numeric variable	COL.	26-29
DEC	Implied decimal places	COL.	33-34
IND	TABLE variable indicator "TABLE" with "(aa)" for its dimension; otherwise blanks	COL.	38-46

Text describing the variable will follow this "D" line. Use COL. 6-46 and repeat as many lines as necessary.

##### "U" LINE ) UNIVERSE DEFINITION

This line contains the universe definition. Use COL. 3-46 and repeat as many lines as necessary.

ID	" U "	COL.	1- 1
DESCRIPTION	Universe description	COL.	3-46

(For continuation use COL. 3-46 and repeat as many lines as necessary.)

##### "V" LINE ) VALUE DEFINITION

ID	" V "	COL.	1- 1
VALUE	Value code-right justified	COL.	3-12
.	"."	COL.	14
DESCRIPTION	Value description	COL.	15-46

(Repeat COL. 14-46 format for continued value description.)

## **APPENDIX E**

### **User Notes**

This section is reserved for any information relevant to the SIPP 1993 Panel, Wave 1 Topical Module Microdata File that indicates specific problems with the data, or that becomes available after the file is released. Any such information should be filed behind this page.

User Notes will be sent to all users who (1) purchased their file (or technical documentation) from the Census Bureau and (2) returned the coupon following the title page.