

<b>NOTE:</b> Office staff should complete transcription items 1–4 below for interviewed CU's only.										
<b>1.</b> Regional Office code	<b>2.</b> CONTROL NUMBER							<b>3a.</b> HH No.	<b>3b.</b> CU No.	<b>4.</b> Interview No.
	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit			
				<b>Q</b> _____						<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 5

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF LABOR  
BUREAU OF LABOR STATISTICS



**QUESTIONNAIRE**  
**QUARTERLY INTERVIEW SURVEY**  
**CONSUMER EXPENDITURE SURVEYS**

Section 1 – GENERAL SURVEY INFORMATION

Part A – Field Representative Records

101253

1. Regional Office code

2. Control number

PSU code

Segment No.

Segment number suffix

Sample designation

Serial No.

Serial suffix

Check digit

3a. HH No.

3b. CU No.

4. Interview No.

2

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4

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

Call (a)	Reason (b)	Call (a)	Reason (b)	Call (a)	Reason (b)	REASON FOR TELEPHONE CONTACT	OFFICE USE ONLY
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2	0040	6	0120	10	0200	2 Telephone call to schedule appointment	
3	0060	7	0140	11	0220	3 Other telephone call	
4	0080	8	0160	12	0240		

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

REASON FOR VISIT

4 Personal visit to collect data

5 Personal visit to schedule appointment

6 Other personal visit

Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY	Trip (a)	Time (b)	Reason (c)	OFFICE USE ONLY
1	Began	0270	0280	5	Began	0390	0400	9	Began	0510	0520
	Ended				Ended				Ended		
2	Began	0300	0310	6	Began	0420	0430	10	Began	0540	0550
	Ended				Ended				Ended		
3	Began	0330	0340	7	Began	0450	0460	11	Began	0570	0580
	Ended				Ended				Ended		
4	Began	0360	0370	8	Began	0480	0490	12	Began	0600	0610
	Ended				Ended				Ended		

NOTES

9. LAST SECTION COMPLETED

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

0850

PROCESSING USE ONLY

08602001

FORM CE-302

U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration

U.S. CENSUS BUREAU

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BUREAU OF LABOR STATISTICS

QUESTIONNAIRE

QUARTERLY INTERVIEW SURVEY

CONSUMER EXPENDITURE SURVEYS

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Interviewing	a.m. p.m.	a.m. p.m.	0620
Field Representative review	a.m. p.m.	a.m. p.m.	0630
Office edit	a.m. p.m.	a.m. p.m.	0640
Office transcription	a.m. p.m.	a.m. p.m.	0650

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

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

0660

Line number of main respondent

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

0670

0700

0730

0680

0710

0740

0690

0720

0750

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

Mark (X) one.

0760

1 Always

3 Mostly

5 Almost never

2 Almost always

4 Occasionally

6 Never

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

Mark (X) all that apply.

0770

1 Bills

0800

4 Receipts of purchase (sales slips)

0830

7 Bank statements

0780

2 Checkbook ledger or stubs

0810

5 Home file (provided by Census Bureau)

0840

8 Other

0790

3 Canceled checks

0820

6 Contracts or agreements

Section 1

Section 1 – GENERAL SURVEY INFORMATION

Part A – Field Representative Records

1 01 25 3 ↱

1. Regional Office code

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(4-1-2001)

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QUARTERLY INTERVIEW SURVEY

CONSUMER EXPENDITURE SURVEYS

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6 Other personal visit

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

Mark (X) one.

0760 1 ☐ Always 3 ☐ Mostly 5 ☐ Almost never

2 ☐ Almost always 4 ☐ Occasionally 6 ☐ Never

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

Mark (X) all that apply.

0770 1 ☐ Bills 0800 4 ☐ Receipts of purchase (sales slips) 0830 7 ☐ Bank statements

0780 2 ☐ Checkbook ledger or stubs 0810 5 ☐ Home file (provided by Census Bureau) 0840 8 ☐ Other

0790 3 ☐ Canceled checks 0820 6 ☐ Contracts or agreements

9. LAST SECTION COMPLETED

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0860 2 0 0 1

Section 1 – GENERAL SURVEY INFORMATION

Part A – Field Representative Records

101253

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	Ended a.m. p.m.				Ended a.m. p.m.				Ended a.m. p.m.		
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NOTES

FORM CE-302  
(4-1-2001)

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0760 1 Always 3 Mostly 5 Almost never  
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d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information?

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0790 3 Canceled checks 0820 6 Contracts or agreements

9. LAST SECTION COMPLETED

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0850 Section number

PROCESSING USE ONLY

0860 2 0 0 1

Section 1 – GENERAL SURVEY INFORMATION

Part A – Field Representative Records

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4	Began a.m. p.m.	0360	0370	8	Began a.m. p.m.	0480	0490	12	Began a.m. p.m.	0600	0610
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FORM CE-302  
(4-1-2001)

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0700

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0690

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Mark (X) one.

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2 Almost always 4 Occasionally 6 Never

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

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9. LAST SECTION COMPLETED

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0850 Section number

PROCESSING USE ONLY

0860 2 0 0 1

## Section 1 – GENERAL SURVEY INFORMATION – Continued

## Part A.1 – Consumer Unit and Reference Period Explanations

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

[illegible]



Section 1 – GENERAL SURVEY INFORMATION – Continued		FIELD REPRESENTATIVE – Complete part B for new consumer units at their first interview. Hand the respondent the Information Booklet with instructions to read the list of items with you as you proceed.	
▶ Part B – General Housing Characteristics – For New Consumer Units Only (For Returning Consumer Units, Go to Section 2)		1 01 26 1 ↓	
<div>Ask if not apparent.</div> <div>1a. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?</div>	<div>0010</div> <div>1 <input type="checkbox"/> Yes – Go to item 2</div> <div>2 <input type="checkbox"/> No</div>	<div>5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?</div> <div>0060</div> <div>_____ Number</div>	<div>Information Booklet, page 5</div> <div>9. Does this unit have any of the following?</div> <div>Mark (X) all that apply.</div> <div>0130</div> <div>01 <input type="checkbox"/> Swimming pool</div> <div>0140</div> <div>02 <input type="checkbox"/> Off street parking</div> <div>0150</div> <div>03 <input type="checkbox"/> Porch, terrace, patio, or balcony</div> <div>0160</div> <div>04 <input type="checkbox"/> Apartment or guest house</div> <div>0170</div> <div>05 <input type="checkbox"/> Central air conditioning</div> <div>0180</div> <div>06 <input type="checkbox"/> Window air conditioning</div>
<div>If NO – Are your housing costs lower because the Federal, State, or local government is paying part of the cost?</div>	<div>0020</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>6. How many bedrooms are there in this unit?</div> <div>Count all rooms used MAINLY for sleeping, even if also used for other purposes.</div> <div>0070</div> <div>_____ Number</div> <div>0 <input type="checkbox"/> None</div>	
<div>Ask if not apparent.</div> <div>2. Are these living quarters presently used as student housing by a college or university?</div>	<div>0030</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>7a. How many complete bathrooms are there in this unit?</div> <div>A COMPLETE BATHROOM has a toilet, a bathtub or shower, and a sink, all with running water.</div> <div>0080</div> <div>_____ Number</div> <div>0 <input type="checkbox"/> None</div>	<div>10. About when was this building originally built?</div> <div>Probe for best estimate. Do not consider later remodelings.</div> <div>0450</div> <div><div></div><div></div><div></div><div></div></div> <div>Enter 4-digit year</div> <div>x <input type="checkbox"/> Don't know</div>
<div>Ask if not apparent by observation.</div> <div>Information Booklet, page 5</div> <div>3. Which best describes this building?</div>	<div>0040</div> <div>01 <input type="checkbox"/> Single family detached (detached structure with only one primary residence; however, the structure could include a rental unit(s) in the basement, attic, etc.)</div> <div>02 <input type="checkbox"/> Row or townhouse – inner unit (2, 3, or 4 story structure with 2 walls in common with other units and a private ground level entrance; it may have a rental unit as part of the structure)</div> <div>03 <input type="checkbox"/> End row or end townhouse (one common wall)</div> <div>04 <input type="checkbox"/> Duplex (detached two unit structure with one common wall between the units)</div> <div>05 <input type="checkbox"/> 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – Go to item 5</div> <div>06 <input type="checkbox"/> Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the units not only have common walls but are also stacked on top of one another) – Go to item 5</div> <div>07 <input type="checkbox"/> High-rise (a multi-unit structure which has 4 or more floors) – Go to item 5</div> <div>08 <input type="checkbox"/> Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of one of the units described above) – Go to item 5</div> <div>09 <input type="checkbox"/> Mobile home or trailer – Go to item 5</div> <div>10 <input type="checkbox"/> College dormitory – Go to section 1, part C</div> <div>11 <input type="checkbox"/> Other – Specify and go to item 4 ↘</div>	<div>b. How many half bathrooms are there in this unit?</div> <div>A HALF BATHROOM has at least a toilet OR bathtub or shower, but does not have all the facilities of a complete bathroom.</div> <div>0090</div> <div>_____ Number</div> <div>0 <input type="checkbox"/> None</div>	
<div>4. What is the approximate size of the lot on which this unit is located?</div>	<div>0050</div> <div>Lot size (approximate acreage)</div> <div>01 <input type="checkbox"/> 1 acre or less – 43,560 sq. ft.</div> <div>02 <input type="checkbox"/> 2 acres – 87,120 sq. ft.</div> <div>03 <input type="checkbox"/> 3 to 5 acres</div> <div>04 <input type="checkbox"/> 6 to 10 acres</div> <div>05 <input type="checkbox"/> Greater than 10 acres</div> <div>06 <input type="checkbox"/> No lot</div> <div>x <input type="checkbox"/> Don't know</div>	<div>8. What fuel is used most for –</div> <div>a. Heating this unit?</div> <div>0100</div> <div>01 <input type="checkbox"/> Gas (underground piping)</div> <div>02 <input type="checkbox"/> Electricity</div> <div>03 <input type="checkbox"/> Fuel oil</div> <div>04 <input type="checkbox"/> Other – Specify ↘</div> <div>_____</div> <div>05 <input type="checkbox"/> No fuel used</div> <div>x <input type="checkbox"/> Don't know</div>	
		<div>b. Heating water in this unit?</div> <div>0110</div> <div>01 <input type="checkbox"/> Gas (underground piping)</div> <div>02 <input type="checkbox"/> Electricity</div> <div>03 <input type="checkbox"/> Fuel oil</div> <div>04 <input type="checkbox"/> Other – Specify ↘</div> <div>_____</div> <div>05 <input type="checkbox"/> No fuel used</div> <div>x <input type="checkbox"/> Don't know</div>	
		<div>c. Cooking?</div> <div>0120</div> <div>01 <input type="checkbox"/> Gas (underground piping)</div> <div>02 <input type="checkbox"/> Electricity</div> <div>03 <input type="checkbox"/> Fuel oil</div> <div>04 <input type="checkbox"/> Other – Specify ↘</div> <div>_____</div> <div>05 <input type="checkbox"/> No fuel used</div> <div>x <input type="checkbox"/> Don't know</div>	

Section 1 – GENERAL SURVEY INFORMATION – Continued										
▶ Part C – Major Household Appliances – For New Consumer Units Only							3 01 28 3 →			
PROCESSING USE ONLY	a			b	c					NOTES
	Information Booklet, page 6 Does your CU have any of the following appliances?				Was this (Were any of these) – 1. Purchased for own use? 2. Included with owned home? 3. Received as a gift? 4. Included with rental unit? 5. Rented separately? FIELD REPRESENTATIVE – Mark (X) all that apply.					
		Yes	No							
0010	Electric cooking stove, range, or oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0020	Gas cooking stove, range, or oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0030	Microwave oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0040	Other cooking stove, range, or oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0050	Refrigerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0060	Home-freezer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0070	Built-in dishwasher	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0080	Portable dishwasher	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0090	Garbage disposal	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0100	Clothes washer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0110	Clothes dryer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0120	Color television	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0130	Home computer	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0140	Sound components, component system, or compact disc sound system	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0150	Video tape recorder, video disc player, or video cassette recorder (VCR)	1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
GO TO SECTION 2										



Section 2 – RENTED LIVING QUARTERS

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

Part A – CU Tenure, Rental Payments, Facilities, and Services for the Sample Unit

1 02 01 2 ↓

1. FIELD REPRESENTATIVE CHECK ITEM

a. Mark (X) appropriate box based upon section 1, part B, item 2 for first interview or new consumer units. For subsequent interviews, this item will be prefilled.

0010

1 ☐ Student housing – Go to item 6

2 ☐ Not student housing

b. Are these living quarters owned or being bought by you (or any members of your CU)?

0020

1 ☐ Yes – Go to item 6

2 ☐ No

ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX.

c. Do you (or any members of your CU) pay rent for these living quarters?

0030

1 ☐ Yes

2 ☐ No – Go to item 4a

RENTAL OF THE SAMPLE UNIT

2a. What is the rental charge to your CU for this unit, including any extra charge for garage or parking facilities? Do not include direct payments by local, state, or federal agencies.

0040

\$ .00

x ☐ Don't know

b. What period of time does this cover?

0050

4 ☐ Month

9 ☐ Other – Specify ↴

c. Since the 1st of (month, 3 months ago), how many payments have been made?

0060

Number

d. Were all the payments in the amount of (rental charge reported in item 2a)?

0070

1 ☐ Yes – Go to item 2f

2 ☐ No

e. If NO – What was the amount of each payment and how many payments were made at that amount?

	Payment	Number
<div>0080</div>	\$ .00	<div>0090</div>
<div>0100</div>	\$ .00	<div>0110</div>
<div>0120</div>	\$ .00	<div>0130</div>
<div>0140</div>	\$ .00	<div>0150</div>

f. Were any payments made during the current month?

0200

1 ☐ Yes

2 ☐ No – Go to item 3

g. If YES – How much?

0210

\$ .00

3. Does the rental payment include the cost of –

a. Electricity?

0220

1 ☐ Yes

2 ☐ No

b. Gas?

0230

1 ☐ Yes

2 ☐ No

c. Piped-in water?

0240

1 ☐ Yes

2 ☐ No

d. Heating?

0250

1 ☐ Yes

2 ☐ No

e. Trash/Garbage collection?

0260

1 ☐ Yes

2 ☐ No

f. Garage or parking facilities

0270

1 ☐ Yes

2 ☐ No

4a. Did you (or any members of your CU) receive any reduced or free rent for this unit as a form of pay since the 1st of (month, 3 months ago)?

0300

1 ☐ Yes

2 ☐ No – Go to item 5a

b. What is the rental charge to another tenant for a similar unit?

0310

\$ .00

c. What period of time does this cover?

0320

4 ☐ Month

9 ☐ Other – Specify ↴

x ☐ Don't know

5a. Is any portion of this unit used for your own business?

0540

1 ☐ Yes

2 ☐ No – Go to item 6

b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.

0550

.00 Percent

6. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.

0620

1 ☐ Yes – Complete part B for other rental property

2 ☐ No – Go to next section

NOTES

FORM CE-302

Section 2 – RENTED LIVING QUARTERS – Continued			FIELD REPRESENTATIVE – Complete a separate page for each rented unit other than the sample unit.																	
Part B – Rental Payments, Facilities, and Services for Other Than Sample Unit																				
RENTAL OF OTHER THAN SAMPLE UNIT	PROCESSING USE ONLY	1 02 02 0 ↓	3a. Did you or any members of your CU receive any free or reduced rent for the unit as a form of pay since the 1st of (month, 3 months ago)?	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4	NOTES															
1a. What is the rental charge to your CU for the other unit, including any extra charge for garage or parking facilities?	0010 \$ .00 x <input type="checkbox"/> Don't know		b. What is the rental charge to another tenant for a similar unit?	0260 \$ .00																
b. What period of time does this cover?	0020 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ _____		c. What period of time does this cover?	0270 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ _____																
c. Since the 1st of (month, 3 months ago), how many payments have been made?	0030 _____ Number		4a. Is any portion of the unit used for your own business?	0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5																
d. Were all the payments in the amount of (rental charge reported in item 1a)?	0040 1 <input type="checkbox"/> Yes – Go to item 1f 2 <input type="checkbox"/> No		b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.	0290 _____ .00 Percent																
e. If NO – What was the amount of each payment and how many payments were made at that amount?	<table><tr><td></td><td>Payment</td><td>Number</td></tr><tr><td>0050 \$ .00</td><td>0060</td><td></td></tr><tr><td>0070 \$ .00</td><td>0080</td><td></td></tr><tr><td>0090 \$ .00</td><td>0100</td><td></td></tr><tr><td>0110 \$ .00</td><td>0120</td><td></td></tr></table>		Payment	Number		0050 \$ .00	0060		0070 \$ .00	0080		0090 \$ .00	0100		0110 \$ .00	0120			5. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing.	0300 1 <input type="checkbox"/> Yes – Complete part B for other rental property 2 <input type="checkbox"/> No – Go to next section
	Payment	Number																		
0050 \$ .00	0060																			
0070 \$ .00	0080																			
0090 \$ .00	0100																			
0110 \$ .00	0120																			
f. Were any payments made during the current month?	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2																			
g. If YES – How much?	0180 \$ .00																			
2. Does the rental payment include the cost of –																				
a. Electricity? . . . . .	0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																			
b. Gas? . . . . .	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																			
c. Piped-in water? . . . . .	0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																			
d. Heating? . . . . .	0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																			
e. Trash/Garbage collection? . . . . .	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																			
f. Garage or parking facilities? . . . . .	0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																			

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

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

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

- FIELD REPRESENTATIVE INSTRUCTIONS
- After completing all screening items (Part A.1) fill the appropriate parts of section 3 for each property owned.
  - For each property previously recorded and still owned ("Yes" in item 1, column g), complete part I.
  - For each property previously recorded and disposed of within the last 3 months ("No" in item 1, column g), complete parts D and I.
  - If property was disposed of during a previous interview (column b = 1, YES) do not complete any other part of section 3.
  - If a mortgage or lump sum home equity loan payment amount changed since a previous interview ("Yes" in item 1, column k), complete part J for the property.
  - If a new or additional mortgage or home equity loan was obtained on a previously recorded property ("Yes" in item 2a), complete parts F, G, or H, as appropriate.
  - For each newly acquired property, complete parts B, E, and I.
  - For each newly acquired property that was disposed of within the past 3 months, complete parts B, D, E, and I.

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

8 03 00 7 →

PROPERTY INVENTORY CHART

PROCESSING USE ONLY	a	b		c	d	e	f	g		h		i	j				k		l		m	n		o	p							
		Property number	Property disposed of (part D completed)					Property type	ENTER PROPERTY CODE from part B, item 1b.	Code 300 time share (part B, item 13, box 2)	Do you still have (property description)?		Are (Were) any of the expenses for this property deducted as business, farm, or rental expenses?		Mortgage or lump sum home equity information reported in previous interview	No mortgage or lump sum home equity loan  Go to column l.	Mortgage or loan number	TYPE		Amount paid from part F, item 11 or part G, item 11		Has your mortgage (lump sum home equity loan) payment of (amount paid) changed?				Line of Credit Home Equity Loan (Part H)  If "No," go to next property or loan.		Line of Credit Home Equity Loan number (Part H, item 1d)	Since the 1st of (last month), have you (or your CU) made any payments for your line of credit home equity loan?			
			YES								NO		YES	NO				YES	NO			Mortgage	Home equity loan			YES	NO		YES	NO	YES	NO
0001		1	2					1	2	1	2	____ Percent			1	2	\$ _____.00	1	2				1	2	\$ _____.00	\$ _____.00						
0021		1	2					1	2	1	2	____ Percent			1	2	\$ _____.00	1	2				1	2	\$ _____.00	\$ _____.00						
0041		1	2					1	2	1	2	____ Percent			1	2	\$ _____.00	1	2				1	2	\$ _____.00	\$ _____.00						
0061		1	2					1	2	1	2	____ Percent			1	2	\$ _____.00	1	2				1	2	\$ _____.00	\$ _____.00						
0081		1	2					1	2	1	2	____ Percent			1	2	\$ _____.00	1	2				1	2	\$ _____.00	\$ _____.00						
0101		1	2					1	2	1	2	____ Percent			1	2	\$ _____.00	1	2				1	2	\$ _____.00	\$ _____.00						
0121		1	2					1	2	1	2	____ Percent			1	2	\$ _____.00	1	2				1	2	\$ _____.00	\$ _____.00						
0141		1	2					1	2	1	2	____ Percent			1	2	\$ _____.00	1	2				1	2	\$ _____.00	\$ _____.00						

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

Part A.1 – Screening Questions – Continued

103010↓

2a. Since the 1st of (month, 3 months ago), have you obtained any additional mortgages, including second mortgages or home equity loans for any property you own?

00101 Yes  
2 No – Go to item 3a

b. If YES – For which property was this additional mortgage or home equity loan obtained?

Enter the appropriate property number(s) and property code(s) in item 2g below from the property inventory chart (items 1a and 1e).

Ask for each property.

c. Was this a mortgage or a home equity loan?

00201 Mortgage – Mark (X) "Yes" in mortgage column in item 2g  
2 Home Equity Loan – Continue with item 2d

d. There are two basic types of home equity loans. I'll describe both types. Please tell me which type more closely describes your loan.  
01 A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or  
02 A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a check or using a special credit card?

e. Is this new loan a lump sum home equity loan?

00301 Yes – Mark (X) "Yes" in lump sum home equity loan column in item 2g  
2 No – Continue with item 2f

Ask or verify.

f. Is this new loan a line of credit home equity loan?

00401 Yes – Mark (X) "Yes" in line of credit home equity loan column in item 2g

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

Property number	Property code	Mortgage (Complete a part F)	Lump sum home equity loan (Complete a part G)	Line of credit home equity loan (Complete a part H)
		Yes	Yes	Yes
		Yes	Yes	Yes
		Yes	Yes	Yes
		Yes	Yes	Yes
		Yes	Yes	Yes

3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or otherwise acquired any property or real estate?

00501 Yes – Ask items 3b and 3c  
2 No – Go to next part or section

b. Please look at (page 7, Information Booklet). What kind of property was it (were they)?  
ENTER PROPERTY CODE(S) FROM BELOW  
100 The home in which you (your CU) currently live(s)  
200 A home in which you (your CU) used to live  
600 Property for business or investment purposes only  
300 A second home, vacation home or recreational property  
400 Unimproved land with no buildings on it  
500 Other property – Specify

Property code	Still owned
0060	00701 Yes 2 No
0080	00901 Yes 2 No
0100	01101 Yes 2 No

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

4. FIELD REPRESENTATIVE INSTRUCTION – Refer to the chart below. Complete all appropriate parts for each new property disposed of in the reference period and for each new property currently owned before moving on to the next property.

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

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

NOTES

Page 8

Section 3 – Part A.1 (Continued)

Page 8

Section 3

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










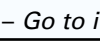
Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued					FIELD REPRESENTATIVE – Complete a column in part B for this property and continue with all appropriate parts for this property before going to next property.							
▶ Part B – Detailed Property Description												
<b>1. FIELD REPRESENTATIVE CHECK ITEM</b> New Consumer Units – Assign a property number to each property in consecutive order starting with 1.  Enter the property number in item 1a, the property code in item 1b, a brief description of the property (such as "own home") in item 1c, and appropriate ownership status in item 1d.  Property numbers listed for interviews 2–5 begin with the next highest available number from section 3A.1, column a.		PROCESSING USE ONLY		1 03 03 6 ↓			1 03 04 4 ↓			1 03 05 1 ↓		
		<b>a. PROPERTY NUMBER</b>		0010 _____ Number			0010 _____ Number			0010 _____ Number		
		<b>b. PROPERTY CODE</b> from part A.1, item 3b or part A.2, items 1–7		0020 _____ Code			0020 _____ Code			0020 _____ Code		
		<b>c. DESCRIPTION</b>		Description			Description			Description		
<b>d. CURRENT OWNERSHIP STATUS</b> from part A.1 or part A.2		0030 1 <input type="checkbox"/> Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 <input type="checkbox"/> Disposed of (from part A.1, item 3c or part A.2, item 7)			0030 1 <input type="checkbox"/> Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 <input type="checkbox"/> Disposed of (from part A.1, item 3c or part A.2, item 7)			0030 1 <input type="checkbox"/> Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 <input type="checkbox"/> Disposed of (from part A.1, item 3c or part A.2, item 7)				
<b>2a. Now I'm going to ask you some questions about</b> (property description). <b>Are (Were) any of the expenses for this property deducted as business, farm, or rental expenses?</b>		0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3			0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3			0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3				
<b>b. What percent of the expenses for this property are (were) deducted?</b>		0060 _____ .00 Percent – If 100%, delete this property.			0060 _____ .00 Percent – If 100%, delete this property.			0060 _____ .00 Percent – If 100%, delete this property.				
<b>3a. In what month and year did you (your CU) close or settle on this property?</b> If land contract – In what month and year did the land contract begin?		0080 _____ Month 0090 _____ Year			0080 _____ Month 0090 _____ Year			0080 _____ Month 0090 _____ Year				
<b>b. FIELD REPRESENTATIVE CHECK ITEM</b> Mark (X) the appropriate box for each property and follow appropriate skip pattern.		0100 1 <input type="checkbox"/> Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 <input type="checkbox"/> Item 3a is before the 1st of the month 3 months ago – Go to item 8			0100 1 <input type="checkbox"/> Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 <input type="checkbox"/> Item 3a is before the 1st of the month 3 months ago – Go to item 8			0100 1 <input type="checkbox"/> Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 <input type="checkbox"/> Item 3a is before the 1st of the month 3 months ago – Go to item 8				
<b>4. How did you (your CU) acquire this property?</b> Mark (X) the FIRST answer that applies.		0120 1 <input type="checkbox"/> A purchase, a contract with a builder, or a trade-in? 2 <input type="checkbox"/> A gift or inheritance? 3 <input type="checkbox"/> Other – Specify _____ } Go to item 8			0120 1 <input type="checkbox"/> A purchase, a contract with a builder, or a trade-in? 2 <input type="checkbox"/> A gift or inheritance? 3 <input type="checkbox"/> Other – Specify _____ } Go to item 8			0120 1 <input type="checkbox"/> A purchase, a contract with a builder, or a trade-in? 2 <input type="checkbox"/> A gift or inheritance? 3 <input type="checkbox"/> Other – Specify _____ } Go to item 8				
Hand the respondent Information Booklet, page 8.												
<b>5. Closing costs include these kinds of things. Not including closing costs, what was the total price paid for the property?</b>		0130 \$ _____ .00			0130 \$ _____ .00			0130 \$ _____ .00				
<b>6. What was the amount of the down payment?</b>		0140 \$ _____ .00			0140 \$ _____ .00			0140 \$ _____ .00				
<b>7. About how much were the closing costs?</b>		0160 \$ _____ .00			0160 \$ _____ .00			0160 \$ _____ .00				
<b>8. About how much do you think this property would sell for on today's market?</b>		0190 \$ _____ .00			0190 \$ _____ .00			0190 \$ _____ .00				
<b>9. What are your (your CU's) annual property taxes for</b> (property description)?		0200 \$ _____ .00			0200 \$ _____ .00			0200 \$ _____ .00				
<b>10. Ask if not apparent. Do not ask for unimproved land (code 400). Is this property a condominium, cooperative, or something else?</b>		0210 1 <input type="checkbox"/> A condominium 3 <input type="checkbox"/> Something else 2 <input type="checkbox"/> A cooperative			0210 1 <input type="checkbox"/> A condominium 3 <input type="checkbox"/> Something else 2 <input type="checkbox"/> A cooperative			0210 1 <input type="checkbox"/> A condominium 3 <input type="checkbox"/> Something else 2 <input type="checkbox"/> A cooperative				
<b>11. If vacation property/second home (code 300), ask questions 11–13. All other properties, go to part D or E as appropriate. Where is (property description) located?</b>		City or place		State	City or place		State	City or place		State		
		Foreign country			Foreign country			Foreign country				
<b>12. Do you (Does your CU) share ownership of this property with anyone else outside your CU?</b>		OFFICE USE ONLY		0220 _____	0220 _____		0220 _____		0220 _____			
		0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part D or E as appropriate			0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part D or E as appropriate			0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part D or E as appropriate				
<b>13. Do you (Does your CU) share ownership for the entire year, or is this a time-sharing arrangement where you have (your CU has) ownership of the property only for a specified time period each year?</b>		0240 1 <input type="checkbox"/> Share ownership for entire year } Go to part D or E as appropriate 2 <input type="checkbox"/> Time-sharing arrangement } appropriate			0240 1 <input type="checkbox"/> Share ownership for entire year } Go to part D or E as appropriate 2 <input type="checkbox"/> Time-sharing arrangement } appropriate			0240 1 <input type="checkbox"/> Share ownership for entire year } Go to part D or E as appropriate 2 <input type="checkbox"/> Time-sharing arrangement } appropriate				

















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

NOTES

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued				FIELD REPRESENTATIVE – Complete a column in part D for this property reported as disposed of in part A.1, item 1g, or part A.2, item 7, and continue with all appropriate parts for this property before going to next property.																										
▶ Part D – Disposed of Property																														
<b>1.</b> FIELD REPRESENTATIVE ITEM <i>Complete at the 1st interview in which the property is reported as being disposed of. Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.</i>	PROCESSING USE ONLY	1 03 33 3 ↓	1 03 34 1 ↓	1 03 35 8 ↓	1 03 36 6 ↓																									
	<b>a.</b> PROPERTY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number																									
	<b>b.</b> PROPERTY CODE	0020 <table><tr><td></td><td></td><td></td></tr></table> Code				0020 <table><tr><td></td><td></td><td></td></tr></table> Code				0020 <table><tr><td></td><td></td><td></td></tr></table> Code				0020 <table><tr><td></td><td></td><td></td></tr></table> Code																
<b>c.</b> DESCRIPTION	Description	Description	Description	Description	Description																									
<b>2.</b> Did you (your CU) sell this property, give it to someone else (outside your CU), or do something else with it?	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↗  _____ <i>Mark property traded-in as "sold."</i>	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↗  _____ <i>Mark property traded-in as "sold."</i>	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↗  _____ <i>Mark property traded-in as "sold."</i>	0030 1 <input type="checkbox"/> Sold the property 2 <input type="checkbox"/> Gave it to someone else 3 <input type="checkbox"/> Something else – <i>Specify</i> ↗  _____ <i>Mark property traded-in as "sold."</i>																										
<b>3.</b> In what month and year did you (your CU) (sell/response to item 2) this property?	Month Year 0040 <table><tr><td></td><td></td></tr></table> 0050 <table><tr><td></td><td></td><td></td><td></td></tr></table> <i>If "sold" in item 2, go to item 4; otherwise go to part E.</i>							Month Year 0040 <table><tr><td></td><td></td></tr></table> 0050 <table><tr><td></td><td></td><td></td><td></td></tr></table> <i>If "sold" in item 2, go to item 4; otherwise go to part E.</i>							Month Year 0040 <table><tr><td></td><td></td></tr></table> 0050 <table><tr><td></td><td></td><td></td><td></td></tr></table> <i>If "sold" in item 2, go to item 4; otherwise go to part E.</i>							Month Year 0040 <table><tr><td></td><td></td></tr></table> 0050 <table><tr><td></td><td></td><td></td><td></td></tr></table> <i>If "sold" in item 2, go to item 4; otherwise go to part E.</i>								
<b>4.</b> What was the selling price (trade-in value)?	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00	0060 \$ _____ .00																										
<b>5.</b> Hand the respondent Information Booklet, page 9. Here is a list of some of the costs people may have when selling (trading) property. Looking at the list may help you remember what your (your CU's) expenses were. What were the total expenses in selling (trading) this property?	0070 \$ _____ .00	0070 \$ _____ .00	0070 \$ _____ .00	0070 \$ _____ .00																										
<b>6a.</b> Did you (your CU) finance any part of the sale (trade) for the buyer?	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E																										
<b>b.</b> What was the amount of the mortgage that you (your CU) financed?	0090 \$ _____ .00	0090 \$ _____ .00	0090 \$ _____ .00	0090 \$ _____ .00																										
NOTES																														

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

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

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

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued				FIELD REPRESENTATIVE – Complete a separate column for each mortgage at the first interview in which the mortgage is reported.			
Part F – Mortgages							
<b>1. FIELD REPRESENTATIVE ITEM</b> <i>Enter the property number in item 1a, the property code in item 1b, a brief description of the property in item 1c. A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.</i> <i>Enter the 3-digit loan number in item 1d, beginning with 101 and assigning loan numbers consecutively, regardless of property number.</i>	PROCESSING USE ONLY	1 03 43 2 ↓		1 03 44 0 ↓		1 03 45 7 ↓	
	<b>a. PROPERTY NUMBER</b>	0010 _____ Number		0010 _____ Number		0010 _____ Number	
	<b>b. PROPERTY CODE</b>	0020 [ ][ ] [ ] Code		0020 [ ][ ] [ ] Code		0020 [ ][ ] [ ] Code	
	<b>c. DESCRIPTION</b>	Description		Description		Description	
<b>d. LOAN NUMBER</b>	0030 1 [ ][ ] Number		0030 1 [ ][ ] Number		0030 1 [ ][ ] Number		
<b>2. I'd like to ask some additional questions about your mortgage. In what month and year did you (your CU) make your (your CU's) first payment on this mortgage?</b>	0035 [ ][ ] Month 0045 [ ][ ][ ][ ] Year		0035 [ ][ ] Month 0045 [ ][ ][ ][ ] Year		0035 [ ][ ] Month 0045 [ ][ ][ ][ ] Year		
<b>3. Is this a 30-year mortgage, a 15-year mortgage, or something else?</b>	0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 0065 [ ][ ] Number of years 3 <input type="checkbox"/> Something else – Specify ↗		0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 0065 [ ][ ] Number of years 3 <input type="checkbox"/> Something else – Specify ↗		0055 1 <input type="checkbox"/> 30-year 2 <input type="checkbox"/> 15-year 0065 [ ][ ] Number of years 3 <input type="checkbox"/> Something else – Specify ↗		
<b>4. What was the rate of interest at the time the mortgage was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)</b>	0075 _____ . _____ Percent		0075 _____ . _____ Percent		0075 _____ . _____ Percent		
<b>5. What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.)</b>	0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.		0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.		0080 _____ . _____ Percent If same as item 4, go to item 6a. If different, go to item 6b.		
<b>6a. Is this a fixed rate mortgage?</b>	0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No		0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No		0085 1 <input type="checkbox"/> Yes – Go to item 7 2 <input type="checkbox"/> No		
<b>b. There are many different kinds of mortgages. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?</b>	0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify ↗		0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify ↗		0090 1 <input type="checkbox"/> Fixed rate of interest 2 <input type="checkbox"/> Variable or adjustable rate of interest 3 <input type="checkbox"/> Graduated payment 4 <input type="checkbox"/> Rollover or renegotiable x <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Deferred interest 6 <input type="checkbox"/> Other – Specify ↗		
<b>7. Have you (Has your CU) refinanced or renegotiated this mortgage?</b>	0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No		0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No		0105 1 <input type="checkbox"/> Yes – Read to respondent – The following question refers to this current mortgage. 2 <input type="checkbox"/> No		
<b>8. What was the amount of the mortgage when you (your CU) obtained it, excluding any interest?</b>	0130 \$ _____ .00		0130 \$ _____ .00		0130 \$ _____ .00		
<b>9. How often are (were) mortgage payments due?</b>	0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify ↗		0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify ↗		0170 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Semiannually 6 <input type="checkbox"/> Annually 7 <input type="checkbox"/> Other – Specify ↗		
<b>10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.)</b>  <i>Mark (X) all that apply.</i>	0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify ↗		0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify ↗		0175 1 <input type="checkbox"/> Principal and interest 0190 2 <input type="checkbox"/> Property taxes 0200 3 <input type="checkbox"/> Property insurance 0210 4 <input type="checkbox"/> Life insurance 0220 5 <input type="checkbox"/> Mortgage guarantee insurance 0230 6 <input type="checkbox"/> Any other payments – Specify ↗		
<b>11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?</b>	0235 \$ _____ .00		0235 \$ _____ .00		0235 \$ _____ .00		
<b>12. If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?</b>	0245 \$ _____ .00 x <input type="checkbox"/> Don't know		0245 \$ _____ .00 x <input type="checkbox"/> Don't know		0245 \$ _____ .00 x <input type="checkbox"/> Don't know		



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

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

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

## Part H – Line of Credit Home Equity Loans

[illegible]

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

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

Part I – Ownership Costs

1. FIELD REPRESENTATIVE ITEM

Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.

A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.

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1 03 77 0 ↓

a. PROPERTY NUMBER

0010 \_\_\_\_\_ Number

b. PROPERTY CODE

0020  Code

c. DESCRIPTION

Description

2. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) the appropriate box.

If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.

3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?

0040 1 ☐ Yes  
2 ☐ No – Go to item 4a

b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?

0050 \$ \_\_\_\_\_ .00

c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?

0060 \$ \_\_\_\_\_ .00

d. Were there any penalty charges as a result of the extra payments?

0070 1 ☐ Yes  
2 ☐ No – Go to item 4a

e. Since the 1st of (month, 3 months ago), how much were these penalty charges?

0080 \$ \_\_\_\_\_ .00

f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?

0090 \$ \_\_\_\_\_ .00

4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?

0100 1 ☐ Yes  
2 ☐ No – Go to item 5

b. If YES – What was the total amount paid?

0110 \$ \_\_\_\_\_ .00

c. How much of the (amount in item 4b) was paid since the 1st of (current month)?

0120 \$ \_\_\_\_\_ .00

5. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) the appropriate box.

If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. 

Refer to part B, item 10 or part A.1, item 1, column d

0130 1 ☐ Condominium – Go to item 7  
2 ☐ Co-op – Go to item 8  
3 ☐ Neither condo nor co-op – Continue with item 6

6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner’s association?

0140 1 ☐ Yes – Go to item 9  
2 ☐ No – Go to item 11a

7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?

0150 1 ☐ Yes – Go to item 9  
2 ☐ No – Go to item 11a

8. If property is co-op, ask – Now I’d like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU’s) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.

0160 01 ☐ Repayment of loans owed by cooperative  
0170 02 ☐ Property taxes  
0180 03 ☐ Property insurance  
0190 04 ☐ Management  
0200 05 ☐ Repairs and maintenance, including lawn care and snow removal  
0210 06 ☐ Improvements  
0220 07 ☐ Recreational, including swimming, golf, and tennis facilities  
0230 08 ☐ Security, including guards and alarm systems  
0240 09 ☐ Utilities: such as gas, electricity, water, heat  
0250 10 ☐ Trash collection  
0260 11 ☐ Other – Specify \_\_\_\_\_

9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.

0270 21 ☐ Management  
0280 22 ☐ Repairs and maintenance, including lawn care and snow removal  
0290 23 ☐ Improvements  
0300 24 ☐ Utilities: such as gas, electricity, water, heat  
0310 25 ☐ Parking  
0320 26 ☐ Recreational, including swimming, golf, and tennis facilities  
0330 27 ☐ Security, including guards and alarm systems  
0340 28 ☐ Maid service  
0350 29 ☐ Medical services  
0360 30 ☐ Trash collection  
0370 31 ☐ Other – Specify \_\_\_\_\_

10a. Are any of the costs included in your (your CU’s) mortgage payment?

0380 1 ☐ Yes  
2 ☐ No – Go to item 10d

b. If YES – How much per month?

0390 \$ \_\_\_\_\_ .00

c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?

0400 1 ☐ Yes  
2 ☐ No – Go to item 11a

d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?

0410 \$ \_\_\_\_\_ .00

e. How much of the (amount in item 10d) was paid since the 1st of (current month)?

0420 \$ \_\_\_\_\_ .00

11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?

0430 1 ☐ Yes  
2 ☐ No – Go to item 12a

b. Since the 1st of (month, 3 months ago), what services were provided?

For co-op, use codes from item 8. For condos/something else, use codes from item 9.

SERVICES FOR CO-OPS

0440 0 ☐ 0450 0 ☐  
0460 0 ☐ 0470 0 ☐  
0480 0 ☐ 0490 0 ☐  
0500 0 ☐ 0510 0 ☐  
0520 0 ☐ 0530 1 ☐  
0540 1 ☐

SERVICES FOR CONDOS/ SOMETHING ELSE

0550 2 ☐ 0560 2 ☐  
0570 2 ☐ 0580 2 ☐  
0590 2 ☐ 0600 2 ☐  
0610 2 ☐ 0620 2 ☐  
0630 2 ☐ 0640 3 ☐  
0650 3 ☐

c. Since the 1st of (month, 3 months ago), how much were these special payments?

0660 \$ \_\_\_\_\_ .00

d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?

0670 \$ \_\_\_\_\_ .00

12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?

0680 1 ☐ Yes  
2 ☐ No – Go to item 13

b. What was the total amount paid?

0690 \$ \_\_\_\_\_ .00

c. How much of the (amount in item 12b) was paid since the 1st of (current month)?

0700 \$ \_\_\_\_\_ .00

13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?

0710 \$ \_\_\_\_\_ .00  
x ☐ Don’t know

FORM CE-302



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

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

Part I – Ownership Costs – Continued

1. FIELD REPRESENTATIVE ITEM

Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.

A property number listed must match to a previously reported number in section 3A.1, column a and/or section 3B, item 1a.

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1 03 78 8 ↓

a. PROPERTY NUMBER

0010 \_\_\_\_\_ Number

b. PROPERTY CODE

0020  Code

c. DESCRIPTION

Description

2. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) the appropriate box.

If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.

3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?

0040 1 ☐ Yes  
2 ☐ No – Go to item 4a

b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?

0050 \$ \_\_\_\_\_ .00

c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?

0060 \$ \_\_\_\_\_ .00

d. Were there any penalty charges as a result of the extra payments?

0070 1 ☐ Yes  
2 ☐ No – Go to item 4a

e. Since the 1st of (month, 3 months ago), how much were these penalty charges?

0080 \$ \_\_\_\_\_ .00

f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?

0090 \$ \_\_\_\_\_ .00

4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?

0100 1 ☐ Yes  
2 ☐ No – Go to item 5

b. If YES – What was the total amount paid?

0110 \$ \_\_\_\_\_ .00

c. How much of the (amount in item 4b) was paid since the 1st of (current month)?

0120 \$ \_\_\_\_\_ .00

5. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) the appropriate box.

If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. } Refer to part B, item 10 or part A.1, item 1, column d

0130 1 ☐ Condominium – Go to item 7  
2 ☐ Co-op – Go to item 8  
3 ☐ Neither condo nor co-op – Continue with item 6

6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner’s association?

0140 1 ☐ Yes – Go to item 9  
2 ☐ No – Go to item 11a

7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?

0150 1 ☐ Yes – Go to item 9  
2 ☐ No – Go to item 11a

8. If property is co-op, ask – Now I’d like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU’s) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.

0160 01 ☐ Repayment of loans owed by cooperative  
0170 02 ☐ Property taxes  
0180 03 ☐ Property insurance  
0190 04 ☐ Management  
0200 05 ☐ Repairs and maintenance, including lawn care and snow removal  
0210 06 ☐ Improvements  
0220 07 ☐ Recreational, including swimming, golf, and tennis facilities  
0230 08 ☐ Security, including guards and alarm systems  
0240 09 ☐ Utilities: such as gas, electricity, water, heat  
0250 10 ☐ Trash collection  
0260 11 ☐ Other – Specify ↘ \_\_\_\_\_

9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.

0270 21 ☐ Management  
0280 22 ☐ Repairs and maintenance, including lawn care and snow removal  
0290 23 ☐ Improvements  
0300 24 ☐ Utilities: such as gas, electricity, water, heat  
0310 25 ☐ Parking  
0320 26 ☐ Recreational, including swimming, golf, and tennis facilities  
0330 27 ☐ Security, including guards and alarm systems  
0340 28 ☐ Maid service  
0350 29 ☐ Medical services  
0360 30 ☐ Trash collection  
0370 31 ☐ Other – Specify ↘ \_\_\_\_\_

10a. Are any of the costs included in your (your CU’s) mortgage payment?

0380 1 ☐ Yes  
2 ☐ No – Go to item 10d

b. If YES – How much per month?

0390 \$ \_\_\_\_\_ .00

c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?

0400 1 ☐ Yes  
2 ☐ No – Go to item 11a

d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?

0410 \$ \_\_\_\_\_ .00

e. How much of the (amount in item 10d) was paid since the 1st of (current month)?

0420 \$ \_\_\_\_\_ .00

11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?

0430 1 ☐ Yes  
2 ☐ No – Go to item 12a

b. Since the 1st of (month, 3 months ago), what services were provided?

For co-op, use codes from item 8. For condos/something else, use codes from item 9.

SERVICES FOR CO-OPS

0440 0  0450 0   
0460 0  0470 0   
0480 0  0490 0   
0500 0  0510 0   
0520 0  0530 1   
0540 1   
SERVICES FOR CONDOS/ SOMETHING ELSE

0550 2  0560 2   
0570 2  0580 2   
0590 2  0600 2   
0610 2  0620 2   
0630 2  0640 3   
0650 3   
c. Since the 1st of (month, 3 months ago), how much were these special payments?

0660 \$ \_\_\_\_\_ .00

d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?

0670 \$ \_\_\_\_\_ .00

12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?

0680 1 ☐ Yes  
2 ☐ No – Go to item 13

b. What was the total amount paid?

0690 \$ \_\_\_\_\_ .00

c. How much of the (amount in item 12b) was paid since the 1st of (current month)?

0700 \$ \_\_\_\_\_ .00

13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?

0710 \$ \_\_\_\_\_ .00  
x ☐ Don’t know

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE – Continued			FIELD REPRESENTATIVE – Complete a separate part I for each property still owned or disposed of within the past 3 months.		
▶ Part I – Ownership Costs – Continued					
<b>1.</b> FIELD REPRESENTATIVE ITEM <i>Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</i> <i>A property number listed must match to a previously reported number from section 3A.1, column a and/or section 3B, item 1a.</i>		PROCESSING USE ONLY <b>a.</b> PROPERTY NUMBER <b>b.</b> PROPERTY CODE <b>c.</b> DESCRIPTION	1 03 79 6 ↓ <div>0010 _____ Number</div> <div>0020 <div></div><div></div><div></div> Code</div> Description		
<b>2.</b> FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box.</i> <i>If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</i>		0030 1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – Go to item 4a			
<b>3a.</b> Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?		0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a			
<b>b.</b> Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?		0050 \$ _____ .00			
<b>c.</b> How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?		0060 \$ _____ .00			
<b>d.</b> Were there any penalty charges as a result of the extra payments?		0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a			
<b>e.</b> Since the 1st of (month, 3 months ago), how much were these penalty charges?		0080 \$ _____ .00			
<b>f.</b> How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?		0090 \$ _____ .00			
<b>4a.</b> Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5			
<b>b.</b> If YES – What was the total amount paid?		0110 \$ _____ .00			
<b>c.</b> How much of the (amount in item 4b) was paid since the 1st of (current month)?		0120 \$ _____ .00			
<b>5.</b> FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) the appropriate box.</i> <i>If property is condo, mark box 1.</i> <i>If property is co-op, mark box 2.</i> <i>If property is neither, mark box 3.</i>		0130 1 <input type="checkbox"/> Condominium – Go to item 7 2 <input type="checkbox"/> Co-op – Go to item 8 3 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6			
<b>6.</b> If property is not condo/co-op, ask – <b>Do you (Does your CU) make regular payments to a homeowner’s association?</b>		0140 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a			
<b>7.</b> If property is condo, ask – <b>Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</b>		0150 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a			
<b>8.</b> If property is co-op, ask – <b>Now I’d like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU’s) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments?</b> <i>Mark (X) all that apply.</i> <i>If any entry in boxes 1–11, go to item 10a.</i> <i>If no entries in boxes 1–11, go to item 11a.</i>				0160 01 <input type="checkbox"/> Repayment of loans owed by cooperative 0170 02 <input type="checkbox"/> Property taxes 0180 03 <input type="checkbox"/> Property insurance 0190 04 <input type="checkbox"/> Management 0200 05 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0210 06 <input type="checkbox"/> Improvements 0220 07 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0230 08 <input type="checkbox"/> Security, including guards and alarm systems 0240 09 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0250 10 <input type="checkbox"/> Trash collection 0260 11 <input type="checkbox"/> Other – Specify _____	
<b>9.</b> If property is not co-op, ask – <b>Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments?</b> <i>Mark (X) all that apply.</i>				0270 21 <input type="checkbox"/> Management 0280 22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal 0290 23 <input type="checkbox"/> Improvements 0300 24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat 0310 25 <input type="checkbox"/> Parking 0320 26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities 0330 27 <input type="checkbox"/> Security, including guards and alarm systems 0340 28 <input type="checkbox"/> Maid service 0350 29 <input type="checkbox"/> Medical services 0360 30 <input type="checkbox"/> Trash collection 0370 31 <input type="checkbox"/> Other – Specify _____	
<b>10a.</b> Are any of the costs included in your (your CU’s) mortgage payment?		0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10d			
<b>b.</b> If YES – How much per month?		0390 \$ _____ .00			
<b>c.</b> In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?		0400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a			
<b>d.</b> Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?		0410 \$ _____ .00			
<b>e.</b> How much of the (amount in item 10d) was paid since the 1st of (current month)?		0420 \$ _____ .00			
<b>11a.</b> If property is co-op: Hand respondent Information Booklet, page 12. <i>If property is condo/ something else: Hand respondent Information Booklet, page 13.</i> <b>Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</b>		0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a			
<b>b.</b> Since the 1st of (month, 3 months ago), what services were provided?  <i>For co-op, use codes from item 8. For condos/something else, use codes from item 9.</i>				SERVICES FOR CO-OPS 0440 0 <div></div> 0450 0 <div></div> 0460 0 <div></div> 0470 0 <div></div> 0480 0 <div></div> 0490 0 <div></div> 0500 0 <div></div> 0510 0 <div></div> 0520 0 <div></div> 0530 1 <div></div> 0540 1 <div></div> SERVICES FOR CONDOS/ SOMETHING ELSE 0550 2 <div></div> 0560 2 <div></div> 0570 2 <div></div> 0580 2 <div></div> 0590 2 <div></div> 0600 2 <div></div> 0610 2 <div></div> 0620 2 <div></div> 0630 2 <div></div> 0640 3 <div></div> 0650 3 <div></div>	
<b>c.</b> Since the 1st of (month, 3 months ago), how much were these special payments?		0660 \$ _____ .00			
<b>d.</b> Of the (amount in item 11c), how much was paid since the 1st of (current month)?		0670 \$ _____ .00			
<b>12a.</b> Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?		0680 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13			
<b>b.</b> What was the total amount paid?		0690 \$ _____ .00			
<b>c.</b> How much of the (amount in item 12b) was paid since the 1st of (current month)?		0700 \$ _____ .00			
<b>13.</b> Ask if code 100, 200, or 300 in item 1b. <b>If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</b>		0710 \$ _____ .00 x <input type="checkbox"/> Don’t know			



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



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

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

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

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

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

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES													
Part A – Telephone Expenses													
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any bills for telephone or pager services? Do not include bills for telephones or pagers used entirely for business purposes.	PROCESSING USE ONLY		1 04 01 8 ↴										
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part B												
2. What is the name of the company which provides the telephone (or pager) services?	Name of telephone company												
3. How many telephone (or pager) bills were received from (company name) ?	0010 _____ Number												
4a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.  b. In what month was the bill received?	Bill 1			Bill 2			Bill 3			Bill 4			
	0020 \$ _____ .00 <input type="checkbox"/> None			0230 \$ _____ .00 <input type="checkbox"/> None			0440 \$ _____ .00 <input type="checkbox"/> None			0650 \$ _____ .00 <input type="checkbox"/> None			
	Month			Month			Month			Month			
5. What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)	0040 <input type="checkbox"/> Residential service			0250 <input type="checkbox"/> Residential service			0460 <input type="checkbox"/> Residential service			0670 <input type="checkbox"/> Residential service			
	0050 <input type="checkbox"/> Mobile/Cellular Service			0260 <input type="checkbox"/> Mobile/Cellular Service			0470 <input type="checkbox"/> Mobile/Cellular Service			0680 <input type="checkbox"/> Mobile/Cellular Service			
	0060 <input type="checkbox"/> Pager/Beeper Service			0270 <input type="checkbox"/> Pager/Beeper Service			0480 <input type="checkbox"/> Pager/Beeper Service			0690 <input type="checkbox"/> Pager/Beeper Service			
6a. Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)  (1) Basic (local) service charge . . . . .  (2) Domestic long distance charge . . . . .  (3) International long distance charge . . . . .  (4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services) . .  (5) Installation or repair of telephone line(s)  (6) Telephone or pager purchases or rentals  If YES (7–10) Ask – How much? (7) Internet access or data services . . . . .  (8) Cable or satellite television services . . . . .  (9) DSL or ISDN charges . . . . .  (10) Non-telephone related rentals or purchases . . . . .  b. (If unable to separate (7–10) above) What was the total amount for these non-telephone related services?  c. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	
	7a. Is any of the total charge to be deducted as a business expense?  b. If YES – What percentage will be deducted?	0900 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8											
0910 _____ .00 Percent													
0920 <input type="checkbox"/> Yes – Complete a separate page for each telephone company 2 <input type="checkbox"/> No – Go to part B													
8. Did you (or any members of your CU) receive any other bills for telephones or pagers not used entirely for business purposes from any other companies?													
												PRE	
												Month bill received from item 4b	Total amount of bill from item 4a
													\$ .00
												Name of telephone company	
												Month bill received from item 4b	Total amount of bill from item 4a
													\$ .00
												Name of telephone company	
												Month bill received from item 4b	Total amount of bill from item 4a
													\$ .00
												Name of telephone company	

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued													
▶ Part A – Telephone Expenses – Continued													
	PROCESSING USE ONLY										1 04 02 6 ↴		NOTES
2. What is the name of the company which provides the telephone (or pager) services?	Name of telephone company												
3. How many telephone (or pager) bills were received from (company name) ?	0010 _____ Number												
4a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period. b. In what month was the bill received?	Bill 1			Bill 2			Bill 3			Bill 4			
	0020 \$ _____ .00 0 <input type="checkbox"/> None			0230 \$ _____ .00 0 <input type="checkbox"/> None			0440 \$ _____ .00 0 <input type="checkbox"/> None			0650 \$ _____ .00 0 <input type="checkbox"/> None			
	Month			Month			Month			Month			
	0030			0240			0450			0660			
5. What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)	0040 1 <input type="checkbox"/> Residential service			0250 1 <input type="checkbox"/> Residential service			0460 1 <input type="checkbox"/> Residential service			0670 1 <input type="checkbox"/> Residential service			
	0050 2 <input type="checkbox"/> Mobile/Cellular Service			0260 2 <input type="checkbox"/> Mobile/Cellular Service			0470 2 <input type="checkbox"/> Mobile/Cellular Service			0680 2 <input type="checkbox"/> Mobile/Cellular Service			
	0060 3 <input type="checkbox"/> Pager/Beeper Service			0270 3 <input type="checkbox"/> Pager/Beeper Service			0480 3 <input type="checkbox"/> Pager/Beeper Service			0690 3 <input type="checkbox"/> Pager/Beeper Service			
6a. Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	
(1) Basic (local) service charge	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0280 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0490 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0700 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
(2) Domestic long distance charge	0080 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0290 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0710 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
(3) International long distance charge	0090 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0300 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0510 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0720 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
(4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services)	0100 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0310 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0520 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0730 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
(5) Installation or repair of telephone line(s)	0110 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0320 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0530 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0740 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
(6) Telephone or pager purchases or rentals	0120 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0330 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0540 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0750 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
If YES (7–10) Ask – How much?													
(7) Internet access or data services	0130 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0140 \$ _____ .00		0340 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0350 \$ _____ .00		0550 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0560 \$ _____ .00		0760 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0770 \$ _____ .00		
(8) Cable or satellite television services	0150 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0160 \$ _____ .00		0360 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0370 \$ _____ .00		0570 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0580 \$ _____ .00		0780 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0790 \$ _____ .00		
(9) DSL or ISDN charges	0170 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0180 \$ _____ .00		0380 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0390 \$ _____ .00		0590 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0600 \$ _____ .00		0800 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0810 \$ _____ .00		
(10) Non-telephone related rentals or purchases	0190 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0200 \$ _____ .00		0400 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0410 \$ _____ .00		0610 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0620 \$ _____ .00		0820 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0830 \$ _____ .00		
b. (If unable to separate (7–10) above) What was the total amount for these non-telephone related services?	0210 \$ _____ .00			0420 \$ _____ .00			0630 \$ _____ .00			0840 \$ _____ .00			
c. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?	0220 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Checkbook ↗			0430 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Checkbook ↗			0640 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Checkbook ↗			0850 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Checkbook ↗			
7a. Is any of the total charge to be deducted as a business expense?	0900 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8												
b. If YES – What percentage will be deducted?	0910 _____ .00 Percent												
8. Did you (or any members of your CU) receive any other bills for telephones or pagers not used entirely for business purposes from any other companies?	0920 1 <input type="checkbox"/> Yes – Complete a separate page for each telephone company 2 <input type="checkbox"/> No – Go to part B												



Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued														
Part A – Telephone Expenses – Continued														
		PROCESSING USE ONLY										NOTES		
		1 04 03 4 ↴												
2. What is the name of the company which provides the telephone (or pager) services?		Name of telephone company												
3. How many telephone (or pager) bills were received from (company name) ?		0010 _____ Number												
4a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.  b. In what month was the bill received?		Bill 1			Bill 2			Bill 3			Bill 4			
		0020 \$ _____ .00 0 <input type="checkbox"/> None			0230 \$ _____ .00 0 <input type="checkbox"/> None			0440 \$ _____ .00 0 <input type="checkbox"/> None			0650 \$ _____ .00 0 <input type="checkbox"/> None			
		Month			Month			Month			Month			
5. What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)		0040 1 <input type="checkbox"/> Residential service 0050 2 <input type="checkbox"/> Mobile/Cellular Service 0060 3 <input type="checkbox"/> Pager/Beeper Service			0250 1 <input type="checkbox"/> Residential service 0260 2 <input type="checkbox"/> Mobile/Cellular Service 0270 3 <input type="checkbox"/> Pager/Beeper Service			0460 1 <input type="checkbox"/> Residential service 0470 2 <input type="checkbox"/> Mobile/Cellular Service 0480 3 <input type="checkbox"/> Pager/Beeper Service			0670 1 <input type="checkbox"/> Residential service 0680 2 <input type="checkbox"/> Mobile/Cellular Service 0690 3 <input type="checkbox"/> Pager/Beeper Service			
6a. Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)  (1) Basic (local) service charge (2) Domestic long distance charge (3) International long distance charge (4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services) (5) Installation or repair of telephone line(s) (6) Telephone or pager purchases or rentals If YES (7–10) Ask – How much? (7) Internet access or data services (8) Cable or satellite television services (9) DSL or ISDN charges (10) Non-telephone related rentals or purchases  b. (If unable to separate (7–10) above) What was the total amount for these non-telephone related services?  c. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?		Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	
		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0280 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0490 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0700 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		0080 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0290 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0710 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		0090 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0300 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0510 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0720 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		0100 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0310 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0520 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0730 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		0110 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0320 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0530 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0740 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		0120 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0330 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0540 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0750 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
		0130 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0140 \$ _____ .00			0340 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0350 \$ _____ .00			0550 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0560 \$ _____ .00			0760 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0770 \$ _____ .00			
		0150 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0160 \$ _____ .00			0360 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0370 \$ _____ .00			0570 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0580 \$ _____ .00			0780 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0790 \$ _____ .00			
		0170 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0180 \$ _____ .00			0380 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0390 \$ _____ .00			0590 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0600 \$ _____ .00			0800 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0810 \$ _____ .00			
0190 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0200 \$ _____ .00			0400 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0410 \$ _____ .00			0610 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0620 \$ _____ .00			0820 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0830 \$ _____ .00					
b. (If unable to separate (7–10) above) What was the total amount for these non-telephone related services?		0210 \$ _____ .00			0420 \$ _____ .00			0630 \$ _____ .00			0840 \$ _____ .00			
c. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?		0220 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Checkbook ↴			0430 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Checkbook ↴			0640 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Checkbook ↴			0850 1 <input type="checkbox"/> Bills 2 <input type="checkbox"/> Estimate 3 <input type="checkbox"/> Checkbook ↴			
7a. Is any of the total charge to be deducted as a business expense?		0900 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8												
b. If YES – What percentage will be deducted?		0910 _____ .00 Percent												
8. Did you (or any members of your CU) receive any other bills for telephones or pagers not used entirely for business purposes from any other companies?		0920 1 <input type="checkbox"/> Yes – Complete a separate page for each telephone company 2 <input type="checkbox"/> No – Go to part B												

PRE	
Month bill received from item 4b	Total amount of bill from item 4a
	\$ .00
Name of telephone company	
Month bill received from item 4b	Total amount of bill from item 4a
	\$ .00
Name of telephone company	
Month bill received from item 4b	Total amount of bill from item 4a
	\$ .00
Name of telephone company	

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued													
Part A – Telephone Expenses – Continued													
	PROCESSING USE ONLY										1 04 04 2 ↴		NOTES
2. What is the name of the company which provides the telephone (or pager) services?	Name of telephone company												
3. How many telephone (or pager) bills were received from (company name) ?	0010 _____ Number												
4a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.  b. In what month was the bill received?	Bill 1			Bill 2			Bill 3			Bill 4			
	0020 \$ _____ .00 0 <input type="checkbox"/> None			0230 \$ _____ .00 0 <input type="checkbox"/> None			0440 \$ _____ .00 0 <input type="checkbox"/> None			0650 \$ _____ .00 0 <input type="checkbox"/> None			
	Month			Month			Month			Month			
5. What types of telephone (or pager) services did the bill include? (Mark (X) all that apply)	0040 1 <input type="checkbox"/> Residential service			0250 1 <input type="checkbox"/> Residential service			0460 1 <input type="checkbox"/> Residential service			0670 1 <input type="checkbox"/> Residential service			
	0050 2 <input type="checkbox"/> Mobile/Cellular Service			0260 2 <input type="checkbox"/> Mobile/Cellular Service			0470 2 <input type="checkbox"/> Mobile/Cellular Service			0680 2 <input type="checkbox"/> Mobile/Cellular Service			
	0060 3 <input type="checkbox"/> Pager/Beeper Service			0270 3 <input type="checkbox"/> Pager/Beeper Service			0480 3 <input type="checkbox"/> Pager/Beeper Service			0690 3 <input type="checkbox"/> Pager/Beeper Service			
6a. Which of the following telephone service items were included in the bill? (Mark (X) all that apply.)  (1) Basic (local) service charge  (2) Domestic long distance charge  (3) International long distance charge  (4) Telephone related services such as caller ID, call waiting, or voice mailboxes? (Do not include data services)  (5) Installation or repair of telephone line(s)  (6) Telephone or pager purchases or rentals  If YES (7–10) Ask – How much? (7) Internet access or data services  (8) Cable or satellite television services  (9) DSL or ISDN charges  (10) Non-telephone related rentals or purchases  b. (If unable to separate (7–10) above) What was the total amount for these non-telephone related services?  c. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount	
7a. Is any of the total charge to be deducted as a business expense?	0900 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8												
	b. If YES – What percentage will be deducted? 0910 _____ .00 Percent												
	8. Did you (or any members of your CU) receive any other bills for telephones or pagers not used entirely for business purposes from any other companies? 0920 1 <input type="checkbox"/> Yes – Complete a separate page for each telephone company 2 <input type="checkbox"/> No – Go to part B												



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

[illegible]



Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued													
▶ Part D – Detailed Questions													
1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM <i>Enter a utility code in item 1a and a description of utility or fuel in item 1b from part C, item 1.</i>	PROCESSING USE ONLY		1 04 51 3 ↓ ↗				1 04 52 1 ↓ ↗						
	a. UTILITY CODE		0010				Code	0010					Code
	b. DESCRIPTION OF UTILITY OR FUEL		Description				Description						
2. What property were the charges for? • Owned properties – <i>Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a</i> • All other properties – <i>Mark (X) appropriate box and enter a description of the property.</i>			0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description			0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description			
3. What is the name of the company or government agency which provides (utility or fuel description)? <i>Ask for utility codes 100–120, 200–260, and 290 only.</i>			Name				Name						
4. How many bills were received for (utility or fuel) for (property description)?			0045 _____ Number				0045 _____ Number						
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.			0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____						
6. Do you have any of these bills or other records showing these (utility or fuel) charges?			0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
7a. What was the amount of bill (bill number)? <i>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</i>			Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4			
			0070 _____ .00 \$ _____ .00	0140 _____ .00 \$ _____ .00	0210 _____ .00 \$ _____ .00	0280 _____ .00 \$ _____ .00	0070 _____ .00 \$ _____ .00	0140 _____ .00 \$ _____ .00	0210 _____ .00 \$ _____ .00	0280 _____ .00 \$ _____ .00			
b. In what month was the bill received?			Month	Month	Month	Month	Month	Month	Month	Month			
			0080 _____	0150 _____	0220 _____	0290 _____	0080 _____	0150 _____	0220 _____	0290 _____			
c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? <i>Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.</i>			Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure			
OFFICE USE ONLY			0095 _____	0165 _____	0235 _____	0305 _____	0095 _____	0165 _____	0235 _____	0305 _____			
d. What was the quantity consumed for bill (bill number)?			Quantity 0105 _____	Quantity 0175 _____	Quantity 0245 _____	Quantity 0315 _____	Quantity 0105 _____	Quantity 0175 _____	Quantity 0245 _____	Quantity 0315 _____			
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?			0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g			
f. How much were these charges?			0120 _____ .00 \$ _____ .00	0190 _____ .00 \$ _____ .00	0260 _____ .00 \$ _____ .00	0330 _____ .00 \$ _____ .00	0120 _____ .00 \$ _____ .00	0190 _____ .00 \$ _____ .00	0260 _____ .00 \$ _____ .00	0330 _____ .00 \$ _____ .00			
g. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i>			0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗			
8. Was any part of the charge deducted as a business expense?			0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?			0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No						

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued																																		
▶ Part D – Detailed Questions – Continued																																		
1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM <i>Enter a utility code in item 1a and a description of utility or fuel in item 1b from part C, item 1.</i>	PROCESSING USE ONLY		1 04 53 9 ↘								1 04 54 7 ↘																							
	a. UTILITY CODE		0010				Code				0010				Code																			
	b. DESCRIPTION OF UTILITY OR FUEL		Description								Description																							
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.			0020				Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description				0020				Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description											
3. What is the name of the company or government agency which provides (utility or fuel description)? <i>Ask for utility codes 100–120, 200–260, and 290 only.</i>			Name								Name																							
4. How many bills were received for (utility or fuel) for (property description)?			0045								Number								0045								Number							
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.			0055								1 <input type="checkbox"/> Month      3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months    4 <input type="checkbox"/> Other – Specify								0055								1 <input type="checkbox"/> Month      3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months    4 <input type="checkbox"/> Other – Specify							
6. Do you have any of these bills or other records showing these (utility or fuel) charges?			0060								1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No								0060								1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No							
7a. What was the amount of bill (bill number)? <i>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</i>			Bill 1		Bill 2		Bill 3		Bill 4		Bill 1		Bill 2		Bill 3		Bill 4																	
			0070		0140		0210		0280		0070		0140		0210		0280																	
			\$ .00		\$ .00		\$ .00		\$ .00		\$ .00		\$ .00		\$ .00		\$ .00																	
b. In what month was the bill received?			Month		Month		Month		Month		Month		Month		Month		Month																	
			0080		0150		0220		0290		0080		0150		0220		0290																	
c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? <i>Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.</i>			Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure		Unit-of-measure																	
OFFICE USE ONLY			0095		0165		0235		0305		0095		0165		0235		0305																	
d. What was the quantity consumed for bill (bill number)?			Quantity		Quantity		Quantity		Quantity		Quantity		Quantity		Quantity		Quantity																	
			0105		0175		0245		0315		0105		0175		0245		0315																	
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?			0110		0180		0250		0320		0110		0180		0250		0320																	
			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g																	
f. How much were these charges?			0120		0190		0260		0330		0120		0190		0260		0330																	
			\$ .00		\$ .00		\$ .00		\$ .00		\$ .00		\$ .00		\$ .00		\$ .00																	
g. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i>			0130		0200		0270		0340		0130		0200		0270		0340																	
			1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗																	
8. Was any part of the charge deducted as a business expense?			0420								1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No								0420								1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No							
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?			0440								1 <input type="checkbox"/> Yes – Complete a separate column for each property    2 <input type="checkbox"/> No								0440								1 <input type="checkbox"/> Yes – Complete a separate column for each property    2 <input type="checkbox"/> No							

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

Part D – Detailed Questions – Continued

1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM <i>Enter a utility code in item 1a and a description of utility or fuel in item 1b from part C, item 1.</i>	PROCESSING USE ONLY	1 04 55 4 ↴				1 04 56 2 ↴			
	a. UTILITY CODE	0010			Code	0010			Code
	b. DESCRIPTION OF UTILITY OR FUEL	Description				Description			
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.	0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description		0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description		
	3. What is the name of the company or government agency which provides (utility or fuel description)? <i>Ask for utility codes 100–120, 200–260, and 290 only.</i>		Name		Name				
4. How many bills were received for (utility or fuel) for (property description)?	0045 _____ Number				0045 _____ Number				
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.	0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				
6. Do you have any of these bills or other records showing these (utility or fuel) charges?	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
7a. What was the amount of bill (bill number)? b. In what month was the bill received?  <i>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</i>  <i>Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.</i> c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms?	Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4	
	0070 \$ _____ .00	0140 \$ _____ .00	0210 \$ _____ .00	0280 \$ _____ .00	0070 \$ _____ .00	0140 \$ _____ .00	0210 \$ _____ .00	0280 \$ _____ .00	
	Month	Month	Month	Month	Month	Month	Month	Month	
	0080	0150	0220	0290	0080	0150	0220	0290	
	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	
OFFICE USE ONLY	0095	0165	0235	0305	0095	0165	0235	0305	
d. What was the quantity consumed for bill (bill number)?	Quantity 0105	Quantity 0175	Quantity 0245	Quantity 0315	Quantity 0105	Quantity 0175	Quantity 0245	Quantity 0315	
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	
f. How much were these charges?	0120 \$ _____ .00	0190 \$ _____ .00	0260 \$ _____ .00	0330 \$ _____ .00	0120 \$ _____ .00	0190 \$ _____ .00	0260 \$ _____ .00	0330 \$ _____ .00	
g. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i>	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	
8. Was any part of the charge deducted as a business expense?	0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?	0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				



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

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

## Part A – Screening Questions

[illegible]

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

### ► Part B – Job Description

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

### Part B – Job Description – Continued

[illegible]

**► Part B – Job Description – Continued**

FORM CE-302



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

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

Part A – Purchase of Household Appliances

8 06 02 6 →

a				b		c			d	e	f		g		h		i		j		PRE			
Information Booklet, page 16				What type did you purchase or rent? <i>Enter a brand name or a brief description of item.</i>	PROCESSING USE ONLY	ENTER ITEM CODE from column a.			Was this – 1 – Purchased for own use?  2 – Rented? Go to column g.  3 – Purchased for someone outside your CU?  <i>Mark (X) box</i>	When did you purchase it?  Month	What was the purchase price after any trade-in allowance?		If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?		Did this include sales tax?		Were there any extra charges for installation?  <i>If "Yes" – How much?</i>		Did you purchase or rent any other . . . ?  <i>If "No" go to next item in column a.</i>		1  Description from column b and section 5B item 7	2  Month from column e	3  Cost from column f or column g and section 5B item 7	
ITEM CODE	YES	NO									YES	NO	NO	YES	NO									
MICROWAVE OVEN . . .	120							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
COOKING STOVE, RANGE, OR OVEN . . .																								
Electric . . . . .	100							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
Gas . . . . .	110							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
Other . . . . .	130							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
REFRIGERATOR . . . . .	140							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
HOME-FREEZER . . . . .	150							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
DISHWASHER . . . . .																								
Built-in . . . . .	160							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
Portable . . . . .	170							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
GARBAGE DISPOSAL . . . . .	180							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
CLOTHES WASHER . . . . .	190							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
CLOTHES DRYER . . . . .	200							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
RANGE HOOD . . . . .	210							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
Combination of any of the above items . . . . .	220																							
2. FIELD REPRESENTATIVE CHECK ITEM	1 06 01 3 ↓							1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
Mark (X) box if there are no entries recorded in columns b–j.	0010	999	<input type="checkbox"/>	Go to Part B				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
								1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
NOTES								1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
								1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
								1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
								1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00
								1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>				\$	.00



<div>Section 6 – APPLIANCES, HOUSEHOLD EQUIPMENT, AND OTHER SELECTED ITEMS – Continued</div>															<div>FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask column a, reading the headings (in bold print). If YES, then read the individual items and complete a separate line in columns b through i as each item is reported.</div>																				
Part B – Purchase of Household Appliances and Other Selected Items															6 06 04 6 →																				
a					b		PROCESSING USE ONLY	c			d			e		f		g		h		i		NOTES		PRE									
																										1		2		3					
Information Booklet, pages 16–18					What type did you purchase or rent?			ENTER ITEM CODE from column a.			Was this – 1 – Purchased for own use? 2 – Rented? Go to column g 3 – Purchased for someone outside your CU? Mark (X) box			When did you purchase it?		What did it cost? (Include delivery charges, exclude installation charges.)		If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?		Did this include sales tax?		Did you purchase or rent any other . . . ?  If "No," go to next item in column a.				Description from column b		Month from column e		Cost from column f or column g					
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU, or for someone outside your CU?					Enter brand name or a brief description of the item.																											Month		Go to column h.	
SMALL HOUSEHOLD APPLIANCES					ITEM CODE	YES	NO																												
Small electrical kitchen appliances					230			0010			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
Electric personal care appliances					240			0020			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
Smoke detectors					250			0030			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
Electric floor cleaning equipment					260			0040			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
OTHER HOUSEHOLD APPLIANCES					270			0050			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
SEWING MACHINES					280			0060			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
CALCULATORS					590			0070			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
TELEPHONE AND ACCESSORIES					660			0080			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
TELEPHONE ANSWERING DEVICES					610			0090			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
TYPEWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE					620			0100			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
COMPUTERS, COMPUTER SYSTEMS AND RELATED HARDWARE FOR NON-BUSINESS USE					640			0110			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE					650			0120			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
PHOTOGRAPHIC EQUIPMENT					300			0130			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
LAWNMOWING MACHINERY AND OTHER YARD EQUIPMENT					310			0140			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
TOOLS FOR HOME USE								0150			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
Power tools					320			0160			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
Non-power tools					330			0170			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
HEATING AND COOLING EQUIPMENT								0180			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
Window air conditioners					340			0190			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
Portable cooling and heating equipment					350			0200			1 2 3					\$ .00		\$ .00		1 2										\$ .00					
Use only if unable to itemize above – Combined expenses					800						1 2 3					\$ .00		\$ .00		1 2										\$ .00					
2. FIELD REPRESENTATIVE CHECK ITEM					1 06 03 9 ↓			0010			999																								
Mark (X) box if there are no entries recorded in columns b–i.																																			

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

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

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

6 06 06 1 →

a				b	PROCESSING USE ONLY	c	d	e	f		g		h		i		NOTES	PRE		
Information Booklet, page 18				What type did you purchase or rent?  Enter a brand name or a brief description of the item.		ENTER ITEM CODE from column a.	Was this – 1 – Purchased for own use? 2 – Rented? Go to column g. 3 – Purchased for someone outside your CU?  Mark (X) box	When did you purchase it?  Month	What did it cost? (Include delivery charges, exclude installation charges.)  Go to column h.	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	Did this include sales tax?	Did you purchase or rent any other . . . ?  If "No," go to next item in column a.	1	2	3					
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU, or for someone outside your CU?																YES		NO	YES	NO
TELEVISIONS, RADIO, VIDEO, SOUND EQUIPMENT (DO NOT INCLUDE PURCHASES INSTALLED IN VEHICLES) . . .	Color televisions (portable and table models) . . . . .	360				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Color televisions consoles and combinations of TV; large screen color TV projection equipment; color monitors and other items . . . . .	370				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Black and white TV's and combinations of TV's with other items . . . . .	380				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	VCR, video camera, video disc player, camcorder . . . . .	390				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Satellite dishes . . . . .	670				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Radio, all types . . . . .	400				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Tape recorders and players . .	420				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Sound components, component systems, and compact disc sound systems . . . . .	430				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Other sound and video equipment, including accessories (audio/video tapes, etc. should be recorded in Section 17) . . . . .	440				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Use only if unable to itemize above – Combined expenses .	810				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	MUSICAL INSTRUMENTS, SUPPLIES AND ACCESSORIES . . . . .					1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Piano, organ, or keyboard . . .	450				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
	Other . . . . .	460				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00	
2. FIELD REPRESENTATIVE CHECK ITEM	1 06 05 4 ↓				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00		
Mark (X) box if there are no entries recorded in columns b–i.	0010 999 <input type="checkbox"/> Go to next page				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00		
					1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$	.00	\$	.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	.00		

Page 40

Section 6 – Part B (Continued)

Page 40

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

6 06 08 7 →

FORM CE-302

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

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

[illegible]

## NOTES

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

## NOTES



## Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

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

### Part A – Purchases

5 08 01 0 →

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

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS – Continued

Part A – Purchases – Continued				5 08 02 8 →																					
a				b			c			d		e		f		g		h		NOTES	PRE				
Information Booklet, pages 23 and 24 Have you (or any members of your CU) purchased for your CU or for someone outside your CU any of the following?				What did you purchase?  Enter a brief description of the item purchased.			ENTER ITEM CODE from column a.	In what month did you purchase it?	Was this purchased for your CU or someone outside your CU?		What was the purchase price?	Did this include sales tax?		Did you purchase any other . . . ?		1	2	3							
ITEM CODE	YES	NO	1 – For use by the CU. 2 – For someone outside your CU.	Month	Mark box				YES	NO		YES	NO	Description from column b	Month from column d				Cost from column f						
<b>CLOSET STORAGE AND TRAVEL ITEMS</b>																									
Storage items	180																								
Travel items	181																								
<b>DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE</b>																									
Plastic dinnerware	190																								
China and other dinnerware	191																								
Stainless, silver, and other flatware	192																								
Glassware	193																								
Serving pieces other than silver	195																								
Non-electric cookware	196																								
Use only if unable to itemize above – Combined kitchenware (Codes 190–196)	197																								
Silver serving pieces	198																								
<b>HOUSEHOLD LINENS</b>																									
Bedroom linens	200																								
Bathroom linens	201																								
Kitchen and dining room linens	202																								
Other linens	203																								
Use only if unable to itemize above – Combined linens (Codes 200–203)	204																								
Slipcovers, decorative pillows and cushions	205																								
<b>FLOOR AND WINDOW COVERINGS</b>																									
Original wall-to-wall carpet	210																								
Replacement wall-to-wall carpet	211																								
Room size rugs and other non-permanent floor coverings, including carpet squares	212																								
Curtains and drapes	214																								
Venetian blinds, window shades, other window coverings	215																								
Use only if unable to itemize above – Combined expenses	220																								
NOTES																									

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

### Part B – Rental, Leasing, or Repair of Furniture

1 08 03 5 ↓

[illegible]

Section 9 – CLOTHING AND SEWING MATERIALS

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

Part A – Clothing

6 09 02 4 →

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

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part A – Clothing – Continued

6 09 04 0 →

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



Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part A – Clothing – Continued

6 09 06 5 →

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

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

Part A – Clothing – Continued		6 09 07 3 →																		
b		c		d		e	f		g		h		i		NOTES	PRE				
What did you buy?  <i>Describe briefly the item purchased.</i>	PROCESSING USE ONLY	ENTER ITEM CODE from column a from the preceding pages.	For whom was it purchased?  <i>If CU member, enter name and line number from Control Card.  If someone outside CU, enter name and appropriate code as follows:  90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15</i>		How many did you purchase?  <i>Enter number of identical items purchased.</i>	In what month did you purchase it?	How much did it cost?	Did this include sales tax?		Did you purchase any other . . . ?  <i>If "No," go to next item in column a.</i>		1	2	3		4				
			Name	Line No. or code				YES	NO	YES	NO						Description from column b	Person from column d  Name	Month from column f  Month	Cost from column g
	0010								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0020								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0030								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0040								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0050								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0060								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0070								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0080								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0090								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0100								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0110								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0120								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0130								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0140								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0150								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0160								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0170								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00
	0180								\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					\$	.00

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part B – Infants Clothing, Watches, Jewelry, and Hairpieces

6 09 12 3 →

a				b		PROCESSING USE ONLY	c			d		e	f		g		h		i		PRE		
1a. Have you (or any members of your CU) purchased clothing for infants under 2 years of age either for members of your CU or for someone outside your CU?				What did you buy? <i>Describe briefly the item purchased.</i>			ENTER ITEM CODE from column a.			Was this purchased for your CU or for someone outside of your CU?		How many did you purchase?  <i>Enter number of identical items purchased.</i>	In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ?  <i>If "No," go to next item in column a.</i>		1	2	3
Such as –				ITEM CODE	YES	NO				CU member	Non-CU member		Month				YES NO		YES NO		Description from column b	Month from column f	Cost from column g
															\$ .00		1 2						\$ .00
Coats, jackets, or snowsuits . . . . .				290											\$ .00		1 2						\$ .00
Dresses and other outerwear . . . . .				300											\$ .00		1 2						\$ .00
Underwear and diapers, including disposable . . . . .				310											\$ .00		1 2						\$ .00
Sleeping garments . . . . .				320						1	2				\$ .00		1 2						\$ .00
Layettes . . . . .				330						1	2				\$ .00		1 2						\$ .00
Accessories . . . . .				340						1	2				\$ .00		1 2						\$ .00
Combined clothing for infants – This should be used only if the respondent cannot itemize clothing purchases. Specify (in the Notes) the types of clothing combined.				360						1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
b. Have you (or any members of your CU) purchased any other infants clothing which you have not previously mentioned?  <i>If YES – probe and assign an item code.</i>										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
2. Have you (or any members of your CU) purchased any of the following items, either for members of your CU or for someone outside your CU?  Watches . . . . .										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
Jewelry . . . . .				370						1	2				\$ .00		1 2						\$ .00
				380						1	2				\$ .00		1 2						\$ .00
				390						1	2				\$ .00		1 2						\$ .00
3. FIELD REPRESENTATIVE CHECK ITEM  <i>Mark (X) box if there are no entries recorded in columns b–i.</i>				1 09 11 6 ↓						1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
				0010	999					1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00
										1	2				\$ .00		1 2						\$ .00

## Section 9 – CLOTHING AND SEWING MATERIALS – Continued

**► Part B – Infants Clothing, Watches, Jewelry, and Hairpieces – Continued**

6 09 13 1 →

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

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part C – Sewing Materials

5 09 22 4 →

a				b		PROCESSING USE ONLY	c		d		e		f		g		h		PRE				
<div>Information Booklet, page 27</div> <div>1. Have you (or any members of your CU) purchased any sewing materials, either for members of your CU or for someone outside your CU?</div> <div><input type="checkbox"/> YES    <input type="checkbox"/> NO – Go to item 2</div> <div>If YES , read the list of individual items below. Complete columns b–h for each item purchased.</div> <div>Were these –</div> <div><div><div>Sewing materials for making slipcovers, curtains, etc., and for handwork in the home including yarn? . . . . .</div><div>400</div></div><div><div>Sewing materials for making clothes? . . . . .</div><div>410</div></div><div><div>Sewing notions? . . . . .</div><div>420</div></div><div><div>Other sewing materials? . . . .</div><div>430</div></div><div><div>Use only if unable to itemize separately – Combined sewing materials . . . . .</div><div>440</div></div></div> <div>ITEM CODE</div> <div>YES</div> <div>NO</div>				What did you buy? <i>Describe briefly the item purchased.</i>			ENTER ITEM CODE from column a.		Was this purchased for your CU or for someone outside of your CU?		In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		1    2    3				
																			Description from column b    Month from column e    Cost from column f				
									CU member	Non-CU member	Month				YES	NO	YES	NO					
						0010				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0020				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0030				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0040				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0050				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0060				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0070				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0080				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0090				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0100				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0110				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0120				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0130				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0140				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0150				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0160				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0170				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			
						0180				1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ .00			



Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part D – Clothing Services

5 09 32 3 →

a				b		PROCESSING USE ONLY	c		d		e		f		g		h		PRE		
<div>Information Booklet, page 27</div> <div>1. Have you (or any members of your CU) had expenses for any of the following, either for members of your CU or for someone outside your CU?</div> <div><div>Repair, alteration, and tailoring for clothing and accessories . . . . .</div><div>Shoe repair and other shoe services . . . . .</div><div>Watch or jewelry repair . . . . .</div><div>Clothing rental . . . . .</div><div>Clothing storage . . . . .</div></div> <div><div>ITEM CODE</div><div>YES</div><div>NO</div></div>				What did you buy? <i>Describe briefly the item purchased.</i>			ENTER ITEM CODE from column a.		Was this purchased for your CU or for someone outside of your CU?		In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		1		
																			Description from column b		
									CU member	Non-CU member	Month				YES	NO	YES	NO	2		
						0010			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3		
						0020			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0030			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0040			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0050			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0060			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0070			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0080			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0090			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0100			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0110			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0120			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0130			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0140			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0150			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0160			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0170			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0180			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$	.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

2. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) box if there are no entries in columns b–h.

1 09 31 4 ↓

0010 999 ☐ Go to section 10

NOTES

Page 54

Section 9 – Part D

Page 54

Section 10

## Section 10 – RENTED AND LEASED VEHICLES

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

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

Information Booklet, page 28

**1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.**

☐ Yes      ☐ No – *Go to item 6*

*If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.*

**b. If YES to an individual item ask – How many?**

Information Booklet, page 28

1a.

Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.

☐ Yes   ☐ No – Go to item 6

If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.

b.

If YES to an individual item ask – How many?

	VEHICLE CODE	YES	NO	HOW MANY?
Automobile . . .	100			
Truck, including vans . . . . .	110			
Motorized camper-coach . .	120			
Trailer-type camper . . . . .	130			
Other attachable- type camper . . .	140			
Motorcycle, motor scooter, or moped (motorized bicycle) . . . . .	150			
Boat, with a motor . . . . .	160			
Boat, without a motor . . . . .	170			
Trailer, other than camper type, such as for a boat or cycle . . . . .	180			
Private plane . .	190			
Any other vehicle . . . . .	200			

NOTES

2.

FIELD REPRESENTATIVE ITEM

PROCESSING USE ONLY

VEHICLE NUMBER

a.

Describe briefly the type of vehicle rented, such as "auto" or "boat."

b.

Enter vehicle code from item 1b.

3.

Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?

0030

1

☐

Yes – Go to next rented vehicle or item 6

2

☐

No

4.

Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle?

If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.

0080

\$

.

00

5a.

Were (Will) any of the rental expenses (be) deducted as business expenses, reimbursed, or paid by someone else?

0130

1

☐

Yes

2

☐

No – Go to next rented vehicle or item 6

b.

If YES – What percent of the total expense will this cover? Enter to nearest whole percent.

0140

.

00

Percent

LEASED VEHICLES

☐ If this box is marked, no vehicles were previously reported – Go to item 7a.

6. Ask column f for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b below).

7 10 10 3 → LEASED VEHICLE INVENTORY CHART

PROCESSING USE ONLY	a	b		Vehicle identification			c	d	e	f	g	h	i	j
	Vehicle number	Vehicle disposed of	Vehicle identification from part B, item 2			Vehicle used for business from part B, item 6a	Enter vehicle code from part B, item 1b.	Do you still have vehicle? If NO – mark box and go to item 6h.	How many miles are on the vehicle? Enter and go to next vehicle or to item 7a.	What month was the lease terminated?	Were any fees incurred at the termination of the lease?		If YES – How much? Enter and go to next vehicle or item 7a.	
			YEAR	MAKE	MODEL	YES					NO	Month		YES
0010	1									1	2			\$
0020	2									1	2			\$
0030	3									1	2			\$
0040	4									1	2			\$
0050	5									1	2			\$
0060	6									1	2			\$
0070	7									1	2			\$

## Section 10 – RENTED AND LEASED VEHICLES – Continued

*FIELD REPRESENTATIVE – Ask item 7 for all respondents.*

**Part A.1 – Screening Questions – Continued**[illegible]

## Section 10 – RENTED AND LEASED VEHICLES – Continued

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

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

Information Booklet, page 28 <b>1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.					<b>2. FIELD REPRESENTATIVE ITEM</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">PROCESSING USE ONLY</div> <div style="width: 20%; text-align: center; color: red;">1 10 12 2 ↓</div> <div style="width: 20%; text-align: center; color: red;">1 10 13 0 ↓</div> <div style="width: 20%; text-align: center; color: red;">1 10 14 8 ↓</div> <div style="width: 20%; text-align: center; color: red;">1 10 15 5 ↓</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">VEHICLE NUMBER</div> <div style="width: 20%; text-align: center; color: blue;">1</div> <div style="width: 20%; text-align: center; color: blue;">2</div> <div style="width: 20%; text-align: center; color: blue;">3</div> <div style="width: 20%; text-align: center; color: blue;">4</div> </div>																								
<b>a. Describe briefly the type of vehicle rented, such as "auto" or "boat."</b> _____					Description					Description					Description					Description									
<b>b. Enter vehicle code from item 1b.</b>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0010</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 5px;">Code</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0010</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 5px;">Code</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0010</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 5px;">Code</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0010</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 5px;">Code</div> </div>									
<b>3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?</b>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0030</div> <div style="margin-right: 5px;">1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6</div> <div style="margin-right: 5px;">2 <input type="checkbox"/> No</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0030</div> <div style="margin-right: 5px;">1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6</div> <div style="margin-right: 5px;">2 <input type="checkbox"/> No</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0030</div> <div style="margin-right: 5px;">1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6</div> <div style="margin-right: 5px;">2 <input type="checkbox"/> No</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0030</div> <div style="margin-right: 5px;">1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6</div> <div style="margin-right: 5px;">2 <input type="checkbox"/> No</div> </div>									
<b>4. Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle?</b> <i>If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.</i>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0080</div> <div style="margin-right: 5px;">\$ _____</div> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 5px;">.00</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0080</div> <div style="margin-right: 5px;">\$ _____</div> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 5px;">.00</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0080</div> <div style="margin-right: 5px;">\$ _____</div> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 5px;">.00</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0080</div> <div style="margin-right: 5px;">\$ _____</div> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 5px;">.00</div> </div>									
<b>5a. Were (Will) any of the rental expenses (be) deducted as business expenses, reimbursed, or paid by someone else?</b>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0130</div> <div style="margin-right: 5px;">1 <input type="checkbox"/> Yes</div> <div style="margin-right: 5px;">2 <input type="checkbox"/> No – Go to next rented vehicle or item 6</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0130</div> <div style="margin-right: 5px;">1 <input type="checkbox"/> Yes</div> <div style="margin-right: 5px;">2 <input type="checkbox"/> No – Go to next rented vehicle or item 6</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0130</div> <div style="margin-right: 5px;">1 <input type="checkbox"/> Yes</div> <div style="margin-right: 5px;">2 <input type="checkbox"/> No – Go to next rented vehicle or item 6</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0130</div> <div style="margin-right: 5px;">1 <input type="checkbox"/> Yes</div> <div style="margin-right: 5px;">2 <input type="checkbox"/> No – Go to next rented vehicle or item 6</div> </div>									
<b>b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.</b>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0140</div> <div style="margin-right: 5px;">_____</div> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 5px;">.00</div> <div style="margin-left: 5px;">Percent</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0140</div> <div style="margin-right: 5px;">_____</div> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 5px;">.00</div> <div style="margin-left: 5px;">Percent</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0140</div> <div style="margin-right: 5px;">_____</div> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 5px;">.00</div> <div style="margin-left: 5px;">Percent</div> </div>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0140</div> <div style="margin-right: 5px;">_____</div> <div style="border: 1px solid black; padding: 2px 5px; margin-left: 5px;">.00</div> <div style="margin-left: 5px;">Percent</div> </div>									
<b>LEASED VEHICLES</b>					1 10 20 5 ↓					NOTES																			
<b>6a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any lease payments or begun leasing any automobile or truck not used ENTIRELY for business?</b>					<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0010</div> <div style="margin-right: 5px;">1 <input type="checkbox"/> Yes</div> <div style="margin-right: 5px;">2 <input type="checkbox"/> No – Go to section 11</div> </div>																								
<b>b. If YES – What kind of vehicle was it?</b> Enter vehicle code																													

Section 10 – RENTED AND LEASED VEHICLES – Continued									
Part B – Detailed Questions for Leased Vehicles									
<b>1. FIELD REPRESENTATIVE ITEM</b> <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a. <b>b.</b> Enter a vehicle code from part A.1 or A.2.	PROCESSING USE ONLY	1 10 21 3 ↓			<b>10a. What was the number of payments contracted for?</b>  <b>b. In what month and year was the first payment made?</b>  <b>c. What is the amount of each payment?</b>  <b>d. What period is covered by each payment?</b>  <b>e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?</b>  <b>f. If YES – How much of the payment is for these extra charges?</b>			NOTES	
	a. VEHICLE NUMBER	0010 _____ Number							
	b. VEHICLE CODE	0020 _____ Code							
<b>2. What is the year, make, and model?</b>		Year	Make	Model	<b>11. Is any of the (period reported in item 10d) leasing cost paid by an employer?</b>				
		0030 _____							
		OFFICE USE ONLY Enter auto code	0040 _____		<b>12. Was a trade-in allowance received?</b>				
<b>3. How many cylinders does it have?</b>		0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)							
<b>4. Does it have –</b> <b>a. Automatic transmission?</b> ..... <b>b. Power steering?</b> ..... <b>c. Power brakes?</b> ..... <b>d. Air conditioning?</b> ..... <b>e. Sun roof?</b> ..... <b>f. Turbo charged engine?</b> ..... <b>g. Diesel engine?</b> ..... <b>h. Four wheel drive?</b> .....		Yes	No	<b>13a. Was a cash down payment made?</b> (A down payment is a capitalized cost reduction.)  <b>b. Was any portion of the cash down payment paid by an employer?</b>					
		0060 1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0070 1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0080 1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0090 1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0100 1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0110 1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0120 1 <input type="checkbox"/>	2 <input type="checkbox"/>						
<b>5a. How many doors does it have?</b>		0122 _____ Doors	<b>14a. Do you still have this vehicle?</b>						
<b>b. Is it a . . . ?</b>		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?							
<b>6a. Is it used for business?</b>		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 7	<b>14b. In what month was the lease terminated?</b>						
<b>b. If used for business – What percent of the mileage is counted as a business expense?</b>		0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.							
<b>7. How many miles are currently on the vehicle?</b>		0150 _____ Miles (Enter to nearest whole mile)	<b>c. Were any fees incurred at the termination of the lease?</b>						
<b>8. Was it new or used when first leased?</b>		0160 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used							
<b>9. Was this vehicle leased from a –</b>		0170 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – Specify _____							



Section 10 – RENTED AND LEASED VEHICLES – Continued									
Part B – Detailed Questions for Leased Vehicles – Continued									
<b>1. FIELD REPRESENTATIVE ITEM</b> <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a. <b>b.</b> Enter a vehicle code from part A.1 or A.2.	PROCESSING USE ONLY	1 10 24 7 ↓			<b>10a. What was the number of payments contracted for?</b>  <b>b. In what month and year was the first payment made?</b>  <b>c. What is the amount of each payment?</b>  <b>d. What period is covered by each payment?</b>  <b>e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?</b>  <b>f. If YES – How much of the payment is for these extra charges?</b>			NOTES	
	<b>a. VEHICLE NUMBER</b>	Number							
		Code			<b>10b. In what month and year was the first payment made?</b>  <b>c. What is the amount of each payment?</b>  <b>d. What period is covered by each payment?</b>  <b>e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?</b>  <b>f. If YES – How much of the payment is for these extra charges?</b>				
<b>b. VEHICLE CODE</b>	Code								
<b>2. What is the year, make, and model?</b>		Year	Make	Model	<b>11. Is any of the (period reported in item 10d) leasing cost paid by an employer?</b>  <b>12. Was a trade-in allowance received?</b>  <b>13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b>  <b>b. Was any portion of the cash down payment paid by an employer?</b>  <b>14a. Do you still have this vehicle?</b>  <b>b. In what month was the lease terminated?</b>  <b>c. Were any fees incurred at the termination of the lease?</b>				
<b>3. How many cylinders does it have?</b>		Cylinders			<b>15. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b>  <b>b. Was any portion of the cash down payment paid by an employer?</b>  <b>16a. Do you still have this vehicle?</b>  <b>b. In what month was the lease terminated?</b>  <b>c. Were any fees incurred at the termination of the lease?</b>				
		No cylinders (rotary, turbine or electric)							
<b>4. Does it have –</b> <b>a. Automatic transmission?</b> <b>b. Power steering?</b> <b>c. Power brakes?</b> <b>d. Air conditioning?</b> <b>e. Sun roof?</b> <b>f. Turbo charged engine?</b> <b>g. Diesel engine?</b> <b>h. Four wheel drive?</b>		Yes	No	<b>17. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b>  <b>b. Was any portion of the cash down payment paid by an employer?</b>  <b>18a. Do you still have this vehicle?</b>  <b>b. In what month was the lease terminated?</b>  <b>c. Were any fees incurred at the termination of the lease?</b>					
<b>5a. How many doors does it have?</b>		Doors			<b>19. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b>  <b>b. Was any portion of the cash down payment paid by an employer?</b>  <b>20a. Do you still have this vehicle?</b>  <b>b. In what month was the lease terminated?</b>  <b>c. Were any fees incurred at the termination of the lease?</b>				
<b>b. Is it a . . . ?</b>									
<b>6a. Is it used for business?</b>		Yes, used for business			<b>21. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b>  <b>b. Was any portion of the cash down payment paid by an employer?</b>  <b>22a. Do you still have this vehicle?</b>  <b>b. In what month was the lease terminated?</b>  <b>c. Were any fees incurred at the termination of the lease?</b>				
<b>b. If used for business – What percent of the mileage is counted as a business expense?</b>		Percent							
<b>7. How many miles are currently on the vehicle?</b>		Miles			<b>23. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b>  <b>b. Was any portion of the cash down payment paid by an employer?</b>  <b>24a. Do you still have this vehicle?</b>  <b>b. In what month was the lease terminated?</b>  <b>c. Were any fees incurred at the termination of the lease?</b>				
		(Enter to nearest whole mile)							
<b>8. Was it new or used when first leased?</b>		New Used			<b>25. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b>  <b>b. Was any portion of the cash down payment paid by an employer?</b>  <b>26a. Do you still have this vehicle?</b>  <b>b. In what month was the lease terminated?</b>  <b>c. Were any fees incurred at the termination of the lease?</b>				
<b>9. Was this vehicle leased from a –</b>		New or used vehicle dealer?							
		Independent leasing company?							
		Bank?			<b>27. Was a cash down payment made? (A down payment is a capitalized cost reduction.)</b>  <b>b. Was any portion of the cash down payment paid by an employer?</b>  <b>28a. Do you still have this vehicle?</b>  <b>b. In what month was the lease terminated?</b>  <b>c. Were any fees incurred at the termination of the lease?</b>				
		Someplace else? – Specify							

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

## Section 11 – OWNED VEHICLES

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

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

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

**1.** Ask column *h* for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column *b*).

*For each vehicle code 100 through 120 and 150 listed which has not been disposed of, ask column i.*

4 11 00 9 →

### OWNED VEHICLE INVENTORY CHART

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

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

1 11 01 3 ↓

0010 1 ☐ Yes  
2 ☐ No – *Go to next part or section*

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

*Enter vehicle code from item 3 below.*

0020				0030			
0040				0050			
0060				0070			
0080				0090			
0100				0110			

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

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

NOTES

Section 11 – OWNED VEHICLES – Continued					FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask part A.2 questions 1 through 3 for all vehicles and then complete part B for each vehicle reported. Also complete part C for each vehicle disposed of.										
Part A.2 – Screening Questions – FOR NEW CONSUMER UNITS ONLY				1 11 02 1 ↴											
Information Booklet, page 28		VEHICLE CODE		YES		NO		If YES – How many?		4. FIELD REPRESENTATIVE INSTRUCTIONS					
1. Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?										Complete part B for each vehicle reported in items 1 and 2. Complete parts B and C for each vehicle reported in item 3.					
a. Automobile		100		0010 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0020				NOTES					
b. Truck, including vans		110		0030 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0040									
c. Motorized camper-coach		120		0050 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0060									
d. Trailer type camper		130		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0080									
e. Other attachable type camper		140		0090 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0100									
f. Motorcycle, motor scooter, or moped (motorized bicycle)		150		0110 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0120									
g. Boat, purchased with a motor		160		0130 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0140									
h. Boat, purchased without a motor		170		0150 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0160									
i. Trailer other than camper type, such as for a boat or cycle		180		0170 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0180									
j. Private plane		190		0190 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0200									
k. Any other vehicle		200		0210 1 <input type="checkbox"/> 2 <input type="checkbox"/>		0220									
2a. Have you (or any members of your CU) purchased any such vehicles since the 1st of the (month, 3 months ago) as a gift to someone outside of your CU?				0230 1 <input type="checkbox"/> Yes – Ask items 2b and 2c 2 <input type="checkbox"/> No – Go to item 3a											
b. If YES – How many?				0240 _____ Number											
c. What kind of vehicle(s) did you purchase? Enter a separate code for each vehicle.				0250 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0260 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0270 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0280 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0290 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0300 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0310 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0320 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0330 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
3a. Have you (or any members of your CU) disposed of any automobiles or other vehicles since the 1st of (month, 3 months ago)?				0340 1 <input type="checkbox"/> Yes – Ask items 3b and 3c 2 <input type="checkbox"/> No – Go to item 4											
b. If YES – How many?				0350 _____ Number											
c. What kind of vehicle(s) did you dispose of? Enter a separate code for each vehicle.				0360 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0370 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0380 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0390 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0400 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0410 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0420 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0430 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0440 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0450 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0460 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0470 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											

Section 11 – OWNED VEHICLES – Continued										
Part B – Detailed Questions										
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY	1 11 03 9 ↓							
		a. VEHICLE NUMBER	0010	Number						
		b. VEHICLE CODE	0020				Code			
Do not ask for vehicle codes 100 or 110.			Description							
2. Briefly describe the (vehicle).			Year		Make		Model			
3. What is the year, make, and model?  Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).			0030							
			OFFICE USE ONLY Enter auto code	0040						
4. How many cylinders does it have?			0050	Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)						
5. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?			Yes	No						
			0060	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0070	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0080	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0090	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0100	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0110	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
			0120	1 <input type="checkbox"/>	2 <input type="checkbox"/>					
6a. How many doors does it have?			0122	Doors						
b. Is it a . . . ?			0123	1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?						
7a. Is it used for business?			0130	1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8						
b. If used for business – What percent of the mileage is counted as a business expense?			0140	Percent { If 100%, delete this vehicle and go to next vehicle.						
8. Was it new or used when acquired?			0150	1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used						
9. Was this vehicle purchased from –			0160	1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify						
10a. Was this vehicle –			0170	1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?						
Ask for item codes 100–120 and 150 only.										
b. How many miles are currently on the vehicle?			0180	Miles – If item 10a is code 3, stop and go to next vehicle.						
11. In what month and year was it purchased?			0190	Month		Year				
12a. Was any portion of the purchase price financed?			0210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.						
b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?			0220	1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments						
13a. Was a trade-in allowance received?			0230	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c						
b. If YES – How much?			0240	\$ .00						
c. What was the amount paid for it after trade-in allowance and discount?			0250	\$ .00						
d. Did this price include sales tax?			0260	1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No						
e. Was any of the amount or price paid by an employer?			0270	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14						
f. If YES – How much?			0280	\$ .00						
Ask items 14 and 15 for credit payments only, "2" marked in item 12b.										
14. What was the amount of the cash down payment?			0290	\$ .00						
15a. What was the source of credit?			0300	1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Credit Union						
Ask if codes "2," "3," or "4" marked in item 15a.										
b. Was this a home equity loan?			0305	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
c. How much was borrowed, excluding any interest?			0310	\$ .00						
d. What was the number of payments contracted for?			0320	Payments						
e. In what month and year was the first payment made?			0330	Month		Year				
f. What is the amount of each payment?			0350	\$ .00						
g. What period is covered by each payment?			0360	1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarter						
h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?			0370	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section						
i. If YES – How much of the payment is for these extra charges?			0380	\$ .00 x <input type="checkbox"/> Don't know						



Section 11 – OWNED VEHICLES – Continued											
Part B – Detailed Questions – Continued											
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY	1 11 04 7 ↓			11. In what month and year was it purchased?		Month	Year		
		a. VEHICLE NUMBER	0010	_____ Number			0190			0200	
		b. VEHICLE CODE	0020				Code				
2. Briefly describe the (vehicle). <i>Do not ask for vehicle codes 100 or 110.</i>		Description			12a. Was any portion of the purchase price financed?		0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.				
3. What is the year, make, and model? <i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i>		Year _____ Make _____ Model _____			b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?		0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments				
4. How many cylinders does it have?		0030			13a. Was a trade-in allowance received?		0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c				
		OFFICE USE ONLY Enter auto code			0040						
5. Does it have –		0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)			b. If YES – How much?		0240 \$ _____ .00				
a. Automatic transmission? . . . . .		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			c. What was the amount paid for it after trade-in allowance and discount?		0250 \$ _____ .00				
b. Power steering? . . . . .		0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			d. Did this price include sales tax?		0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No				
c. Power brakes? . . . . .		0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			e. Was any of the amount or price paid by an employer?		0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14				
d. Air conditioning? . . . . .		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			f. If YES – How much?		0280 \$ _____ .00				
e. Sun roof? . . . . .		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			14. What was the amount of the cash down payment?		0290 \$ _____ .00				
f. Turbo charged engine? . . . . .		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			15a. What was the source of credit?		0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Credit Union				
g. Diesel engine? . . . . .		0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			Ask items 14 and 15 for credit payments only, "2" marked in item 12b.		0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
h. Four wheel drive? . . . . .		0121 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			b. Was this a home equity loan?		0310 \$ _____ .00				
6a. How many doors does it have? <i>Ask for vehicle code 100.</i>		0122 _____ Doors			d. What was the number of payments contracted for?		0320 _____ Payments				
b. Is it a . . . ?		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?			e. In what month and year was the first payment made?		Month	Year			
7a. Is it used for business?		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8			f. What is the amount of each payment?		0330			0340	
b. If used for business – What percent of the mileage is counted as a business expense?		0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.			g. What period is covered by each payment?		0350 \$ _____ .00				
8. Was it new or used when acquired?		0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used			h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?		0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter				
9. Was this vehicle purchased from –		0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____			i. If YES – How much of the payment is for these extra charges?		0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section				
10a. Was this vehicle –		0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?					0380 \$ _____ .00 x <input type="checkbox"/> Don't know				
b. How many miles are currently on the vehicle? <i>Ask for item codes 100–120 and 150 only.</i>		0180 _____ Miles – If item 10a is code 3, stop and go to next vehicle.									

Section 11 – OWNED VEHICLES – Continued										
Part B – Detailed Questions – Continued										
<b>1. FIELD REPRESENTATIVE ITEM</b> <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a. <b>b.</b> Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY	1 11 05 4 ↓							
		<b>a. VEHICLE NUMBER</b>	0010	_____ Number						
		<b>b. VEHICLE CODE</b>	0020	<div></div> <div></div> <div></div>	Code					
Do not ask for vehicle codes 100 or 110.			Description							
<b>2. Briefly describe the</b> (vehicle).										
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).			Year <div></div> <div></div> <div></div> <div></div> Make <div></div> Model <div></div>							
<b>3. What is the year, make, and model?</b>			0030							
			OFFICE USE ONLY Enter auto code							
<b>4. How many cylinders does it have?</b>			0050 _____ Cylinders <input type="checkbox"/> No cylinders (rotary, turbine, or electric)							
<b>5. Does it have –</b>			Yes No							
<b>a. Automatic transmission?</b> .....			0060 <input type="checkbox"/> <input type="checkbox"/>							
<b>b. Power steering?</b> .....			0070 <input type="checkbox"/> <input type="checkbox"/>							
<b>c. Power brakes?</b> .....			0080 <input type="checkbox"/> <input type="checkbox"/>							
<b>d. Air conditioning?</b> .....			0090 <input type="checkbox"/> <input type="checkbox"/>							
<b>e. Sun roof?</b> .....			0100 <input type="checkbox"/> <input type="checkbox"/>							
<b>f. Turbo charged engine?</b> .....			0110 <input type="checkbox"/> <input type="checkbox"/>							
<b>g. Diesel engine?</b> .....			0120 <input type="checkbox"/> <input type="checkbox"/>							
<b>h. Four wheel drive?</b> .....			0121 <input type="checkbox"/> <input type="checkbox"/>							
Ask for vehicle code 100.										
<b>6a. How many doors does it have?</b>			0122 _____ Doors							
<b>b. Is it a . . . ?</b>			0123 <input type="checkbox"/> <b>Station wagon?</b> <input type="checkbox"/> <b>Convertible?</b> <input type="checkbox"/> <b>Hatchback?</b> <input type="checkbox"/> <b>Other?</b>							
<b>7a. Is it used for business?</b>			0130 <input type="checkbox"/> Yes, used for business <input type="checkbox"/> Personal use only – Go to item 8							
<b>b. If used for business – What percent of the mileage is counted as a business expense?</b>			0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.							
<b>8. Was it new or used when acquired?</b>			0150 <input type="checkbox"/> New <input type="checkbox"/> Used							
<b>9. Was this vehicle purchased from –</b>			0160 <input type="checkbox"/> <b>Vehicle dealership?</b> <input type="checkbox"/> <b>Private individual?</b> <input type="checkbox"/> <b>Other?</b> – Specify _____							
<b>10a. Was this vehicle –</b>			0170 <input type="checkbox"/> <b>Purchased for own use?</b> <input type="checkbox"/> <b>Purchased as a gift to others?</b> – Go to item 11 <input type="checkbox"/> <b>Received as gift?</b>							
Ask for item codes 100–120 and 150 only.										
<b>b. How many miles are currently on the vehicle?</b>			0180 _____ Miles – If item 10a is code 3, stop and go to next vehicle.							
<b>11. In what month and year was it purchased?</b>			0190 <div></div> <div></div> 0200 <div></div> <div></div> <div></div> <div></div> Month Year							
<b>12a. Was any portion of the purchase price financed?</b>			0210 <input type="checkbox"/> Yes <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.							
<b>b. If YES – On the 1st of</b> (month, 3 months ago), <b>were all loans on</b> (vehicle) <b>paid off or were there any remaining payments to be made?</b>			0220 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. <input type="checkbox"/> Remaining payments							
<b>13a. Was a trade-in allowance received?</b>			0230 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 13c							
<b>b. If YES – How much?</b>			0240 \$ _____ .00							
<b>c. What was the amount paid for it after trade-in allowance and discount?</b>			0250 \$ _____ .00							
<b>d. Did this price include sales tax?</b>			0260 <input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No							
<b>e. Was any of the amount or price paid by an employer?</b>			0270 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 14							
<b>f. If YES – How much?</b>			0280 \$ _____ .00							
Ask items 14 and 15 for credit payments only, "2" marked in item 12b.										
<b>14. What was the amount of the cash down payment?</b>			0290 \$ _____ .00							
<b>15a. What was the source of credit?</b>			0300 <input type="checkbox"/> Auto dealer <input type="checkbox"/> Insurance company <input type="checkbox"/> Finance company <input type="checkbox"/> Individual <input type="checkbox"/> Bank <input type="checkbox"/> Other – Specify ↗ <input type="checkbox"/> Credit Union							
Ask if codes "2," "3," or "4" marked in item 15a.										
<b>b. Was this a home equity loan?</b>			0305 <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>c. How much was borrowed, excluding any interest?</b>			0310 \$ _____ .00							
<b>d. What was the number of payments contracted for?</b>			0320 _____ Payments							
<b>e. In what month and year was the first payment made?</b>			0330 <div></div> <div></div> 0340 <div></div> <div></div> <div></div> <div></div> Month Year							
<b>f. What is the amount of each payment?</b>			0350 \$ _____ .00							
<b>g. What period is covered by each payment?</b>			0360 <input type="checkbox"/> Week <input type="checkbox"/> Semiannually <input type="checkbox"/> 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Month <input type="checkbox"/> Other – Specify ↗ <input type="checkbox"/> Quarter							
<b>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</b>			0370 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know } Go to next vehicle or part or section							
<b>i. If YES – How much of the payment is for these extra charges?</b>			0380 \$ _____ .00 x <input type="checkbox"/> Don't know							

Section 11 – OWNED VEHICLES – Continued										
Part B – Detailed Questions – Continued										
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY	1 11 06 2 ↓							
		a. VEHICLE NUMBER	0010	_____ Number						
		b. VEHICLE CODE	0020					Code		
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).		Description								
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model?			Year		Make		Model			
		0030								
		OFFICE USE ONLY Enter auto code	0040							
4. How many cylinders does it have?		0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)								
5. Does it have – a. Automatic transmission? b. Power steering? c. Power brakes? d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine? h. Four wheel drive?			Yes	No						
		0060	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0070	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0080	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0090	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0100	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0110	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0120	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
		0121	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
Ask for vehicle code 100. 6a. How many doors does it have?		0122 _____ Doors								
b. Is it a . . . ?		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?								
7a. Is it used for business?		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8								
b. If used for business – What percent of the mileage is counted as a business expense?		0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.								
8. Was it new or used when acquired?		0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used								
9. Was this vehicle purchased from –		0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____								
10a. Was this vehicle –		0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?								
Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle?		0180 _____ Miles – If item 10a is code 3, stop and go to next vehicle.								
11. In what month and year was it purchased?			Month _____ Year _____ 0190 _____ 0200 _____							
12a. Was any portion of the purchase price financed?			0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.							
b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?			0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments							
13a. Was a trade-in allowance received?			0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c							
b. If YES – How much?			0240 \$ _____ .00							
c. What was the amount paid for it after trade-in allowance and discount?			0250 \$ _____ .00							
d. Did this price include sales tax?			0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No							
e. Was any of the amount or price paid by an employer?			0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14							
f. If YES – How much?			0280 \$ _____ .00							
Ask items 14 and 15 for credit payments only, "2" marked in item 12b. 14. What was the amount of the cash down payment?			0290 \$ _____ .00							
15a. What was the source of credit?			0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Credit Union							
Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?			0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
c. How much was borrowed, excluding any interest?			0310 \$ _____ .00							
d. What was the number of payments contracted for?			0320 _____ Payments							
e. In what month and year was the first payment made?			Month _____ Year _____ 0330 _____ 0340 _____							
f. What is the amount of each payment?			0350 \$ _____ .00							
g. What period is covered by each payment?			0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter							
h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?			0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part or section x <input type="checkbox"/> Don't know							
i. If YES – How much of the payment is for these extra charges?			0380 \$ _____ .00 x <input type="checkbox"/> Don't know							

Section 11 – OWNED VEHICLES – Continued										
Part B – Detailed Questions – Continued										
<b>1. FIELD REPRESENTATIVE ITEM</b> <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a. <b>b.</b> Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY	1 11 07 0 ↓							
		<b>a. VEHICLE NUMBER</b>	0010	Number						
		<b>b. VEHICLE CODE</b>	0020				Code			
Do not ask for vehicle codes 100 or 110. <b>2. Briefly describe the</b> (vehicle).			Description							
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). <b>3. What is the year, make, and model?</b>			Year				Make		Model	
			0030							
			OFFICE USE ONLY Enter auto code	0040						
<b>4. How many cylinders does it have?</b>			0050	Cylinders						
				0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)						
<b>5. Does it have –</b>										
<b>a. Automatic transmission?</b> . . . . .			0060	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No			
<b>b. Power steering?</b> . . . . .			0070	1 <input type="checkbox"/>		2 <input type="checkbox"/>				
<b>c. Power brakes?</b> . . . . .			0080	1 <input type="checkbox"/>		2 <input type="checkbox"/>				
<b>d. Air conditioning?</b> . . . . .			0090	1 <input type="checkbox"/>		2 <input type="checkbox"/>				
<b>e. Sun roof?</b> . . . . .			0100	1 <input type="checkbox"/>		2 <input type="checkbox"/>				
<b>f. Turbo charged engine?</b> . . . . .			0110	1 <input type="checkbox"/>		2 <input type="checkbox"/>				
<b>g. Diesel engine?</b> . . . . .			0120	1 <input type="checkbox"/>		2 <input type="checkbox"/>				
<b>h. Four wheel drive?</b> . . . . .			0121	1 <input type="checkbox"/>		2 <input type="checkbox"/>				
Ask for vehicle code 100. <b>6a. How many doors does it have?</b>			0122	Doors						
<b>b. Is it a . . . ?</b>			0123	1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?						
<b>7a. Is it used for business?</b>			0130	1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8						
<b>b. If used for business – What percent of the mileage is counted as a business expense?</b>			0140	Percent { If 100%, delete this vehicle and go to next vehicle.						
<b>8. Was it new or used when acquired?</b>			0150	1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used						
<b>9. Was this vehicle purchased from –</b>			0160	1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify						
<b>10a. Was this vehicle –</b>			0170	1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?						
Ask for item codes 100–120 and 150 only. <b>b. How many miles are currently on the vehicle?</b>			0180	Miles – If item 10a is code 3, stop and go to next vehicle.						
<b>11. In what month and year was it purchased?</b>				0190	Month			Year	0200	
<b>12a. Was any portion of the purchase price financed?</b>				0210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.					
<b>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</b>				0220	1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments					
<b>13a. Was a trade-in allowance received?</b>				0230	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c					
<b>b. If YES – How much?</b>				0240	\$ .00					
<b>c. What was the amount paid for it after trade-in allowance and discount?</b>				0250	\$ .00					
<b>d. Did this price include sales tax?</b>				0260	1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No					
<b>e. Was any of the amount or price paid by an employer?</b>				0270	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14					
<b>f. If YES – How much?</b>				0280	\$ .00					
Ask items 14 and 15 for credit payments only, "2" marked in item 12b. <b>14. What was the amount of the cash down payment?</b>				0290	\$ .00					
<b>15a. What was the source of credit?</b>				0300	1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Credit Union					
Ask if codes "2," "3," or "4" marked in item 15a. <b>b. Was this a home equity loan?</b>				0305	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
<b>c. How much was borrowed, excluding any interest?</b>				0310	\$ .00					
<b>d. What was the number of payments contracted for?</b>				0320	Payments					
<b>e. In what month and year was the first payment made?</b>				0330	Month			Year	0340	
<b>f. What is the amount of each payment?</b>				0350	\$ .00					
<b>g. What period is covered by each payment?</b>				0360	1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify 4 <input type="checkbox"/> Quarter					
<b>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</b>				0370	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section					
<b>i. If YES – How much of the payment is for these extra charges?</b>				0380	\$ .00 x <input type="checkbox"/> Don't know					



Section 11 – OWNED VEHICLES – Continued											
▶ Part B – Detailed Questions – Continued											
<b>1. FIELD REPRESENTATIVE ITEM</b> <b>a. New CU's</b> – Assign vehicle numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Assign the next available vehicle number from chart in part A.1, column a. <b>b.</b> Enter a vehicle code from part A.1 or A.2.		PROCESSING USE ONLY		1 11 08 8 ↓							
		a. VEHICLE NUMBER		0010		_____ Number					
		b. VEHICLE CODE		0020		[ ][ ]		Code			
Do not ask for vehicle codes 100 or 110.				Description							
<b>2. Briefly describe the</b> (vehicle).				Year		Make		Model			
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).				0030		[ ][ ][ ]					
<b>3. What is the year, make, and model?</b>				OFFICE USE ONLY Enter auto code		0040		[ ][ ][ ]			
<b>4. How many cylinders does it have?</b>				0050		_____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)					
<b>5. Does it have –</b> <b>a. Automatic transmission?</b> ..... <b>b. Power steering?</b> ..... <b>c. Power brakes?</b> ..... <b>d. Air conditioning?</b> ..... <b>e. Sun roof?</b> ..... <b>f. Turbo charged engine?</b> ..... <b>g. Diesel engine?</b> ..... <b>h. Four wheel drive?</b> .....				Yes		No					
				0060		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0070		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0080		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0090		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0100		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0110		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
				0120		1 <input type="checkbox"/>		2 <input type="checkbox"/>			
0121		1 <input type="checkbox"/>		2 <input type="checkbox"/>							
Ask for vehicle code 100.				0122 _____ Doors							
<b>6a. How many doors does it have?</b>				0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?							
<b>7a. Is it used for business?</b> _____				0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8							
<b>b. If used for business – What percent of the mileage is counted as a business expense?</b>				0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.							
<b>8. Was it new or used when acquired?</b>				0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used							
<b>9. Was this vehicle purchased from –</b>				0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____							
<b>10a. Was this vehicle –</b> _____				0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?							
Ask for item codes 100–120 and 150 only.				0180 _____ Miles – If item 10a is code 3, stop and go to next vehicle. ↗							
<b>b. How many miles are currently on the vehicle?</b>											
<b>11. In what month and year was it purchased?</b>				0190		Month [ ][ ]		Year 0200 [ ][ ][ ]			
<b>12a. Was any portion of the purchase price financed?</b>				0210		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.					
<b>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</b>				0220		1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments					
<b>13a. Was a trade-in allowance received?</b>				0230		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c					
<b>b. If YES – How much?</b>				0240		\$ _____ .00					
<b>c. What was the amount paid for it after trade-in allowance and discount?</b>				0250		\$ _____ .00					
<b>d. Did this price include sales tax?</b>				0260		1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No					
<b>e. Was any of the amount or price paid by an employer?</b>				0270		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14					
<b>f. If YES – How much?</b>				0280		\$ _____ .00					
Ask items 14 and 15 for credit payments only, "2" marked in item 12b.				0290		\$ _____ .00					
<b>14. What was the amount of the cash down payment?</b>											
<b>15a. What was the source of credit?</b>				0300		1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Credit Union					
Ask if codes "2," "3," or "4" marked in item 15a.				0305		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
<b>b. Was this a home equity loan?</b>											
<b>c. How much was borrowed, excluding any interest?</b>				0310		\$ _____ .00					
<b>d. What was the number of payments contracted for?</b>				0320		_____ Payments					
<b>e. In what month and year was the first payment made?</b>				0330		Month [ ][ ]		Year 0340 [ ][ ][ ]			
<b>f. What is the amount of each payment?</b>				0350		\$ _____ .00					
<b>g. What period is covered by each payment?</b>				0360		1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↗ 4 <input type="checkbox"/> Quarter					
<b>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</b>				0370		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to next vehicle or part x <input type="checkbox"/> Don't know } or section					
<b>i. If YES – How much of the payment is for these extra charges?</b>				0380		\$ _____ .00 x <input type="checkbox"/> Don't know					



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

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

Section 12 – VEHICLE OPERATING EXPENSES

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

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

8 12 02 4 →

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

Automobile . . . . .

Truck . . . . .

Motorized camper . . . . .

Trailer camper . . . . .

Other attachable-type camper . . . . .

Motorcycle, scooter, or moped . . . . .

Boat, with motor . . . . .

Boat, without motor . . . . .

Trailer, other than camper such as for boat . . . . .

Private plane . . . . .

Any other vehicle . . . . .

100

110

120

130

140

150

160

170

180

190

200



Section 12 – VEHICLE OPERATING EXPENSES – Continued												FIELD REPRESENTATIVE – Ask column a and complete columns b–f for each expense reported before going to next item in column a.															
Part B – Licensing, Registration, and Inspection of Vehicles												3 12 26 4 →															
a					PROCESSING USE ONLY	b		c		d		e		f		PRE				NOTES							
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –						Enter the item description from column a.		ENTER ITEM CODE from column a.		In what month did you have this expense?		What was the total amount of the expense?		Did you have any other expenses for . . . ? <i>If "No," go to next item in column a.</i>		1		2						3			
																Description from column b		Month from column d		Cost from column e							
Driver’s license? . . . . .					400																						
Vehicle inspection? . . . . .					410																						
State vehicle registration? . . . . .					415																						
Local vehicle registration? . . . . .					425																						
Use only if unable to itemize above – Combined expenses . . . . .					430																						
2. FIELD REPRESENTATIVE CHECK ITEM					1 12 25 0 ↓																						
Mark (X) box if there are no entries recorded in columns b–f.					0010 999																						
Go to part C																											
NOTES					0060																						
					0070																						
					0080																						
					0090																						
					0100																						
					0110																						
					0120																						
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					0140																						
					0150																						
					0160																						
					0170																						
					0180																						



Section 12 – VEHICLE OPERATING EXPENSES – Continued			
▶ Part C – Other Vehicle Operating Expenses		1 12 51 6 ↓	
<b>1a. Since the 1st of (month, 3 months ago), what has been the CU’s AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles?</b>		0010 \$ .00 0 <input type="checkbox"/> None – Go to item 2a	
<b>b. Was any of this expense for the purchase of diesel fuel?</b>		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1d	
<b>c. If YES – How much?</b>		0030 \$ .00	
<b>d. Was any of the average monthly cost counted as a business expense?</b>		0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a	
<b>e. How much of the (dollar amount in item 1a) was counted as a business expense?</b>		0050 \$ .00	
<b>2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any oil for operating vehicles, other than oil included with the purchase of an oil change? Do not include purchases for vehicles used entirely for business.</b>		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a	
<b>b. What was the total cost?</b>		0070 \$ .00	
<b>c. Was any of this purchased this month?</b>		0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a	
<b>d. If YES – How much was purchased this month?</b>		0090 \$ .00	
<b>3a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any antifreeze, brake fluid, transmission fluid, or additives, except if purchased with a tune-up? Do not include purchases for vehicles used entirely for business.</b>		0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	
<b>b. What was the total cost of these purchases?</b>		0110 \$ .00	
NOTES			

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

1 13 01 9 ↘

Information Booklet, page 32

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

**C. How many policies did you purchase?**

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

0010 1 ☐ Yes  
2 ☐ No – Go to item 3a

Insurance code	How many?
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
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13	
14	
15	
16	
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0020				0030	
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0040				0050	
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0060				0070	
------	--	--	--	------	--

7 13 00 8 →

Information Booklet, page 32

**3a. Since the 1st of**  
*(month, 3 months*  
**ago), have you (or**  
**any members of**  
**your CU) made**  
**any payments for**  
**insurance, other**  
**than health, for**  
**persons not in**  
**your CU?**

*If YES – Ask items 3b and 3c.*

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

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

0080 1 ☐ Yes  
2 ☐ No

Insurance code	How many?
1	1
2	1
3	1
4	1
5	1
6	1
7	1
8	1
9	1
10	1
11	1
12	1
13	1
14	1
15	1
16	1
17	1
18	1
19	1
20	1
21	1
22	1
23	1
24	1
25	1
26	1
27	1
28	1
29	1
30	1
31	1
32	1
33	1
34	1
35	1
36	1
37	1
38	1
39	1
40	1
41	1
42	1
43	1
44	1
45	1
46	1
47	1
48	1
49	1
50	1
51	1
52	1
53	1
54	1
55	1
56	1
57	1
58	1
59	1
60	1
61	1
62	1
63	1
64	1
65	1
66	1
67	1
68	1
69	1
70	1
71	1
72	1
73	1
74	1
75	1
76	1
77	1
78	1
79	1
80	1
81	1
82	1
83	1
84	1
85	1
86	1
87	1
88	1
89	1
90	1
91	1
92	1
93	1
94	1
95	1
96	1
97	1
98	1
99	1
100	1

0090				0100
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0110				0120	
------	--	--	--	------	--

0130				0140	
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## CODES FOR INSURANCE CHART

Life insurance or other policies which provide benefits in case of death or disability . . . . .

Automobile or other vehicle insurance . . . .

Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –

Homeowner's insurance . . . . .

Tenant's insurance . . . . .

Other types of nonhealth insurance . . . . .

INSURANCE  
CODE

100

200

300

400

500

Section 13 – INSURANCE OTHER THAN HEALTH – Continued					Hand the respondent the Information Booklet with instructions to look at the item list as you proceed. Ask items 1–3 in part A.2 and then complete a column in part B for each policy reported.	
▶ Part A.2 – Screening Questions – FOR NEW CONSUMER UNITS ONLY				1 13 02 7 ↓		
Information Booklet, page 32		Insurance code	YES	NO	If YES – How many policies or plans does your CU have?	NOTES
1. Do you (or any members of your CU) have any –						
a. Life insurance or other policies which provide benefits in case of death or disability?		100	0010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0020 _____ Number	
b. Automobile or other vehicle insurance?		200	0030 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0040 _____ Number	
c. Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –						
(1) Homeowner’s insurance?		300	0050 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0060 _____ Number	
(2) Tenant’s insurance?		400	0070 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0080 _____ Number	
d. Other types of nonhealth insurance?		500	0090 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0100 _____ Number	
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance policies, other than health insurance, which you no longer have?		0130 1 <input type="checkbox"/> Yes – Ask items 2b and 2c 2 <input type="checkbox"/> No – Go to item 3a				
b. What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a–d for each policy reported.		Insurance code		How many?		
		0140			0150 _____ Number	
c. How many?		0160			0170 _____ Number	
		0180			0190 _____ Number	
		0200			0210 _____ Number	
		0220			0230 _____ Number	
3a. Have you (or any members of your CU) made any payments for insurance policies, other than health, for persons not in your CU?		0300 1 <input type="checkbox"/> Yes – Ask items 3b and 3c 2 <input type="checkbox"/> No – Go to item 4				
b. What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a–d for each policy reported.		Insurance code		How many?		
		0310			0320 _____ Number	
c. How many?		0330			0340 _____ Number	
		0350			0360 _____ Number	
		0370			0380 _____ Number	
		0390			0400 _____ Number	
4. FIELD REPRESENTATIVE INSTRUCTIONS Complete a column in part B for each policy reported. Complete a column in part B for each discontinued policy. Be sure to mark the discontinued box, part B, item 1b.						

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

<b>Section 13 – INSURANCE OTHER THAN HEALTH – Continued</b>		<i>FIELD REPRESENTATIVE – Combine payments if more than one policy is held through the same company for the same type of insurance (for example: automobile insurance) and for the same time period.</i>			
<b>Part B – Detailed Questions – Continued</b>					
<b>1.</b> FIELD REPRESENTATIVE ITEM <b>New CU's</b> – Enter policy numbers in consecutive order beginning with 1. <b>2nd through 5th interviews</b> – Enter the next available policy number from chart in part A.1.	PROCESSING USE ONLY	1 13 07 6 ↴	1 13 08 4 ↴	1 13 09 2 ↴	1 13 10 0 ↴
	<b>a.</b> POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	<b>b.</b> DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
<b>2a. What type of insurance is (was) it?</b>	Description	Description	Description	Description	Description
<b>b.</b> Enter insurance code from part A.1 or part A.2.	0030 _____ Code	0030 _____ Code	0030 _____ Code	0030 _____ Code	0030 _____ Code
<b>3. What is the name of the insurance company?</b> Enter name of insurance company, not the insurance agent.	Insurance company name	Insurance company name	Insurance company name	Insurance company name	Insurance company name
<b>4.</b> Ask only for insurance code 200 from item 2b. Describe briefly what vehicles are covered.	Description	Description	Description	Description	Description
<b>5a.</b> Ask only for insurance code 300 from item 2b. Describe briefly the property this policy covers.	Description	Description	Description	Description	Description
<b>b.</b> Enter property number from section 3, part A.1 or part B.	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____	0160 _____ 0170 _____ 0180 _____
<b>6a. Are the policy premiums paid . . . ?</b>	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy
<b>b. Are any premiums paid through payroll deductions?</b>	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>7. How often are premiums on this policy paid?</b> Mark (X) the appropriate box.	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↴	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↴	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↴	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↴	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↴
<b>8a. Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy?</b> Enter the actual amount the CU paid, do not include any expenses paid for the CU by others.	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy
<b>b. Were any payments made this month?</b>	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
<b>c. If YES – How much was paid this month?</b>	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00



Section 14 – HOSPITALIZATION AND HEALTH INSURANCE

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

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

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

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

8 14 00 4 →

HEALTH INSURANCE POLICY INVENTORY CHART

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

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

0010 1 ☐ Yes  
2 ☐ No – Go to item 3a

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

0020 \_\_\_\_\_ Number

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

0030 1 ☐ Yes  
2 ☐ No – Go to next part

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

0040 \_\_\_\_\_ Number

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

NOTES

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

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued						
Part B – Detailed Questions						
<b>1.</b> FIELD REPRESENTATIVE ITEM <b>New CU's</b> – Enter a policy number in consecutive order beginning with 1. <b>2nd thru 5th interviews</b> – Enter policy number in consecutive order using the next available number in policy chart in part A.1.	PROCESSING USE ONLY	1 14 03 3 ↓	1 14 04 1 ↓	1 14 05 8 ↓	1 14 06 6 ↓	1 14 07 4 ↓
	<b>a.</b> POLICY NUMBER	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
	<b>b.</b> DISCONTINUED	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
<b>2.</b> What is the name of the insurance company? <i>Enter name of insurance company, not the insurance agent. _____</i> <i>If Blue Cross/Blue Shield, Mark (X) box.</i>		Insurance company name 0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	Insurance company name 0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	Insurance company name 0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	Insurance company name 0030 1 <input type="checkbox"/> Blue Cross/Blue Shield	Insurance company name 0030 1 <input type="checkbox"/> Blue Cross/Blue Shield
<b>3.</b> How many CU members are covered by this policy?		0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None	0060 _____ Number 0 <input type="checkbox"/> None
<b>4a.</b> What type of insurance plan is it? <i>Information Booklet, page 32a</i> 1 – Health Maintenance Organization      3 – Commercial Medicare Supplement 2 – Fee for Service Plan                      4 – Other special purpose plan		0061 1 <input type="checkbox"/> Go to 4b      4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c      x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b      4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c      x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b      4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c      x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b      4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c      x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5	0061 1 <input type="checkbox"/> Go to 4b      4 <input type="checkbox"/> Go to 4d 2 <input type="checkbox"/> Go to 4c      x <input type="checkbox"/> Don't know – Go to 5 3 <input type="checkbox"/> Go to 5
<b>b.</b> If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses? <i>Ask only if item 4a is "1".</i>		0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }	0062 1 <input type="checkbox"/> Yes } Go to item 5 2 <input type="checkbox"/> No }
<b>c.</b> Is this fee for service plan a – 1 – Traditional Fee for Service Plan?      2 – Preferred Provider Option Plan <i>Ask only if item 4a is "2."</i>		0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }	0063 1 <input type="checkbox"/> } Go to item 5 2 <input type="checkbox"/> }
<b>d.</b> Is this special purpose insurance plan– 1 – Dental insurance?                      4 – Mental health insurance? 2 – Vision insurance?                      5 – Dread disease policy? 3 – Prescription drug insurance?      6 – Other type of special purpose health insurance?		0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>	0064 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> Specify <input checked="" type="checkbox"/>
<b>5.</b> Was the policy obtained on an individual or group basis? 1 – Individually obtained                      3 – Group through other organization 2 – Group through place of employment		0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<b>6.</b> Are premiums paid – 1 – Entirely by CU members?                      4 – Entirely by another group or person outside of the CU? 2 – Partially by CU members? 3 – Entirely by an employer or union?		0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }	0090 1 <input type="checkbox"/> 3 <input type="checkbox"/> } If code 3 or 4, go to next policy 2 <input type="checkbox"/> 4 <input type="checkbox"/> }
<b>7.</b> Are any of the premiums paid through payroll deductions?		0100 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	0100 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No
<b>8a.</b> What is your part of the regular health insurance payment, (including all payroll deductions)?		0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00	0110 \$ _____ .00
<b>b.</b> What period of time is covered by the regular payment?		0120 1 <input type="checkbox"/> Week      5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks    6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month      7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week      5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks    6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month      7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week      5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks    6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month      7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week      5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks    6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month      7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter	0120 1 <input type="checkbox"/> Week      5 <input type="checkbox"/> 6 months 2 <input type="checkbox"/> 2 weeks    6 <input type="checkbox"/> Year 3 <input type="checkbox"/> Month      7 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Quarter
<b>9a.</b> Since the 1st of (month, 3 months ago), were any payments made on this policy?		0130 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy	0130 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy
<b>b.</b> Was each payment in the amount of (regular payment amount reported in item 8a)?		0140 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to item 10	0140 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to item 10
<b>c.</b> How many payments were made?		0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a	0150 _____ Number } Go to item 11a
<i>Ask only if item 9b is "NO."</i> <b>10.</b> What was the total expense paid for this policy?		0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00	0160 \$ _____ .00
<b>11a.</b> Were any payments made during the current month?		0170 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy	0170 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No – Go to next policy
<b>b.</b> If YES – How much was paid during the current month?		0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00	0180 \$ _____ .00

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

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

1 14 51 2 ↓



## Section 15 – MEDICAL AND HEALTH EXPENDITURES

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

[illegible]

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

FORM CE-302

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

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

Part C – Screening Questions for Reimbursements

Hand respondent Information Booklet, pages 33 and 34.

Now I am going to ask you some questions about your reimbursements.

By reimbursements I mean money received for any members of your CU from an insurance company, medical care provider, or non CU member, for medical expenses which you previously paid or will pay.

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

ITEM CODE

Reimburse-ments

YES

NO

EYE CARE, such as

Eye examinations, treatment, or surgery . . . . .

110

Purchase of eye glasses or contact lenses . . . . .

120

Combined eye care services . . . . .

130

DENTAL CARE . . . . .

200

INPATIENT HOSPITAL CARE, such as

Hospital room . . . . .

310

Hospital services . . . . .

320

Combined hospital room and services . . . . .

330

SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS . . . . .

410

PHYSICIAN SERVICES . . . . .

420

Combined hospital care and physicians' services . . . . .

430

2. FIELD REPRESENTATIVE CHECK ITEM

Mark (X) box if there are no entries recorded in part D.

1 15 06 3 ↓

0010 999 ☐ Go to next page

Part D – Reimbursements For Medical Expenses

4 15 07 5 →

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



Section 16 – EDUCATIONAL EXPENSES

7 16 02 7 →

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a questions 1, 2, and 3 and complete columns b through j as each payment is reported. Complete a separate line for each payment or combined payment. Combined payments are for the same person in the same month.

a				PROCESSING USE ONLY	b		c		d		e		f		g		h		i		j		PRE			
Information Booklet, page 36.			ITEM CODE		YES	NO	ENTER ITEM CODE from column a.	What was the expense for? <i>Describe briefly the expense.</i>	Who was it for?		Complete without asking if information is known.  What kind of school was it? 1 – College or university 2 – Elementary or high school 3 – Child day care center 4 – Nursery school or preschool 5 – Other school Mark (X) box	In what month was the payment made?	How much was paid?	Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person?		If "Yes" in column h –  How much was or will be reimbursed?	Did you make any other payments for ...?  If "No," go to next item in column a.	YES	NO	1	2	3	4			
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid for any recreational lessons or other instructions for members of this CU or other persons? . . . .		100				Name			Line No. or code	YES				NO	YES									NO	Item code from column b	Name from column d
2. Have you (or any members of your CU) paid for nursery school or child day care centers for members of this CU or other persons? . . . .			200																							
3a. Have you (or any members of your CU) paid for any (other) school related expenses for members of this CU or other persons? . . . .						0010																				
						0020																				
b. If YES – Did you pay for – Tuition? . . . . .			300			0030																				
						0040																				
Housing while attending school? . . . . .			310			0050																				
						0060																				
Food or board while attending school? . . . .			320			0070																				
Use only if unable to separate – Combined room and board (Codes 310 and 320) . . . .			330			0080																				
						0090																				
						0100																				
						0110																				
4. FIELD REPRESENTATIVE CHECK ITEM			1 16 01 2 ↓			0120																				
			0010	999	Go to next page	0130																				
						0140																				
						0150																				



7 16 04 3 →

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Section 17 – SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND ENTERTAINMENT EXPENSES – Continued											
▶ Part B – Books and Entertainment Expenses			1 17 26 7 ↓								
<b>1a.</b> Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any fees for participating in sports such as tennis, golf, bowling, or swimming?		<b>0010</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a		<b>5a.</b> Have any CU members bought any magazines not included in a subscription?		<b>0130</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>10a.</b> Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?		<b>0280</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a	
		<b>0020</b> \$ .00				<b>0140</b> \$ .00				<b>0290</b> \$ .00	
		<b>0030</b> \$ .00 0 <input type="checkbox"/> None				<b>0150</b> \$ .00 0 <input type="checkbox"/> None				<b>0300</b> \$ .00 0 <input type="checkbox"/> None	
<b>b.</b> What was the total expense for them?				<b>b.</b> What was the total expense for them?				<b>b.</b> What was the total expense for them?			
<b>c.</b> How much of the total amount was spent this month?				<b>c.</b> How much of the total amount was spent this month?				<b>c.</b> How much of the total amount was spent this month?			
<b>2a.</b> Have you (or any members of your CU) paid any single admissions to spectator sporting events such as football, baseball, hockey, or soccer?		<b>0040</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a		<b>6a.</b> Have any CU members purchased single copies of newspapers (non-subscription)?		<b>0160</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		<b>11a.</b> Have any CU members rented any video cassettes, video tapes, or video discs?		<b>0310</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section	
		<b>0050</b> \$ .00				<b>0170</b> \$ .00				<b>0320</b> \$ .00	
		<b>0060</b> \$ .00 0 <input type="checkbox"/> None				<b>0180</b> \$ .00 0 <input type="checkbox"/> None				<b>0330</b> \$ .00 0 <input type="checkbox"/> None	
<b>b.</b> What was the total expense for them?				<b>b.</b> What was the total expense for them?				<b>b.</b> What was the total expense for them?			
<b>c.</b> How much of the total amount was spent this month?				<b>c.</b> How much of the total amount was spent this month?				<b>c.</b> How much of the total amount was spent this month?			
<b>3a.</b> Have you (or any members of your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts?		<b>0070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a		<b>7a.</b> Have any CU members purchased compact discs, audio tapes, needles, or records other than through a mail-order club?		<b>0190</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		NOTES			
		<b>0080</b> \$ .00				<b>0200</b> \$ .00					
		<b>0090</b> \$ .00 0 <input type="checkbox"/> None				<b>0210</b> \$ .00 0 <input type="checkbox"/> None					
<b>b.</b> What was the total expense for them?				<b>b.</b> What was the total expense for them?							
<b>c.</b> How much of the total amount was spent this month?				<b>c.</b> How much of the total amount was spent this month?							
<b>4a.</b> Have you (or any members of your CU) bought any (other) books, including paperbacks, not purchased through a book club? (Exclude reference books or school books.)		<b>0100</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a		<b>8a.</b> Have any CU members purchased any photographic film?		<b>0220</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a					
		<b>0110</b> \$ .00				<b>0230</b> \$ .00					
		<b>0120</b> \$ .00 0 <input type="checkbox"/> None				<b>0240</b> \$ .00 0 <input type="checkbox"/> None					
<b>b.</b> What was the total expense for them?				<b>b.</b> What was the total amount spent?							
<b>c.</b> How much of the total amount was spent this month?				<b>c.</b> How much of the total amount was spent this month?							
<b>9a.</b> Have any CU members paid for film processing?		<b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a		<b>9a.</b> Have any CU members paid for film processing?		<b>0250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a					
		<b>0260</b> \$ .00									
		<b>0270</b> \$ .00 0 <input type="checkbox"/> None									
<b>b.</b> What was the total amount spent?				<b>b.</b> What was the total amount spent?							
<b>c.</b> How much of the total amount was spent this month?				<b>c.</b> How much of the total amount was spent this month?							

Section 18 – TRIPS AND VACATIONS

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

Part A – Screening Questions

1 18 00 0 ↓

1a. Now I’m going to ask about trips and vacations. First I’d like to ask about trips taken by you (or any members of your CU) which were paid for by someone else. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips entirely paid for by anyone outside your CU, such as a business, employer, or relative?

0010

1 ☐ Yes

2 ☐ No – Go to item 2

b. If YES – How many trips like this did you have?

0020

\_\_\_\_\_ Trips

Go to item 2

☐ FIELD REPRESENTATIVE – Ask if box is marked.

2. Last interview you reported \_\_\_\_\_ trip(s) which had not yet ended. I’d like to ask about that trip (those trips) now.

Complete items 8e–8i for each trip checked in 8a.

3a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer to visit relatives or friends?

0030

1 ☐ Yes

2 ☐ No – Go to item 4a

b. If YES – How many trips were taken to visit relatives or friends?

0040

\_\_\_\_\_ Trips

Ask items 8c–8i for each trip reported

4a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for business?

0050

1 ☐ Yes

2 ☐ No – Go to item 5a

b. If YES – How many trips were taken for business?

0060

\_\_\_\_\_ Trips

Ask items 8c–8i for each trip reported

5a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer for recreation such as sightseeing, sports events, club or organizational meetings, or outdoor recreation?

0070

1 ☐ Yes

2 ☐ No – Go to item 6a

b. If YES – How many trips were taken for these reasons?

0080

\_\_\_\_\_ Trips

Ask items 8c–8i for each trip reported

6a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer on any other kind of trip?

0090

1 ☐ Yes

2 ☐ No – Go to item 7a

b. If YES – How many trips were taken for these reasons?

0100

\_\_\_\_\_ Trips

Ask items 8c–8i for each trip reported

7a. Now let’s talk about times when you (or any members of your CU) did not stay away overnight, but went somewhere at least 75 miles away from home. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that?

0110

1 ☐ Yes

2 ☐ No – Go to item 9

b. If YES – How many such trips were taken?

0120

\_\_\_\_\_ Trips

Ask items 8c–8i for each trip reported

1 18 01 8 ↴

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

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

9. TRIP TALLY CHART

• For trips ENTIRELY paid for by someone outside the CU, complete one part D.

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

Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)
1	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	5	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
2	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	6	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
3	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	7	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C
4	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	8	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C

PRE

1	2
Destination	Month ended

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Section 18 – TRIPS AND VACATIONS – Continued										
▶ Part A – Screening Questions – Continued		1 18 01 8 ↴								
NOTES		8. Ask columns c–i for each trip reported in items 2–7b. Do not record any trip more than once. Trips reported in item 1b will be recorded in part D.								
		a	b	c	d	e	f	g	h	i
		Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?
		<input type="checkbox"/>	5	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<div><input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip</div> <div><input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</div>	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below  ____ Trip identification No.
1 <input type="checkbox"/> 3b (relatives or friends)	State									
2 <input type="checkbox"/> 4b (business)										
3 <input type="checkbox"/> 5b (sightseeing, sports, etc.)	Foreign country									
4 <input type="checkbox"/> 6b (any others)										
		<input type="checkbox"/>	6	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<div><input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip</div> <div><input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</div>	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below  ____ Trip identification No.
1 <input type="checkbox"/> 3b (relatives or friends)	State									
2 <input type="checkbox"/> 4b (business)										
3 <input type="checkbox"/> 5b (sightseeing, sports, etc.)	Foreign country									
4 <input type="checkbox"/> 6b (any others)										
		<input type="checkbox"/>	7	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<div><input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip</div> <div><input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</div>	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below  ____ Trip identification No.
1 <input type="checkbox"/> 3b (relatives or friends)	State									
2 <input type="checkbox"/> 4b (business)										
3 <input type="checkbox"/> 5b (sightseeing, sports, etc.)	Foreign country									
4 <input type="checkbox"/> 6b (any others)										
		<input type="checkbox"/>	8	FROM ITEM –	City or place	<div><div></div><div></div>Month</div> <div><input type="checkbox"/> Not ended – Go to next trip</div>	____ Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)	<div><input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip</div> <div><input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</div>	____ Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip.	____ Trips partially reimbursed – Enter trip I.D. No. below  ____ Trip identification No.
1 <input type="checkbox"/> 3b (relatives or friends)	State									
2 <input type="checkbox"/> 4b (business)										
3 <input type="checkbox"/> 5b (sightseeing, sports, etc.)	Foreign country									
4 <input type="checkbox"/> 6b (any others)										
		9. TRIP TALLY CHART – Continued						NOTES		
		• For trips ENTIRELY paid for by someone outside the CU, complete one part D. • For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip.								
		Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)			
		9	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	13	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			
		10	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	14	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			
		11	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	15	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			
		12	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	16	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			

Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU

1. FIELD REPRESENTATIVE ITEM

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

PROCESSING USE ONLY

1 18 34 9 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

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

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

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

0050 Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

0060 1 Yes 2 No – Go to item 3a

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . . .

0080 Lodging . . . . .

0090 Transportation . . . . .

0100 Anything else Specify

Yes

No

DK

1

2

x

1

2

x

1

2

x

1

2

x

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

0110 \$ .00

NOTES

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 Local (taxi, etc.) . . . . .

0130 02 Airplane . . . . .

0140 03 Train . . . . .

0150 04 Bus . . . . .

0160 05 Ship . . . . .

RENTED

0170 06 Car, jeep . . . . .

0180 07 Truck, van . . . . .

0190 08 Motorcycle, moped . . . . .

0200 09 Private plane . . . . .

0210 10 Boat, trailer . . . . .

0220 11 Camper . . . . .

0230 12 Other vehicles . . . . .

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

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

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

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

COMMERCIAL

0290 01 \$ .00 0 None

0300 02 \$ .00 0 None

0310 03 \$ .00 0 None

0320 04 \$ .00 0 None

0330 05 \$ .00 0 None

RENTED

0340 06 \$ .00 0 None

0350 07 \$ .00 0 None

0360 08 \$ .00 0 None

0370 09 \$ .00 0 None

0380 10 \$ .00 0 None

0390 11 \$ .00 0 None

0400 12 \$ .00 0 None

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Section 18 – TRIPS AND VACATIONS – Continued									
▶ Part B – Trips Paid Entirely by CU – Continued								NOTES	
<b>5a.</b> While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?		[0410] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c		<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)		[0590] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a			
<b>b.</b> How much did you (or any members of your CU) spend for that?		[0420] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay?		[0600] \$ _____ .00			
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?		[0430] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)		[0610] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a			
<i>If YES –</i> <b>d.</b> How much did you (or any members of your CU) spend for tolls?		[0440] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) spend?		[0620] \$ _____ .00			
<b>e.</b> Did you (or any members of your CU) have any parking fees?		[0450] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?		[0630] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a			
<i>If YES –</i> <b>f.</b> How much were they?		[0460] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much were these expenses?		[0640] \$ _____ .00			
<b>6a.</b> Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?		[0470] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		<b>13a.</b> You’ve told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?		[0650] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D			
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?		[0480] \$ _____ .00		<b>b.</b> Did these expenses include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.					
<b>7a.</b> Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		[0490] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a							
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?		[0500] \$ _____ .00							
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?		[0510] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a							
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?		[0520] \$ _____ .00		<b>c.</b> How much of the total expenses for this trip were for persons outside your CU?		[0700] \$ _____ .00			
<b>8a.</b> Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?		[0530] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.		[0710] \$ _____ .00			
<i>If YES –</i> <b>b.</b> What were the expenses, including taxes?		[0540] \$ _____ .00		<b>b.</b> Does this (amount) include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.					
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?		[0550] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a							
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes?		[0560] \$ _____ .00							
<b>9a.</b> Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)		[0570] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a							
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?		[0580] \$ _____ .00							
								GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.	

Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

1. FIELD REPRESENTATIVE ITEM

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

PROCESSING USE ONLY

1 18 36 4 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

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

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

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

0050 Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

0060 1 Yes 2 No – Go to item 3a

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . . .

0080 Lodging . . . . .

0090 Transportation . . . . .

0100 Anything else Specify

Yes

No

DK

0110 \$ .00

NOTES

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 Local (taxi, etc.) . . . . .

0130 02 Airplane . . . . .

0140 03 Train . . . . .

0150 04 Bus . . . . .

0160 05 Ship . . . . .

RENTED

0170 06 Car, jeep . . . . .

0180 07 Truck, van . . . . .

0190 08 Motorcycle, moped . . . . .

0200 09 Private plane . . . . .

0210 10 Boat, trailer . . . . .

0220 11 Camper . . . . .

0230 12 Other vehicles . . . . .

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

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

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

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

COMMERCIAL

0290 01 \$ .00 0 None

0300 02 \$ .00 0 None

0310 03 \$ .00 0 None

0320 04 \$ .00 0 None

0330 05 \$ .00 0 None

RENTED

0340 06 \$ .00 0 None

0350 07 \$ .00 0 None

0360 08 \$ .00 0 None

0370 09 \$ .00 0 None

0380 10 \$ .00 0 None

0390 11 \$ .00 0 None

0400 12 \$ .00 0 None

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Section 18 – TRIPS AND VACATIONS – Continued									
▶ Part B – Trips Paid Entirely by CU – Continued								NOTES	
<b>5a.</b> While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?		[0410] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c		<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)		[0590] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a			
<b>b.</b> How much did you (or any members of your CU) spend for that?		[0420] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay?		[0600] \$ _____ .00			
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?		[0430] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)		[0610] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a			
<i>If YES –</i> <b>d.</b> How much did you (or any members of your CU) spend for tolls?		[0440] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) spend?		[0620] \$ _____ .00			
<b>e.</b> Did you (or any members of your CU) have any parking fees?		[0450] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?		[0630] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a			
<i>If YES –</i> <b>f.</b> How much were they?		[0460] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much were these expenses?		[0640] \$ _____ .00			
<b>6a.</b> Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?		[0470] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		<b>13a.</b> You’ve told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?		[0650] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D			
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?		[0480] \$ _____ .00		<b>b.</b> Did these expenses include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.					
<b>7a.</b> Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		[0490] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a							
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?		[0500] \$ _____ .00							
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?		[0510] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a							
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?		[0520] \$ _____ .00		<b>c.</b> How much of the total expenses for this trip were for persons outside your CU?		[0700] \$ _____ .00			
<b>8a.</b> Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?		[0530] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.		[0710] \$ _____ .00			
<i>If YES –</i> <b>b.</b> What were the expenses, including taxes?		[0540] \$ _____ .00		<b>b.</b> Does this (amount) include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.					
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?		[0550] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a							
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes?		[0560] \$ _____ .00							
<b>9a.</b> Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)		[0570] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a							
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?		[0580] \$ _____ .00							
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.									



Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

1. FIELD REPRESENTATIVE ITEM

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

PROCESSING USE ONLY

1 18 38 0 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

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

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

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

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . . .

0080 Lodging . . . . .

0090 Transportation . . . . .

0100 Anything else ↗ . . . . .

Specify

Yes

No

DK

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

0110 \$ .00

NOTES

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 Local (taxi, etc.) . . . . .

0130 02 Airplane . . . . .

0140 03 Train . . . . .

0150 04 Bus . . . . .

0160 05 Ship . . . . .

RENTED

0170 06 Car, jeep . . . . .

0180 07 Truck, van . . . . .

0190 08 Motorcycle, moped . . . . .

0200 09 Private plane . . . . .

0210 10 Boat, trailer . . . . .

0220 11 Camper . . . . .

0230 12 Other vehicles . . . . .

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

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

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

COMMERCIAL

0290 01 \$ .00 0 None

0300 02 \$ .00 0 None

0310 03 \$ .00 0 None

0320 04 \$ .00 0 None

0330 05 \$ .00 0 None

RENTED

0340 06 \$ .00 0 None

0350 07 \$ .00 0 None

0360 08 \$ .00 0 None

0370 09 \$ .00 0 None

0380 10 \$ .00 0 None

0390 11 \$ .00 0 None

0400 12 \$ .00 0 None

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

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Section 18 – TRIPS AND VACATIONS – Continued									
▶ Part B – Trips Paid Entirely by CU – Continued								NOTES	
<b>5a.</b> While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?		[0410] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c		<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)		[0590] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a			
<b>b.</b> How much did you (or any members of your CU) spend for that?		[0420] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay?		[0600] \$ _____ .00			
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?		[0430] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)		[0610] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a			
<i>If YES –</i> <b>d.</b> How much did you (or any members of your CU) spend for tolls?		[0440] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) spend?		[0620] \$ _____ .00			
<b>e.</b> Did you (or any members of your CU) have any parking fees?		[0450] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?		[0630] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a			
<i>If YES –</i> <b>f.</b> How much were they?		[0460] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much were these expenses?		[0640] \$ _____ .00			
<b>6a.</b> Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?		[0470] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		<b>13a.</b> You’ve told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?		[0650] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D			
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?		[0480] \$ _____ .00		<b>b.</b> Did these expenses include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.					
<b>7a.</b> Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		[0490] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a							
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?		[0500] \$ _____ .00							
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?		[0510] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a							
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?		[0520] \$ _____ .00		<b>c.</b> How much of the total expenses for this trip were for persons outside your CU?		[0700] \$ _____ .00			
<b>8a.</b> Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?		[0530] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.		[0710] \$ _____ .00			
<i>If YES –</i> <b>b.</b> What were the expenses, including taxes?		[0540] \$ _____ .00		<b>b.</b> Does this (amount) include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.					
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?		[0550] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a							
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes?		[0560] \$ _____ .00							
<b>9a.</b> Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)		[0570] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a							
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?		[0580] \$ _____ .00							
								GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.	

Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

1. FIELD REPRESENTATIVE ITEM

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

PROCESSING USE ONLY

1 18 40 6 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

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

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

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

0050 Nights

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

0060 1 Yes 2 No – Go to item 3a

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . . .

0080 Lodging . . . . .

0090 Transportation . . . . .

0100 Anything else ↗ . . . . .

Specify

Yes

No

DK

1

2

x

1

2

x

1

2

x

1

2

x

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

0110 \$ .00

NOTES

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 Local (taxi, etc.) . . . . .

0130 02 Airplane . . . . .

0140 03 Train . . . . .

0150 04 Bus . . . . .

0160 05 Ship . . . . .

RENTED

0170 06 Car, jeep . . . . .

0180 07 Truck, van . . . . .

0190 08 Motorcycle, moped . . . . .

0200 09 Private plane . . . . .

0210 10 Boat, trailer . . . . .

0220 11 Camper . . . . .

0230 12 Other vehicles . . . . .

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

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

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

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

COMMERCIAL

0290 01 \$ .00 0 None

0300 02 \$ .00 0 None

0310 03 \$ .00 0 None

0320 04 \$ .00 0 None

0330 05 \$ .00 0 None

RENTED

0340 06 \$ .00 0 None

0350 07 \$ .00 0 None

0360 08 \$ .00 0 None

0370 09 \$ .00 0 None

0380 10 \$ .00 0 None

0390 11 \$ .00 0 None

0400 12 \$ .00 0 None

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Section 18 – TRIPS AND VACATIONS – Continued									
▶ Part B – Trips Paid Entirely by CU – Continued								NOTES	
<b>5a.</b> While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?		[0410] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c		<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)		[0590] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a			
<b>b.</b> How much did you (or any members of your CU) spend for that?		[0420] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay?		[0600] \$ _____ .00			
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?		[0430] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)		[0610] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a			
<i>If YES –</i> <b>d.</b> How much did you (or any members of your CU) spend for tolls?		[0440] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) spend?		[0620] \$ _____ .00			
<b>e.</b> Did you (or any members of your CU) have any parking fees?		[0450] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?		[0630] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a			
<i>If YES –</i> <b>f.</b> How much were they?		[0460] \$ _____ .00		<i>If YES –</i> <b>b.</b> How much were these expenses?		[0640] \$ _____ .00			
<b>6a.</b> Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?		[0470] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		<b>13a.</b> You’ve told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?		[0650] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D			
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?		[0480] \$ _____ .00		<b>b.</b> Did these expenses include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.					
<b>7a.</b> Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		[0490] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a							
<i>If YES –</i> <b>b.</b> What was the cost, including taxes and tips?		[0500] \$ _____ .00							
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?		[0510] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a							
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes and tips?		[0520] \$ _____ .00		<b>c.</b> How much of the total expenses for this trip were for persons outside your CU?		[0700] \$ _____ .00			
<b>8a.</b> Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?		[0530] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.		[0710] \$ _____ .00			
<i>If YES –</i> <b>b.</b> What were the expenses, including taxes?		[0540] \$ _____ .00		<b>b.</b> Does this (amount) include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.					
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?		[0550] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a							
<i>If YES –</i> <b>d.</b> What was the cost for alcoholic beverages, including taxes?		[0560] \$ _____ .00							
<b>9a.</b> Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)		[0570] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a							
<i>If YES –</i> <b>b.</b> How much did you (or any members of your CU) pay to rent sports equipment?		[0580] \$ _____ .00							
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.									



Section 18 – TRIPS AND VACATIONS – Continued

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

▶ Part C – Partially Reimbursed Trips

1. FIELD REPRESENTATIVE ITEM

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

PROCESSING USE ONLY

1 77 01 4 ↓

a. TRIP IDENTIFICATION NUMBER

0010 Identification number

b. DESTINATION

OFFICE USE ONLY

0020

c. NUMBER OF (IDENTICAL) TRIPS

0030 Number

d. MONTH ENDED

0040

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

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

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

2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?

b. If "Yes," ask for each item: Did the package deal include . . .

FIELD REPRESENTATIVE – Read each item listed.

0070 Food and beverages . . . .

0080 Lodging . . . . .

0090 Transportation . . . . .

0100 Anything else ✓ . . . . .

Specify

Yes

No

DK

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

0110 \$ .00

NOTES

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 Local (taxi, etc.) . . . . .

0130 02 Airplane . . . . .

0140 03 Train . . . . .

0150 04 Bus . . . . .

0160 05 Ship . . . . .

RENTED

0170 06 Car, jeep . . . . .

0180 07 Truck, van . . . . .

0190 08 Motorcycle, moped . . . . .

0200 09 Private plane . . . . .

0210 10 Boat, trailer . . . . .

0220 11 Camper . . . . .

0230 12 Other vehicles . . . . .

PRIVATE

0240 13 Car owned by CU

0250 14 Vehicle leased by CU

0260 15 Other vehicle owned by CU

0270 16 Vehicle owned by someone else

0280 17 Other transport

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

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

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

COMMERCIAL

0290 01 \$ .00 0 None

0300 02 \$ .00 0 None

0310 03 \$ .00 0 None

0320 04 \$ .00 0 None

0330 05 \$ .00 0 None

RENTED

0340 06 \$ .00 0 None

0350 07 \$ .00 0 None

0360 08 \$ .00 0 None

0370 09 \$ .00 0 None

0380 10 \$ .00 0 None

0390 11 \$ .00 0 None

0400 12 \$ .00 0 None

FORM CE-302



Section 18 – TRIPS AND VACATIONS – Continued										
▶ Part C – Partially Reimbursed Trips – Continued								NOTES		
<b>5a.</b> While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?		<b>0410</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c		<b>10a.</b> Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)		<b>0590</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a				
<b>b.</b> What costs for gasoline or other fuels won't be reimbursed?		<b>0420</b> \$ _____ .00 0 <input type="checkbox"/> None		<i>If YES –</i> <b>b.</b> What costs for playing sports won't be reimbursed?		<b>0600</b> \$ _____ .00 0 <input type="checkbox"/> None				
<b>c.</b> While on the trip, did you (or any members of your CU) spend anything for tolls?		<b>0430</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		<b>11a.</b> Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)		<b>0610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a				
<i>If YES –</i> <b>d.</b> What costs for tolls won't be reimbursed?		<b>0440</b> \$ _____ .00 0 <input type="checkbox"/> None		<i>If YES –</i> <b>b.</b> What costs for entertainment and admissions won't be reimbursed?		<b>0620</b> \$ _____ .00 0 <input type="checkbox"/> None				
<b>e.</b> Did you (or any members of your CU) have any parking fees?		<b>0450</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>12a.</b> Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?		<b>0630</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a				
<i>If YES –</i> <b>f.</b> What costs for parking fees won't be reimbursed?		<b>0460</b> \$ _____ .00 0 <input type="checkbox"/> None		<i>If YES –</i> <b>b.</b> What costs for these things won't be reimbursed?		<b>0640</b> \$ _____ .00 0 <input type="checkbox"/> None				
<b>6a.</b> Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?		<b>0470</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		<b>13a.</b> You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?		<b>0650</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D				
<i>If YES –</i> <b>b.</b> What costs for lodging, including taxes and tips, won't be reimbursed?		<b>0480</b> \$ _____ .00 0 <input type="checkbox"/> None		<b>b.</b> Did these expenses include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.				YES	NO	DK
<b>7a.</b> Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		<b>0490</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a				<b>0660</b> Food and beverages . . .		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<i>If YES –</i> <b>b.</b> What costs for these things won't be reimbursed?		<b>0500</b> \$ _____ .00 0 <input type="checkbox"/> None				<b>0670</b> Lodging . . . . .		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<b>c.</b> Was any of the (amount in item 7b) for alcoholic beverages?		<b>0510</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a				<b>0680</b> Transportation . . . . .		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<i>If YES –</i> <b>d.</b> What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?		<b>0520</b> \$ _____ .00 0 <input type="checkbox"/> None		<b>c.</b> How much of the total non-reimbursed expenses for this trip were for persons outside your CU?		<b>0700</b> \$ _____ .00				
<b>8a.</b> Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?		<b>0530</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		<b>14a.</b> If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here . . . . .		<b>0710</b> \$ _____ .00				
<i>If YES –</i> <b>b.</b> What costs, including taxes, won't be reimbursed?		<b>0540</b> \$ _____ .00 0 <input type="checkbox"/> None		<b>b.</b> Does this (amount) include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.				YES	NO	DK
<b>c.</b> Was any of the (amount in item 8b) for alcoholic beverages?		<b>0550</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a				<b>0720</b> Food and beverages . . .		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<i>If YES –</i> <b>d.</b> What cost for alcoholic beverages, including taxes, won't be reimbursed?		<b>0560</b> \$ _____ .00 0 <input type="checkbox"/> None				<b>0730</b> Lodging . . . . .		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<b>9a.</b> Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)		<b>0570</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a				<b>0740</b> Transportation . . . . .		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<i>If YES –</i> <b>b.</b> What costs for renting sports equipment won't be reimbursed?		<b>0580</b> \$ _____ .00 0 <input type="checkbox"/> None				<b>0750</b> Other expenses . . . . .		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
						<b>0760</b> Expenses for others . . .		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.										

Section 18 – TRIPS AND VACATIONS – Continued

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

Part C – Partially Reimbursed Trips – Continued

<div>1. FIELD REPRESENTATIVE ITEM</div> <div>In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Transcribe trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.</div>	PROCESSING USE ONLY	1 77 03 0 ↓				
	a. TRIP IDENTIFICATION NUMBER	0010	Identification number			
	b. DESTINATION					
	OFFICE USE ONLY	0020				
	c. NUMBER OF (IDENTICAL) TRIPS	0030	Number			
d. MONTH ENDED	0040					
<div>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</div> <div>f. You told me that someone outside your CU paid for part of the trip(s) you (your CU) took to (trip destination). In the next questions I'm interested only in the costs you (your CU) had to pay, not those paid or to be paid by a business or employer. If day trip, go to item 2a.</div> <div>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</div>						
	0050 Nights					
2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a					
<div>b. If "Yes," ask for each item: Did the package deal include . . .</div> <div>FIELD REPRESENTATIVE – Read each item listed.</div>			Yes	No	DK	
	0070 Food and beverages . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
	0080 Lodging . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
	0090 Transportation . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
	0100 Anything else <input checked="" type="checkbox"/> . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
	Specify _____					
	_____					
c. How much did you (or any members of your CU) pay for the package deal?	0110 \$ .00					
NOTES						

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL

0120 01 ☐ Local (taxi, etc.) . . . . .

0130 02 ☐ Airplane . . . . .

0140 03 ☐ Train . . . . .

0150 04 ☐ Bus . . . . .

0160 05 ☐ Ship . . . . .

RENTED

0170 06 ☐ Car, jeep . . . . .

0180 07 ☐ Truck, van . . . . .

0190 08 ☐ Motorcycle, moped . . . . .

0200 09 ☐ Private plane . . . . .

0210 10 ☐ Boat, trailer . . . . .

0220 11 ☐ Camper . . . . .

0230 12 ☐ Other vehicles . . . . .

PRIVATE

0240 13 ☐ Car owned by CU

0250 14 ☐ Vehicle leased by CU

0260 15 ☐ Other vehicle owned by CU

0270 16 ☐ Vehicle owned by someone else

0280 17 ☐ Other transport

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

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

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

COMMERCIAL

0290 01 \$ .00 0 ☐ None

0300 02 \$ .00 0 ☐ None

0310 03 \$ .00 0 ☐ None

0320 04 \$ .00 0 ☐ None

0330 05 \$ .00 0 ☐ None

RENTED

0340 06 \$ .00 0 ☐ None

0350 07 \$ .00 0 ☐ None

0360 08 \$ .00 0 ☐ None

0370 09 \$ .00 0 ☐ None

0380 10 \$ .00 0 ☐ None

0390 11 \$ .00 0 ☐ None

0400 12 \$ .00 0 ☐ None

Section 18 – TRIPS AND VACATIONS – Continued										
▶ Part C – Partially Reimbursed Trips – Continued								NOTES		
<b>5a. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?</b>		<b>0410</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c		<b>10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)?</b> (Hand respondent Information Booklet, page 39.)		<b>0590</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a				
<b>b. What costs for gasoline or other fuels won't be reimbursed?</b>		<b>0420</b> \$ _____ .00 0 <input type="checkbox"/> None		<i>If YES –</i> <b>b. What costs for playing sports won't be reimbursed?</b>		<b>0600</b> \$ _____ .00 0 <input type="checkbox"/> None				
<b>c. While on the trip, did you (or any members of your CU) spend anything for tolls?</b>		<b>0430</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e		<b>11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)?</b> (Hand respondent Information Booklet, page 40.)		<b>0610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a				
<i>If YES –</i> <b>d. What costs for tolls won't be reimbursed?</b>		<b>0440</b> \$ _____ .00 0 <input type="checkbox"/> None		<i>If YES –</i> <b>b. What costs for entertainment and admissions won't be reimbursed?</b>		<b>0620</b> \$ _____ .00 0 <input type="checkbox"/> None				
<b>e. Did you (or any members of your CU) have any parking fees?</b>		<b>0450</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		<b>12a. Did you (or any members of your CU) have any expenses for this trip such as for souvenirs, passports, tourist booklets, and so on?</b>		<b>0630</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a				
<i>If YES –</i> <b>f. What costs for parking fees won't be reimbursed?</b>		<b>0460</b> \$ _____ .00 0 <input type="checkbox"/> None		<i>If YES –</i> <b>b. What costs for these things won't be reimbursed?</b>		<b>0640</b> \$ _____ .00 0 <input type="checkbox"/> None				
<b>6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?</b>		<b>0470</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		<b>13a. You've told me about many non-reimbursed expenses you (your CU) had on this trip. Were any of these expenses you just reported for anyone outside your CU?</b>		<b>0650</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D				
<i>If YES –</i> <b>b. What costs for lodging, including taxes and tips, won't be reimbursed?</b>		<b>0480</b> \$ _____ .00 0 <input type="checkbox"/> None		<b>b. Did these expenses include anything for . . . ?</b>  FIELD REPRESENTATIVE – Read each item listed.				YES	NO	DK
<b>7a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?</b>		<b>0490</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a				<b>0660 Food and beverages . . .</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<i>If YES –</i> <b>b. What costs for these things won't be reimbursed?</b>		<b>0500</b> \$ _____ .00 0 <input type="checkbox"/> None				<b>0670 Lodging . . . . .</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<b>c. Was any of the (amount in item 7b) for alcoholic beverages?</b>		<b>0510</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a				<b>0680 Transportation . . . . .</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<i>If YES –</i> <b>d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?</b>		<b>0520</b> \$ _____ .00 0 <input type="checkbox"/> None				<b>0690 Other expenses . . . . .</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<b>8a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores on this trip?</b>		<b>0530</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		<b>c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?</b>		<b>0700</b> \$ _____ .00				
<i>If YES –</i> <b>b. What costs, including taxes, won't be reimbursed?</b>		<b>0540</b> \$ _____ .00 0 <input type="checkbox"/> None		<b>14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here . . . . .</b>		<b>0710</b> \$ _____ .00				
<b>c. Was any of the (amount in item 8b) for alcoholic beverages?</b>		<b>0550</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		<b>b. Does this (amount) include anything for . . . ?</b>  FIELD REPRESENTATIVE – Read each item listed.				YES	NO	DK
<i>If YES –</i> <b>d. What cost for alcoholic beverages, including taxes, won't be reimbursed?</b>		<b>0560</b> \$ _____ .00 0 <input type="checkbox"/> None				<b>0720 Food and beverages . . .</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<b>9a. Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)?</b> (Hand respondent Information Booklet, page 38.)		<b>0570</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a				<b>0730 Lodging . . . . .</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
<i>If YES –</i> <b>b. What costs for renting sports equipment won't be reimbursed?</b>		<b>0580</b> \$ _____ .00 0 <input type="checkbox"/> None				<b>0740 Transportation . . . . .</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
						<b>0750 Other expenses . . . . .</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
						<b>0760 Expenses for others . . .</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.										



[illegible]



Section 18 – TRIPS AND VACATIONS – Continued				FIELD REPRESENTATIVE – Ask part F for all CU’s. (Ask all questions in this part for one stay before asking about other stays.)				
▶ Part F – Local Overnight Stays		1 77 69 1 ↓						
1. We’ve talked about many different kinds of trips. Sometimes people don’t take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?		0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section		6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?		0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		
2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?		0020 _____Nights		b. What were the expenses, including taxes?		0160 \$ _____ .00		
3a. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?		0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a		c. Was any of the (amount in item 6b) for alcoholic beverages?		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		
b. Ask for each item – Did the package deal include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.		0040 Food and beverages . . . . . 0050 Lodging . . . . . 0060 Entertainment . . . . . 0070 Anything else – Specify ↗ _____		YES	NO	DK	d. What was the cost for alcoholic beverages, including taxes?	
c. How much did you (or any members of your CU) pay for the package deal?		0080 \$ _____ .00					0180 \$ _____ .00	
4a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a		7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?		0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8		
b. What was the cost, including taxes and tips?		0100 \$ _____ .00		b. How much did you (or any members of your CU) pay?		0200 \$ _____ .00		
5a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		8. If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.		0210 \$ _____ .00		
b. What was the cost, including taxes and tips?		0120 \$ _____ .00		Did the (amount) include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.		0220 Food and beverages . . . . . 0230 Lodging . . . . . 0240 Entertainment . . . . . 0250 Other expenses . . . . .		
c. Was any of the (amount in item 5b) for alcoholic beverages?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a				YES	NO	DK
d. What was the cost for alcoholic beverages, including taxes and tips?		0140 \$ _____ .00		9. Did you (or any members of your CU) have any other stays at local hotels or motels?		0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section		
NOTES								

Section 18 – TRIPS AND VACATIONS – Continued				FIELD REPRESENTATIVE – Ask part F for all CU’s. (Ask all questions in this part for one stay before asking about other stays.)				
▶ Part F – Local Overnight Stays – Continued		1 77 70 9 ↓						
1. We’ve talked about many different kinds of trips. Sometimes people don’t take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?		0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section		6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?		0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		
2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?		0020 _____Nights		b. What were the expenses, including taxes?		0160 \$ _____ .00		
3a. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?		0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a		c. Was any of the (amount in item 6b) for alcoholic beverages?		0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a		
b. Ask for each item – Did the package deal include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.		0040 Food and beverages . . . . . 0050 Lodging . . . . . 0060 Entertainment . . . . . 0070 Anything else – Specify ↗ _____		YES	NO	DK	d. What was the cost for alcoholic beverages, including taxes?	
c. How much did you (or any members of your CU) pay for the package deal?		0080 \$ _____ .00					0180 \$ _____ .00	
4a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a		7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?		0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8		
b. What was the cost, including taxes and tips?		0100 \$ _____ .00		b. How much did you (or any members of your CU) pay?		0200 \$ _____ .00		
5a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a		8. If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.		0210 \$ _____ .00		
b. What was the cost, including taxes and tips?		0120 \$ _____ .00		Did the (amount) include anything for . . . ?  FIELD REPRESENTATIVE – Read each item listed.		0220 Food and beverages . . . . . 0230 Lodging . . . . . 0240 Entertainment . . . . . 0250 Other expenses . . . . .		
c. Was any of the (amount in item 5b) for alcoholic beverages?		0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a				YES	NO	DK
d. What was the cost for alcoholic beverages, including taxes and tips?		0140 \$ _____ .00		9. Did you (or any members of your CU) have any other stays at local hotels or motels?		0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section		
				NOTES				

Section 19 – MISCELLANEOUS EXPENSES

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

Part A – Miscellaneous Expenses

4 19 02 8 →

a				b	PROCESSING USE ONLY	c			d		e		f		g		NOTES	PRE			
Information Booklet, pages 41 and 42 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?				What was the expense for? Describe briefly.		ENTER ITEM CODE from column a.	In what month did you have this expense? If it is a continuous expense throughout the reference period, mark box.		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? For continuing expenses, do not include expenses for the current month.	Did you have any other expenses for . . . ?  YES NO		1	2	3					
														Description from column b	Month or code from column d	Expense from column f					
															Month						
FUNERALS, BURIALS, OR CREMATION . . . . .	ITEM CODE	YES	NO		0010				1 3	1	2	\$	.00				\$	.00			
PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS . . . . .	110				0020				1 3	1	2	\$	.00				\$	.00			
COMBINATIONS OF THE ABOVE Use only if cannot itemize the above . . . . .					0030				1 3	1	2	\$	.00				\$	.00			
	120				0040				1 3	1	2	\$	.00				\$	.00			
CATERED AFFAIRS . . . . .	130				0050				1 3	1	2	\$	.00				\$	.00			
FRESH FLOWERS OR POTTED PLANTS . . . . .	140				0060				1 3	1	2	\$	.00				\$	.00			
LEGAL FEES . . . . . Do not include legal fees related to real estate closing costs which were reported in section 3.	150				0070				1 3	1	2	\$	.00				\$	.00			
					0080				1 3	1	2	\$	.00				\$	.00			
ACCOUNTING FEES . . . . .	160				0090				1 3	1	2	\$	.00				\$	.00			
OCCUPATIONAL EXPENSES . . . . .	380				0100				1 3	1	2	\$	.00				\$	.00			
HOME SERVICES . . . . . Gardening or lawn care services . . . . .					0110				1 3	1	2	\$	.00				\$	.00			
	170				0120				1 3	1	2	\$	.00				\$	.00			
Housekeeping services . . . . .	180				0130				1 3	1	2	\$	.00				\$	.00			
Other home services and small repair jobs around the house, not previously reported . . . . .	210				0140				1 3	1	2	\$	.00				\$	.00			
					0150				1 3	1	2	\$	.00				\$	.00			
Babysitting or other child care in your own home . . . . .	190				0160				1 3	1	2	\$	.00				\$	.00			
Babysitting or other child care in someone else's home . . . . .	220				0170				1 3	1	2	\$	.00				\$	.00			
					0180				1 3	1	2	\$	.00				\$	.00			
Care for invalids, convalescents, handicapped or elderly persons in the home . . . . .	200				0190				1 3	1	2	\$	.00				\$	.00			
					0200				1 3	1	2	\$	.00				\$	.00			
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b – g.	0010				0210				1 3	1	2	\$	.00				\$	.00			
					0220				1 3	1	2	\$	.00				\$	.00			

Section 19 – MISCELLANEOUS EXPENSES – Continued																							
Part A – Miscellaneous Expenses – Continued										4 19 04 4 →													
a				b		PROCESSING USE ONLY	c		d		e		f		g		NOTES	PRE					
<div>Information Booklet, page 42</div> <div>3. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?</div>				What was the expense for? Describe briefly.			ENTER ITEM CODE from column a.		In what month did you have this expense? If it is a continuous expense throughout the reference period, mark box.		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? For continuing expenses, do not include expenses for the current month.		Did you have any other expenses for . . . ?			1					
																		2					
																		3					
								Month		Continuous expense		CU		Outside CU				Description from column b		Month or code from column d		Expense from column f	
ADULT DAY CARE CENTERS . . . . .				350		0010				1 3		1		2		\$ .00						\$ .00	
PROFESSIONAL PHOTOGRAPHY FEES . . . . .				360		0020				1 3		1		2		\$ .00						\$ .00	
						0030				1 3		1		2		\$ .00						\$ .00	
HOME SECURITY SYSTEM SERVICE FEES . . . . .				370		0040				1 3		1		2		\$ .00						\$ .00	
						0050				1 3		1		2		\$ .00						\$ .00	
TV COMPUTER GAMES AND COMPUTER GAME SOFTWARE . . . . .				290		0060				1 3		1		2		\$ .00						\$ .00	
						0070				1 3		1		2		\$ .00						\$ .00	
HAND HELD COMPUTER GAMES AND COMPUTER BOARD GAMES . . . . .				300		0080				1 3		1		2		\$ .00						\$ .00	
						0090				1 3		1		2		\$ .00						\$ .00	
TOYS AND GAMES . . . . .				330		0100				1 3		1		2		\$ .00						\$ .00	
HOBBIES . . . . .				340		0110				1 3		1		2		\$ .00						\$ .00	
MOVING, STORAGE, AND FREIGHT EXPRESS . . . . .				230		0120				1 3		1		2		\$ .00						\$ .00	
						0130				1 3		1		2		\$ .00						\$ .00	
PURCHASE OF PETS, PET SUPPLIES, AND MEDICINE FOR PETS . . . . .				240		0140				1 3		1		2		\$ .00						\$ .00	
						0150				1 3		1		2		\$ .00						\$ .00	
PET SERVICES . . . . .				250		0160				1 3		1		2		\$ .00						\$ .00	
VETERINARIAN EXPENSES FOR PETS . . . . .				260		0170				1 3		1		2		\$ .00						\$ .00	
						0180				1 3		1		2		\$ .00						\$ .00	
LOTTERIES AND GAMES OF CHANCE . . . . .				390		0190				1 3		1		2		\$ .00						\$ .00	
4. FIELD REPRESENTATIVE CHECK ITEM				1 19 03 2 ↓		0200				1 3		1		2		\$ .00						\$ .00	
						0210				1 3		1		2		\$ .00						\$ .00	
						0220				1 3		1		2		\$ .00						\$ .00	

Section 19 – MISCELLANEOUS EXPENSES – Continued

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

Part B – Contributions

4 19 06 6 →

a				PROCESSING USE ONLY	c	d		e		f		NOTES	PRE										
b						In what month did you make the (payment/contribution)?		What was the total amount of the (payment/contribution)?		Did you make any other (payments/contributions) for . . . ?			1	2	3								
What was the (payment/contribution) for?						Describe briefly the payment/contribution.		For continuing payments/contributions, do not include payments/contributions for the current month.					Description from column b	Month or code from column d	Expense from column e								
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any of the following to help support someone outside of your CU?						If it is a continuous payment/contribution throughout the reference period, mark box.																	
						Month	Continuous expense			YES	NO												
Information Booklet, page 42a																							
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any of the following to help support someone outside of your CU?																							
College students living away from home . . . . .																							
Child support . . . . .																							
Alimony . . . . .																							
2. Since the 1st of (month, 3 months ago), have you (or any members of your CU) given any money by cash, checks, money orders, or credit cards to benefit –																							
Educational institutions . . . . .																							
Political organizations . . . . .																							
Religious organizations, including churches, temples, and mosques, but not including parochial schools . . . . .																							
Charities and all other organizations . . . . .																							
Any and all other persons not in your CU, such as friends, co-workers, or homeless persons . . . . .																							
3. Have you (or any members of your CU) given any stocks, bonds, or mutual funds to persons or organizations outside your CU? . . . . .																							
4. FIELD REPRESENTATIVE CHECK ITEM																							
Mark (X) box if there are no entries recorded in columns b–f.																							



## Section 20 – Part A

Section 20

Section 20 – EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS – Continued			
▶ Part B – Selected Services and Goods		1 20 03 0 ↓	
1a. Since the 1st of (month, 3 months ago) excluding (this month) have you (or any members of your CU) had any expenses for coin-operated laundry or dry cleaning machines?		0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a	6a. Have you (or any members of your CU) had any expenses for checking accounts or other banking services, such as ATM fees?
b. What was the total cost?		0020 \$ .00	b. What is the usual MONTHLY charge?
c. Was any of this amount for items other than clothes such as linens or drapes?		0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a	7a. Since the 1st of (month, 3 months ago), excluding (this month) have you (or any members of your CU) had expenses for taxis or limousine service? Do not include expenses entirely reimbursed for business purposes or expenses incurred on a trip.
d. How much?		0040 \$ .00 x <input type="checkbox"/> Don't know	b. If YES – What was the total expense?
2a. Have you (or any members of your CU) had any expenses for dry cleaning or laundry services?		0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a	8a. Do you (or any members of your CU) use mass transportation services such as a bus, subway, mini-bus or train, including commuter bus and train service?
b. What was the total cost for dry cleaning or laundry services?		0060 \$ .00	b. What is the usual MONTHLY cost to use mass transit to go to –
c. Was any of this amount for items other than clothes such as linens or drapes?		0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a	(1) Work? 0210 \$ .00
d. How much?		0080 \$ .00 x <input type="checkbox"/> Don't know	(2) School? 0220 \$ .00
3. Have you (or any members of your CU) purchased tobacco products, such as –		0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3c	(3) Other places? 0230 \$ .00
a. Cigarettes?			NOTES
b. If YES – What is the usual WEEKLY expense for cigarettes?		0100 \$ .00	
c. Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4	
d. If YES – What is the usual WEEKLY expense for cigars, pipe tobacco, or other tobaccos?		0120 \$ .00	
4. Since the 1st of (month, 3 months ago), excluding (this month), what has been the expense for haircuts, styling, and other related services for all members of your CU?		0130 \$ .00 0 <input type="checkbox"/> None	
5a. Have you (or any members of your CU) had any expenses for the rental of a safe deposit box located in a bank or similar financial institution?		0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	
b. What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago), excluding this month?		0150 \$ .00 0 <input type="checkbox"/> None	

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

Section 21 – CREDIT LIABILITY – Continued										FIELD REPRESENTATIVE – Complete columns b through e for each store, bank, credit account, etc., reported in column a.													
▶ Part A.1 – Credit Balances – Continued – Second Quarter Only										1 21 03 8 ↴													
a										PROCESSING USE ONLY	b			c			d			e			NOTES
											ENTER ITEM CODE from column a			What is the name of the (credit source) to which you owe money?  Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.			How much was owed to (credit source)?			Did any member of your CU owe any money to any other (credit source)?  If "No," go to next credit source in column a.			
CREDIT SOURCE										ITEM CODE													
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc. ....										100	0010						\$	.00	x <input type="checkbox"/>				
Stores for installment credit accounts .....										200	0020					\$	.00	x <input type="checkbox"/>					
Banks and savings and loan companies. ....										300	0030					\$	.00	x <input type="checkbox"/>					
Credit unions .....										400	0040					\$	.00	x <input type="checkbox"/>					
Finance companies .....										500	0050					\$	.00	x <input type="checkbox"/>					
Insurance companies (Do not include insurance premium payments) .....										600	0060					\$	.00	x <input type="checkbox"/>					
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance .....										700	0070					\$	.00	x <input type="checkbox"/>					
Other credit sources .....										800	0080					\$	.00	x <input type="checkbox"/>					
											0090					\$	.00	x <input type="checkbox"/>					
											0100					\$	.00	x <input type="checkbox"/>					
											0110					\$	.00	x <input type="checkbox"/>					
											0120					\$	.00	x <input type="checkbox"/>					
											0130					\$	.00	x <input type="checkbox"/>					
											0140					\$	.00	x <input type="checkbox"/>					
											0150					\$	.00	x <input type="checkbox"/>					





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

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

Section 22 – WORK EXPERIENCE AND INCOME				FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.			
Part A – Second Quarter, Fifth Quarter or New Consumer Units Only							
<b>1.</b> FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.		PROCESSING USE ONLY  <b>a.</b> NAME  <b>b.</b> LINE NUMBER	1 22 01 0 ↓   <b>[0010]</b>	<b>5.</b> What was the main reason . . . did not work during the past 12 months? Was . . .  CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗  _____		<b>6e.</b> Was there any money deducted from . . .’s last pay for – If YES – How much?  <b>(1) Federal income tax?</b> . . . . . <b>[0130]</b> 1 <input type="checkbox"/> Yes <b>[0140]</b> \$ _____ .00 2 <input type="checkbox"/> No  <b>(2) State and local income tax?</b> . . . . . <b>[0150]</b> 1 <input type="checkbox"/> Yes <b>[0160]</b> \$ _____ .00 2 <input type="checkbox"/> No  <b>(3) Private pension fund?</b> . . . . . <b>[0170]</b> 1 <input type="checkbox"/> Yes <b>[0180]</b> \$ _____ .00 2 <input type="checkbox"/> No  <b>(4) Government retirement?</b> . . . . . <b>[0190]</b> 1 <input type="checkbox"/> Yes <b>[0200]</b> \$ _____ .00 2 <input type="checkbox"/> No  <b>(5) Railroad retirement?</b> . . . . . <b>[0210]</b> 1 <input type="checkbox"/> Yes <b>[0220]</b> \$ _____ .00 2 <input type="checkbox"/> No  <b>(6) Social Security including Medicare?</b> . . . . . <b>[0230]</b> 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f  <b>f. Are Social Security payments NORMALLY deducted from . . .’s pay?</b> <b>[0240]</b> 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h  <b>g. Does the money deducted for Social Security cover only the Medicare portion of Social Security?</b> <b>[0250]</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . in the last 12 months?</b> <b>[0260]</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <b>7. During the last 12 months, did . . . have any income or loss from . . .’s own nonfarm business, partnership, or professional practice?</b> <b>[0270]</b> 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c  <b>a. What was the amount of income or loss after expenses?</b> <b>[0280]</b> \$ _____ .00 } Go to item 7c <b>[0290]</b> 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b.  Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.  <b>b. Could you tell me which range on CARD A best reflects . . .’s income or loss from . . .’s own nonfarm business, partnership or professional practice during the last 12 months?</b> <b>[0300]</b> 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over	
<b>2.</b> In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.		<b>[0020]</b> _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5		<b>6.</b> During the last 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.  <b>a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?</b> <b>[0090]</b> \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.  Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.  <b>b. Could you tell me which range on CARD A best reflects . . .’s total wages and salaries for all jobs during the last 12 months?</b> <b>[0100]</b> 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over  <b>c. What was the amount of . . .’s last pay before deductions?</b> <b>[0110]</b> \$ _____ .00  <b>d. What period of time did this cover?</b> <b>[0120]</b> 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify _____ 7 <input type="checkbox"/> Twice a month			
<b>3.</b> In the weeks that . . . worked, how many hours did . . . work per week?		<b>[0030]</b> _____ Hours per week		<b>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</b> Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces  <b>b. Was . . .</b> CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		<b>[0040]</b> _____ Code  <b>[0050]</b> _____ Code Ask if code 5 and not a farm – Is the business incorporated?  <b>[0060]</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

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

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.		
▶ Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued					
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY  a. NAME  b. LINE NUMBER	1 22 06 9 ↓   0010	5. What was the main reason . . . did not work during the past 12 months? Was . . .  CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	0070 _____ Code	6e. Was there any money deducted from . . .’s last pay for – If YES – How much?  (1) Federal income tax? . . . . . 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No  (2) State and local income tax? . . . 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No  (3) Private pension fund? . . . . . 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No  (4) Government retirement? . . . . . 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No  (5) Railroad retirement? . . . . . 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No  (6) Social Security including Medicare? . . . . . 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f  f. Are Social Security payments NORMALLY deducted from . . .’s pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h  g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . in the last 12 months? 0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  7. During the last 12 months, did . . . have any income or loss from . . .’s own nonfarm business, partnership, or professional practice?  a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b.  Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects . . .’s income or loss from . . .’s own nonfarm business, partnership or professional practice during the last 12 months? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.		0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5			
3. In the weeks that . . . worked, how many hours did . . . work per week?		0030 _____ Hours per week			
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces		0040 _____ Code	6. During the last 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.  a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?  0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.  Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects . . .’s total wages and salaries for all jobs during the last 12 months?  0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over  c. What was the amount of . . .’s last pay before deductions? 0110 \$ _____ .00  d. What period of time did this cover? 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify  7 <input type="checkbox"/> Twice a month		
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		0050 _____ Code  Ask if code 5 and not a farm – Is the business incorporated?  0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			



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

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.		
Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued					
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY  a. NAME  b. LINE NUMBER	1 22 11 9 ↓   0010	5. What was the main reason . . . did not work during the past 12 months? Was . . .  CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	0070 Code	6e. Was there any money deducted from . . .’s last pay for – If YES – How much?  (1) Federal income tax? . . . . .  (2) State and local income tax? . . .  (3) Private pension fund? . . . . .  (4) Government retirement? . . . . .  (5) Railroad retirement? . . . . .  (6) Social Security including Medicare? . . . . .  f. Are Social Security payments NORMALLY deducted from . . .’s pay?  g. Does the money deducted for Social Security cover only the Medicare portion of Social Security?  h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . in the last 12 months?  7. During the last 12 months, did . . . have any income or loss from . . .’s own nonfarm business, partnership, or professional practice?  a. What was the amount of income or loss after expenses?  b. Could you tell me which range on CARD A best reflects . . .’s income or loss from . . .’s own nonfarm business, partnership or professional practice during the last 12 months?
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	0020 Weeks 0 <input type="checkbox"/> Did not work – Go to item 5				0130 1 <input type="checkbox"/> Yes 0140 \$ .00 2 <input type="checkbox"/> No  0150 1 <input type="checkbox"/> Yes 0160 \$ .00 2 <input type="checkbox"/> No  0170 1 <input type="checkbox"/> Yes 0180 \$ .00 2 <input type="checkbox"/> No  0190 1 <input type="checkbox"/> Yes 0200 \$ .00 2 <input type="checkbox"/> No  0210 1 <input type="checkbox"/> Yes 0220 \$ .00 2 <input type="checkbox"/> No  0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f  0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h  0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c  0280 \$ .00 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b.  0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over
3. In the weeks that . . . worked, how many hours did . . . work per week?	0030 Hours per week				
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces	0040 Code		6. During the last 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.  a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?  b. Could you tell me which range on CARD A best reflects . . .’s total wages and salaries for all jobs during the last 12 months?  c. What was the amount of . . .’s last pay before deductions?  d. What period of time did this cover?	0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7  0090 \$ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.  0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over  0110 \$ .00  0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify  7 <input type="checkbox"/> Twice a month	Ask if item 2 marked "Did not work" –  Ask only if "Don't know" or "Refuse" item 6a. Information Booklet, page 44.  Ask if code 5 and not a farm – Is the business incorporated?  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?	0050 Code  0060				

## Section 22 – Part A (Continued)

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Section 22 – WORK EXPERIENCE AND INCOME			FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.		
▶ Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued					
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY	1 22 16 8 ↓	5. What was the main reason . . . did not work during the past 12 months? Was . . .		6e. Was there any money deducted from . . .’s last pay for – If YES – How much?
	a. NAME				(1) Federal income tax? . . . . . 0130 1 <input type="checkbox"/> Yes 0140 \$ .00 2 <input type="checkbox"/> No
	b. LINE NUMBER	0010	CODE	0070 _____ Code	(2) State and local income tax? . . . 0150 1 <input type="checkbox"/> Yes 0160 \$ .00 2 <input type="checkbox"/> No
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.		0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5	1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗		(3) Private pension fund? . . . . . 0170 1 <input type="checkbox"/> Yes 0180 \$ .00 2 <input type="checkbox"/> No
3. In the weeks that . . . worked, how many hours did . . . work per week?		0030 _____ Hours per week			(4) Government retirement? . . . . . 0190 1 <input type="checkbox"/> Yes 0200 \$ .00 2 <input type="checkbox"/> No
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces		0040 _____ Code	6. During the last 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.	0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7	
			a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?	0090 \$ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.	(5) Railroad retirement? . . . . . 0210 1 <input type="checkbox"/> Yes 0220 \$ .00 2 <input type="checkbox"/> No
			Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.	0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over	(6) Social Security including Medicare? . . . . . 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f
			b. Could you tell me which range on CARD A best reflects . . .’s total wages and salaries for all jobs during the last 12 months?		f. Are Social Security payments NORMALLY deducted from . . .’s pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h
			c. What was the amount of . . .’s last pay before deductions?	0110 \$ .00	g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
			d. What period of time did this cover?	0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify 7 <input type="checkbox"/> Twice a month	h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . in the last 12 months? 0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Was . . . CODE		0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated?			7. During the last 12 months, did . . . have any income or loss from . . .’s own nonfarm business, partnership, or professional practice?
1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			a. What was the amount of income or loss after expenses? 0280 \$ .00 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b.
				Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.	0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over
					b. Could you tell me which range on CARD A best reflects . . .’s income or loss from . . .’s own nonfarm business, partnership or professional practice during the last 12 months?



## Section 22 – Part A (Continued)

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Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.		
▶ Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued					
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY  a. NAME  b. LINE NUMBER	1 22 21 8 ↓   0010	5. What was the main reason . . . did not work during the past 12 months? Was . . .  CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	0070 _____ Code	6e. Was there any money deducted from . . .’s last pay for – If YES – How much?  (1) Federal income tax? . . . . . 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No  (2) State and local income tax? . . . 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No  (3) Private pension fund? . . . . . 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No  (4) Government retirement? . . . . . 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No  (5) Railroad retirement? . . . . . 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No  (6) Social Security including Medicare? . . . . . 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f  f. Are Social Security payments NORMALLY deducted from . . .’s pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h  g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . in the last 12 months? 0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  7. During the last 12 months, did . . . have any income or loss from . . .’s own nonfarm business, partnership, or professional practice?  a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b.  Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects . . .’s income or loss from . . .’s own nonfarm business, partnership or professional practice during the last 12 months? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.		0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5			
3. In the weeks that . . . worked, how many hours did . . . work per week?		0030 _____ Hours per week			
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces		0040 _____ Code	6. During the last 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.  a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?  0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.  Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects . . .’s total wages and salaries for all jobs during the last 12 months?  0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over  c. What was the amount of . . .’s last pay before deductions? 0110 \$ _____ .00  d. What period of time did this cover? 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify  7 <input type="checkbox"/> Twice a month		
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		0050 _____ Code  Ask if code 5 and not a farm – Is the business incorporated?  0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

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

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Ask a separate page of part A for each CU member 14 years old and over.		
▶ Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued					
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY  a. NAME  b. LINE NUMBER	1 22 26 7 ↓   0010	5. What was the main reason . . . did not work during the past 12 months? Was . . .  CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	0070 _____ Code	6e. Was there any money deducted from . . .’s last pay for – If YES – How much?  (1) Federal income tax? . . . . . 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No  (2) State and local income tax? . . . 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No  (3) Private pension fund? . . . . . 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No  (4) Government retirement? . . . . . 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No  (5) Railroad retirement? . . . . . 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No  (6) Social Security including Medicare? . . . . . 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f  f. Are Social Security payments NORMALLY deducted from . . .’s pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h  g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . in the last 12 months? 0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  7. During the last 12 months, did . . . have any income or loss from . . .’s own nonfarm business, partnership, or professional practice?  a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b.  Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects . . .’s income or loss from . . .’s own nonfarm business, partnership or professional practice during the last 12 months? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.		0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5			
3. In the weeks that . . . worked, how many hours did . . . work per week?		0030 _____ Hours per week			
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces		0040 _____ Code	6. During the last 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.  a. During the last 12 months, how much did . . . receive in wages and salaries for ALL JOBS before any deductions?  0090 \$ _____ .00 Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.  Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects . . .’s total wages and salaries for all jobs during the last 12 months?  0100 1 <input type="checkbox"/> \$0–\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over  c. What was the amount of . . .’s last pay before deductions? 0110 \$ _____ .00  d. What period of time did this cover? 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify  7 <input type="checkbox"/> Twice a month		
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated?  0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

## Section 22 – Part A (Continued)

## Page 132

Page 132 Section 22 – Part A (Continued) Page 132



Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Ask these items for entire CU as a group at the second quarter, the fifth quarter, or the 1st interview in a new consumer unit.					
▶ Part B – Second Quarter, Fifth Quarter or New Consumer Units ONLY – Ask for entire CU as a group.								
<p>Up until this point, we have discussed earnings for individual members. Now, I would like to talk to you about your CU as a whole.</p> <p><b>1. During the last 12 months, did you (or any members of your CU) receive income from any of the following –</b></p> <p><b>a. Interest on bank accounts, money market funds, CD's, or bonds?</b></p> <p><b>b. What was the total amount received by all CU members?</b></p> <p><i>Ask only if "Don't know" or "Refuse" to item 1b. Information Booklet, page 46.</i></p> <p><b>C. Could you tell me which range on CARD C best reflects the total amount of interest received by all CU members during the last 12 months?</b></p>	PROCESSING USE ONLY	1 22 97 8 ↓	<p><b>3. During the last 12 months, did you (or any members of your CU) receive any income from –</b></p> <p><b>a. Retirement, disability and survivor pensions or annuities from private companies, military, government, IRA or Keogh?</b></p> <p><b>b. What was the total amount received by all CU members?</b></p> <p><i>Ask only if "Don't know" or "Refuse" to item 3b. Information Booklet, page 46.</i></p> <p><b>C. Could you tell me which range on CARD C best reflects the total amount of income from retirement pensions and annuities during the last 12 months?</b></p>	<p><b>0070</b> 1 <input type="checkbox"/> Yes – Go to item 3b 2 <input type="checkbox"/> No – Go to item 4</p> <p><b>0080</b> \$ _____ .00 7 Go to item 4</p> <p><i>If "Don't know" or "Refuse" – Go to item 3c.</i></p> <p><b>0090</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p><i>Ask only if "Don't know" or "Refuse" to item 5b. Information Booklet, page 46.</i></p> <p><b>C. Could you tell me which range on CARD C best reflects the total amount of income from worker's compensation during the last 12 months?</b></p>	<p><b>0150</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>		
	<p><b>0010</b> 1 <input type="checkbox"/> Yes – Go to item 1b 2 <input type="checkbox"/> No – Go to item 2</p>	<p><b>0020</b> \$ _____ .00 7 Go to item 2</p> <p><i>If "Don't know" or "Refuse" – Go to item 1c.</i></p>		<p><b>0030</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>		<p><b>0100</b> 1 <input type="checkbox"/> Yes – Go to item 4b 2 <input type="checkbox"/> No – Go to item 5</p> <p><b>0110</b> \$ _____ .00 7 Go to item 5</p> <p><i>If "Don't know" or "Refuse" – Go to item 4c.</i></p> <p><b>0120</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p><b>0160</b> 1 <input type="checkbox"/> Yes – Go to item 6b 2 <input type="checkbox"/> No – Go to item 7</p> <p><b>0170</b> \$ _____ .00 7 Go to item 7</p> <p><i>If "Don't know" or "Refuse" – Go to item 6c.</i></p>	<p><b>0180</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>
	<p><b>2. During the last 12 months, did you (or any members of your CU) receive any –</b></p> <p><b>a. REGULAR income from dividends, trusts, estates, or royalties?</b></p> <p><b>b. What was the total amount received by all CU members?</b></p> <p><i>Ask only if "Don't know" or "Refuse" to item 2b. Information Booklet, page 46.</i></p> <p><b>C. Could you tell me which range on CARD C best reflects the total amount of income from dividends, trusts, estates, or royalties during the last 12 months?</b></p>	<p><b>0040</b> 1 <input type="checkbox"/> Yes – Go to item 2b 2 <input type="checkbox"/> No – Go to item 3</p>		<p><b>0050</b> \$ _____ .00 7 Go to item 3</p> <p><i>If "Don't know" or "Refuse" – Go to item 2c.</i></p>		<p><b>0060</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p><b>0130</b> 1 <input type="checkbox"/> Yes – Go to item 5b 2 <input type="checkbox"/> No – Go to item 6</p> <p><b>0140</b> \$ _____ .00 7 Go to item 6</p> <p><i>If "Don't know" or "Refuse" – Go to item 5c.</i></p>	<p><b>0190</b> 1 <input type="checkbox"/> Yes – Go to item 7b 2 <input type="checkbox"/> No – Go to item 8</p> <p><b>0200</b> _____ Number</p> <p><b>0210</b> \$ _____ .00 7 Go to item 8</p> <p><i>If "Don't know" or "Refuse" – Go to item 7d.</i></p>



Section 22 – WORK EXPERIENCE AND INCOME – Continued					
▶ Part B – Second Quarter, Fifth Quarter or New Consumer Units ONLY – Continued					
<p><i>Ask only if "Don't know" or "Refuse" to item 7c. Information Booklet, page 46.</i></p> <p><b>7d. Could you tell me which range on CARD C best reflects the total value of food stamps or electronic benefits received in the last 12 months?</b></p>	<p><b>0220</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p><b>9. During the last 12 months, did you (or any members of your CU) receive any income from –</b></p> <p><b>a. Child support?</b></p> <p><i>If YES –</i></p> <p><b>b. Did you receive a one time lump sum payment for child support?</b></p> <p><i>If YES –</i></p> <p><b>What was the total amount of lump sum payments received by ALL CU members in the last 12 months?</b></p>	<p><b>0300</b> 1 <input type="checkbox"/> Yes – <i>Go to item 9b</i> 2 <input type="checkbox"/> No – <i>Go to item 9f</i></p> <p><b>0310</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 9d</i></p> <p><b>0320</b> \$ <input type="text"/> .00</p> <p><i>If "Don't know" or "Refuse" – Go to item 9c.</i></p>	<p><b>Income from regular contribution from –</b></p> <p><b>f. Alimony?</b></p> <p><b>g. Other sources such as from persons outside your CU?</b></p> <p><i>If YES to item 9f or 9g ask –</i></p> <p><b>h. Altogether, what was the total amount received by all CU members from alimony and other sources in the last 12 months?</b></p> <p><i>Ask only if "Don't know" or "Refuse" to item 9h. Information Booklet, page 46.</i></p> <p><b>i. Could you tell me which range on CARD C best reflects the total amount received in alimony and other sources by ALL CU members during the last 12 months?</b></p>	<p><b>0370</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>0380</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>0390</b> \$ <input type="text"/> .00 <sup>7</sup> <i>Go to item 10</i></p> <p><i>If "Don't know" or "Refuse" – Go to item 9i.</i></p> <p><b>0400</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>
<p><b>8. During the last 12 months, did you (or any members of your CU) have any net income or loss from any type of rental of rooms or living units?</b></p> <p><b>a. How much net income or loss was received from roomers or boarders?</b></p> <p><i>Ask only if "Don't know" or "Refuse" to item 8a. Information Booklet, page 46.</i></p> <p><b>b. Could you tell me which range on CARD C best reflects your net income or loss from roomers or boarders?</b></p>	<p><b>0230</b> 1 <input type="checkbox"/> Yes – <i>Go to item 8a</i> 2 <input type="checkbox"/> No – <i>Go to item 9</i></p> <p><b>0240</b> \$ <input type="text"/> .00 <b>0250</b> 0 <input type="checkbox"/> None 1 <input type="checkbox"/> Loss <i>If "Don't know" or "Refuse" – Go to item 8b.</i></p> <p><b>0260</b> 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p><i>Ask only if "Don't know" or "Refuse" to item 9b. Information Booklet, page 46.</i></p> <p><b>c. Could you tell me which range on CARD C best reflects the total amount received in lump sum payments for child support by ALL CU members during the last 12 months?</b></p>	<p><b>0330</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>		
<p><b>c. How much net income or loss was received from other rental units?</b></p> <p><i>Ask only if "Don't know" or "Refuse" to item 8c. Information Booklet, page 46.</i></p> <p><b>d. Could you tell me which range on CARD C best reflects the net income or loss received from other rental units during the last 12 months?</b></p>	<p><b>0270</b> \$ <input type="text"/> .00 <b>0280</b> 0 <input type="checkbox"/> None 1 <input type="checkbox"/> Loss <i>If "Don't know" or "Refuse" – Go to item 8d.</i></p> <p><b>0290</b> 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p><i>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 46.</i></p> <p><b>d. Did you receive any child support payments in other than a lump sum amount?</b></p> <p><i>If YES –</i></p> <p><b>What was the total amount of non-lump sum payments received by ALL CU members in the last 12 months?</b></p> <p><b>e. Could you tell me which range on Card C best reflects the total amount received in child support payments, other than lump sum amounts, by ALL CU members during the last 12 months?</b></p>	<p><b>0340</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 9f</i></p> <p><b>0350</b> \$ <input type="text"/> .00</p> <p><i>If "Don't know" or "Refuse" – Go to item 9e.</i></p> <p><b>0360</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>	<p><b>10. During the last 12 months, did you (or any members of your CU) receive any –</b></p> <p><b>a. Lump sum payments from insurance, estates, trusts, royalties, alimony, prizes or games of chance, or from persons outside your CU?</b></p> <p><b>b. What was the total amount received by ALL CU members?</b></p> <p><i>Ask only if "Don't know" or "Refuse" to item 10b. Information Booklet, page 46.</i></p> <p><b>c. Could you tell me which range on CARD C best reflects the total lump sum payments during the last 12 months?</b></p>	<p><b>0410</b> 1 <input type="checkbox"/> Yes – <i>Go to item 10b</i> 2 <input type="checkbox"/> No – <i>Go to item 11</i></p> <p><b>0420</b> \$ <input type="text"/> .00 <sup>7</sup> <i>Go to item 11</i></p> <p><i>If "Don't know" or "Refuse" – Go to item 10c.</i></p> <p><b>0430</b> 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$1,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,999 12 <input type="checkbox"/> \$50,000 and over</p>



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

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NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued							
▶ Part D – Third and Fourth Quarter – CU Members 14 Years Old and Over who previously did not work							
1. OFFICE TRANSCRIPTION ITEMS	PROCESSING USE ONLY	1 23 13 3 ↓	1 23 14 1 ↓	1 23 15 8 ↓	1 23 16 6 ↓	1 23 17 4 ↓	1 23 18 2 ↓
CU members who previously reported not working.	a. NAME						
	b. LINE NUMBER	0010	0010	0010	0010	0010	0010
2. Since the 1st of (month, 3 months ago), did. . . earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030	0030	0030	0030	0030	0030
• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.							
1. OFFICE TRANSCRIPTION ITEMS	PROCESSING USE ONLY	1 23 19 0 ↓	1 23 20 8 ↓	1 23 21 6 ↓	1 23 22 4 ↓	1 23 23 2 ↓	1 23 24 0 ↓
CU members who previously reported not working.	a. NAME						
	b. LINE NUMBER	0010	0010	0010	0010	0010	0010
2. Since the 1st of (month, 3 months ago), did. . . earn any income from wages, or salary from a business, partnership, professional practice, or farm?		0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. FIELD REPRESENTATIVE ITEM <i>Enter the name and line number of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.</i>	a. NAME						
	b. LINE NUMBER	0030	0030	0030	0030	0030	0030
• Complete a page in part E for each "Yes" response in item 2 and for each new CU member listed in item 3.							
NOTES							

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.		
Part E – Third and Fourth Quarter					
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY	1 23 25 7 ↓	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗		6e. Was there any money deducted from . . .’s last pay for – (1) Federal income tax? . . . . . (2) State and local income tax? . . . . . (3) Private pension fund? . . . . . (4) Government retirement? . . . . . (5) Railroad retirement? . . . . . (6) Social Security including Medicare? . . . . . f. Are Social Security payments NORMALLY deducted from . . .’s pay? g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . during the last 12 months?
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	a. NAME b. LINE NUMBER	0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5		0070 _____ Code	0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. In the weeks that . . . worked, how many hours did . . . usually work per week?		0030 _____ Hours per week	6. During the past 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like. a. During the last 12 months, how much did . . . receive in wages and salaries for All JOBS before any deductions? b. Could you tell me which range on CARD A best reflects . . . total wages and salaries for all jobs during the last 12 months? c. What was the amount of . . .’s last pay before deductions? d. What period of time did this cover?	0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7 0090 \$ _____ .00 ↗ Go to item 6c If "Don't know" or "Refuse" – Go to item 6b. 0100 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over 0110 \$ _____ .00 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify 7 <input type="checkbox"/> Twice a month	0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "refuse" –Go to item 7b 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		0040 _____ Code 0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			6f. Could you tell me which range on CARD A best reflects . . . income or loss from . . .’s own nonfarm business, partnership or professional practice during the last 12 months?



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

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

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.		
Part E – Third and Fourth Quarter					
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY 1 23 30 7 ↓ a. NAME b. LINE NUMBER 0010	2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave. 0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5	3. In the weeks that . . . worked, how many hours did . . . usually work per week? 0030 _____ Hours per week	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗ 0070 _____ Code	6e. Was there any money deducted from . . .’s last pay for – (1) Federal income tax? . . . . . 0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No (2) State and local income tax? . . . . . 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No (3) Private pension fund? . . . . . 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No (4) Government retirement? . . . . . 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No (5) Railroad retirement? . . . . . 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No (6) Social Security including Medicare? . . . . . 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f f. Are Social Security payments NORMALLY deducted from . . .’s pay? 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . during the last 12 months? 0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 7. During the last 12 months, did . . . have any income or loss from . . .’s own nonfarm business, partnership, or professional practice? a. What was the amount of income or loss after expenses? 0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c 0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7b Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44. b. Could you tell me which range on CARD A best reflects . . . income or loss from . . .’s own nonfarm business, partnership or professional practice during the last 12 months? 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces 0040 _____ Code	b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm? 0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	6. During the past 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like. 0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7 a. During the last 12 months, how much did . . . receive in wages and salaries for All JOBS before any deductions? 0090 \$ _____ .00 ↗ Go to item 6c If "Don't know" or "Refuse" – Go to item 6b. 0100 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over b. Could you tell me which range on CARD A best reflects . . . total wages and salaries for all jobs during the last 12 months? c. What was the amount of . . .’s last pay before deductions? 0110 \$ _____ .00 d. What period of time did this cover? 0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify 7 <input type="checkbox"/> Twice a month			

Section 22 – WORK EXPERIENCE AND INCOME – Continued		FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.	
Part E – Third and Fourth Quarter – Continued			
<div>7c. During the last 12 months, did . . . have any income from . . .’s own farm?</div> <div>d. What was the amount of income or loss after expenses?</div> <div>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</div> <div>e. Could you tell me which range on CARD A best reflects . . .’s income or loss from . . .’s own farm during the last 12 months?</div>		<div>9f. Is this amount AFTER the deduction for a Medicare premium?</div> <div>g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</div> <div>10. During the last 12 months, did . . . receive any –</div> <div>a. Supplemental Security Income (SSI) payments from the U.S. Government?</div> <div>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</div> <div>If "Yes" in items 10a and/or10b –</div> <div>c. During the last 12 months, how much did . . . receive in Supplemental Security Income checks form ALL government sources?</div> <div>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</div> <div>d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months?</div>	
<div>8. During the last 12 months, did . . . place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.</div> <div>If YES – How much?</div>		<div>9g. During the last 12 months, did . . . receive from the U.S. Government any money from –</div> <div>a. Social Security checks?</div> <div>b. Railroad Retirement checks?</div> <div>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</div> <div>d. What was the amount of the last Social Security or Railroad Retirement payment received?</div> <div>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</div> <div>e. Could you tell me which range on CARD B best reflects the amount of . . .’s last Social Security or Railroad Retirement payment received?</div>	
<div>11. FIELD REPRESENTATIVE CHECK ITEM</div> <div>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</div>		NOTES	

Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.		
Part E – Third and Fourth Quarter					
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY	1 23 35 6 ↓	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗		6e. Was there any money deducted from . . .’s last pay for – (1) Federal income tax? . . . . . (2) State and local income tax? . . . . . (3) Private pension fund? . . . . . (4) Government retirement? . . . . . (5) Railroad retirement? . . . . . (6) Social Security including Medicare? . . . . . f. Are Social Security payments NORMALLY deducted from . . .’s pay? g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . during the last 12 months?
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	a. NAME b. LINE NUMBER	0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5		0070 _____ Code	0130 1 <input type="checkbox"/> Yes 0140 \$ _____ .00 2 <input type="checkbox"/> No 0150 1 <input type="checkbox"/> Yes 0160 \$ _____ .00 2 <input type="checkbox"/> No 0170 1 <input type="checkbox"/> Yes 0180 \$ _____ .00 2 <input type="checkbox"/> No 0190 1 <input type="checkbox"/> Yes 0200 \$ _____ .00 2 <input type="checkbox"/> No 0210 1 <input type="checkbox"/> Yes 0220 \$ _____ .00 2 <input type="checkbox"/> No 0230 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6f 0240 1 <input type="checkbox"/> Yes – Go to item 6g 2 <input type="checkbox"/> No – Go to item 6h 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. In the weeks that . . . worked, how many hours did . . . usually work per week?		0030 _____ Hours per week	6. During the past 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.	0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7	
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces		0040 _____ Code	a. During the last 12 months, how much did . . . receive in wages and salaries for All JOBS before any deductions?	0090 \$ _____ .00 ↗ Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.	
				Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.	0100 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	c. What was the amount of . . .’s last pay before deductions?	0110 \$ _____ .00	a. What was the amount of income or loss after expenses? 0280 \$ _____ .00 0290 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" –Go to item 7b
			d. What period of time did this cover?	0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify 7 <input type="checkbox"/> Twice a month	0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c 0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over



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

## NOTES

FORM CE-302



Section 22 – WORK EXPERIENCE AND INCOME – Continued			FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.		
Part E – Third and Fourth Quarter					
1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY	1 23 40 6 ↓	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↗		6e. Was there any money deducted from . . .’s last pay for – (1) Federal income tax? . . . . . (2) State and local income tax? . . . . . (3) Private pension fund? . . . . . (4) Government retirement? . . . . . (5) Railroad retirement? . . . . . (6) Social Security including Medicare? . . . . . f. Are Social Security payments NORMALLY deducted from . . .’s pay? g. Does the money deducted for Social Security cover only the Medicare portion of Social Security? h. Other than Social Security, did any employer or union contribute to a pension or retirement plan for . . . during the last 12 months?
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	a. NAME				
	b. LINE NUMBER	0010			
3. In the weeks that . . . worked, how many hours did . . . usually work per week?		0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5			
		0030 _____ Hours per week			
4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces		6. During the past 12 months, did . . . receive any money in wages or salary? Include all wages, salaries, commissions, tips, allowances, Armed Forces pay, severance pay, teaching fellowships, and the like.  a. During the last 12 months, how much did . . . receive in wages and salaries for All JOBS before any deductions?  Ask only if "Don't know" or "Refuse" to item 6a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects . . . total wages and salaries for all jobs during the last 12 months?  c. What was the amount of . . .’s last pay before deductions?  d. What period of time did this cover?	0040 _____ Code	0080 1 <input type="checkbox"/> Yes – Go to item 6a 2 <input type="checkbox"/> No – Go to item 7  0090 \$ _____ .00 ↗ Go to item 6c If "Don't know" or "Refuse" – Go to item 6b.  0100 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over  0110 \$ _____ .00  0120 1 <input type="checkbox"/> 1 week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Other – Specify _____ 7 <input type="checkbox"/> Twice a month	
b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?		0050 _____ Code Ask if code 5 and not a farm – Is the business incorporated?  0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			7. During the last 12 months, did . . . have any income or loss from . . .’s own nonfarm business, partnership, or professional practice?  a. What was the amount of income or loss after expenses?  Ask only if "Don't know" or "Refuse" to item 7a. Information Booklet, page 44.  b. Could you tell me which range on CARD A best reflects . . . income or loss from . . .’s own nonfarm business, partnership or professional practice during the last 12 months?
					0270 1 <input type="checkbox"/> Yes – Go to item 7a 2 <input type="checkbox"/> No – Go to item 7c  0280 \$ _____ .00 } Go to item 7c 0290 1 <input type="checkbox"/> Loss } If "Don't know" or "Refuse" –Go to item 7b  0300 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over

Section 22 – WORK EXPERIENCE AND INCOME – Continued		FIELD REPRESENTATIVE – Complete a separate page of part E for each new CU member 14 years old or older, for each CU member who turned 14 years old since the last interview, and for all CU members who have not reported income in previous interviews.		
Part E – Third and Fourth Quarter – Continued				
<div>7c. During the last 12 months, did . . . have any income from . . .’s own farm?</div> <div>0310 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8</div>		<div>9f. Is this amount AFTER the deduction for a Medicare premium?</div> <div>0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>		NOTES
<div>d. What was the amount of income or loss after expenses?</div> <div>0320 \$ _____ .00 0330 1 <input type="checkbox"/> Loss If "Don't know" or "Refuse" – Go to item 7e</div>		<div>g. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</div> <div>0430 _____ Number</div>		
<div>Ask only if "Don't know" or "Refuse" to item 7d. Information Booklet, page 44.</div> <div>e. Could you tell me which range on CARD A best reflects . . .’s income or loss from . . .’s own farm during the last 12 months?</div> <div>0340 0 <input type="checkbox"/> Loss 1 <input type="checkbox"/> \$0 –\$4,999 2 <input type="checkbox"/> \$5,000–\$9,999 3 <input type="checkbox"/> \$10,000–\$14,999 4 <input type="checkbox"/> \$15,000–\$19,999 5 <input type="checkbox"/> \$20,000–\$29,999 6 <input type="checkbox"/> \$30,000–\$39,999 7 <input type="checkbox"/> \$40,000–\$49,999 8 <input type="checkbox"/> \$50,000–\$69,999 9 <input type="checkbox"/> \$70,000–\$89,999 10 <input type="checkbox"/> \$90,000–\$119,999 11 <input type="checkbox"/> \$120,000 and over</div>		<div>10. During the last 12 months, did . . . receive any –</div> <div>a. Supplemental Security Income (SSI) payments from the U.S. Government?</div> <div>0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>		
		<div>b. Supplemental Security Income (SSI) payments from the STATE or LOCAL government?</div> <div>0450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>		
		<div>If "Yes" in items 10a and/or10b –</div> <div>c. During the last 12 months, how much did . . . receive in Supplemental Security Income checks form ALL government sources?</div> <div>0460 \$ _____ .00 Go to item 11 If "Don't know" or "Refuse" –Go to item 10d</div>		
<div>8. During the last 12 months, did . . . place any money in a retirement plan such as an Individual Retirement Account (IRA) or Keogh? Do not include rollovers.</div> <div>If YES – How much?</div> <div>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00</div>		<div>Ask only if "Don't know" or "Refuse" to item 10c. Information Booklet, page 46.</div> <div>d. Could you tell me which range on CARD C best reflects the amount . . . received in Supplemental Security Income from all government sources during the last 12 months?</div> <div>0470 1 <input type="checkbox"/> \$0 –\$999 2 <input type="checkbox"/> \$5,000–\$1,999 3 <input type="checkbox"/> \$2,000–\$2,999 4 <input type="checkbox"/> \$3,000–\$3,999 5 <input type="checkbox"/> \$4,000–\$4,999 6 <input type="checkbox"/> \$5,000–\$9,999 7 <input type="checkbox"/> \$10,000–\$14,999 8 <input type="checkbox"/> \$15,000–\$19,999 9 <input type="checkbox"/> \$20,000–\$29,999 10 <input type="checkbox"/> \$30,000–\$39,999 11 <input type="checkbox"/> \$40,000–\$49,000 12 <input type="checkbox"/> \$50,000 and over</div>		
<div>9. During the last 12 months, did . . . receive from the U.S. Government any money from –</div> <div>a. Social Security checks?</div> <div>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>				
<div>b. Railroad Retirement checks?</div> <div>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>				
<div>c. FIELD REPRESENTATIVE CHECK ITEM – Is "Yes" marked in items 9a and/or 9b?</div> <div>0390 1 <input type="checkbox"/> Yes – Go to item 9d 2 <input type="checkbox"/> No – Go to item 10</div>				
<div>d. What was the amount of the last Social Security or Railroad Retirement payment received?</div> <div>0400 \$ _____ .00 Go to item 9f If "Don't know" or "Refuse" – Go to item 9e</div>		<div>11. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–10</div> <div>0480 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</div>		
<div>Ask only if "Don't know" or "Refuse" to item 9d. Information Booklet, page 45.</div> <div>e. Could you tell me which range on CARD B best reflects the amount of . . .’s last Social Security or Railroad Retirement payment received?</div> <div>0410 1 <input type="checkbox"/> Less than \$300 2 <input type="checkbox"/> \$300–\$399 3 <input type="checkbox"/> \$400–\$499 4 <input type="checkbox"/> \$500–\$599 5 <input type="checkbox"/> \$600–\$699 6 <input type="checkbox"/> \$700–\$799 7 <input type="checkbox"/> \$800–\$899 8 <input type="checkbox"/> \$900–\$999 9 <input type="checkbox"/> \$1,000–\$1,499 10 <input type="checkbox"/> \$1,500 and over</div>				

**NOTE – As of April 2001 Section 22, Part F no longer exists**

## NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued		FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.	
Part G – Changes In Assets – Fifth Quarter Only			
<div>1. On the last day of (last month), what was the total amount your CU had in –</div> <div>1 22 99 4 ↓</div> <div><div>a. Savings accounts in banks, savings and loans, credit unions and similar accounts?</div><div>0010 \$ .00</div><div>0 <input type="checkbox"/> None</div></div> <div><div>b. Checking accounts, brokerage accounts and other similar accounts?</div><div>0020 \$ .00</div><div>0 <input type="checkbox"/> None</div></div> <div><div>c. U.S. Savings bonds?</div><div>0030 \$ .00</div><div>0 <input type="checkbox"/> None</div></div>		<div>5. During the past 12 months, did you (or any members of your CU) sell any stocks, mutual funds or bonds?</div> <div>0160 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 6</div> <div>0170 \$ .00</div> <div>If YES – What was the net amount received from sales after subtracting broker fees?</div> <div>6. During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm?</div> <div>0180 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 7</div> <div>0190 \$ .00</div> <div>If YES – How much did you invest?</div> <div>7. During the past 12 months, did you (or any members of your CU) withdraw any assets from your own business or farm?</div> <div>0200 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 8a</div> <div>0210 \$ .00</div> <div>If YES – What was the value of such assets?</div> <div>8a. During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use?</div> <div>0220 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 9a</div> <div>b. What was the value of these goods or services?</div> <div>0230 \$ .00</div> <div>9a. On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU?</div> <div>0240 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 10</div> <div>b. How does the amount owed to your CU on the last day of (last month) compare with the amount owed to your CU by persons outside your CU on the last day of (last month, one year ago)?</div> <div>0250 1 <input type="checkbox"/> Same – Go to item 10</div> <div>2 <input type="checkbox"/> More</div> <div>3 <input type="checkbox"/> Less</div> <div>0260 \$ .00</div> <div>If more or less – How much more (less)?</div> <div>10. Did anyone outside of your CU owe money to you or any member of your CU on the last day of (last month, one year ago)?</div> <div>0270 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 11</div> <div>If YES – How much was owed?</div> <div>0280 \$ .00</div> <div>11. During the past 12 months, did you (or any members of your CU) receive settlement on surrender of any insurance policies (life or annuity)?</div> <div>0290 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>If YES – How much did you receive?</div> <div>0300 \$ .00</div>	
<div>2. How does the amount your CU had at the end of the last day of (last month) compare with the amount your CU had on the last day of (last month, one year ago) in –</div> <div>If more or less – How much more (less)?</div> <div>a. Savings accounts?</div> <div>0040 1 <input type="checkbox"/> Same – Go to item 2b</div> <div>2 <input type="checkbox"/> More</div> <div>3 <input type="checkbox"/> Less</div> <div>0050 \$ .00</div> <div>b. Checking accounts?</div> <div>0060 1 <input type="checkbox"/> Same – Go to item 2c</div> <div>2 <input type="checkbox"/> More</div> <div>3 <input type="checkbox"/> Less</div> <div>0070 \$ .00</div> <div>c. U.S. Savings bonds?</div> <div>0080 1 <input type="checkbox"/> Same – Go to item 3a</div> <div>2 <input type="checkbox"/> More</div> <div>3 <input type="checkbox"/> Less</div> <div>0090 \$ .00</div>			
<div>3a. Did you (or any members of your CU) own any securities, such as stocks, mutual funds, private bonds, government bonds or Treasury notes on the last day of (last month)?</div> <div>0100 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 4</div> <div>b. If YES – What was the estimated value of all such securities on the last day of (last month)?</div> <div>0110 \$ .00</div> <div>c. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?</div> <div>0120 1 <input type="checkbox"/> Same – Go to item 4</div> <div>2 <input type="checkbox"/> More</div> <div>3 <input type="checkbox"/> Less</div> <div>0130 \$ .00</div> <div>If more or less – How much more (less)?</div>			
<div>4. During the past 12 months, did you (or any members of your CU) purchase any stocks, mutual funds or bonds?</div> <div>If YES – What was the total purchase price including broker fees?</div> <div>0140 1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – Go to item 5</div> <div>0150 \$ .00</div>			





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