	CF-302	// 1 0
FURIN	L-F-5U/	(4-1-9)

NOTE: Office s	taff should com	nplete transci	ription items 1–4 beld	ow for intervie	wed CU's o	nly.					
1. Regional Office code	2. CONTROL PSU code		Segment number suffix 	Sample designation	Serial number 	Serial suffix	Check digit	3a. HH No.	3b. CU No.	4. Intervi ☐ 2 ☐ 3	iew No.

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS



QUESTIONNAIRE
QUARTERLY INTERVIEW SURVEY
CONSUMER EXPENDITURE SURVEYS

S	ectior	ection 1 - GENERAL SURVEY INFORMATION												FORM CE-302 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS						
P	art A	- Field R	epres	enta	ative Rec	ords		1 01 25	3 ↓								(4-1-55)			ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR
1. Re	gional fice code	2. Contro PSU code	I numbe Segmen 	r nt No. 	Segment numl	oer suffix	Sample des			rial suffix	Check digit I I I	3a. HH No.	3b. cu	J No.	No. □ 2 □	w 4 5		QUESTION UARTERLY INTER CONSUMER EXPENDE	RVIEW SURVEY	BUREAU OF LABOR STATISTICS
F 0		- TEL EDILO	NE CON			2011 501										一十	NOTICE - Your report to the (Census Bureau is confid	lential by law (title 13. l	J.S. Code). It may be seen
5. R	-CORD (Reason	NE CON	Call		eason		I <i>– Enter co</i> Call	de for rea		' -	ntact from list			SE ONLY		only by sworn Census employ	yees and may be used or	nly for statistical purpose	es.
(a)	2000	(b)		(a)		(b)		(a)	(b)			NE CONTACT	0111	ICE O	OL OILL		7. RECORD OF INTERVIEW AND	OFFICE ACTIVITY TIME		
'	0020			5	0100			9 0180				hone call lect data	0250			-1	Activity	TI	IME	OFFICE USE ONLY
2	0040			6	0120			10 0200			2 Telepl	hone call to					,	Began	Ended	Total minutes
3	0060			7	0140			11 0220			sched appoi	lule intment					Interviewing	a.m. p.m		
4	0800			8	0160			12 0240			3 Other call	telephone					Field Representative review	a.m. p.m		
6. R	ECORD C	F TRAVEL 1	ΓIME AN	ID REA	ASON FOR V			el time and			Call	REAS	ON FOR V	/ISIT			Office edit	a.m. p.m.		
						r	eason of vi	isit from list	of codes	at right.		Personal visit t Personal visit t			nintment		Office transcription	a.m. p.m		
											6	Other persona	l visit	с аррс			8. QUESTIONNAIRE DEBRIEFING	G – Complete at the cond	clusion of interview.	•
Trip		Time			OFFICE USE ONLY	Trip		ime	Reason	OFFICE U		Time	e		OFFICE U		a. Enter the line number of the code 99 for non CU member	the respondent who ansv	vered the most question	naire sections – Enter
(a)	Begai	(b)		(c)		(a)	Began	(b)	(c)		(a)	Began (b)		(c)						
		a.	.m. 0	270	0280			a.m. p.m.	0390	0400			a.m. p.m.	0510	0520	\perp	Line number of r			
1	Ende					5	Ended	p.iii.	1		9	Ended	p			\perp	b. Enter the line number(s) o	of all other respondents –	- Enter code 99 for non C	CU member.
			.m. .m.					a.m. p.m.					a.m. p.m.				0670	0700	0730	
	Begai		m. 0:	300	0310		Began	a.m.	0420	0430		Began	a.m.	0540	0550				I	<u> </u>
2			.m.			6		p.m.			10		p.m.				0680	0710	0740	
_	Ende		.m.				Ended	a.m.			'0	Ended	a.m.							
		p.	.m.				_	p.m.					p.m.			4	0690	0720	0750	
	Begai		.m. 0	330	0340		Began	a.m.	0450	0460		Began	a.m.	0570	0580	-1	C. In answering questions ab expense books, tax returns	oout expenses, did the re is, or other records?	spondent consult bills, r	eceipts, check stubs,
3	Ende		.m.			7	Ended	p.m.	-		11	Ended	p.m.			-1	Mark (X) one.			
	Lilaco	a.	m.				Liidea	a.m.				Lilaca	a.m.				0760 1 Always	₃ ☐ Mostly	5 ☐ Almost never	
	Begai	<u> </u>	.m.	360	0270		Began	p.m.	0490	0490		Began	p.m.	0600	0610	\dashv	2 ☐ Almost always	4 Occasionally	6 ☐ Never	
		a.	.m. [0.	300	0370			a.m. p.m.	0480	0490			a.m. p.m.	0600	0610	-1	d. If any bills, receipts, or receipts cost information?	cords were used, which c	ones did the respondent	s) use to give
4	Ende	l .				8	Ended	·			12	Ended				-1	Mark (X) all that apply.		-	
			.m.					a.m. p.m.					a.m. p.m.				0770 1 ☐ Bills 0780 2 ☐ Checkbook ledger	0800 4 ☐ Receipts of p 0810 5 ☐ Home file (pr		7 Bank statements 8 Other
								NOTES									or stubs	Census Burea	au)	
																		0820 6 ☐ Contracts or	agreements	DDOCECCING HOE ONLY
																	9. LAST SECTION COMPLETED If the respondent did not com		s conclusion, enter	PROCESSING USE ONLY
																	the last section completed.	,		1 9 9 9
																	0850 Section nu	mber		

S	ectior	ection 1 - GENERAL SURVEY INFORMATION												FORM CE-302 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS						
Р	art A	- Field R	epres	enta	ative Rec	ords		1 01 25	3 ↓								(4-1-55)			ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF LABOR
1. Re	gional fice code	2. Contro PSU code	I numbe Segmen 	r nt No. 	Segment numl	oer suffix	Sample des			rial suffix	Check digit I I I	3a. HH No.	3b. cu	J No.	No. □ 2 □	w 4 5		QUESTION UARTERLY INTER CONSUMER EXPENDE	RVIEW SURVEY	BUREAU OF LABOR STATISTICS
F 0		- TEL EDILO	NE CON			2011 501										一十	NOTICE - Your report to the (Census Bureau is confid	lential by law (title 13. l	J.S. Code). It may be seen
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(a)	2000	(b)		(a)		(b)		(a)	(b)			NE CONTACT	0111	ICE O	OL OILL		7. RECORD OF INTERVIEW AND	OFFICE ACTIVITY TIME		
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2	0040			6	0120			10 0200			2 Telepl	hone call to					,	Began	Ended	Total minutes
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6. R	ECORD C	F TRAVEL 1	ΓIME AN	ID REA	ASON FOR V			el time and			Call	REAS	ON FOR V	/ISIT			Office edit	a.m. p.m.		
						r	eason of vi	isit from list	of codes	at right.		Personal visit t Personal visit t			nintment		Office transcription	a.m. p.m		
											6	Other persona	l visit	с аррс			8. QUESTIONNAIRE DEBRIEFING	G – Complete at the cond	clusion of interview.	•
Trip		Time			OFFICE USE ONLY	Trip		ime	Reason	OFFICE U		Time	e		OFFICE U		a. Enter the line number of the code 99 for non CU member	the respondent who ansv	vered the most question	naire sections – Enter
(a)	Begai	(b)		(c)		(a)	Began	(b)	(c)		(a)	Began (b)		(c)						
		a.	.m. 0	270	0280			a.m. p.m.	0390	0400			a.m. p.m.	0510	0520	\perp	Line number of r			
1	Ende					5	Ended	p.iii.	1		9	Ended	p			\perp	b. Enter the line number(s) o	of all other respondents –	- Enter code 99 for non C	CU member.
			.m. .m.					a.m. p.m.					a.m. p.m.				0670	0700	0730	
	Begai		m. 0:	300	0310		Began	a.m.	0420	0430		Began	a.m.	0540	0550				I	<u> </u>
2			.m.			6		p.m.			10		p.m.				0680	0710	0740	
_	Ende		.m.				Ended	a.m.			'0	Ended	a.m.							
		p.	.m.				_	p.m.					p.m.			4	0690	0720	0750	
	Begai		.m. 0	330	0340		Began	a.m.	0450	0460		Began	a.m.	0570	0580	-1	C. In answering questions ab expense books, tax returns	oout expenses, did the re is, or other records?	spondent consult bills, r	eceipts, check stubs,
3	Ende		.m.			7	Ended	p.m.	-		11	Ended	p.m.			-1	Mark (X) one.			
	Lilaco	a.	m.				Liidea	a.m.				Lilaca	a.m.				0760 1 Always	₃ ☐ Mostly	5 ☐ Almost never	
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			.m.					a.m. p.m.					a.m. p.m.				0770 1 ☐ Bills 0780 2 ☐ Checkbook ledger	0800 4 ☐ Receipts of p 0810 5 ☐ Home file (pr		7 Bank statements 8 Other
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			.m. .m.					a.m. p.m.					a.m. p.m.				0670	0700	0730	
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2			.m.			6		p.m.			10		p.m.				0680	0710	0740	
_	Ende		.m.				Ended	a.m.			'0	Ended	a.m.							
		p.	.m.				_	p.m.					p.m.			4	0690	0720	0750	
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2			.m.			6		p.m.			10		p.m.				0680	0710	0740	
_	Ende		.m.				Ended	a.m.			'0	Ended	a.m.							
		p.	.m.				_	p.m.					p.m.			4	0690	0720	0750	
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Call	ECORD (Reason	INE COI	Call		eason		l <i>– Enter co</i> Call	de for rea Reasor		' -	ntact from list			SE ONLY	only by sworn Census employees and may be used only for statist	ical purposes	6.
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6. R	ECORD (OF TRAVEL	TIME AI	ND REA	ASON FOR V			el time and			Can	REAS	ON FOR V	/ISIT		Office edit a.m. p.m.	a.m. p.m.	0640
						r	eason of vi	isit from list	of codes	at right.		Personal visit t Personal visit t			ointment	Office transcription a.m. p.m.	a.m. p.m.	0650
											6	Other persona	l visit	- прро		8. QUESTIONNAIRE DEBRIEFING – Complete at the conclusion of in	terview.	•
Trip		Time (b)		eason (c)	OFFICE USE ONLY	Trip (a)		ime (b)	Reason (c)	OFFICE U		Time	е	Reaso (c)	on OFFICE US	a. Enter the line number of the respondent who answered the mocode 99 for non CU member.	st questionna	aire sections – Enter
(a)	Begai			0270	0280	(a)	Began	(b)	0390	0400	(a)	Began		0510	_			
_			.m. 🖺	3270	0200	_		a.m. p.m.		0.00			a.m. p.m.	00.10	0020	b. Enter the line number(s) of all other respondents – Enter code	00 for non Cl	I mambar
1	Ende		m			5	Ended	0 m	1		9	Ended	0 m			Enter the line number(s) of all other respondents – Enter code	99 TOT HOH CO	member.
			.m. .m.					a.m. p.m.					a.m. p.m.			0670	0730	!
	Bega		.m.	0300	0310		Began	a.m.	0420	0430		Began	a.m.	0540	0550			
2		· ·	.m.			6		p.m.	_		10		p.m.			0680	0740	i i
	Ende	a	.m.				Ended	a.m.				Ended	a.m.			0690	0750	i I
	Begai	<u> </u>	.m.	2220	0240		Began	p.m.	0450	0400		Began	p.m.	0570	0500	C. In answering questions about expenses, did the respondent co		cainte chack stubs
_		a	.m. L .m.	0330	0340	_		a.m. p.m.	0450	0460			a.m. p.m.	0570	0580	expense books, tax returns, or other records?	nsuit bills, rec	ceipts, check stubs,
3	Ende					7	Ended	· · · · · · · · · · · · · · · · · · ·	1		11	Ended				Mark (X) one.		
			.m. .m.					a.m. p.m.					a.m. p.m.			1 Always 3 Mostly 5 Ali	most never	
	Bega	a	.111.	0360	0370		Began	a.m. p.m.	0480	0490		Began	a.m. p.m.	0600	0610	d. If any bills, receipts, or records were used, which ones did the cost information?) use to give
4	Ende		.m.			8	Ended	p.iii.			12	Ended	р.пт.			Mark(X) all that apply.		
			.m. .m.					a.m. p.m.					a.m. p.m.			0770 1 ☐ Bills 0800 4 ☐ Receipts of purchase (sal 0780 2 ☐ Checkbook ledger 0810 5 ☐ Home file (provided by		7 ☐ Bank statements 840 8 ☐ Other
		·						NOTES	•							or stubs Census Bureau)		oroginal
																0790 3 ☐ Canceled checks 0820 6 ☐ Contracts or agreements		
																9. LAST SECTION COMPLETED If the respondent did not complete the interview to its conclusion,		PROCESSING USE ONLY
																the last section completed.	<i>-</i>	0860 1 9 9 9
																0850 Section number		0860

ection 1 – GENERAL SURVEY INFORMATION – Continued											
art A.1 – Consumer Unit and Reference Period Explanations ELD REPRESENTATIVE NOTE: Read the following paragraphs (control card items 23f and 35b) ONLY if you have NOT read them already.											
FIELD REPRESENTATIVE NOTE: Read the following paragr	raphs (control card items 23f and 35b) ONLY if you have NOT	read them already.									
1. Consumer Unit During this interview, I will use the words	2. Reference Period Most questions that I will be asking refer to a	NOTES									
During this interview, I will use the words consumer unit or CU. A consumer unit is the (person/group of persons) in this household who (is/are) independent of all other persons in this household for payment of their major expenses.	Most questions that I will be asking refer to a specific time period. During this interview, the time period, unless I state otherwise, is for the past three months, that is, from the first day of (Month, three months previous to this month) to										
The person(s) I'm including in your CU (is/are): (READ NAMES OF ALL PERSONS LISTED IN CONTROL CARD ITEM 18 WITH THE SAME CU MARKED IN	today.										
CONTROL CARD ITEM 23g.)											

Page 2

Section 1 – GENERAL SURVEY INFORMATION – Continued

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

	Part B – General Hous	ing Characteristics – For New Consum	er Units Only (For Returning	g Consumer Units, Go to Section	n 2) 1 01 26 1 ↓	
1a.	Ask if not apparent. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?	0010 1 ☐ Yes – Go to item 2 2 ☐ No	5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?	0060 Number	Information Booklet, page 5 9. Does this unit have any of the following? Mark (X) all that apply.	0130 01 Swimming pool 0140 02 Off street parking 0150 03 Porch, terrace, patio, or balcony
b	If NO – Are your housing costs lower because the Federal, State, or local government is paying part of the cost?	0020 1 ☐ Yes 2 ☐ No	6. How many bedrooms are there in this unit? Count all rooms used MAINLY for sleeping, even if also used for other purposes.	0070 Number		 0160 04 ☐ Apartment or guest house 0170 05 ☐ Central air conditioning 0180 06 ☐ Window air conditioning
2.	Ask if not apparent. Are these living quarters presently used as student housing by a college or university?	0030 1 ☐ Yes 2 ☐ No	7a. How many complete bathrooms are there in this unit? A COMPLETE BATHROOM has a flush toilet, a bathtub or	0080 Number		
	Ask if not apparent by observation. Information Booklet, page 5	0040 on Single family detached (detached structure with only one primary residence; however, the structure could include a rental unit(s) in the basement,	shower, and a wash basin with piped water. b. How many half bathrooms are			
3.	Which best describes this building?	attic, etc.) 02 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	there in this unit? A HALF BATHROOM has at least a flush toilet OR bathtub or shower, but does not have all the facilities of a complete	0090 Number On None	10. About when was this	
		as part of the structure) 03 End row or end townhouse (one common	bathroom.		building originally built? Do not consider later	0450 01 1990 or later 02 1985–1989
		wall) 04 Duplex (detached two unit structure with one common wall between the units) 05 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) – Go to item 5	8. What fuel is used most for – a. Heating this unit?	0100 01 ☐ Gas (underground piping) 02 ☐ Electricity 03 ☐ Fuel oil 04 ☐ Other - Specify	remodelings.	03
		of Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the units not only have common walls but are also stacked on top of one another) – Go to item 5		05 □ No fuel used x □ Don't know		08
		07 ☐ High-rise (a multi-unit structure which has 4 or more floors) – Go to item 5 08 ☐ 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	b. Heating water in this unit?	0110 01 ☐ Gas (underground piping) 02 ☐ Electricity 03 ☐ Fuel oil 04 ☐ Other – Specify		13
		09 ☐ Mobile home or trailer – Go to item 5 10 ☐ College dormitory – Go to section 1, part C		05 □ No fuel used x □ Don't know		NOTES
		11 □ Other – Specify and go to item 4 ⊋	C. Cooking?	0120 01 Gas (underground piping) 02 Electricity		
4.	What is the approximate size of the lot on which this unit is located?	Lot size (approximate acreage) 0050 $01 \square 1$ acre or less – 43,560 sq. ft. $02 \square 2$ acres – 87,120 sq. ft. $03 \square 3$ to 5 acres		03 □ Fuel oil 04 □ Other – <i>Specify _K</i>		
		04 ☐ 6 to 10 acres 05 ☐ Greater than 10 acres 06 ☐ No lot x ☐ Don't know		05 ☐ No fuel used x ☐ Don't know		

Section 1 - GENERAL SURVEY INFORMATION - Continued Part C - Major Household Appliances - For New Consumer Units Only 3 01 28 3 → **NOTES** Information Booklet, page 6 If YES -Was this (Were any of these) -Does your CU have any of the How following appliances? many? 1. Purchased for own use? 2. Included with own house? 3. Received as a gift? 4. Included with rental unit? 5. Rented separately? FIELD REPRESENTATIVE -Mark (X) first box that applies. Yes No Electric cooking stove, 0010 1 🗌 | 2 🔲 range, or oven Gas cooking stove, range, 0020 1 🗌 2 🔲 or oven 0030 1 🗌 | 2 🔲 Microwave oven Other cooking stove, range, 0040 1 🗌 2 🔲 or oven 0050 1 🗌 2 🔲 Refrigerator 0060 1 🗌 2 🔲 Home-freezer 0070 1 🗌 2 🔲 **Built-in dishwasher** 0080 Portable dishwasher 1 🗌 | 2 🔲 0090 1 🗌 2 🔲 **Garbage disposal** 0100 1 🗌 2 🔲 **Clothes washer** 0110 1 🗌 2 🔲 **Clothes dryer** 0120 1 2 2 **Color television** Computer, not solely for 0130 1 2 2 games Sound components, component system, or 1 2 2 compact disc sound system Video tape recorder, video disc player, or video cassette recorder (VCR) 1 🗌 2 🔲 GO TO SECTION 2

Page 5		Page 5
	NOTES	

Contina	2	RENTED	1 11/1	NIC		DTI	EDC
Section	Z -	KENTED	LIVI	ING	UUA	NK I I	EK 5

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 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 Pay	ments, Facilities, and Se	rvices 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	4a. Did you (or any members of your CU) receive any reduced or free rent for this unit as a form of pay since the 1st of (month, 3 months ago)?	0300 1 ☐ Yes 2 ☐ No – Go to item 5a	NOTES
b. Are these living quarters owned or being bought by you (or any members of your CU)?	0020 1 ☐ Yes – Go to item 6 2 ☐ No	b. What is the rental charge to another tenant for a similar unit?	0310 \$.00 x \(\subseteq \text{Don't know} \)	
ASK IF NOT PREVIOUSLY ANSWERED – IF PREVIOUSLY ANSWERED MARK (X) APPROPRIATE BOX. C. Do you (or any members of your CU)	0030 1 ☐ Yes 2 ☐ No – Go to item 4a	C. What period of time does this cover?	0320 4 ☐ Month 9 ☐ Other – Specify ✓	
pay rent for these living quarters?				
2a. What is the rental charge to your CU for this unit, including any extra	0040 \$		x □ Don't know	
charge for garage or parking facilities? Do not include direct payments by local, state, or federal agencies.	x □ Don't know	5a. Is any portion of this unit used for your own business?	0540 1 ☐ Yes	
b. What period of time does this cover?	0050 4 Month		2 □ No – Go to item 6	
	9 ☐ Other – Specify _▼	b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent.	0550 .00 Percent	
C. Since the 1st of (month, 3 months ago), how many payments have been made?	0060 Number	6. Since the 1st of (month, 3 months ago),		
d. Were all the payments in the amount of (rental charge reported in item 2a)?	0070 1 ☐ Yes – Go to item 2f 2 ☐ No		0620 1 ☐ Yes – Complete part B for other rental property	
e. If NO – What was the amount of each payment and how many payments were made at that amount?	Payment Number 0080 \$.00 0090	vacation? Do not include college or university regulated housing.	2 □ No − Go to next section	
	0100 \$.00			
	0120 \$.00 0130			
	0140 \$.00 0150			
f. Were any payments made during the current month?	0200 1 ☐ Yes 2 ☐ No – Go to item 3			
g. If YES – How much?	0210 \$.00			
3. Does the rental payment include the	Yes No	1		
cost of – a. Electricity?	0220 1 2			
b. Gas?	0230 1 2 D			
d. Heating?	0250 1 2 7			
e. Trash/Garbage collection? f. Garage or parking facilities	0260 1 □ 2 □ 0270 1 □ 2 □			
f. Garage or parking facilities	0270 1 2 /			

Section 2 – RENTED LIVING QUARTERS – Continued

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

F	Part B - Rental Paym	ents, Facil	ities, and S	ervices	for Ot	ther Than Sample Unit			
	RENTAL OF OTHER THAN SAMPLE UNIT	PROCESSING USE ONLY	1 02	2 02 0 ↓		3a. Did you or any members of your receive any free or reduced rent the unit as a form of pay since t 1st of (month, 3 months ago)?	t for	0250 1 ☐ Yes 2 ☐ No – Go to item 4	NOTES
·u.	for the other unit, including charge for garage or park facilities?	ng any extra	0010 \$ x □ Dor	n't know	.00	b. What is the rental charge to ano tenant for a similar unit?	other	0260 \$.00 x \(\sum \) Don't know	
b.	What period of time does	this cover?	0020 4 Moi 9 Oth	nth er – <i>Speci</i> i	ify _⊭	C. What period of time does this co	over?	0270 4 Month 9 Other - Specify	
C.	Since the 1st of (month, 3	months ago).							
	how many payments have	e been made?	0030	Numb	oer	4a. Is any portion of the unit used for your own business?	for	0280 1 Yes	
d.	Were all the payments in to of (rental charge reported in	the amount n item 1a)?	0040 1 ☐ Yes 2 ☐ No	– Go to ite	em 1f	b. What percent of the rental paym counted as a business expense?	nent is	2 No – Go to item 5	
e.	If NO – What was the amor	avments	Payr	nent I	Number	to the nearest whole percent.		029000 Percent	
	were made at that amoun	t?	0050 \$.00	0060	5. Since the 1st of (month, 3 months have you (or any members of yo CU) rented any other houses, apartments, or temporary living	our	0300 1 Yes – Complete part B for other rental	
			0070 \$.00	0080	quarters not used for business of vacation? Do not include colleguniversity regulated housing.	or	property 2 □ No – Go to next section	
			0090 \$.00	0100				
			0110 \$.00	0120				
f.	Were any payments made current month?	during the	0170 1 Yes 2 No	– Go to ite	em 2				
g.	If YES – How much?		0180 \$.00				
2.	Does the rental payment i cost of –	include the	Yes	No					
a.	Electricity?		0190 1	2 🗌					
b.	Gas?		0200 1	2 🗌					
C.	Piped-in water?		0210 1 🗆	2 🗌					
d.	Heating?		0220 1	2 🗌	4				
e.	Trash/Garbage collection	?	0230 1	2 🗌					
f.	Garage or parking facilities	es?	0240 1 🗆	2 🗌	/				

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 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	→							PF	ROPERTY INVE	ENTORY C	HART											
	а	b	С	d	е	f	g	h	i			j			į.		ı		m		1	0	р
PROCESSING USE ONLY	Property number	Property disposed of (part D completed)	Property description (part B, item 1c)	Property type 1. Condo 2. Co-op 3. Something else (part B, item 10)	ENTER PROPERTY CODE from part B, item 1b.	Code 300 time share (part B, item 13, box 2)	Do you still have (property descrip- tion)? If "No," go to column j.	Are (Were) any of the expenses for this property deducted as business, farm, or rental expenses? If "No," go to column j.	If "Yes" in column h – What percent of the expenses for this property are (were) deducted? Enter to the nearest whole percent.		reported in	TYPE	eduity loan	y information view Amount paid from part F, item 11 or part G, item 11	loan)	age sum equity ent of nt ed?	Home I Loan (F	quity Part H) go to operty	Line of Credit Home Equity Loan number (Part H, item 1d)	Since 1 1st of month) have y your C made a payme for you of crec home o loan? If "No," to next propen loan.	(last , ou (or U) any nts ur line lit equity	If "Yes" – What was the amount of the last payment?	Prior to the last payment, what was the total amount owed?
PRO	Prop	YES NO					YES NO	YES NO				Mor 	Home		YES	NO	YES	NO		YES	NO		
0001		1					1	1	Percent			1	2 🗆	\$00	1 🗌	2 🗆				1 🗆	2 🗌	\$	\$
0021]	1					1	1	Percent			1	2 🗆	\$00	1 🗌	2 🗌				1 🗆		\$00	\$00
0041]	1 🗆 ¦ 2 🗆			1 1		1 🗆 ¦ 2 🗆	1 🗆 ¦ 2 🗆	Percent			1 🗆 2	2 🗆	\$00	1 🗌	2 🗌				1 🗆	2 🗆	\$00	\$00
0061]	1			1 1 1 1 1 1		1	1	Percent			1	2 🗆	\$	1 🗌	2 🗌				1 🗆	2 🗌	\$00	\$00
0081]	1 🗆 2 🗆			1 1		1	1	Percent			1 🗆 2	2 🗆	\$00	1 🗌	2 🗌				1 🗆	2 🗌	\$	\$
0101		1			1 1		1	1	Percent			1	2 🗆	\$	1 🗌	2 🗌				1 🗆	2 🗌	\$	\$00
0121		1					1	1	Percent			1 2	2 🗆	\$	1 🗌	2 🗌				1 🗆	2 🗌	\$	\$
0141		1 🗌 2 🔲					1 🗆 ¦ 2 🗆	1 🗆 ¦ 2 🗆	Percent			1 🗆 ¦ 2	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	1 03 01 0	↓	
2a. Since the 1st of (month, 3 months ago), have you obtained any additional mortgages, including second mortgages or home equity loans for any property you own?	0010 1 ☐ Yes 2 ☐ No – <i>Go to item 3</i>	a	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.
b. If YES – For which property was this additional mortgage or home equity loan obtained?	Enter the appropriate and property code(s) if from the property inve 1a and 1e).	n item 2g below	PROPERTY STATUS Currently owned
Ask for each property. C. Was this a mortgage or a home equity loan?		(X) "Yes" in mortgage an in item 2g a – Continue with item 2d	B, E, I B, D, E, I
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. O1 A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took out the loan; or O2 A line of credit loan where you (your CU) can increase the amount borrowed by simply writing a			(NOTE: Do not fill any parts for property code 600.) NOTES
check or using a special credit card? C. Is this new loan a lump sum home equity loan?		column in item 2g	
Ask or verify. f. Is this new loan a line of credit home equity loan?		ch item 2f es" in line of credit home column in item 2g	
g. Complete the chart below for each additional mortgage/home equit	y loan.		
Property number Property code Mortgage (Complete a pa	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	
3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or otherwise acquired any property or real estate?	0050 1 \square Yes – Ask items 3 2 \square No – Go to next p		
b. Please look at (page 7, Information Booklet). What kind of	Property code	Still owned	
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	0060	0070 1 ☐ Yes 2 ☐ No	
600 Property for business or investment purposes only 300 A second home, vacation home or recreational property	0080	0090 1 ☐ Yes 2 ☐ No	
400 Unimproved land with no buildings on it 500 Other property – Specify		0110 1 ☐ Yes	
C. Do you still have this property? Mark (X) the appropriate box in "still owned" column.	0100	2 No	

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.

F	Part A.2 – Screening Questions – <i>For Ne</i>	w Con	sumer Units O			
_				1 03 02 8		NOTES
1.	Now I want to talk about owned living quarters and other currently owned real estate. I'll be asking separately about each of these types of property. (Hand respondent Information Booklet,	Property code	YES	NO	If YES ask – How many such properties do you (does your CU) own?	
	page 7.) Do you (any members of your CU) own the home in which you (your CU) currently live(s)? (Treat land contracts as ownership.) 2. Since the first of (month 3 months ago), have you		0010 1 🗆	2 🗆		
2.	Since the first of (month, 3 months ago), have you (has anyone in your CU) lived in any other home that you (any member of your CU) still own(s)?	200	0020 1 🗆	2 ☐ Go to item 3	0030 Number	
3.	Do you (Does your CU) own any property only for business or investment purposes?	600	0035 1	2 ☐ Go to item 4		
	READ IF "YES" IN ITEM 3 – In the following questions, please do not include any of the properties you (your CU) own(s) only for business or investment purposes.					
4.	Other than property you have already mentioned, do you (does your CU) own a second home, vacation home, or recreational property?	300	0040 1 🗆	2 Go to item 5	0050 Number	
5.	Other than property you have already mentioned, do you (does your CU) own any unimproved land, that is, land without buildings on it?	400	0060 1 🗆	2 ☐ Go to item 6	0070 Number	
6.	Do you (Does your CU) own any other real estate? – Specify _▼			 		
		500	0080 1	│ 2 □ Go to item 7a	0090 Number	
7a.	Since the first of (month, 3 months ago), did you (you own any real estate or land that you (your CU) no loown(s)?	ır CU) onger	0100 1 ☐ Yes	l 2		
b.	If YES – How many different properties?		0110	Number		
C.	Please look at page 7 in the Information Booklet. Wind of property(ies) was it (were they)? Enter property code(s) from below.	/hat	0120	0130	0140	
	 100 - The home in which you (your CU) currently live(s) 200 - A home in which you (your CU) used to live 600 - Property for business or investment purposes only 		0150	0160	0170	
	300 – A second home, vacation home, or recreational pr 400 – Unimproved land with no buildings on it 500 – Other property – Specify ✓		0180	0190	0200	
	300 - Other property - Specify		0210	0220	0230	
8.	FIELD REPRESENTATIVE INSTRUCTIONS – Refer to the					
J .	chart to the right. Complete all appropriate parts for each property disposed of in the reference period and			PROPERTY STA	ATUS	
	for each property currently owned before moving on to next property.		Cur	rently owned	Disposed of "ES" in item 7a)	
	Note – Do not fill any parts for property code 600.		(YES	B, E, I	B, D, E, I	
				D, L, I	υ, υ, ι , ι	

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.

)	appropriate parts for this property before going to next property.										
P	Part B – Detailed Property Description										
1.	FIELD REPRESENTATIVE CHECK ITEM	PROCESSING USE ONLY	1 03 03 6 ↓	1 03 04 4 ↓	1 03 05 1 ↓						
	New Consumer Units – Assign a property number to each property in	a. PROPERTY NUMBER	0010 Number	0010 Number	0010 Number						
	consecutive order starting with 1. Enter the property number in item	b. PROPERTY CODE from part A.1, item 3b or part A.2, items 1–7	0020 Code	0020 Code	0020 Code						
	1a, the property code in item 1b, a brief description of the property (such as "own home") in item 1c,	C. DESCRIPTION	Description	Description	Description						
	and appropriate ownership status in item 1d.	d. CURRENT OWNERSHIP STATUS from part A.1 or part A.2	1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item	1 Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 Disposed of (from part A.1, item 3c or part A.2, item 7)	0030 1 ☐ Currently owned (from part A.1, item 3c or part A.2, items 1–6) 2 ☐ Disposed of (from part A.1, item 3c or part A.2, item 7)						
2a	Now I'm going to ask you some questions about (property description). a. Are (Were) any of the expenses for this property deducted as business, farm, or rental expenses? b. What percent of the expenses for this property are (were) deducted?		0040 1 ☐ Yes 2 ☐ No – Go to item 3	0040 1 ☐ Yes 2 ☐ No – Go to item 3	0040 1 ☐ Yes 2 ☐ No – <i>Go to item 3</i>						
b			006000 Percent – If 100%, delete this prope	rty. 0060 Percent – If 100%, delete this property	.00 Percent – If 100%, delete this property.						
3 a	In what month and year did you (you property? If land contract – In what mocontract begin?	r CU) close or settle on this onth and year did the land	0080 Month 0090 Yea		0080 Month 0090 Year						
b	b. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box for each property and follow appropriate skip pattern.		1 ltem 3a is after the 1st of the month 3 months ago – Go to item 4 2 ltem 3a is before the 1st of the month 3 months ago – Go to item 8	0100 1 ltem 3a is after the 1st of the month 3 months ago – Go to item 4 2 ltem 3a is before the 1st of the month 3 months ago – Go to item 8	0100 1 ☐ Item 3a is after the 1st of the month 3 months ago – Go to item 4 2 ☐ Item 3a is before the 1st of the month 3 months ago – Go to item 8						
4.	How did you (your CU) acquire this p Mark (X) the FIRST answer that applies.	roperty?	1 A purchase, a contract with a builder, or a trade- 2 A gift or inheritance? 3 Other – Specify	n? 0120 1 A purchase, a contract with a builder, or a trade-in? 2 A gift or inheritance? 3 Other – Specify Go to item 8	1 A purchase, a contract with a builder, or a trade-in? 2 A gift or inheritance? 3 Other – Specify Go to item 8						
5.	Hand the respondent Information Bookle Closing costs include these kinds of costs, what was the total price paid		0130 \$	0130 \$.00	0130 \$						
6.	What was the amount of the down pa	ayment?	0140 \$	0140 \$.00	0140 \$						
7.	About how much were the closing co	osts?	0160 \$.00	0160 \$.00	0160 \$.00						
8.	About how much do you think this p today's market?	roperty would sell for on	0190 \$.00	0190 \$.00	0190 \$.00						
9.	What are your (your CU's) annual pro description)?	perty taxes for (property	0200 \$.00	0200 \$.00	0200 \$.00						
10.	Ask if not apparent. Do not ask for unimples this property a condominium, cool		0210 1 ☐ A condominium 3 ☐ Something else 2 ☐ A cooperative	0210 1 ☐ A condominium 3 ☐ Something else 2 ☐ A cooperative	0210 1 ☐ A condominium 3 ☐ Something else 2 ☐ A cooperative						
	If vacation property/second home (code 300), ask questions 11–13. All other properties, go to part D or E as appropriate. 11. Where is (property description) located?		City or place State	City or place State	City or place State						
11.			Foreign country	Foreign country	Foreign country						
12	Daniel (Daniel CIII)	OFFICE USE ONLY	0220	0220	0220						
12.	Do you (Does your CU) share owners property with anyone else outside you	our CU?	0230 1 ☐ Yes 2 ☐ No – Go to part D or E as appropriate	0230 1 ☐ Yes 2 ☐ No – Go to part D or E as appropriate	0230 1 ☐ Yes 2 ☐ No – Go to part D or E as appropriate						
13.	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?		1 Share ownership for entire year or E as appropriate	or E as	1 ☐ Share ownership for entire year or E as appropriate						

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

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.

								parto tor time property to the	- 0 - 0	- 1
F	Part D – Disposed of	f Property								
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 (03 33 3 ↓	1	03 34 1 ↓		1 03 35 8 🗸	1	03 36 6 ↓
	Complete at the 1st interview in which the property is reported as	a. PROPERTY NUMBER	0010N	umber	0010N	umber	0010	Number	0010	Number
	being disposed of. Enter the property number in item 1a, the property	b. PROPERTY CODE		Code		Code	0020	Code		Code
	code in item 1b, and a brief description of the property in item 1c.	C. DESCRIPTION	Description		Description		Description		Description	
2.	Did you (your CU) sell this someone else (outside yo something else with it?	s property, give it to ur CU), or do		oroperty someone else g else – <i>Specify</i>	1	oroperty someone else g else – <i>Specify _k</i>	2 ☐ Gave	the property it to someone else ething else – <i>Specify</i>		property o someone else ng else – <i>Specify</i>
			Mark pro	perty traded-in as "sold."	Mark pro	perty traded-in as "sold."	Mark	k property traded-in as "sold."	Mark pro	operty traded-in as "sold."
3.	In what month and year (sell/response to item 2) th	did you (your CU) his property?	Month 0040 If "sold" in item	Year 0050 m 2, go to item 4; otherwise	Month 0040 If "sold" in item	Year 0050 7 a go to item 4; otherwise	Month 0040 If "sold" i	Year 0050 n item 2, go to item 4; otherwise	Month 0040 If "sold" in ite	Year 0050 2, go to item 4; otherwise
_			go to part E.		go to part E.		go to par	t E.	go to part E.	
4.	What was the selling pri	ice (trade-in value)?	0060 \$.00	0060 \$.00	0060 \$.00	0060 \$.00
5.	Hand the respondent Information Here is a list of some of have when selling (traditat the list may help you your (your CU's) expense the total expenses in selproperty?	the costs people may ng) property. Looking remember what	0070 \$.00	0070 \$.00	0070 \$.00	0070 \$.00
6a.	Did you (your CU) finance sale (trade) for the buyer	ce any part of the r?	0080 1 ☐ Yes 2 ☐ No – Go t	o part E	0080 1 ☐ Yes 2 ☐ No – <i>Go t</i>	o part E	0080 1 Yes 2 No -	Go to part E	0080 1 □ Yes 2 □ No – <i>Go</i>	to part E
b.	. What was the amount of that you (your CU) finan	f the mortgage ced?	0090 \$.00	0090 \$.00	0090 \$.00	0090 \$.00
					NC	TES				

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

ı	Part E – Mortgage/Home Equity Loan S	Screening Questions				
1.	FIELD REPRESENTATIVE ITEM a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	Enter the property number in item 1a, the property code in item 1b, and a brief description of	Code Description				F
	the property in item 1c. C. DESCRIPTION	Description		a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)		
2.	I want to ask next about any mortgages you (your CU) had in the last three months on (property description).	1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op	item 4a	b. Enter number of lump sum home equity loans for this property (from item 6a)		G
	FIELD REPRESENTATIVE CHECK ITEM Mark (X) appropriate box based upon part B, item 10.			C. Enter number of line of credit home equity loans for this property (from item 6b)		н
3a.	Excluding home equity loans, do you (does your CU) presently have a mortgage on this property?		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?	 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 		
		☐ Yes ☐ No - Go to item 3b	— — — — — — — — — — — — — — — — — — —	NOTES		
b.	Have you (Has your CU) had a mortgage on this property since the 1st of (month, 3 months ago)?	☐ Yes ☐ No - <i>Go to item 5</i>	– Go to item 5 Number			
4a.	In addition to your (your CU's) share of the cooperative's total costs, do you (does your CU) make payments on a mortgage that was obtained from an outside lender for your (your CU's) shares in the cooperative?	☐ Yes ☐ No - Go to item 4b	– Go to item 5 Number			
b.	Since the lst 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?	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number			
5.	Do you (Does your CU) have a home equity loan or any other loan which gives the lender claim on this property in case the loan is not repaid?		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)?			
		☐ Yes ☐ No – Go to item 7	Number			
6.	Now let's talk about your (your CU's) (loan description). There are two basic types of home equity loans. I'll describe both types. Please tell					
	me which more closely describes your loan. • A loan where you (your CU) received the entire lump-sum borrowed when you (your CU) took					
	out the loan; or • A line of credit loan where you (your CU) can increase the amount borrowed by simply					
a.	writing a check or using a special credit card. Do you (Does your CU) have a lump sum home equity loan?	☐ Yes ☐ No - <i>Go to item 6b</i>	 Number			
b.	Do you (Does your CU) have a line of credit home equity loan?	□Yes				
		☐ No – Go to item 7	Number			

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

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

	Part E – Mortgage/l	Home Equity Loan S	Screening Questions – Co	ntinued			
1.	FIELD REPRESENTATIVE ITEM Enter the property	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.	b. PROPERTY CODE	Code				F
	the property in item 16.	C. DESCRIPTION			a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)		
2.	I want to ask next abou (your CU) had in the las (property description). FIELD REPRESENTATIVE (t three months on	1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op	item 4a	b. Enter number of lump sum home equity loans for this property (from item 6a)		G
		based upon part B, item 10.			C. Enter number of line of credit home equity loans for this property (from item 6b)		н
3a	Excluding home equity your CU) presently have this property?	loans, do you (does e a mortgage on		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?			
			☐ Yes ☐ No – Go to item 3b	– Go to item 5 Number	NOTES		
b	. Have you (Has your CU) property since the 1st o	had a mortgage on this of (month, 3 months ago)?	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number			
4a	In addition to your (you cooperative's total cost CU) make payments on obtained from an outsic (your CU's) shares in th	a mortgage that was de lender for your	☐ Yes ☐ No – Go to item 4b	– Go to item 5 Number			
b	Since the lst of (month, (has your CU) made any mortgage that was obtalender for your (your Cl cooperative?	/ payments on a ained from an outside	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number			
5.	Do you (Does your CU) loan or any other loan v claim on this property i repaid?	which gives the lender		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month,			
			□Yes	three months ago)?			
			□ No – Go to item 7	Number			
6.	Now let's talk about yo description). There are to equity loans. I'll describ me which more closely	wo basic types of home be both types. Please tell					
	 A loan where you (you lump-sum borrowed w 	ur CU) received the entire when you (your CU) took					
	out the loan; or • A line of credit loan wincrease the amount h	here you (your CU) can					
а	writing a check or using the control of the control	porrowed by simply ng a special credit card. have a lump sum home	☐ Yes ☐ No - Go to item 6b	 Number			
b	Do you (Does your CU) home equity loan?	have a line of credit	☐ Yes ☐ No - Go to item 7				
			□ NO – Go to Item /	Number			

	Part E – Mortgage/F	lome Equity Loan S	Screening Questions - Co	ntinued			
1.	ITEM Enter the property	a. PROPERTY NUMBER	Number		7. FIELD REPRESENTATIVE INSTRUCTIONS	Number of mortgages/loans	Complete the appropriate part for each loan/mortgage
	number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.	b. PROPERTY CODE c. DESCRIPTION	Description		a. Enter number of mortgages for this property (from item 3a, 3b, 4a, or 4b)		F
2.	I want to ask next about (your CU) had in the last (property description).	t any mortgages you t three months on	1 ☐ Co-op property – <i>Go to</i> 2 ☐ Not co-op	item 4a	b. Enter number of lump sum home equity loans for this property (from item 6a)		G
	FIELD REPRESENTATIVE (Mark (X) appropriate box	CHECK ITEM based upon part B, item 10.	•		C. Enter number of line of credit home equity loans for this property (from item 6b)		н
3a	Excluding home equity your CU) presently have this property?	loans, do you (does e a mortgage on		If YES ask – How many mortgages have you (has your CU) had on this property since the 1st of (month, three months ago)?			1
			☐ Yes ☐ No – Go to item 3b	— — — — — — — — — — — — — — — — — — —	NOTES		
b	. Have you (Has your CU) property since the 1st o	had a mortgage on this of (month, 3 months ago)?	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number			
4 a	 In addition to your (your cooperative's total cost CU) make payments on obtained from an outsic (your CU's) shares in the 	ts, do you (does your a mortgage that was de lender for your	☐ Yes ☐ No - Go to item 4b	– Go to item 5 Number			
b	Since the lst of (month, (has your CU) made any mortgage that was obtalender for your (your CU cooperative?	payments on a sined from an outside	☐ Yes ☐ No - Go to item 5	– Go to item 5 Number			
5.	Do you (Does your CU) loan or any other loan working claim on this property in repaid?	have a home equity vhich gives the lender n case the loan is not		If YES ask – How many loans like this have you (has your CU) had on this property since the 1st of (month, three months ago)?			
			☐ Yes ☐ No - Go to item 7	Number			
6.	Now let's talk about you description). There are two equity loans. I'll describ me which more closely	vo basic types of home be both types. Please tell					
	 A loan where you (you lump-sum borrowed w out the loan; or 	r CU) received the entire hen you (your CU) took					
	A line of credit loan w increase the amount b writing a check or using	here you (your CU) can orrowed by simply ng a special credit card.	, *				
а	Do you (Does your CU) equity loan?		☐ Yes ☐ No – <i>Go to item 6b</i>	Number			
b	Do you (Does your CU) home equity loan?	have a line of credit	☐ Yes ☐ No - Go to item 7	Number			
				NUITIDGI			

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.

	III Willel the Mortgage is reported.									
Pa	art F – Mortgages									
1.	FIELD REPRESENTATIVE PROCESSING USE ONLY ITEM	1 03 43 2 ↓	1 03 44 0 ↓	1 03 45 7 ↓						
	Enter the property number in item 1a, the a. PROPERTY NUMBER	0010 Number	0010 Number	0010 Number						
	property code in item 1b, a brief description of the property in item 1c. b. PROPERTY CODE	0020 Code	0020 Code	0020 Code						
	Enter the 3-digit loan number in item 1d, beginning with 101 and C. DESCRIPTION	Description	Description	Description						
	assigning loan numbers consecutively, regardless of property number. d. LOAN NUMBER	0030 1 Number	0030 1 Number	0030 1 Number						
2.	I'd like to ask some additional questions about your mortgage. In what month and year did you (your CU) make your (your CU's) first payment on this mortgage?	Month Year 0045	Month Year 0035	Month Year 0035						
3.	Is this a 30-year mortgage, a 15-year mortgage, or something else?	1 30-year 3 Something else – Specify – 2 15-year 0065 Number of years	0055 1 □ 30-year 3 □ Something else – Specify – 2 □ 15-year 0065 Number of years	0055 1 ☐ 30-year 2 ☐ 15-year 3 ☐ Something else – Specify — Number of years						
4.	What was the rate of interest at the time the mortgage was obtained? Enter in two decimal places, such as 9.50% for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0075 Percent	0075 Percent	0075 Percent						
5.	What is the current interest rate on your (your CU's) mortgage? (Convert fractions to decimals.)	If same as item 4, go to item O080 Percent 6a. If different, go to item 6b.	If same as item 4, go to item Percent 6a. If different, go to item 6b.	If same as item 4, go to item O080 Percent 6a. If different, go to item 6b.						
6a	Is this a fixed rate mortgage?	0085 1 ☐ Yes - Go to item 7 2 ☐ No	0085 1 ☐ Yes – <i>Go to item 7</i> 2 ☐ No	0085 1 ☐ Yes – Go to item 7 2 ☐ No						
b	There are many different kinds of mortgages. Which one of these (hand respondent Information Booklet, page 10) comes closest to yours (your CU's)?	1 ☐ Fixed rate of interest 5 ☐ Deferred interest 2 ☐ Variable or adjustable 6 ☐ Other – Specify rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable X ☐ Don't know	1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable 5 ☐ Deferred interest 6 ☐ Other – Specify Don't know	1 ☐ Fixed rate of interest 2 ☐ Variable or adjustable 6 ☐ Other – Specify rate of interest 3 ☐ Graduated payment 4 ☐ Rollover or renegotiable × ☐ Don't know						
7.	Have you (Has your CU) refinanced or renegotiated this mortgage?	1 Yes - Read to respondent - The following question refers to this current mortgage.	0105 1 Yes - Read to respondent - The following question refers to this current mortgage.	1 Yes - Read to respondent - The following question refers to this current mortgage.						
8.	What was the amount of the mortgage when you (your CU) obtained it, excluding any interest?	0130 \$.00	0130 \$.00	0130 \$.00						
9.	How often are (were) mortgage payments due?	0170 1 ☐ Weekly 5 ☐ Semiannually 2 ☐ Biweekly 6 ☐ Annually 3 ☐ Monthly 7 ☐ Other - Specify 4 ☐ Quarterly	0170 1 ☐ Weekly 5 ☐ Semiannually 2 ☐ Biweekly 6 ☐ Annually 3 ☐ Monthly 7 ☐ Other - Specify ✓ 4 ☐ Quarterly	0170 1 ☐ Weekly 5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other - Specify ✓ 4 ☐ Quarterly						
10.	On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.)	0175 1 Principal and interest 5 Mortgage guarantee insurance 0190 2 Property taxes 0230 6 Any other payments –	0175 1 ☐ Principal and interest 5 ☐ Mortgage guarantee insurance 0230 6 ☐ Any other payments –	0175 1 ☐ Principal and interest						
	Mark (X) all that apply.	0200 3 ☐ Property insurance Specify Specif	0200 3 ☐ Property insurance Specify Color of the colo	0200 3 ☐ Property insurance Specify Specify O210 4 ☐ Life insurance						
11.	On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things?	0235 \$.00	0235 \$	0235 \$.00						
12.	If any of codes 2–6 marked in item 10, ask – How much of that amount was for principal and interest?	0245 \$00 x □ Don't know	0245 \$00 x □ Don't know	0245 \$.00 x □ 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 of Lump Sum Home Equity Loans 10 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
Fig. 2	Pa	art G – Lump Sum Home Equity Loa	ns		
FROPERTY NUMBER 100	1.		Y 1 03 58 0 ↓	1 03 59 8 ↓	1 03 60 6 ↓
Percent for the 3-kink loan promotion of the common program of the		Enter the property	Number	0010 Number	0010 Number
By Property in later (s. p.		property code in item 1b,	Number	Number	Number
Since the digital down continued and an application of the control of the common of th		property in item 1c. b. PROPERTY CODE	0020 Code	0020 Code	0020 Code
Designation your 20 and a consecutively regardless Consecutively regar			Description	Description	Description
2. If alls to set some additional queetions about month and your CUs in the parameter of the control of the parameter		beginning with 201 and C. DESCRIPTION			
2. If like to eak earner additional questions about your Unity and the your variety and your CUt) like to eak earner additional questions about your Cut) and the your variety land. 3. Is this a 20year home aguity land, a 15-were land to respond to the lump and the lump sum home aguity land. Year property land, a 15-were land to respond to the lump sum home aguity land. Year property land, a 15-were land to respond to the lump sum home aguity land. Year property land, and the lump sum home aguity land. 4. What was the rate of interest at the kines the disease, such as 250 hr. to 270%, finctual control of years 5. What is the current interest of an over for decimal places. What is the current linear is an over for decimal places. What is the current linear is an over for decimal places. What is the current linear is an over for decimal places. What is the current linear is an over for decimal places. What is a special place is an over for decimal places. What is the current linear is an over for decimal places. What is a policial land. What is a special place is an over for decimal places. What is a policial land. What is a pol		consecutively, regardless	0030 2 Number	0030 2 Number	0030 2 Number
work lamp sum home equity loan, in what we first growth of the lamp sum home equity loan, at 15-year ho	2.				
A What was the rate of interest act any out your CV's Home equity loan, 2 15-year 0065 30 year 2 5 year 0065 10 year 2 15 year 0065 1		your lump sum home equity loan. In what		Month Year	
Number of years 15 year 15 yea		(your CU's) first payment on this loan?	0035 0045	0035 0045	0035 0045
4. What was the rate of interest at the time the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two of the me equity loan was obtained? Error in two obtained payment and the me equity loan was obtained by the error of the me equity loan. The following question refers to this current loan? I was obtained payment and the lump sum home equity loan. Which we have your clust CUT? The error many different hide of them of them in the me equity loan. Which was obtained payment at Brollower or renegotiable was obtained p	3.	Is this a 30-year home equity loan, a 15-year			
home equity loan was obtained? Enter in two activity places such as \$90 for \$1728. Include at 1948 gazones in the current interest rate on your find policials. 5. What is the current interest rate on your find policials. 63. Is this a fixed rate home equity loan? 64. Is this a fixed rate home equity loan? 65. There are many different kinds of lump sum home equity loans. 66. Is this a fixed rate home equity loans. 67. However, the control interest should be parted interest a loan your fixed rate of interest a loan your fixed rate		nome equity loan, or something else?	2 ☐ 15-year Number of years	2 ☐ 15-year 0065 Number of years	2 ☐ 15-year 0065 Number of years
decimal places, such as \$5.0% for \$1.0% for \$1.00% in person. Name as item 4, go to item for item f	4.	What was the rate of interest at the time the			
5. What is the current interest rate on your Cut's home equity loan? 6. How often are (were) loan payment during the carried of the current interest thing arm home equity loan. 6. How often are (were) loan payment during the carried of the carried interest thing arm home equity loan. 6. How often are (were) loan payment during the carried interest thing arm home equity loan. 6. How often are (were) loan payment during the carried interest thing arm home equity loan. 6. How often are (were) loan payment during the carried interest thing arm home equity loan. 6. How often are (were) loan payment during the carried interest thing arm home equity loans. 6. How often are (were) loan payment during the carried interest thing arm home equity loans. 6. How often are (were) loan payment during the carried interest thing arm home equity loans. 6. How often are (were) loan payment during the carried interest long are carried interest long and the carried interest long are carried interest long. 6. How often are (were) loan payment during the carried interest long are carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) loan payment during the carried interest long. 6. How often are (were) last regular payment. 6. How now of the attenue was feet principal. 6. How how of the attenue was feet principal. 6. On your (your CU's) last regular payment. 6. On your (your CU's) last regu		decimal places, such as 9.50% for 9 1/2%. (Include	0075	0075	0075
San as item 4, go to item fractions to decimals. 1 same as item 4, go to item fractions to decimals. 1 same as item 4, go to item flower flower to decimals. 1 same as item 4, go to item 6b. 1 same as item 4, go to it		all FHA guarantee insurance if applicable.)	00/5 Percent	00/5 Percent	00/5 Percent
6a. Is this a fixed rate home equity loan? 6a. Is this a fixed rate home equity loan? 6b. Is this a fixed rate home equity loan? 6c. Is this a fixed rate home equity loan? 6c. Is this a fixed rate home equity loan. 6c. Is this a fixed ra	5.	What is the current interest rate on your (vour CU's) home equity loan? (Convert	If same as item 4, go to item	If same as item 4, go to item	If same as item 4, go to item
b. There are many different kinds of lump sum home equity loans. Which one of these (hand respondent information Booklet, page 10) comes discussed to your (your CU) refinanced or reagonable (hand) and the second respondent information Booklet, page 10) comes discussed to your (your CU) refinanced or reagonable (hand) and the second respondent information Booklet, page 11). **There are many different kinds of lump sum home equity loans.** **The divergent information Booklet, page 10) comes discussed to your (your CU) refinanced or reagonable (hand) and the second reagonable (hand) and the second reagonable (hand) and the second respondent of the lump sum home equity loan.** **The value of the second respondent information Booklet, page 11,1 Mark (Val that apply). **The value of the second respondent information Booklet, page 11,1 Mark (Val that apply). **The value of interest and respondent information Booklet, page 11,1 Mark (Val that apply). **The value of interest and respondent information Booklet, page 11,1 Mark (Val that apply). **The value of interest and respondent information Booklet, page 11,1 Mark (Val that apply). **The value of advantable or adjustable and interest and respondent information Booklet, page 11,1 Mark (Val that apply). **The value of interest and respondent information Booklet, page 11,1 Mark (Val that apply). **The value of interest and respondent information Booklet, page 11,1 Mark (Val that apply). **The value of adjustable and interest and respondent information Booklet, page 11,1 Mark (Val that apply). **The value of interest and of interest and respondent interest and the value of interest and respondent interest and respondent information Booklet, page 11,1 Mark (Value of Value		fractions to decimals.)	Percent 6a. If different, go to item 6b.	Percent 6a. If different, go to item 6b.	Percent 6a. If different, go to item 6b.
home equity loans. Which of hese (hand responder linformation Boolete, page 10) comes closest to yours (your CU's)? 1. Have you (Has your CU) refinanced or renegotiated this lump sum home equity loan? 2. Wariable or adjustable and other - Specify grate of interests and Graduated payment and a Rollover or renegotiable x bon't know and the first of interest and Graduated payment and	6a.	Is this a fixed rate home equity loan?	0085 1 ☐ Yes – Go to item 7 2 ☐ No	0085 1 ☐ Yes – <i>Go to item 7</i> 2 ☐ No	0085 1 ☐ Yes – Go to item 7 2 ☐ No
respondent Information Booklet, page 10) comes closest to yours (your CU's)? Traite of interest and a graduated payment and part of the test of interest and a graduated payment and part of the surrent tump sum home equity loan. The through the surrent tump sum home equity loan.	b.	There are many different kinds of lump sum			
Closest to yours (your CU's) Closest to yours (your CU's) Closest to your (pour CU's) Closest to your (pour CU's) Closest regular payment Closest to your (pour CU's) Closest to		respondent Information Booklet, page 10) comes	2		
The following question refers to this current furns sum home equity loan. The following question refers to this current furns sum home equity loan.		closest to yours (your CU's)?	3 Graduated payment	3 Graduated payment	3 Graduated payment
renegotiated this lump sum home equity loan? 8. What was the amount of the lump sum home equity loan when you (your CU) obtained it, excluding any interest? 9. How often are (were) loan payments due? 10. On your (your CU's) last regular payment, which of these things were included? (Handrespondent Information Booklet, page 11.) 10. On your (your CU's) last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you (your CU) at last regular payment, what was the total amount you for payments of principal and your payments of principal and your payments of your paymen			4 ☐ Rollover or renegotiable X☐ Don't know	4 ☐ Rollover or renegotiable X ☐ Don't know	4 ☐ Rollover or renegotiable X ☐ Don't know
Same	7.	Have you (Has your CU) refinanced or	0105 1 ☐ Yes – Read to respondent – The following question	0105 1 ☐ Yes – Read to respondent – The following question	0105 1 ☐ Yes – Read to respondent – The following question
8. What was the amount of the lump sum home equity loan when you (your CU) obtained it, excluding any interest? 9. How often are (were) loan payments due? 10. On your (your CU's) last regular payment, which of these things were included? (Hand rest) interest insurance insurance loans and the sum of the lump sum home equity loan when you (your CU's) last regular payment, what was the total amount you (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) 10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) 11. On your (your CU's) last regular payment, what was the total amount you (your CU) a Life insurance 12. If any of codes 2-6 marked in item 10, ask—How much of that amount was for principal and was		loan?	lump sum home equity	lump sum home equity	lump sum home equity
9. How often are (were) loan payments due? On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) On your (your CU's) last regular payment, Mark (X) all that apply.	8.	What was the amount of the lump sum home	Touri.	Touri.	Touri.
2 Biweekly 6 Annually 7 Other - Specify 4 Quarterly 2 Biweekly 3 Monthly 7 Other - Specify 4 Quarterly 4 Qua		equity loan when you (your CU) obtained it, excluding any interest?	0130 \$	0130 \$.00	0130 \$
3 Monthly 7 Other - Specify 3 Monthly 7 Other - Specify 4 Quarterly 4 Quarterly 7 Other - Specify 7 Other - Sp	9.	How often are (were) loan payments due?			
4 Quarterly 5 Mortgage guarantee insurance insurance of Any other payments – Specify Z O230 6 Any other payments			· · · · · · · · · · · · · · · · · · ·		
10. On your (your CU's) last regular payment, which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply. 11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things? 12. If any of codes 2-6 marked in item 10, ask - How much of that amount was for principal and interest insurance of the insuranc					
which of these things were included? (Hand respondent Information Booklet, page 11.) Mark (X) all that apply. 11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things? 12. If any of codes 2-6 marked in item 10, ask - How much of that amount was for principal how much of that amount was for principal to the second of the second insurance	10	On your (your Cll's) last regular nayment			<u> </u>
Mark (X) all that apply. Or your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things? On your (your CU's) last regular payment, what was the total amount you (your CU) how much of that amount was for principal labeled as the following payment is a specify with the payment of the payme		which of these things were included? (Hand	interest insurance	interest insurance	interest insurance
11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things? 12. If any of codes 2-6 marked in item 10, ask - How much of that amount was for principal How much of the H			Specify	Specify	Specific
11. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for those things? 12. If any of codes 2-6 marked in item 10, ask - How much of that amount was for principal How much of that amount was for principal 100 100 100 100 100 100 100 100 100 10		Mark (X) all that apply.	3 Property insurance		3 Property insurance
whát was the total amount you (your CU) paid for those things? 12. If any of codes 2-6 marked in item 10, ask - How much of that amount was for principal	11	On your (your Cll's) last regular navment			
12. If any of codes 2-6 marked in item 10, ask - How much of that amount was for principal		what was the total amount you (your CU)	0235 ¢ .00	0235 € .00	0235 \$.00
How much of that amount was for principal 00 00 00 00 00 00 00 00 00 00 00 00 00	12	-	Ψ	Ψ	Ψ
		How much of that amount was for principal	0245 \$.00 x \(\tag{Don't know}	0245 \$.00 x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0245 \$.00 x □ 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 Cre	dit Home Equity L	oans.													
	FIELD REPRESENTATIVE ITEM Enter the property The propert														
number in item 1a, the	a. PROPERTY NUMBER	0010 Number	0010 Number	0010 Number											
a brief description of the property in item 1c. Enter the 3-digit loan number in item 1d,	b. PROPERTY CODE	0020 Code	0020 Code	0020 Code											
beginning with 301 and	C. DESCRIPTION	Description	Description	Description											
assigning loan numbers consecutively, regardless of property number.	d. LOAN NUMBER	0030 3 Number	0030 3 Number	0030 3 Number											
2. I'd like to ask some add about your (your CU's) I equity loan. Since the 1shave you (has any membrade any payments for	itional questions ine of credit home st of (last month), ber of your CU) this loan?	0040 1 ☐ Yes 2 ☐ No – Go to next loan or part I	0040 1 ☐ Yes 2 ☐ No – Go to next loan or part I	0040 1 ☐ Yes 2 ☐ No – Go to next loan or part l											
3. If YES – What was the an payment?		0050 \$.00	0050 \$.00	0050 \$.00											
4. Prior to the last paymen total amount owed?	nt, what was the	0060 \$.00	0060 \$.00	0060 \$											

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

F	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	1 03 77 0 ↓ 0010 Number	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	erty insurance else: Hand respondent	
	the property in item 1c. b. PROPERTY CODE c. DESCRIPTION	Description Code	on this card (hand the respondent Information Booklet, page 12) have you	irs and maintenance, ding lawn care and snow Have you (Has your CU) made any SPECIAL payments to a management	0430 1 ☐ Yes 2 ☐ No – Go to item 12a
2. 3a.	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. 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?	1 ☐ Mortgage/lump sum home equity loan 2 ☐ No mortgage/no lump sum home equity loan – Go to item 4a 1 ☐ Yes 2 ☐ No – Go to item 4a	Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a. 0210 06 ☐ Impro 0220 07 ☐ Recre swimth facilities. 0230 08 ☐ Secural alarm 0240 09 ☐ Utilities.	items? b. Since the 1st of (month, 3 months ago), what services were provided? b. Since the 1st of (month, 3 months ago), what services were provided? ces: such as gas, ricity, water, heat a collection	SERVICES FOR CO-OPS 0440 0 0450 0 0460 0 0470 0 0480 0 0490 0 0500 0 0510 0 0520 0 0530 1
	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? How much of the (amount in item 3b) did you	0050 \$	9. If property is not co-op, ask – 0270 21 Mana		SERVICES FOR CONDOS/ SOMETHING ELSE
d.	(your CU) pay since the 1st of (current month)? Were there any penalty charges as a result of the extra payments?	0060 \$	Booklet, page 13) are included in those payments? Mark (X) all that apply. Description of the respondent model included in those removes the control of the removes the control of the removes the control of the removes	ding lawn care and snow val ovements	0570 2 0580 2 0590 2 0600 2 0610 2 0620 2 0630 2 0640 3
	Since the 1st of (month, 3 months ago), how much were these penalty charges? How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0080 \$.00	0310 25 ☐ Parkir	eational, including ming, golf, and tennis ties C. Since the 1st of (month, 3 months ago), how much	0650 3 .00
	Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?	Taran - Taran	0330 27 ☐ Securalarm 0340 28 ☐ Maid 0350 29 ☐ Medic	have much accordained	0670 \$
	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0110 \$.00 0120 \$.00	0360 30 ☐ Trash 0370 31 ☐ Other	3 months ago), have you (has your CU) paid any special assessments by a local	0680 1 ☐ Yes 2 ☐ No – Go to item 13
5.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. Refer to part B,	0130 1 Condominium – Go to item 7 2 Co-op – Go to item 8	10a. Are any of the costs included in your (your CU's) mortgage payment? 1 Yes 2 No - 6	Go to item 10d government for construction or repair of roads, sidewalks, or other things like that? b. What was the total amount	
6.	If property is condo, mark box 1. item 10 or item 10 or part A.1, item 1, column d	3 □ Neither condo nor co-op – Continue with item 6	C. In addition to those costs, since the 1st of (month, 3 months ago), have you 0400 1 Yes	Go to item 11a paid? C. How much of the (amount in item 12b) was paid since the 1st of (current month)?	0690 \$.00
7.	Do you (Does your CU) make regular payments to a homeowner's association? If property is condo, ask –	0140 1 ☐ Yes – Go to item 9 2 ☐ No – Go to item 11a	payments for these services? d. Since the 1st of (month, 3 months ago), how much have you (has your 0410 \$	13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how	0710 s .00
/-	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	CU) paid for these services? C. How much of the (amount in item 10d) was paid since the 1st of (current month)?	much do you think it would rent for monthly, unfurnished and without utilities?	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								
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. PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE C. DESCRIPTION	1 03 78 8 ↓ 0010 Number 0020 Code Description	8.	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?	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	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	0430 1 □ Yes 2 □ No -	– Go to item 12a
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.	0030 1 Mortgage/lump sum home equity loan 2 No mortgage/no lump sum home equity loan – Go to item 4a		Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.	0210 06 Improvements 0220 07 Recreational, including swimming, golf, and tennis facilities 0230 08 Security, including guards and	b.	Since the 1st of (month, 3 months ago), what services were provided?	SERVICES 0440 0 0 0460 0	FOR CO-OPS 0450 0 0 0470 0
3a	Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?	1 ☐ Yes 2 ☐ No – Go to item 4a			alarm systems 0240 09 ☐ Utilities: such as gas, electricity, water, heat 0250 10 ☐ Trash collection 0260 11 ☐ Other – Specify ✓			0480 0 0 0500 0 0520 0 0540 1	0490 0 0 0510 0 0 0530 1 0
	Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra? How much of the (amount in item 3b) did you	0050 \$.00	9.	If property is not co-op, ask – Which of the services and privileges	0270 21 Management				FOR CONDOS/ HING ELSE
	(your CU) pay since the 1st of (current month)? Were there any penalty charges as a result of the extra payments?	0060 \$	_	listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.	0280 22 ☐ Repairs and maintenance, including lawn care and snow removal 0290 23 ☐ Improvements 0300 24 ☐ Utilities: such as gas,			0570 2 0590 2 0610 2 0620 2	0580 2 0600 2 0620 2 0
	Since the 1st of (month, 3 months ago), how much were these penalty charges?	0080 \$	_		electricity, water, heat 0310 25 Parking 0320 26 Recreational, including	C	Since the 1st of (month,	0630 2 0650 3	0640 3
	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)? Since the 1st of (month, 3 months ago), have you	0090 \$.00	-		swimming, golf, and tennis facilities 0330 27 Security, including guards and alarm systems		3 months ago), how much were these special payments?	0660 \$.00
b	(has your CU) made any payments for ground or land rent for (property description)? If YES – What was the total amount paid?	2 □ No – Go to item 5	-		0340 28 Maid service 0350 29 Medical services 0360 30 Trash collection		Of the (amount in item 11c), how much was paid since the 1st of (current month)?	0670 \$.00
5.	How much of the (amount in item 4b) was paid since the 1st of (current month)? FIELD REPRESENTATIVE CHECK ITEM	0110 \$.00 0120 \$.00 0130 1 □ Condominium – Go to	10a	A. Are any of the costs included in your (your CU's) mortgage payment?	0370 31 ☐ Other – Specify ———————————————————————————————————	1 2 a.	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
	Mark (X) the appropriate box. If property is condo, mark box 1. Refer to part B, item 10 or part A.1, item 1, only property is neither, mark box 3.	item 7 2 □ Co-op – Go to item 8 3 □ Neither condo nor co-op – Continue	b). If YES – How much per month?	2 No – Go to item 10d		What was the total amount paid? How much of the (amount in	0690 \$.00
6.	If property is not condo/co-op, ask – Do you (Does your CU) make regular payments	with item 6 0140 1 □ Yes – Go to item 9	C	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	13.	item 12b) was paid since the 1st of (current month)? Ask if code 100, 200, or 300 in	0700 \$.00
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?	2 □ No – Go to item 11a 0150 1 □ Yes – Go to item 9 2 □ No – Go to item 11a		I. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services? How much of the (amount in item 10d) was paid since the 1st of (current month)?	0410 \$.00 0420 \$.00		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 \$ x □ Don	.00 n't know

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

P	Part I – Ownership Costs – Continued			
	FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c. PROCESSING USE ONLY a. PROPERTY NUMBER b. PROPERTY CODE C. DESCRIPTION		8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? O160 O1 Repayment of loans owed by cooperative O170 O2 Property taxes O180 O3 Property insurance O180 O3 Property insurance O180 O180 O1 Repayment of loans owed by cooperative O170 O170 O180 O180 O180 O180 O190 O4 Management O200 O5 Repairs and maintenance, including lawn care and snow removal O200 O5 Repairs and maintenance, including lawn care and snow removal	. 0430 1 ☐ Yes
	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.	0030 1 Mortgage/lump sum home equity loan 2 No mortgage/no lump sum home equity loan – Go to item 4a	Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a. O210 O6 ☐ Improvements O220 O7 ☐ Recreational, including swimming, golf, and tennis facilities O230 O8 ☐ Security, including guards and	SERVICES FOR CO-OPS 0440 0 0450 0 0460 0 0470 0
3a.	Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?	0040 1 ☐ Yes 2 ☐ No – Go to item 4a	alarm systems 0240 09 Utilities: such as gas, electricity, water, heat 0250 10 Trash collection 0260 11 Other - Specify	0480 0 0490 0 0500 0 0510 0 0520 0 0530 1 0540 1
	Since the 1st of (month, 3 months ago), what wa the total amount that you (your CU) paid extra? How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?	0050 \$.00	9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent information Booklet, page 13) are included in those	SERVICES FOR CONDOS/ SOMETHING ELSE
	Were there any penalty charges as a result of the extra payments? Since the 1st of (month, 3 months ago), how	0070 1 ☐ Yes 2 ☐ No – Go to item 4a	removal nark (X) all that apply. O290 23	0590 2 0600 2 0610 2 0620 2 0630 2 0640 3
	How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?	0080 \$.00	0320 26 Recreational, including swimming, golf, and tennis facilities 0330 27 Security, including guards and alarm systems C. Since the 1st of (month, 3 months ago), how much were these special payments?	0650 3 .00
_	Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground of land rent for (property description)? If YES – What was the total amount paid?	2 No – Go to item 5	0340 28 Maid service 0350 29 Medical services Date of the (amount in item 11c), how much was paid since the 1st of (current month)?	0670 \$
	How much of the (amount in item 4b) was paid since the 1st of (current month)?	0110 \$.00	3 months ago), have you (he your CU) paid any special assessments by a local government for construct	2 □ No – Go to item 13
5.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. Refer to part B, item 10 or part A.1, item 1, asking decisions of the content of the conte	0130 1 ☐ Condominium – Go to item 7 2 ☐ Co-op – Go to item 8 3 ☐ Neither condo nor co-op – Continue	to a. Are any of the costs included in your (your CU's) mortgage payment? O380 1 Yes 2 No - Go to item 10d	t 0690 \$
6.	If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?	with item 6	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? 1 Yes 2 No - Go to item 11a item 12b) was paid since the 1st of (current month)? 1 No - Go to item 11a Ask if code 100, 200, or 300 in item 1b.	0700 \$00
	If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?	0150 1 Yes – Go to item 9 2 No – Go to item 11a	d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services? How much of the (amount in item 10d) was paid since the 1st of (current month)? Outlines ago), how much do you think it wou much do you think it wou rent for monthly, unfurnished and without utilities?	d 0710
Dogo	101-		Costian 2 Port I (Continued)	D 10

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.

F	Part J – Change in Mortg	age or Lump Sum Home E	quity Loan Payment		
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 03 92 9 ↓	6. How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 Weekly
	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.	a. PROPERTY NUMBER	0010 Number	- · ·	2 ☐ Biweekly 3 ☐ Monthly 4 ☐ Quarterly 5 ☐ Semiannually
	Enter the property number in	b. PROPERTY CODE	0020 Code		6 ☐ Annually 7 ☐ Other – <i>Specify</i> ✓
	item 1a, the property code in item 1b, the property description in item 1c, and the mortgage	C. DESCRIPTION	Description		
	(loan) number in item 1d. Mark (X) the appropriate type of loan in item 1e.	d. MORTGAGE (LOAN) NUMBER	0030 Number	7. What is the current interest rate for this mortgage (lump sum home equity loan)?	
		e. TYPE OF LOAN	1 ☐ Mortgage 2 ☐ Lump sum home equity loan	Enter in two decimal places, such as "9.50%" for 9 1/2%. (Include all FHA guarantee insurance if applicable.)	0100 Percent
2.	What was the reason for the chemortgage (lump sum home equivalent description)? 1 – Change in escrow account pay 2 – Change in interest rate	nange in the amount of your nity loan) payment for (property	0040 1 ☐ Go to item 8 2 ☐ Go to item 7	 Hand respondent Information Booklet, page 11. On your (your CU's) last regular payment, which of these things were included? 	 0125 1 □ Principal and interest 0130 2 □ Property taxes 0140 3 □ Property insurance 0150 4 □ Life insurance
	 3 - Paid off 4 - Change in amount of the grad payment mortgage (loan) 5 - Mortgage (loan) renegotiated (loan)) 	uated payment for a graduated (rollover or renegotiable mortgage	3 Go to item 11 4 Go to item 8 5 G 6 G 7 Go to item 3		0160 5 ☐ Mortgage guarantee insurance 0170 6 ☐ Any other payments – Specify ————————————————————————————————————
	6 - Refinanced mortgage (loan) (to of the mortgage (loan))7 - Other reasons	his includes changing the term	8	9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$00
	8 – More than one of the above X – Don't know			If any of Codes 2–6 marked in item 8 ask – 10. How much of that amount was for principal and interest?	0185 \$
3.	Is this a 30-year mortgage (lum 15-year mortgage (home equity	np sum home equity loan), a y loan), or something else?	1 ☐ 30-year 2 ☐ 15-year 3 ☐ Something else – Specify ✓	11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0195 Go to next property or next section
			0050 Number of years	NOTES	
4a.	Is this a fixed rate mortgage (lu	ump sum home equity loan)?	0055 1 ☐ Yes – Go to item 5 2 ☐ No		
b.	Hand respondent Information Boo There are many different kinds equity loans). Which one of the CU's)?	oklet, page 10. s of mortgages (lump sum home ese comes closest to yours (your	1 Fixed rate of interest 2 Variable or adjustable interest rate 3 Graduated payment		
			4 ☐ Rollover or renegotiable 5 ☐ Deferred interest		
			6 □ Other – Specify _▼		
			x □ Don't know		
5.	What was the amount of the m loan) when you (your CU) obtai	ortgage (lump sum home equity ined it, excluding any interest?	0070 \$.00		

				loan that has changed.	
	Part J – Change in Mortg	gage or Lump Sum Home E	quity Loan Payment – Continued		
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 03 93 7 ↓	6. How often are (were) mortgage (lump sum home equity loan) payments due?	0090 1 Weekly 2 Biweekly
	Complete a separate page for each change in the amount of the mortgage or lump sum home equity loan payment reported in	a. PROPERTY NUMBER	0010 Number		3 ☐ Monthly 4 ☐ Quarterly
	part A.1, item 1, column k. Enter the property number in	b. PROPERTY CODE	0020 Code		5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other – <i>Specify</i> ✓
	item 1a, the property code in item 1b, the property description in item 1c, and the mortgage	C. DESCRIPTION	Description		
	(loan) number in item 1d. Mark (X) the appropriate type of loan in item 1e.	d. MORTGAGE (LOAN) NUMBER	0030 Number	7. What is the current interest rate for this mortgage (lump sum home equity loan)? Enter in two decimal places, such as "9.50%" for 9 1/2%.	
		e. TYPE OF LOAN	1 ☐ Mortgage 2 ☐ Lump sum home equity loan	(Include all FHA guarantee insurance if applicable.)	0100 Percent
2.	What was the reason for the cl mortgage (lump sum home equ description)?	hange in the amount of your uity loan) payment for (property		 Hand respondent Information Booklet, page 11. On your (your CU's) last regular payment, which of these things were included? 	0125 1 ☐ Principal and interest 0130 2 ☐ Property taxes
	1 - Change in escrow account par2 - Change in interest rate3 - Paid off		1 Go to item 8 2 Go to item 7 3 Go to item 11		0140 3 ☐ Property insurance 0150 4 ☐ Life insurance 0160 5 ☐ Mortgage guarantee insurance
	 4 - Change in amount of the graduated payment for a graduated payment mortgage (loan) 5 - Mortgage (loan) renegotiated (rollover or renegotiable mortgage 		4		0170 6 ☐ Any other payments – Specify ✓
	(loan)) 6 - Refinanced mortgage (loan) (to of the mortgage (loan))	this includes changing the term	Go to item 3	9. On your (your CU's) last regular payment, what was the total amount you (your CU) paid for these things?	0175 \$.00
	7 - Other reasons8 - More than one of the aboveX - Don't know		x u j	If any of Codes 2–6 marked in item 8 ask – 10. How much of that amount was for principal and interest?	0185 \$.00 x \(\to \text{Don't know} \)
3.	ls this a 30-year mortgage (lun 15-year mortgage (home equit	np sum home equity loan), a y loan), or something else?	1 ☐ 30-year 2 ☐ 15-year 3 ☐ Something else – Specify ₩	11. In what month did the amount of your regular mortgage (lump sum home equity loan) payment change?	0195 Go to next property or next section
			0050 Number of years	NOTES	
4a	. Is this a fixed rate mortgage (I	ump sum home equity loan)?	0055 1 ☐ Yes – Go to item 5 2 ☐ No		
b	Hand respondent Information Book There are many different kinds equity loans). Which one of the	oklet, page 10. s of mortgages (lump sum home ese comes closest to yours (your	0060 1 Fixed rate of interest 2 Variable or adjustable interest rate 3 Graduated payment		
	CÙ's)?		4 Rollover or renegotiable 5 Deferred interest		
			6 □ Other – Specify _▼		
			X Don't know		
5.	What was the amount of the m loan) when you (your CU) obta	nortgage (lump sum home equity ined it, excluding any interest?	0070 \$.00		
	-	-			

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

□ Fixed rate of interest

3 Graduated payment 4 Rollover or renegotiable 5 Deferred interest 6 ☐ Other – Specify ~

X ☐ Don't know

0070 \$

2 Variable or adjustable interest rate

.00

b. There are many different kinds of mortgages (lump sum home equity loans). Which one of these comes closest to yours (your CU's)?

What was the amount of the mortgage (lump sum home equity

loan) when you (your CU) obtained it, excluding any interest?

telephones that are not used entirely for

business purposes?

 $2 \square No - Go to part B$

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES Part A – Telephone Expenses **NOTES** PROCESSING USE ONLY 1 04 01 8 🗸 1 04 02 6 🔽 Since the 1st of (month, 3 months ago), have PROCESSING USE ONLY you (or any members of your CU) received any bills for telephone services? Do not Yes include bills for telephones used entirely \square No – Go to part B for business purposes. Description Description What property(ies) was (were) the telephone bills for? 0020 • Owned properties - Enter a description of the Property number Property number property and enter a property number for -96 Mobile (car) phone 96 Mobile (car) phone Property previously reported in section 3, 97 Rented sample unit 97 Rented sample unit part A.1, item 1, column a 98 Other rented unit 98 Other rented unit Property reported at this interview in 99 Property not owned or 99 Property not owned or section 3, part B, item 1a rented by CU rented by CU • All other properties – Mark (X) appropriate box and enter a description of the property. Name of telephone company Name of telephone company What is the name of the company which **OFFICE USE ONLY OFFICE USE ONLY** provides telephone services for (property description)? How many telephone bills were received for (property description) from (company 0040 0040 name)? Number Number Complete a separate column for each bill Bill 1 Bill 2 Bill 3 Bill 4 Bill 1 Bill 2 Bill 3 Bill 4 received since the 1st of (month, 3 months ago). 0060 0 □ None 0120 0 □ None 0180 0 □ None 0240 0 None 0060 0 □ None 0120 0 None 0180 0 ☐ None 0240 0 ☐ None 5a. What was the total amount of bill (bill PRE number)? Exclude any unpaid bills from a .00 .00 .00 .00 .00 .00 .00 .00 previous billing period. Month bill Property Total amount No. from received of bill Month Month Month **b.** In what month was the bill received? Month Month Month Month Month item 2 from item 5b from item 5a 0250 0070 0130 0190 0070 0130 0190 0250 .00 6. Does the total amount of the bill include -Name of telephone company 0140 1 ☐ Yes 0200 1 ☐ Yes 0200 1 ☐ Yes 0260 1 ☐ Yes 0080 1 ☐ Yes 0260 1 Yes 0800 1 ☐ Yes 0140 1 Yes 2 No a. A basic service charge? Outlet code **b.** Long distance call charges? 0150 1 ☐ Yes 0210 1 ☐ Yes 0090 | 1 ☐ Yes 0210 1 Yes 0270 1 ☐ Yes 0090 1 ☐ Yes 0150 1 Yes 0270 1 Yes Month bill Property Total amount 2 No No. from received of bill item 2 from item 5b from item 5a C. Equipment purchases such as the 0095 1 ☐ Yes 0155 1 ☐ Yes 0215 1 ☐ Yes 0275 1 ☐ Yes 0095 1 ☐ Yes 0155 1 ☐ Yes 0215 1 Yes 0275 1 ☐ Yes purchase of a telephone? .00 2 No Name of telephone company d. FIELD REPRESENTATIVE CHECK ITEM 0110 1 ☐ Bills 0170 1 ☐ Bills 0230 1 Bills 0290 1 🗌 Bills 0110 1 ☐ Bills 0230 1 Bills 0290 1 Bills 0170 1 Bills 2 Estimate 2 Estimate 2 Estimate 2 🗌 Estimate 2 Estimate 2 🗌 Estimate 2 Estimate 2 🗌 Estimate Was a bill or checkbook used or was an Outlet code 3 Checkз 🗌 Check-3 ☐ Check- ★ 3 ☐ Check- ⊀ з 🗌 Check-3 ☐ Check- ★ 3 ☐ Check- ★ з 🗌 Check- 🕫 estimate given? book book book book _₹ book book book book _₹ Month bill Total amount Property 7a. Is any of the total charge to be deducted as a business expense? No. from received of bill 0420 1 ☐ Yes 0420 1 ☐ Yes 2 ☐ No – Go to item 8 2 ☐ No – Go to item 8 from item 5a item 2 from item 5b **b.** If YES – What percentage will be deducted? .00 .00 Percent .00 Percent 0430 0430 Name of telephone company 8. Did you (or any members of your CU) 0440 1 \square Yes – Complete a separate column for each property and each 1 \square Yes – Complete a separate column for each property and each receive any other telephone bills for telephone company telephone company

 $2 \square No - Go to part B$

Outlet code

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

	Part A – Telephone Expenses – Cor	ntinu	ıed																							
			DCESSING	USE (ONLY			1 04	03 4	→		PRO	CESS	SING USE	ONLY				1 04 04 2	—			NOT	ES		
2.	What property(ies) was (were) the telephone bills for?		,,,,,,			, , , , , , ,	De	Description				Description														
	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, column a	0020	96 Mobile (car) phone 97 Rented sample unit								0020	Property number 96 Mobile (car) phone 97 Rented sample unit														
	Property reported at this interview in section 3, part B, item 1a		98 Other rented unit 99 Property not owned or rented by CU									98	Other re Property rented b	nted ui	nit	or										
	• All other properties – Mark (X) appropriate box and enter a description of the property.	rented by CU											rented b	усо												
3.	What is the name of the company which provides telephone services for (property description)?	OFFI (0030	CE USE OF	NLY			N:	ame of teleph	hone c	ompany	/	OFFIC	CE U	SE ONLY				Name	of telephone c	ompany	/					
4.	How many telephone bills were received for (property description) from (company name)?	0040 Number										0040		N	umber		•									
	Complete a separate column for each bill received since the 1st of (month, 3 months	Bill 1 Bill 2					Bill 3			Bill 4		Bill	1	Bill 2		2		Bill 3		Bill 4						
5a	ago). What was the total amount of bill (bill	0060	0060 0 □ None 0120 0 □ None				0180 0 ☐ None			0060 0 □ None 0120 0 □ None 01		0180 0 □ None 0240 0 □ None				D.F.			_							
Ja.	number)? Exclude any unpaid bills from a previous billing period.	\$00 \$00		9	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	liopeity	Month bill		Total amount of bill				
b.	In what month was the bill received?		Month			Month		Month	I		Month	<u> </u>	Mon	nth		Mon	nth		Month		Month	No. from item 2	received from item 5	b	from item 5a	1
		0070		(0130			0190		0250		0070			0130			0190		0250		_		\$	ا۔	.00
	Does the total amount of the bill include –	0080	1 □ Yes 2 □ No			1 □ Yes 2 □ No		0200 1 ☐ Yes 2 ☐ No			1 □ Yes 2 □ No	0080	1 <u> </u>		0140	1 🔲 ' 2 🔲		0200	1 □ Yes 2 □ No		1 □ Yes 2 □ No	Name of t	elephone cor	npany	′	
_	A basic service charge? Long distance call charges?													_								Outlet cod	е			
		0090	1 □ Yes 2 □ No			1 □ Yes 2 □ No		0210 1 ☐ Yes 2 ☐ No			1 □ Yes 2 □ No	0090	1 <u> </u>		0150	1 <u>'</u>		0210	1 □ Yes 2 □ No		1 □ Yes 2 □ No	Property No. from item 2	Month bill received from item 5		Total amount of bill from item 5a	
C.	Equipment purchases such as the purchase of a telephone?	0095	1 □ Yes 2 □ No			1 □ Yes 2 □ No		0215 1 ☐ Yes 2 ☐ No			1 □ Yes 2 □ No	0095	1		0155	1 🔲 ' 2 🔲		0215	1 □ Yes 2 □ No		1 □ Yes 2 □ No	1.5.11. 2		\$.00
d.	FIELD REPRESENTATIVE CHECK ITEM	0110	1 □ Bills	[0170	ı □ Bills	1	0230 1 ☐ BiI	ls	0290	1 ☐ Bills	0110	1 🗆	Bills	0170	1 🗆	Bills	0230	1 ☐ Bills	0290	1 ☐ Bills		elephone cor	npany	′	
	Was a bill or checkbook used or was an estimate given?		2 Estim 3 Check	nate :k-∮	:	2 Estima 3 Check book	ate ⊂•	2	timate ieck- ≉		2 ☐ Estimat 3 ☐ Check- book ∡		2 <u> </u>	Estimate Check-		2 🗌 3 🔲	Estimate Check-		2 Estimate 3 Check-		2 ☐ Estimat 3 ☐ Check- book ✓	Outlet cod	e			
7a.	Is any of the total charge to be deducted as a business expense?	0420	1 □ Yes	•	:	2 □ No – G					BOOK &	0420					No – <i>Go</i>	to ite				Property No. from item 2	Month bill received from item 5		Total amount of bill from item 5a	
b.	If YES - What percentage will be deducted?	0430 .00 Percent										0430			.00 Pe	rcent	<u> </u>							\$.00
8.	Did you (or any members of your CU)	0440					colu	mn for each r	proper	tv and e	each			_				lumn	for each proper	tv and e	each	— Name of t	elephone cor	npany	1	
	receive any other telephone bills for telephones that are not used entirely for business purposes?	0 140	1 □Yes – Complete a separate column for each property and each telephone company 2 □No – Go to part B									1 ☐ Yes – Complete a separate column for each property and each telephone company 2 ☐ No – Go to part B								Outlet code						

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

Part B – Screening Question	ns			1 04 25 7	→												
Since the first of (month, 3 months a any members of your CU) received of the following utilities, fuels, or significant.	any bills f services? [Do not	2a. si Cl su	nce the 1st o U) received a Ich as a cotta	of (month, ny bills fo age?	. 3 months ago), have or utilities or fuels	e you for a	(or any member rented vacatio	ers of your n property,	TRA	NSCRIBE LA	ST 2 BILLS P	ER PROPERTY F	PRE OR EACH U	TILITY OR SE	ERVICE REPORTED IN PA	ART C
include bills for rented vacation properties used entirely for busines	operties of ss.	r		☐Yes		No – <i>Go to part C</i>				1	2	3	4		5	6	
FIELD REPRESENTATIVE: Read each item in			lf	YES –						Property number	Utility code	Month bill received	Amount of bill	Unit-of- measure	Quantity consumed	Name of utilit company or government age	
	UTILITY CODE	ES NO	b. w	hich utility o ported.	r fuel wa	s the charge for? E	nter a	utility code belo	ow for each bill	from part C, item 2	from part C, item 1a	from part C, item 7b	from part C, item 7a	from part C, item 7c	from part C, item 7d	government age from part C, ite	Company
Electricity	100		C. In what month was the bill received? Enter month below for each bill reported.									11011175		-			code
Natural or utility gas	110		_			ount of the charges			•			1	\$.00				
Combined gas and electricity	120			ported.		· ·							\$.00				
Fuel oil	130	$\perp \perp \vdash$	ڻ ت		Π			Р	RE			l I	\$.00	1			
Kerosene	140		ESSIN	Utility code	Month	Amount			<u> </u>	-		1	\$.00				
Bottled or tank gas	150		PROCESSING USE ONLY	code				Utility Month	Amount			I I	\$.00				
Wood	160		0020			\$.00	4	6 .00			' 	\$.00				
Coal	170					5	.00	1 3	,.00	1			\$.00				
Other fuels	180		0030			\$	00.	\$	6 .00			I I	\$.00				
Combined expenses for items 130–180	190		0040			\$.00	\$.00			1	\$.00				
Piped-in water	200		0050			\$.00	\$.00			1	\$.00				
Trash/Garbage collection	210							-	'	NOT	TES	•		•	•		
Sewerage maintenance	220																
Combined trash/garbage/ water/sewerage	230																
Combined trash/garbage/water	240																
Combined trash/garbage/sewerage	250																
Combined water/sewerage	260																
Water softening service	270																
Septic tank cleaning	280																
Cable TV, satellite services, or community antenna	290	/////															
Combined electric/water/sewerage	310																
Ask item 2, then complete a column in each utility, fuel, or service reported in	item 1.																

Page 23

Page 23 Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued Part C - Detailed Questions 1. FIELD REPRESENTATIVE PROCESSING USE ONLY 1 04 51 3 🗸 1 04 52 1 TRANSCRIPTION ITEM 0010 0010 Code Code a. UTILITY CODE Enter a utility code in item 1a and a description of utility or fuel in Description Description item 1b from part B, item 1. **b.** DESCRIPTION OF UTILITY OR FUEL 2. What property were the charges for? Description Description • Owned properties – Enter a description of the property and enter a Property number Property number property number for -97 Rented sample unit 97 Rented sample unit Property previously reported in section 3, part A.1, item 1, col. a 98 Other rented unit 98 Other rented unit Property reported at this interview in section 3, part B, item 1a 99 Property not owned or 99 Property not owned or • All other properties – Mark (X) appropriate box and enter a description rented by CU rented by CU of the property. Ask for utility codes 100-120, 200-260, and 290 only. Name Name 3. What is the name of the company or government agency which provides (utility or fuel description)? **OFFICE USE ONLY** 0030 How many bills were received for (utility or fuel) for (property 0045 0045 description)? Number Number What period of time was covered by the bill? If period covered 0055 1 Month 3 Quarter з 🗌 Quarter 0055 1 Month changed for a utility or fuel during the reference period, complete a 2 2 months 4 ☐ Other – Specify 2 2 months 4 ☐ Other – Specify. separate column for each different period of time. Do you have any of these bills or other records showing these 0060 1 Yes 2 No 0060 1 ☐ Yes 2 No (utility or fuel) charges? Complete a separate column for each bill received since the 1st of Bill 1 Bill 2 Bill 3 Bill 4 Bill 1 Bill 2 Bill 3 Bill 4 (month, 3 months ago). 0070 0140 0210 0280 0140 0210 0280 0070 .00 .00 .00 .00 .00 .00 .00 .00 7a. What was the amount of bill (bill number)? Month Month Month Month Month Month Month Month **b.** In what month was the bill received? 0080 0150 0220 0290 0080 0150 0220 0290 Ask items 7c-f for utility codes 100-130 only if bills, receipts, or other Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure records are available (code 1, item 6), otherwise go to item 7g. C. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? **OFFICE USE ONLY** 0095 0165 0235 0305 0095 0165 0235 0305 Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity **d.** What was the quantity consumed for bill (bill number)? 0105 0175 0245 0315 0105 0175 0245 0315 e. Did the bill include any charges for merchandise, repairs, or other 0180 1 ☐ Yes 0250 1 ☐ Yes 0110 1 ☐ Yes 0320 1 Yes 0110 1 Yes 0180 1 Yes 0320 1 Yes services which were not part of the cost of (utility or fuel)? 2 □ No – *Go* to item 7a to item 7a to item 7g to item 7g to item 7a to item 7g to item 7a to item 7g f. How much were these charges? 0120 0190 0260 0330 0120 0190 0260 0330 .00 .00 .00 .00 .00 .00 .00 .00 **g.** FIELD REPRESENTATIVE CHECK ITEM 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records Was a bill or other record used or was an estimate given? used used used used used used used Checks or checkbooks are not considered records. 2 Estimate 2 Estimate 2 Estimate 2 ☐ Estimate → 2 Estimate 2 Estimate 2 Estimate 2 Estimate

0420 1 ☐ Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square No

8. Was any part of the charge deducted as a business expense?

members of your CU) receive any other utility or fuel bills?

9. Since the 1st of (month, 3 months ago), did you (or any

0420 1 Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square No

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

Pa	art C – Detailed Questions																			
1.	FIELD REPRESENTATIVE	PROCESSING USE ONLY			1 04 53	3 9 📭							1 04 5	4 7 🕶						
	TRANSCRIPTION ITEM Enter a utility code in item 1a and	a. UTILITY CODE	0010	Code						0010 Code										
	a description of utility or fuel in item 1b from part B, item 1.		Description	,						Description										
	Rem 10 Hom part B, Rem 1.	b. DESCRIPTION OF UTILITY OR FUEL																		
2.	Property reported at this intervi	otion of the property and enter a section 3, part A.1, item 1, col. a	97 Rented s 98 Other re 99 Property		97 Rented sa 98 Other ren 99 Property	ted unit	Description	Description												
	of the property.	nophate box and enter a description	rented b	y CU	,,						rented by	CU	01							
	Ask for utility codes 100-120, 200-20		Name							Name										
3.	What is the name of the compan provides (utility or fuel description)	y or government agency which ?																		
OFF	FICE USE ONLY		0030							0030										
4.	How many bills were received fo description)?	r (utility or fuel) for (property	0045N	lumber						0045	Nu	mber								
5.	What period of time was covered changed for a utility or fuel during to separate column for each different p	he reference period, complete a	0055 1 Month 2 2 months	3 □ Qu 4 □ Ot	uarter :her – <i>Speci</i>	ify					1 ☐ Month 2 ☐ 2 months		Quarter Other – <i>Speci</i>	fy						
6.	Do you have any of these bills or (utility or fuel) charges?	r other records showing these	0060 1 □Yes 2 □No							0060 1 □ Yes 2 □ No										
	Complete a separate column for each (month, 3 months ago).	ch bill received since the 1st of	Bill 1	Bill	2	Bi	II 3	В	ill 4		Bill 1	Bi	II 2	Bi	II 3	Bi	II 4			
	(month, 3 months ago).		0070	0140		0210		0280		0070		0140		0210		0280				
7a.	. What was the amount of bill (bill	number)?	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	s	.00	\$.00			
_	. In what month was the bill recei	· · · · · · · · · · · · · · · · · · ·	Month	Mo	nth	M	onth		Month		Month	M	onth	M	onth	N	onth			
			0080	0150		0220		0290		0080		0150		0220		0290				
C	Ask items 7c-f for utility codes 100- records are available (code 1, item 6 . What was the unit-of-measure, s cubic feet or therms?	6), otherwise go to item 7g.	Unit-of-measure	Unit-of-me	asure	Unit-of-r	neasure	Unit-of-r	measure	Unit-of	f-measure	Unit-of-m	neasure	Unit-of-n	neasure	Unit-of-n	neasure			
	OFFICE USE ONLY		0095	0165		0235		0305		0095		0165		0235		0305				
d	. What was the quantity consume	d for bill (bill number)?	Quantity 0105	Qua	antity	0245	uantity	0315	Quantity	0105	Quantity	O 0175	uantity	Qu 0245	uantity	0315	uantity			
e	Did the bill include any charges services which were not part of	for merchandise, repairs, or other the cost of (utility or fuel)?	0110 1 Yes 2 No - Go to item 7	0180 1 2	Yes No – Go to item 7g	0250 1	☐Yes ☐No – Go to item 7g	0320 1	☐ Yes ☐ No – Go to item 7g		1 ☐ Yes 2 ☐ No – Go to item 7g	0180 1 2	☐ Yes ☐ No – <i>Go</i> to item 7g	0250 1	☐Yes ☐No – Go to item 7g	2 [☐ Yes ☐ No – Go to item 7g			
f.	. How much were these charges?		\$00	0190 \$.00	0260 \$.00	9330	.00	0120 \$.00	0190 \$.00	\$.00	9330	.00			
g	FIELD REPRESENTATIVE CHECK ITE Was a bill or other record used or w. Checks or checkbooks are not consider.	vas an estimate given?	0130 1 Records used	<u> </u>	Records used Estimate		Records used 4 Estimate		☐ Records used ☐ Estimate _✔		1 □ Records used 2 □ Estimate		Records used Estimate		Records used Estimate		Records used Estimate			
8.	Was any part of the charge dedu	cted as a business expense?	0420 1 □ Yes	2 🗆 N	0					0420	1 □Yes	2 🗆	No			,				
9.	Since the 1st of (month, 3 months members of your CU) receive any	ago), did you (or any y other utility or fuel bills?	0440 1 ☐ Yes – <i>Cor</i>	mplete a sepa	ırate columi	n for each	property 2	□No		0440	1 □Yes – Com	plete a se _l	parate columi	n for each _l	property 2	□No				

Page 25

Page 25 Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES – Continued Part C - Detailed Questions 1. FIELD REPRESENTATIVE PROCESSING USE ONLY 1 04 55 4 1 04 56 2 TRANSCRIPTION ITEM 0010 0010 Code Code a. UTILITY CODE Enter a utility code in item 1a and a description of utility or fuel in Description Description item 1b from part B, item 1. **b.** DESCRIPTION OF UTILITY OR FUEL 2. What property were the charges for? Description Description • Owned properties – Enter a description of the property and enter a Property number Property number property number for -97 Rented sample unit 97 Rented sample unit Property previously reported in section 3, part A.1, item 1, col. a 98 Other rented unit 98 Other rented unit Property reported at this interview in section 3, part B, item 1a 99 Property not owned or 99 Property not owned or • All other properties – Mark (X) appropriate box and enter a description rented by CU rented by CU of the property. Ask for utility codes 100-120, 200-260, and 290 only. Name Name 3. What is the name of the company or government agency which provides (utility or fuel description)? **OFFICE USE ONLY** 0030 0030 How many bills were received for (utility or fuel) for (property 0045 0045 description)? Number Number What period of time was covered by the bill? If period covered 0055 1 Month 3 Quarter з 🗌 Quarter 0055 1 Month changed for a utility or fuel during the reference period, complete a 2 2 months 4 ☐ Other – Specify 2 2 months 4 ☐ Other – Specify. separate column for each different period of time. Do you have any of these bills or other records showing these 0060 1 Yes 2 No 0060 1 ☐ Yes 2 No (utility or fuel) charges? Complete a separate column for each bill received since the 1st of Bill 1 Bill 2 Bill 3 Bill 4 Bill 1 Bill 2 Bill 3 Bill 4 (month, 3 months ago). 0070 0140 0210 0280 0140 0210 0280 0070 .00 .00 .00 .00 .00 .00 .00 .00 7a. What was the amount of bill (bill number)? Month Month Month Month Month Month Month Month **b.** In what month was the bill received? 0080 0150 0220 0290 0080 0150 0220 0290 Ask items 7c-f for utility codes 100-130 only if bills, receipts, or other Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure Unit-of-measure records are available (code 1, item 6), otherwise go to item 7g. C. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? **OFFICE USE ONLY** 0095 0165 0235 0305 0095 0165 0235 0305 Quantity Quantity Quantity Quantity Quantity Quantity Quantity Quantity **d.** What was the quantity consumed for bill (bill number)? 0105 0175 0245 0315 0105 0175 0245 0315 e. Did the bill include any charges for merchandise, repairs, or other 0180 1 ☐ Yes 0250 1 ☐ Yes 0110 1 ☐ Yes 0320 1 Yes 0110 1 Yes 0180 1 Yes 0320 1 Yes services which were not part of the cost of (utility or fuel)? 2 □ No – *Go* to item 7a to item 7a to item 7g to item 7g to item 7a to item 7g to item 7a to item 7g f. How much were these charges? 0120 0190 0260 0330 0120 0190 0260 0330 .00 .00 .00 .00 .00 .00 .00 .00 **g.** FIELD REPRESENTATIVE CHECK ITEM 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records 0130 1 Records 0200 1 Records 0270 1 Records 0340 1 Records Was a bill or other record used or was an estimate given? used used used used used used used Checks or checkbooks are not considered records. 2 Estimate 2 Estimate 2 Estimate 2 ☐ Estimate → 2 Estimate 2 Estimate 2 Estimate 2 Estimate

0420 1 ☐ Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square No

8. Was any part of the charge deducted as a business expense?

members of your CU) receive any other utility or fuel bills?

9. Since the 1st of (month, 3 months ago), did you (or any

0420 1 Yes

2 No

0440 1 \square Yes – Complete a separate column for each property 2 \square 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												
1.	Information Booklet, page 14 Since the 1st of (month, 3 months ago), have		JOB CODE	YES	NO		PROCESSING	USE ONLY		1	05 00 7 🗸	→	
	you (or any members of your CU) had expenses for –?	Dwellings under construction including a vacation or second home	100			4a. Have th (proper membe	nere been any experty that you do not ers of your CU)?	enses for any oth own or rent) by	ner property you (or any	☐ Yes ☐ No – <i>Go to ite</i>	em 5		
2.	Information Booklet, page 14 Have there been any expenses for property you owned or rented since the 1st of (month, 3 months ago), for any of the	Building an addition to the house or a new structure, such as a porch, garage, or new wing	110			_	jobs were those ex b code(s) from items	-		0010	0020		
	following jobs? (Renters should not include jobs that have been or will be totally reimbursed by anyone outside of their CU.)	Finishing a basement or an attic or enclosing a porch	120							0030	0040		
	their Co./	Remodeling one or more rooms in the house	130				EPRESENTATIVE CH			0050 1 All "No"			
		Landscaping the ground or planting new shrubs or trees	140			_			alandina dha	2 At least one "	Yes" marked	t	
		Building outdoor patios, walks, fences, or other enclosures, driveways, or permanent swimming pools	150			current CU) pui	he 1st of (month, 3 month, have you rchased any mater	(or any member:	s of vour	0060 1 ☐ Yes 2 ☐ No – Go to ite	∍m 7a		
3a	Information Booklet, page 14 Have there been any expenses that deal with the upkeep or improvement of this unit or any other unit you owned or rented since the 1st of (month, 3 months ago)?	Repairing outdoor patios, walks, fences, driveways, or permanent swimming pools	160			yet star ————————————————————————————————————	What kind of job v	will the material	s be	Description			
	(Renters should not include jobs that have	Inside painting or papering	170				job code.						
	been or will be totally reimbursed by anyone outside of their CU.) Yes No - Go to item 4a	Outside painting	180							0070 Job	code		
b	. Which of the following?	Plastering or paneling	190			C. What w supplie	vas the total cost o	of these material	s and	0080 \$			
		Plumbing or water heating installations and repairs	200			current	he 1st of (month, 3 month, have you rchased any mater	(or any members	s of vour	0090 1 ☐ Yes 2 ☐ No – Go to ite	 em 8		
		Electrical work	210			specific	c job?		not for any				
		Heating or air-conditioning jobs	220			b. If YES –	What was the tota	al cost?		0100 \$			
		Flooring repair or replacement, including inlaid linoleum or vinyl tile	230			8. FIELD R	EPRESENTATIVE IN:	STRUCTION – If a	ny box marked	"Yes" in item 1, 2, 3, or 4, 1	fill section 5	B.	
		Insulation	240						PRI	E			
						1	2	3		4		5	
		Roofing, gutters, or downspouts	260			Job code from part B,	Property description from part B,	Property description code from part B,		Description from part B, item 3a		Total cost part B, ite	
		Siding	270			item 1	item 2a	item 2b					
		Installation, repair, or replacement of window panes, screens, storm doors, awnings, and the like	280									\$.00
		Masonry, brick, or stucco work	290									\$ \$.00.
		Other improvements or repairs	300									\$.00
		Use only if unable to itemize above – Combined expenses	310									\$.00

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

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

Information Booklet, page 15

appliances or equipment?

Did the charge(s) include the cost of any

Section 5 - CONSTRUCTION, REPAIRS, ALTERATIONS, AND MAINTENANCE OF PROPERTY - Continued Part B – Job Description – Continued **OFFICE** NOTES PROCESSING USE ONLY 1 05 51 0 🗸 7. Description Which of these items did it include and what **USE ONLY** 1. FIELD REPRESENTATIVE was the cost of each? JOB NUMBER 2 ITEM 0130 Enter the job code from part A. (For combined 0010 jobs use code 310.) .00 Code 0140 \$ x ☐ Don't know **2a.** On which property was the (job description) Description **OFFICE** Description **USE ONLY** 0150 **b.** Enter a property number – For owned property enter the property number from section 3. Mark 0020 Property number 0160 x ☐ Don't know (X) the appropriate box for all other properties. 97 Rented sample unit **8a.** Have you (or any members of your CU) 0250 1 ☐ Yes 98 Other rented unit PURCHASED any materials, supplies, tools, or equipment for doing this job? 99 Property not owned or rented by CU 2 ☐ No – Go to item 9a Description **b.** What was the total cost for all items purchased for **3a.** What work was done? Description should be this job in adequate to classify as "alteration," "repair," etc., .00 0260 ₀ \square None and to identify in next interview. FIELD REPRESENTATIVE CHECK ITEM 0030 1 ☐ Addition **b.** Job classification – Mark (X) one. .00 0270 \$ 2 Alteration o ☐ None 3 Replacement 4 Maintenance and repair .00 0280 \$ o 🗌 None 5 ☐ New construction OFFICE USE ONLY - Enter detail job codes. .00 0040 0290 o 🗌 None 4. What was the total cost of the job? Include **9a.** Have you (or any members of your CU) RENTED any 0300 1 ☐ Yes all costs paid for by you (or any members of your CU) or by any non-CU member, such as tools or equipment for doing this job? $_{2}$ \square No – Go to item 10a .00 0050 insurance companies, and so forth. **b.** What was the total cost for all items rented for this **5a.** Did you do all the work yourself or did you 1 ☐ Self only – Go to item 8a pay someone or contract with a builder to do .00 0310 \$ n ☐ None ² Paid or contracted with all or part of the work? someone else .00 **b.** What was the cost for all labor, materials, 0320 \$ o 🗌 None appliances, or equipment THEY PROVIDED IN -.00 0070 ₀ \square None .00 0330 \$ ₀ None .00 0800 ₀ \square None .00 0340 \$ 0 None .00 0090 o 🗌 None 10a. Was (Will) any of the total cost of (read entry in 0350 1 ☐ Yes item 4) (be) reimbursed or paid by someone outside of your CU? 2 ☐ No – Go to item 11a .00 0100 \$ o 🗆 None C. Since the 1st of (month, 3 months ago), how **b.** What percent of the total cost was (will be) .00 Percent .00 much have you paid for labor and any materials THEY PROVIDED? 0370 0110 reimbursed or paid by someone outside of your CU? o ☐ None - Go to item 8a **11a.** Were (Will) any of these expenses for this job (be) 0380 1 ☐ Yes If codes 100-130, 200-220, or 300 in item 1, ask deducted as a business expense? 2 □ No – Go to next job items 6 and 7; for all other codes, go to item 8a. 0120 1 Yes

.00 Percent

0390

b. What percent was (will be) deducted?

2 ☐ No – Go to item 8a

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

		PROCESSING USE ONLY	1 05 52 8 ↓	7.	Which of these items did it include and what		OFFICE	Description	NOTES
1.	FIELD REPRESENTATIVE ITEM	JOB NUMBER	3	 	was the cost of each?		OFFICE USE ONLY	Description	
	Enter the job code from pa jobs use code 310.)	art A. (For combined	0010 Code			1	0130		
	On which property was done?	the (job description)	Description				0140 \$	x Don't know	
	Enter a property number – enter the property number (X) the appropriate box for	from section 3. Mark	Property number 97 Rented sample unit			2	OFFICE USE ONLY	Description	
			98 Other rented unit 99 Property not owned or rented by CU				0160 \$.00 x 🗆 Don't know	
	What work was done? D adequate to classify as "alt and to identify in next inte	teration," "repair," etc.,	Description	8a	 Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job? 		0250 1 ☐ Yes 2 ☐ No – <i>Go</i> 1	to item 9a	
_	FIELD REPRESENTATIVE C Job classification – <i>Mark ()</i>		1 Addition 2 Alteration 3 Replacement	b	what was the total cost for all items purchased for this job in – (month, 3 months ago)?		0260 \$.00 0 None	
			4 ☐ Maintenance and repair 5 ☐ New construction	1	(month, 2 months ago)?		0270 \$.00 0 None	-
OFFI	CE USE ONLY – Enter det	ail job codes.	0040		(last month) ?		0280 \$.00 0 None	_
	What was the total cost all costs paid for by you your CU) or by any non-	(or any members of CU member, such as			(the current month)?		0290 \$.00 0 None	
	insurance companies, as Did you do all the work	nd so forth.	0050 \$00 0060 1 ☐ Self only – Go to item 8a	9a	Have you (or any members of your CU) RENTED a tools or equipment for doing this job?	ny	0300 1 ☐ Yes 2 ☐ No – <i>Go</i> 1	to item 10a	
	pay someone or contract all or part of the work?	t with a builder to do	2 ☐ Paid or contracted with someone else	b	. What was the total cost for all items rented for the job in –	nis	2040	.00 a None	
b.	What was the cost for all appliances, or equipment	THEY PROVIDED IN -	0070 \$.00 a None		(month, 3 months ago)?		0310 \$	U — None	
	(month, 3 months ago)?		\$ Universe		(month, 2 months ago)?		0320 \$.00 0 None	
			The state of the s		(last month)?		0340 \$.00 0 None	
	(last month)?		To Thomas	10a	. Was (Will) any of the total cost of (read entry in	• • •	0350 1 Yes	U None	
C	(the current month)?		0100 \$00 0 None	-	item 4) (be) reimbursed or paid by someone outside of your CU?		2 No – Go 1	to item 11a	
	much have you paid for materials THEY PROVID	labor and any	0110 \$00 0 ☐ None – <i>Go to item 8a</i>		What percent of the total cost was (will be) reimbursed or paid by someone outside of your C		0370	00 Percent	
	If codes 100–130, 200–220, items 6 and 7; for all other	or 300 in item 1, ask codes, go to item 8a.	0120 1 ☐ Yes	11a	Were (Will) any of these expenses for this job (be) deducted as a business expense?		0380 1 Yes 2 No - Go 1	to next job	
6.	Information Booklet, page Did the charge(s) includ appliances or equipmen	15 e the cost of any	2 ☐ No – Go to item 8a	la	What percent was (will be) deducted?			00 Percent	

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

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

	Part A - Purchase of Household	l Appliances	8	06 02 6 -	→										
	а	b		С	d	е	f	g	h	i	j		PRE		
4	Information Booklet, page 16	What type did you purchase or rent?		ENTER ITEM	Was this -	When did	What was the	If code 2 in column d –	Did this include	Were there any extra charges	Did you purchase	1	2	3	
1	have you (or any members of your CU) purchased or rented any of the following items for your CU, or as a gift to someone outside your CU? Do not list any appliance previously reported in section 5B, item 7. If an appliance is reported in both section 5 and section 6, probe to verify that they are not duplicated.	Enter a brand name or a brief description of item.	USE ONLY	CODE from column a.	1 - Purchased for own use? 2 - Rented? Go to column g. 3 - Purchased as gift to others?	you pur- chase it?	purchase price after any trade-in allowance?	What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	sales tax?	for installation? If "Yes" - How much?	or rent any other? If "No" go to next item in column a.	Description from column b and section 5B item 6	Month from column e	Cost from column f or column g and section 5B item 6	
	COOKING STOVE, RANGE, OR OVEN		PROCESSING		Mark (X) box	Month			YES NO	NO	YES NO		Month		
	Gas		0010		1 2 3		\$.00	\$.00	1 2	○□ '\$.00				\$.00
	Microwave		0020		1 2 3		\$.00	\$.00	1 2	0□ \$.00				\$.00
	Other		0030		1 2 3										
	HOME-FREEZER 150				1 2 3		\$.00	\$.00	1 2	,					.00
	DISHWASHER		0040				\$.00	\$.00	1 2 2	0□ \$.00				\$.00
	Built-in		0050		1 2 3		\$.00	\$.00	1 2	0□ \$.00				\$.00
	Portable		0060		1 2 3		\$.00	\$.00	1 2	○□ \$.00				\$.00
	GARBAGE DISPOSAL 180		0070		1 2 3		\$.00	\$.00	1 2	0□				\$.00
	CLOTHES WASHER 190		0080		1 2 3										l
	CLOTHES DRYER 200 RANGE HOOD 210						\$.00	\$.00	!	ψ	' 			\$.00
	Combination of any of		0090		1 2 3		\$.00	\$.00		1.00	 			\$.00
2.	the above items 220 FIELD REPRESENTATIVE 1 06 01 3 ↓		0100		1 2 3		\$.00	\$.00	1 2	0 \$.00				\$.00
	CHECK ITEM 0010 999 ☐ Go to		0110		1 2 3		\$.00	\$.00	1 2	0□ \$.00				\$.00
	Mark (X) box if there are no entries recorded in columns b–j.		0120		1 2 3		\$.00	\$.00	1 2	□□ \$.00				\$.00
	NOTES		0130		1 2 3		\$.00	\$.00	1 2	0□ \$.00				\$.00
			0140		1 2 3		\$.00		1 2	0□ \$.00					.00
			0150		1 2 3		\$.00	\$.00	1 2					\$.00
			0160		1 2 3		\$.00							Ţ	.00
			0170		1 2 3		\$.00		_	○□ \$.00				1	.00
					1	1 1	, .00	100		, .oo				T .	

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

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

Part B – Purchase of H	ousehold App	oliances and Othe	r Sele	cted Ite	ms	6 06	04 6 →									
a		b	ONLY	С	d	е	f	g	h		i	NOTES		PRE		
Information Booklet, pages 16–1		What type did you purchase or rent?	J O II	ENTER ITEM	Was this -		What did it cost	If code 2 in column d –	Did this include		d you rchase or		1	2	3	
1. Since the 1st of (month, 3 mon you (or any members of your or rented any of the following CU or as a gift to someone or	CU) purchased g items for your utside your CU?	Enter brand name or a brief description of the item.	PROCESSING USI	CODE from column a.	1 - Purchased for own use? 2 - Rented? Go to column g 3 - Purchased	purchase it?	charges, exclude installation charges.)	What was the total rental expense since the 1st of (month, 3	sales tax?	rei otl	No," go		Description from column b	Month from column e	Cost from	or
SMALL HOUSEHOLD APPLIANCES	ITEM YES NO		PROCE		as gift to others? Mark (X) box	Month	Go to column h.	months ago), excluding the current month?	YES NO	_	column a.		-	Month	_ column g	J
Small electrical kitchen appliances Electric personal care	230	_	0010		1 2 3		\$.00								\$	1.00
appliances	240 250		0020		1 2 3		\$.00	\$.00	1						\$	1.00
Electric floor cleaning equipment	260		0030		1 2 3		\$.00	\$.00	1						\$.00
OTHER HOUSEHOLD APPLIANCES SEWING MACHINES			0040		1 2 3 3		\$.00	\$.00	1						\$	1 .00
CALCULATORS		-	0050		1 2 3 3		\$.00	\$.00	1] [\$	1 .00
TELEPHONE AND ACCESSORIES	660		0060		1 2 3				1						\$	1.00
TELEPHONE ANSWERING DEVICES	610		0070		1 2 3		\$.00	\$.00	1 2						\$.00
TYPEWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE	620		0080		1 2 3 3		\$.00	\$.00	1 2						\$.00
COMPUTERS, COMPUTER SYSTEMS AND RELATED			0090		1 2 3 3		\$.00	\$.00	1						\$.00
HARDWARE FOR NON-BUSINESS USE	640		0100		1 2 3 3		\$.00	\$.00	1						\$	1.00
COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE	650		0110		1 2 3		\$.00	\$.00	1						\$	1.00
PHOTOGRAPHIC EQUIPMENT	300		0120		1 2 3 3		\$.00	\$.00	1] [\$.00
LAWNMOWING MACHINERY AND OTHER YARD EQUIPMENT	310		0130		1 2 3			\$.00	1] [.00
TOOLS FOR HOME USE Power tools	///		0140		1 2 3		\$.00	\$.00	1						\$.00
Non-power tools			0150		1 2 3 3		\$.00	\$.00	1						\$.00
HEATING AND COOLING EQUIPMENT			0160		1 2 3		\$.00									1.00
Window air conditioners Portable cooling and heating equipment			0170		1 2 3		\$.00									1.00
Use only if unable to itemize above – Combined expenses	800		0180		1 2 3 3		\$.00									1.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 06 03 9 ↓ 0010 999 □ Go to	_	0190		1 2 3		\$.00									1 .00
Mark (X) box if there are no entries recorded in columns b–i.	999 Go to next page		0200		1 2 3			\$.00								1.00

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

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

	Part B - Purchase of H	ouseh	old	App	liances and Othe	er Se	lect	ed It	ems – C	ontir	nued	6 06 06 1	→											
	a				b			С	d		е	f		g		h		i	NOTES		PRE	•		
_	Information Booklet, page 18				What type did you purchase or rent?		ENT	ER	Was this –		When did	What did it co			Did inclu		Did y			1	2		3	
1	 Since the 1st of (month, 3 mor you (or any members of your or rented any of the following CU, or as a gift to someone or 	CU) pui items	rchas for y	ed our	Enter a brand name or a brief description of the item.	SE ONLY	COD	E n mn a.	1 - Purcha for own use? 2 - Rented Go to	n ?	you purchase it?	charges, exclude installation charges.)	de	column d – What was the total rental expense since the 1st of (month, 3 months ago),	sale	s tax?	or reading or nead or	nt r? o," go			Mont from			
		ITEM CODE	YES	NO		G USE			column 3 - Purcha	_		Go to column l	- 10	excluding the current month?			to nez	in		Description from column b	colun		Cost from column f	
	TELEVISIONS, RADIO, VIDEO, SOUND EQUIPMENT (DO NOT INCLUDE PURCHASES	CODE	1.20			PROCESSING			as gift to othe			do to column i	'-				Colum	m a.					or column g	
	INSTALLED IN VEHICLES)					PROC			Mark (X)	box	Month				YES	NO	VES	NO			Mont	h		
	Color televisions (portable and table models)	360				0010			1 2	2□	Wichtin						+	NO 			William			
	Color televisions consoles and combinations of TV; large											\$.00			+		+				- 9	I	.00
	screen color TV projection equipment; color monitors and					0020			1 2			\$.00	\$.00		2						\$	<u>}</u>	.00
	other items	370				0030			1 2			\$.00	\$.00		2		-					<u> </u>	.00
	Black and white TV's and combinations of TV's with other items	380				0040			1 2	3 🗌		\$.00	\$.00	1 🗆	2		¦ □				\$	Б	.00
	VCR, video camera, video disc	380				0050			1 2	з 🗌		\$.00	\$.00	1	2						\$	\$ I	.00
	player, camcorder	390	-			0060			1 2	3 🗌		\$.00	\$.00	1	 2						9	5	.00
	Satellite dishes	670				0070			1 2	3 🗌		\$.00	İ		2		 				9	İ	.00
	Radio, all types	400				0080			1 2			T					+	<u> </u> 						
	Tape recorders and players	420				0090			1 2				.00			2		<u> </u>				- \$	I.	.00
	Sound components, component											\$.00	\$.00		'		 				- \$	\$.00
	systems, and compact disc sound systems	430				0100			1 2			\$.00	\$.00		2 🗌						\$	\$ 1	.00
	Other sound and video equipment, including					0110			1 2	3 🗌		\$.00	\$.00	1 🗆	 2 		¦ 🗆				\$.00
	accessories (audio/video tapes, etc. should be recorded in					0120			1 2	3 🗌		\$.00	\$.00	1	2						\$.00
	Section 17)	440				0130			1 2	3		\$.00	\$.00	1	2						\$	\$.00
	above - Combined expenses .	810		<i>X///</i>		0140			1 2	3 🗌		\$.00	\$.00	1	2						9	5	.00
	MUSICAL INSTRUMENTS, SUPPLIES AND					0150			1 2	3 🗌		s	.00			2		<u> </u>				9	ı	.00
	ACCESSORIES		1			0160			1 2	3 🗆						 2		<u> </u> 						.00
	Piano, organ, or keyboard	450				0170			1 2				.00			2 🗆						\$	İ	
	Other	460				01/0						\$.00	\$.00		1		<u> </u>					<u> </u>	.00
2	FIELD REPRESENTATIVE CHECK ITEM	1 06	05	4 ↓		0180			1 2	3 🗌		\$.00	\$.00	1 🗆	2							j	.00
	Mark (X) box if there are	0010		Go to next		0190			1 2	3 🗌		\$.00	\$.00	1	2		¦ 🗆				\$	5	.00
	no entries recorded in			page		0200			1 2	з 🗌		l _e	00	\$ 00	1	2		i 🗆					1	ΛΛ

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 He	ousehold App	liances and Othe	r Sele	cted Ite	ms – Continu	ed	6 06 08 7 →							
а		b	ONLY	С	d	е	f	g	h	i	NOTES		PRE	
Information Booklet, page 19		What type did you purchase or rent?	Ιш	ENTER ITEM	Was this – 1 – Purchased for		What did it cost? (Include delivery	If code 2 in column d –	Did this include	Did you purchase or		1	2	3
1. Since the 1st of (month, 3 mon you (or any members of your (or rented any of the following CU or as a gift to someone ou	CU) purchased	Enter brand name or a brief description of	ING US	CODE from column a.	own use? 2 - Rented? Go to column g	purchase it?	charges, exclude installation	What was the total rental expense since the	sales tax?	rent any other?		Description	Month from column	Cost from
, and the second	ITEM YES NO	the item.	ESS		3 – Purchased as gift to			1st of (month, 3 months ago),		If "No," go to next item		Description from column b	е	column f or column g
SPORTS, RECREATION, AND EXERCISE EQUIPMENT	· · · CODE		PROCESSING		others? Mark (X) box	Month		excluding the current month?	YES NO	in column a.			Month	
General sports equipment (Include here athletic shoes fo sports related use, such as	or		0010		1 2 3 3		\$.00	\$.00	1 2 2					\$.00
football, baseball, soccer, or bowling)	470		0020		1 2 3 3		\$.00	\$.00	1					\$.00
Health and exercise equipmen	nt 480		0030		1 2 3 3		\$.00	\$.00	1					\$.00
Camping equipment	490		0040		1 2 3 3		\$.00	\$.00	1 2					\$.00
Hunting and fishing equipmen			0050		1 2 3 3		\$.00	\$.00	1 2					\$.00
Winter sports equipment Water sports equipment	510		0060		1 2 3 3		\$.00	\$.00	1					\$.00
Outboard motors		-	0070		1 2 3 3		\$.00	\$.00	1					\$.00
Bicycles			0080		1 2 3 3		\$.00	\$.00	1					\$.00
Tricycles and battery powered riders	550		0090		1 2 3 3		\$.00	\$.00	1					\$.00
Playground equipment	560		0100		1 2 3 3		\$.00	\$.00	1					\$ 1.00
Other sports and recreation equipment	570		0110		1 2 3 3		\$.00	\$.00	1					\$.00
Use only if unable to itemize above – Combined expenses	820		0120		1 2 3 3		\$.00	\$.00	i					\$.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 06 07 0 ↓ 0010 999 □ Go to		0130		1 2 3 3		\$.00	\$.00	1 2					\$.00
Mark (X) box if there are no entries recorded in columns b–i.	999		0140		1 2 3 3		\$.00	\$.00		+ +				\$.00
NOTES			0150		1 2 3 3		\$.00	\$.00						\$.00
			0160		1 2 3 3		\$.00	\$.00	1					\$.00
			0170		1 2 3 3		\$.00	\$.00		1				\$.00
			0180		1 2 3 3		\$.00	\$.00	1	i				\$ 1.00
			0190		1 2 3 3		\$.00	\$.00	1	1				\$ 1.00
			0200		1 2 3 3		\$.00	\$.00	1					\$.00

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

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

Part A – Screening Questions				Par	t B – Household Equipment F	Repairs	and S	ervic	e Cont	racts		5 0	7 02 0	→					
Information Booklet, page 20					а		b)	С	d	е		1	f		PRE			
1a. Since the 1st of (month, 3 months ago), did you (or any members of your CU) have any expenses for maintenance or repair of household equipment?	☐ Ye	es – Go to co 1a below o		Repair or contract	What is/was (repaired/covered by service contract)? Describe the item repaired or the type of service or equipment		re	ent pair	ITEM CODE from	In what month was (repair done/service	What was total cost?	the ?	Did the included sales	de	1	2 Repair or	3 Month	•	4
b. Did you (or any members of your CU) have any expenses for service contracts?	□ Ye	es – Go to co 1b below		. No.	type of service or equipment covered by the service contract. Include all items covered.	PROCESSING USE ONLY	co Mari	ntract					\/FQ	110	Description from column a	service contract from column b	from column d	Cost f colum	
										Month			YES						1
	ITEM	maintenance	r 1b. Service contracts			0010	1 1 1				\$.00						\$.00
	CODE	YES NO		2		0030	1 1				\$.00							00.
Garbage disposal, range hood, or built-in dishwasher	. 100	1	1	3		0040	1 1 1				\$.00						\$.00
Other household appliances, such as washer, refrigerator, or range/oven	. 110			4 5		0050		2 🗆			\$.00						\$ \$	00.
Television, radio, video and sound equipment, except those installed in automobiles or other		1		6		0060	1 1				\$	1.00		2 🗆					1.00
vehicles	. 120	1		7		0070	1	2			\$.00		2				\$.00
Computers, computer systems, and related equipment for non-business use	. 220	i		8		0080	1				\$.00						\$	1.00
Lawn and garden equipment	. 130			9		0090	1	2			\$.00	1 🗆	2				\$	1.00
Musical instruments and accessories	. 140			10		0100	1	2 🗌			\$.00	1	2				\$.00
Hand or power tools	. 150			11		0110	1 🗆	2 🗌			\$.00	1 1	2				\$.00
Photographic equipment	. 160			12		0120	1 🗆				\$.00	1 1	2				\$.00
		1		13		0130	1	2			\$.00	1 1	2				\$.00
Sport and recreational equipment	. 170	1	1	14		0140	1 🗆	2			\$.00	1	2				\$.00
Termite or pest control treatment	. 190			15		0150	1	2			\$.00	1 1	2				\$.00
Heating or air conditioning equipment	. 200			16		0160	1 🗆	2			\$.00	1	2				\$.00
Use only if unable to itemize above – Combined expenses	210			17		0170	1 1				\$.00						\$	1.00
2. FIELD REPRESENTATIVE CHECK ITEM		1 07 01	1 ↓	18		0180	1	2			\$.00	1	2				\$	00.
Mark (X) box if there are no entries recorded in columns a–f in part B.	0010	999 🗌 Go to	o part C	19		0190	1	2			\$.00	1 🗆	2				\$.00
				20		0200	1 🗆	2			\$.00	1 1	2				\$	00.
						NOTES													

S	ection 7 – HOUSEHOLD E FURNITURE RE	QUIP PAIR	MENT AND R	REPAIRS, SE EUPHOLSTE	RVICE COI RING – Cor	NTR ntin	RACTS, A	AND		FIEL	LD REPR	ESENTATIVE – Read part C screening question and complete a line in part D for each job.
P	art C - Screening Question	on .						Р	RE			NOTES
		u (or any members of your CU) have penses for repairing, refinishing or oldstering furniture, including the costs ric? Description from column a										
								Description from column a	from	COS	t from umn d	
Pa	art D – Furniture Repair o	r Reu	pholst	ering	4 07 0)4 9 -	→		Column			
	-	. ж	b			_				\$.00	
Item No.	What item of furniture was repaired or reupholstered? Describe type of furniture.	SESSING US	USE	month did you have it repaired or	did it cost?		include			\$	i	
		PROC		Month	-		YES NO			\$	00.	
1		0010	220		\$.00	1			\$.00	
2		0020	220		\$.00	1 🗌 🕴 2 🔲			\$.00	
3		0030	220		\$.00	1			\$.00	
4		0040	220		\$.00	1 🗆 2 🗆			\$.00	
5		0050	220		\$.00	1 🗆 🕴 2 🗀			\$.00	
6		0060	220		\$.00	1 🗆 2 🗆			\$.00	
7		0070	220		\$.00	1			\$.00	
8		0800	220		\$.00	1 🗌 2 🔲			\$.00	
9		0090	220		\$.00	1			\$.00	
10		0100	220		\$.00	1 🗆 2 🗆			\$.00	

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 0	8 01 0 -	→											
a	b		С	d		е	f	g		h	NOTES		PRE		
Information Booklet, pages 21 and 22	What did you purchase?	1	ENTER		Was t	his	What was	Did th	is	Did you		1	2	3	
Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased for your CU or as a gift to someone outside of your CU any of the following?	Enter a brief description of the item purchased.	ONLY	ITEM CODE from column a.	month did you purchas it?	your (se a gift some outsid	to one le	purchase price?	includ sales tax?	- 18	purchase any other?					
LIVING, FAMILY, OR RECREATION ROOM FURNITURE Sofas	0	SING USE			the	r use by e CU. a gift to				lf "No," go to next item in column a.		Description from column b	Month from column d	Cost fro	
Sofas 100 Living room chairs 101		PROCES			so ou	meone Itside									
Living room tables		<u>R</u>			CL										
Modular wall units, shelves or cabinets 103				Month	n <i>Mai</i>	rk box	1		-	YES NO			Month		Т
Ping-pong, pool tables and other similar recreation room items		0010			1	2	\$.00	1 2	2 🗆					\$	1.00
Other living room, family or recreation room furniture including desks 105		0020			1 🗆	 2 	\$.00	1 2	2 🗆						.00
Living room furniture combinations 106		0030			1	1 2	\$.00	1 2							1.00
DINING ROOM AND KITCHEN FURNITURE		0040			1	2		1 1 2	2 🗆						1.00
All dining room and kitchen furniture 110						-	\$.00			I				Ψ	1 .00
BEDROOM FURNITURE		0050			1 🗆	2	\$.00	1 2						\$	00.
Mattress and springs 120		0060			1	1 2	\$.00	1 2						\$	1.00
Bedroom furniture other than mattresses and springs		0070			1 🗆	 2									1.00
Combined bedroom furniture (codes 120 and 121)		0080			-	2		1 2							.00 .00
INFANTS FURNITURE AND EQUIPMENT						-				l l				Ф	+ .00
Infants furniture		0090			1 🗆	2 🗌	\$.00	1 2						\$.00
Infants equipment		0100			1	2	\$.00	1 2						\$.00
OUTDOOR FURNITURE AND EQUIPMENT		0110			1		\$.00		2 🗆						.00
Patio, porch or outdoor furniture 140					+	 									
Outdoor equipment		0120			1 🗆	2	\$.00	1 2	2						1.00
OFFICE FURNITURE FOR HOME USE		0130			1	l 2□	\$.00	1 2						\$.00
All office furniture for home use. Exclude any furniture used exclusively for		0140			1	2	\$.00	1 2	2 🗆					\$.00
business		0150			1	 2 	\$.00	1 2							.00
HOUSEHOLD DECORATIVE ITEMS		0160			1	2	\$.00	1 2						\$	1.00
Clocks		0170			1	<u> </u> 2		1 2						6	1
Lamps, and other lighting fixtures 171			++			T	\$.00	1		1				\$	1.00
Other household decorative items 173		0180			1	2	\$.00	1 2						\$	1.00

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS – Continued

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 – Cont	inued		5 0	8 02 8 -	→												
a		b		С	d	ı	е		f	g	h		NOTES		PRE		
Information Booklet, pages 23 and 24		What did you purchase?	1		In wh		Nas thi		What was		Did yo			1	2	3	;
Have you (or any members of your Cl for your CU or as a gift to someone or your CU any of the following?	U) purchased outside of	Enter a brief description of the item purchased.		ITEM CODE from column a.	montl did yo purch it?	ou y nase a s	our Cl gift to someor outside	o 1e	the purchase price?	sales	purcha any other .						
	ITEM YES NO		ONLY				he CU				If "No,"				Month		
CLOSET STORAGE AND TRAVEL ITEMS			USE				the	CU.			item in column			Description from column b	from column d	Cost f	
Storage items	180					2	2 – As a	gift to eone				, u.					
Travel items	181		ISSII				outs										
DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE			PROCESSING				CU.										
Plastic dinnerware	190		<u> </u>		Mon	nth	Mark	box		YES NO	YES ¦	NO			Month		
China and other dinnerware	191		0010				1	2		1 2						_	
Stainless, silver, and other flatware	192						<u></u>		\$.00		+ +	_				\$	1.00
Glassware	193		0020				1	2	\$.00	1 2						\$.00
Serving pieces other than silver	195		0030				1	2	1							•	
Non-electric cookware	196						i		\$.00							\$.00
Silver serving pieces	198		0040				1	2	\$.00	1 2 2		ш				\$.00
HOUSEHOLD LINENS			0050				1	2	Φ 00	1 2						Φ.	1
Bedroom linens	200						<u> </u>		\$.00		+ +					\$	00.
Bathroom linens	201		0060				1	2	\$.00	1 2						\$.00
Kitchen and dining room linens	202		0070				1	2		1 2		П					
Other linens	203		0080				1 1	2 🗆	\$.00	1 2 2						\$	00.
Slipcovers, decorative pillows and cushions	205		0090				1	2 🗆	\$.00	1 2						\$.00
FLOOR AND WINDOW COVERINGS							1		\$.00	<u> </u>	1					\$	00.
Original wall-to-wall carpet	210		0100				1	2	\$.00	1 2						\$.00
Repacement wall-to-wall carpet	211		0110				1	2	\$.00	1 2						\$	1.00
Room size rugs and other non- permanent floor coverings, including			0120				1	2	\$.00	1 2						\$	1.00
carpet squares	212		0130				1	2		1 2		П					
Curtains and drapes	214		0130				'	2 🗀	\$.00							\$.00
Venetian blinds, window shades, other window coverings	215		0140				1	2	\$.00	1 2						\$.00
Use only if unable to itemize above – Combined expenses	220		0150				1	2	\$.00	1 2						\$.00
Part B – Rental or Leasing	of Furniture	1 08 03 5 ↓	•						·	'			NOTES				
1a. Since the 1st of (month, 3 months) (or any members of your CU) reading furniture?	s ago). have vou	0010 1 ☐ Yes 2 ☐ No –Go to next see	ction														
b. If YES – What was the total experience or leasing furniture, excluding a the current month?	nse for renting iny expenses for	0020 \$.00														

Section 9 - CLOTHING AND SEWING MATERIALS

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

Part A – Clothing			6	09 02 4 →														
а		b		С	d		е	f	g		ı	h		i		PRE		
Information Booklet, page 1. Since the 1st of (month, have you (or any memb CU) purchased any of the items, for persons age a either for members of y someone outside your (3 months ago), ers of your ne following 2 and over, our CU or for	What did you buy? Describe briefly the item purchased.	USE ONLY	ITEM CODE from column a.	For whom was it purchas CU member, enter name and number from Control Card. If someone outside CU, enter and appropriate code as follows 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15	d line er name	How many did you purchase? Enter number of identical items purchased.		How much did it cost?		Did the inclusion of the sales	de	Did y purch any other If "No to nex item i colum	nase ? ," go kt n	Description from column b	Person from column d	Month from column	Cost from column g
Coats, jackets, and furs	100 TES NO		PROCESSING	_	Name	Line No		Month			YES	NO	YES	l NO		Name	Month	
Sport coats and tailored jackets	110		0010						\$.00		 		<u> </u> 				\$.00
Suits	120		0020							.00		 2						\$.00
Vests	130		0030						\$.00	1	2						\$.00
Sweaters and sweater sets	140		0040						\$.00	1	2						\$.00
Pants, slacks, and jeans	150	-	0050						\$.00	1	2						\$.00
Shorts and short sets <i>Exclude all athletic shorts</i>	160	-	0060						\$ 1	.00		2						\$.00
Dresses	170		0070						\$.00		2		 				\$.00
Skirts	180	-	0080							.00		<u> </u>		l 				\$.00
Shirts, blouses, and tops	190		0100							.00		2						\$.00
2. FIELD REPRESENTATIVE CHECK ITEM			0110						1	.00		 2		<u> </u>				\$.00
Mark (X) box if there are no entries recorded in columns b–i.	0010 999 Go to next page		0120							.00	1	2		<u> </u>				\$.00
NOTES	. 3		0130						\$.00	1	 2 						\$.00
			0140						\$.00		 2 		<u> </u>				\$.00
			0150						\$.00	1	1 2		<u> </u>				\$.00
			0160						\$.00	1	1 2 <u> </u>						\$.00
			0170						\$.00		2						\$ 1.00
			0180						\$.00	1	2						\$.00

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

Part A – Clothing – Continued		6 (09 04 0 →															
а	b		С	d		е	f		g		h		i		PRE			
Information Booklet, page 26	What did you buy?		ENTER ITEM	For whom was it purchase CU member, enter name and	d? If line	How	In what	How r	nuch cost?	Did	this ude	Did y	ou hase	1	2	3		4
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?	Describe briefly the item purchased.	PROCESSING USE ONLY	CODE from	number from Control Card. If someone outside CU, enter and appropriate code as follo 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15	name ws:	Enter number of identical items purchased.	it?			sale	es tax?	If "No to ne item colum	r? o," go xt in	Description from column b	Person from column d	Month from column f	1	Cost from column g
ITEM CODE YES NO		PRO		Name	Line No		Month			YES	S NO	YES	NO		Name	Month	1	
Undergarments 200		0010						\$.00	1	2		<u> </u>				\$	1.00
Hosiery 210		0020						\$.00	 							\$.00
		0030						\$.00				 				\$.00
2. FIELD REPRESENTATIVE 1 09 03 3 ↓ CHECK ITEM		0040						\$.00	 	2		<u> </u>				\$	1.00
Mark (X) box if there are 0010 999 ☐ Go to	,	0050						\$.00	1	2		 				\$	1.00
columns b-i. next page		0060						\$.00	1	2						\$.00
NOTES		0070						\$.00	1	l ¦ 2□						\$.00
		0080						\$.00	1	2						\$.00
		0090						\$.00	1	 						\$.00
		0100						\$.00								\$.00
		0110						\$.00	1	2□						\$.00
		0120						\$.00	1	2						\$.00
		0130						\$.00	1	2						\$.00.
		0140						\$.00	1	2						\$.00
		0150						\$.00	1	2		¦ 🗆				\$.00
		0160						\$.00	1							\$.00
		0170						\$.00	1	2□						\$.00.
		0180						\$.00	1							\$.00

FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask column a and complete columns b through 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	- Cont	inued		6	09 06 5 →	•																	
a			b		С		d		е	f	F	g		h	1		i		PRE				
Information Booklet, page 1. Have you (or any memb		our	What did you buy?		ENTER ITEM	For whom was i	er name and lin	ne .	How many	In wh	h l	How much did it cost?		Did th	de	Did y purch	ou nase	1	2	3		4	
CU) purchased any of to items, for persons age a either for members of y someone outside your of the common of the	he follov 2 and ov ⁄our CU	ving er,	Describe briefly the item purchased.	IG USE ONLY	CODE from column a.	If someone outside and appropriate of the someone outside and appropriate of the someone outside and appropriate of the someone outside and appropriate of the someone outside outside and appropriate outside	de CU, enter na code as follows over nd over	ame	did you purchase? Enter number of identical items purchased.	it?	ou nase			sales	tax?	If "No to ne item i colum	," go kt 'n	Description from column b	Person from column d	Mont from colum f	n	Cost from column g	
loungewear	220		-	PROCESSING																			
Accessories	230		-	PROC		Name		ine No. or code		Mor	nth			YES	NO	YES	NO		Name	Mont	th		
Active sportswear Uniforms, for which	240			0010								\$	00	1	2		 				\$	\$.0	00
the cost is not reimbursed	250		_	0020								\$.	00	1	2						\$	\$.0	00
Costumes	260	777777		0030								\$.	00	1 🗆	2						\$	\$.0	00
should be used only if the respondent cannot				0040								\$.	00	1 🗆	2						\$	\$.0	00
itemize clothing purchases. Specify (in the Notes) the types of				0050								\$.	00	1	2						\$	\$.0	0
clothing combined Footwear (Include here athletic	270	///////		0060								\$.	00	1	2						\$	\$.0	0
shoes not specifically purchased for sports	280			0070								\$.	00	1	2						\$	\$.0	10
related use.) 2. Have you (or any members of your CU)	280			0800								\$.	00	1	2						\$	\$.0	0
purchased any other clothing which you				0090								\$.	00	1	2						\$	\$.0	0
have not previously mentioned? Do not include infants				0100								\$.	00	1	2						\$	\$.0	0
clothing. If YES – probe and assign an item code.				0110								\$.	00	1	2		¦ 🗆				\$	\$.0	10
3. FIELD REPRESENTATIVE CHECK ITEM		05 8 ↓	_	0120								\$.	00	1 🗆	2						\$	\$.0	00
Mark (X) box if there are no entries recorded in columns b–i.	0010 99	9 🗌 Go to part B	}	0130								\$.	00	1	2						\$	Ì	
NOTES				0140								\$.	00	1	2						\$	\$.0	0
				0150								\$.	00	1 🗆	2						\$	\$.0	10
				0160								\$.	00	1 🗆	2						\$	\$.0	10
				0170								\$.	00	1	2						\$		
				0180								\$	00	1	2							\$.0	

Part A – Clothing	- Cor	ntinued		6 09 07 3 →																
b		С		d			е	f	g		h			i	NOTES		PRE			
What did you buy? Describe briefly the item purchased.	PROCESSING USE ONLY	ENTER ITEM CODE from column a from the preceding pages.	If CU n number If some and ap 90 – M 91 – Fe 92 – M	hom was it purchased nember, enter name and er from Control Card. eone outside CU, enter propriate code as follow lale 16 and over emale 16 and over lale 2–15 emale 2–15	nd line name	e di pu e En nu id ite	ow nany id you urchase? nter umber of lentical ems urchased.	In what month did you purchase it?	How much did it cost?		Did thinclud sales t	е		o," go ext in		1 Description from column b	Person from column d	Month from colum f		Cost from column g
	PROC			Name	Line or c	No. ode		Month			YES	NO	YES	NO			Name	Mont	h	
	0010								\$		1 .	2 🗆		 					\$	
	0020									.00	1			<u> </u>					3	1.00
	0030									.00	+ +			;					\$.00
										.00	!			<u> </u>					\$.00
	0040								\$.00	'	2		<u> </u>					\$.00
	0050								\$.00	1 1			<u> </u>					\$.00
	0060								\$.00	1			<u> </u>					\$	00.
	0070								\$.00	1 1			¦ □					\$.00
	0080								\$.00	1	2							\$.00
	0090								\$.00	1	2							\$.00
	0100								\$.00									\$.00
	0110								\$	00.	1 1	2							\$.00
	0120								\$.00	1 1	2							\$.00
	0130									.00	1	2		¦ 🗆					\$	1.00
	0140								\$.00	1	2							\$.00
	0150								\$	00.	1	2							\$	00.
	0160								¢	00	1	2								.00
	0170								\$.00		2□		 					\$	1.00
									\$.00	1 1	۵ 🗆							\$	I
EODM OF 202	0180								\$.00		2 ∟							\$.00

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

Part B – Infants CI	othing, Watc	hes, Jewelry, an	d Hai	rpieces		6 09 12 3 →		iaentica	i items are those	of th	ie SAI	VIE I	YPE A	па ри	urchased in the SAME MONTH.		
a		b		С		d	е	f	g		h		i		PRE		
Information Booklet, pag		What did you buy?		ENTER ITEM	Was this purc	hased for your CU ne outside of your	How	In what	How much	Die	d this		Did yo	u	1	2	3
1a. Have you (or any mem CU) purchased clothin under 2 years of age e members of your CU o outside your CU?	g for infants ither for or for someone	Describe briefly the item purchased.		CODE from column a.	CU?	ne outside of your	many did you purchase? Enter number of	month did you purchase it?	did it cost?		iude es tax	?	purcha any other . If "No," to next	?			
Such as -	ITEM YES NO		ONLY				identical items						item in column	ı a.	Decembries	Month	Cost from
Coats, jackets, or snowsuits	290		G USE				purchased.								Description from column b	from column f	column g
Dresses and other outerwear	300	_	PROCESSING														
Underwear and diapers, including disposable	310	-	PROC		CU member	Non-CU member		Month		YE	S N	0	YES	NO			
Sleeping garments	320	_	0010		1	 2			\$.00	₁ [] 2[\$ 1.00
Layettes	330		0020		1	2			\$.00	1[] 2[\$ 1.00
Accessories	340		0030		1	2			\$.00	1[] 2[\$.00
Combined clothing for infants – This should be used only if the respondent cannot			0040		1 🗆	2 🗆			\$.00] 2[_					\$ 1.00
itemize clothing purchases. Specify (in			0050		1	2			\$.00) 1 <u>[</u>] 2[\$ 1.00
the Notes) the types of clothing combined.	360		0060		1	. 2□			\$.00) 1 <u>[</u>] 2[\$ 1.00
b. Have you (or any members of your CU) purchased any other			0070		1	2			\$.00] 2[\$.00
infants clothing which you have not previously mentioned?			0080		1 🗆	2 🗆			\$.00	1[] 2[\$.00
If YES – probe and assign an item code.			0090		1	 2 			\$.00		 						\$.00
Information Booklet, page 27			0100		1 🗆	 2			\$.00	1[] 2[\$.00
2. Have you (or any members of your CU) purchased any of the			0110		1 🗆	2 🗆			\$.00	1] 2[\$.00
following items, either for members			0120		1 🗆	2			\$.00	1[] 2[╛┃					\$.00
of your CU or for someone outside your CU?			0130		1 🗆	2			\$.00] 2[_					\$.00
Watches	370		0140		1	1 2			\$.00) 1 <u>[</u>] 2[\$.00
Jewelry	380	-	0150		1	2			\$.00	1[] 2[⊐ [\$.00
Hairpieces, wigs, or toupees	390		0160		1 🗆	2 🗆			\$.00) 1 <u>[</u>] 2[\$.00
3. FIELD REPRESENTATIVE CHECK ITEM	1 09 11 6 🗸	_	0170		1	2			\$.00	1[] 2[\$ 1.00
Mark (X) box if there are no entries recorded in columns b–i.	0010 999 ☐ Go to part C		0180		1	2			\$.00	1 -] 2[\$.00

b		С		d	e	f	g			h		i	NOTES	P	RE	
What did you buy? Describe briefly the item purchased.	SING USE ONLY	ENTER ITEM CODE from column a from the preceding page.	Was this purchas or for someone o 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 t inclu sales	de	Did y purci any other If "No to ne item colum	hase r? o," go xt in		Description from column b	Month from column	3 Cost from column g
	PROCESSING		CU member	Non-CU member	-	Month			YES	l NO	YES	l NO				
	0010		1	 2□ 			\$.00	1	 2 						\$.0
	0020		1□	 2			\$.00	1	 2 						\$.0
	0030		1 🗆	l l 2□			\$.00	1	2						\$.0
	0040		1 🗆	1 1			\$.00	1	2 🗌						\$.0
	0050		1 🗆	1 2			\$.00	1	2						\$.0
	0060		1 🗆	2			\$.00		2						\$.0
	0070		1	2 🗆			\$.00		2		1				\$.0
	0080		1	1 2			\$.00	1 🗆	<u> </u>						\$.0
	0090		1	l 2 🗌			\$.00		2						\$ 0. أ
	0100		1□	2												\$.0
	0120		1 1	2			\$.00		2						\$.0
	0130		1 1				\$.00	1□							\$ 0.
	0140		1				\$.00 	1 🗆	 2						\$.0 .0
	0150		1 🗆				\$	1.00	1	2						\$.0
	0160		1□	2			\$.00	1	2						\$.0
	0170		1 🗆	1 1 2 🗆			\$.00	1	 2						\$ 1.0
	0180		1 🗆	 2			Φ.	1 00	1							\$.0

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 Material	s		5 09 3	22 4 →											
	a		b			С		d	е	f	g	h	PR	RE		
_	Information Booklet, page 27		What did you	buy?	ONLY	ENTER ITEM	Was this pure	chased for	In what month	How much did it cost?	Did this include	Did you purchase	1	2	3	
1.	Have you (or any members of your chased any sewing material members of your CU or for som your CU? YES NO - Go to		Describe briefl item purchase	ly the d.	PROCESSING USE C	CODE from column a.	outside of yo	our CU?	did you purchase it?	Cost:	sales tax?	other? If "No," go to next item in	Description from column b	Month from column	Cost from column f	
	If YES , read the list of individual ite below. Complete columns b-h for exitem purchased.	each			PROCE		CU member	Non-CU member	Month	_	YES NO	YES NO		е		
	Were these -	TEM YES NO			0010		1 🗆	2			1 2				1	I
	Sewing materials for making slipcovers, curtains, etc., and for handwork in the home				0010		1 1			\$.00					\$.00
	including yarn?	400			0020		'□			\$.0	0 1 2				\$.00
	Sewing materials for making clothes?	410			0030		1 🗆	2		\$.0	1 2				\$.00
	Sewing notions?	420			0040		1 🗆	2 🗆		\$.0	1 2				\$.00
		430			0050		1 🗆	2		\$.0	1 2				\$.00
	Use only if unable to itemize separately – Combined sewing materials	440			0060		1 🗆	2		\$.00	1					 .00
2.	FIELD REPRESENTATIVE CHECK ITEM	1 09 21 5 ↓			0070		1 🗆	2 🗆		\$.0	1				i	.00
	Mark (X) box if there are no entries recorded in columns b-h.	0010 999			0080		1 🗆	 2		\$.0	1	1			\$.00
		part D			0090		1 🗆	 2		\$.00	0 1	1				.00
	NOTES				0100		1 🗆	 2		\$.00	1				\$.00
					0110		1 🗆	2		\$.00	1 2				\$.00
					0120		1 🗆	2		\$.00	1 2				\$.00
					0130		1 🗆	2		\$.00	1 2				I	 .00
					0140		1 🗆	2		\$.00					I	 .00
					0150		1 🗆	2		\$.0	1				\$	00.
					0160		1 🗆	2 🗌		\$.00					\$.00
					0170		1 🗆	 2		\$.0	0 1 2				\$.00
					0180		1 🗆	 2		\$.0					\$.00

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

Identical items are those of the SAME TYPE and purchased in the SAME MONTH.

	Part D – Clothing Servi	ces		5 09	32 3 →											
	a			b		С		d	е	f	g	h	PR	E		
_	Information Booklet, page 27			What did you buy?	ONLY	ENTER ITEM	Was this purc	chased for	In what month	How much did it cost?	Did this include	Did you purchase	1	2	3	
1.	Have you (or any members of expenses for any of the follow members of your CU or for so your CU?	your CU wing, eit omeone o	J) had her for outside	Describe briefly the item purchased.	SSING USE	CODE from column a	outside of yo	ur CU?	did you purchase it?	costr	sales tax?	other? If "No," go to next item in column a.	Description from column b	Month from colum e	Cost from	
	Repair, alteration, and tailoring for clothing and accessories	450			PROCES		CU member	Non-CU member	Month		YES NO	YES NO				
	Shoe repair and other shoe				0010		1 🗆	l l 2□		\$.00	1				\$.00
	services	460			0020		1 🗆	l 2□ 		\$.00	1 2				\$.00
	Watch or jewelry repair	470			0030		1 🗆	2 🗆		\$.00	1 2				\$.00
	Clothing rental	480		-	0040		1 🗆	2		\$.00	1 2				\$.00
	Clothing storage	490			0050		1 🗆	2		\$.00	1 2				\$	1
	FIELD REPRESENTATIVE CHECK ITEM	1 09	31 4 ↓	-	0060		1 🗆	2			1 2					1.00
	Mark (X) box if there are no entries in columns b-h.	0010 99	99 Go to section 10		0070		1 🗆	 2		\$ 1.00	1 2					00.
	NOTES				0080		1 🗆	 2		\$.00	1 2				\$	1.00
					0090		1 🗆	 2		\$.00					\$	1.00
					0100		1 🗆	 2		\$.00					\$	1.00
					0110		1 🗆	 2		\$.00	1				\$.00
					0120		1 🗆	2 2		\$.00	1 2				\$.00
					0130		1 🗆	2		\$.00	1 2				\$.00
					0140		1 🗆	2		\$.00	1				\$	00.
					0150		1 🗆	2		\$.00	1				\$	00.
					0160		1 🗆	 2		\$.00					\$	1.00
					0170		1 🗆	 2		\$.00					\$	1.00
					0180		1 🗆	l l 2□ l		\$.00	1 2				\$.00

Section 10 - RENTED AND LEASED VEHICLES

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

Part A.1 – Scr	eenin	g Quest	tions	(If Nev	v Cons	umer (Unit,	Go to Pa	rt A.2.)																	
Information Bookl	et, page	28		2. FIE	LD REPRI	ESENTAT	IVE ITE	M PROC	ESSING USE ONLY		1 10	01 5 🗼			1 1	0 02 3	,		1	10 03	3 1 ↓			1 10 (04 9 ↓	
la. Since the 1st of have you (or any CU) rented any v not used ENTIRE	memberehicles LY for I	ers of you which we business?	r ere		escribe bri "boat."	efly the t	ype of		CLE NUMBER d, such as "auto"	Descripti		1		Desc	cription	2		Des	cription	3		Des	scriptio	1	1	
not include lease ☐ Yes ☐ Yes If YES - Read the individual include	\Box No – G list of ind X) the ap	Go to item (dividual ite propriate '	ms "Yes"	3. Wa	ter vehicle as it rent p, or a tr	ed solel	v for u		ation, overnight way?		☐ Yes -	Go to no vehicle	e ext rented or item 6	001		vehic	de next reni le or item	000 ted 000		١	Code Go to next ren vehicle or iten	00 ted 00	30 1	Yes –	Code Go to next revehicle or ite	∍nte em (
Automobile	VEHICLE CODE 100	YES NO	HOW MANY?	cu. th i If _i an	rrent mon is vehicle periodic pa nount of ti	th) what ?? ayments he payme	were n	een your ex nade, enter in the number), excluding (the pense for renting a the notes the of payments mpute the total	0080 \$.00	008	80 \$.00	008	30 \$.0	00	80 \$ _			.00
Truck, including vans	110			<i>ex</i> , 5a. we	pense and ere (Will)	any of t	he ren	tal expense	m. s (be) deducted	0130 1	□Yes			013				01:	30 1 □ `	/es		01	30 1 [Yes		—
Motorized camper-coach	120				business meone e		es, rei	mbursed, o	r paid by		e □ No −		ext rented or item 6			– Go to	next rente or item	ed 💳		No – G	to to next rent ehicle or item	ed] No − (Go to next rei vehicle or iter	
Trailer-type camper	130			b. If y	YES – Wha	at perce er to near	nt of t	he total exp ole percent.	ense will this	0140		.00 _F	Percent	014	.0	.00	Percent	01	40		.00 Percent	01	40		.00 Percer	nt
Other attachable- type camper	140												LEASE	ED VE	HICLES											
Motorcycle, motor scooter,				_					e previously reported ept if vehicle has bee			ously ("\	Yes" in colu	umn b	below). —		↓									
or moped (motorized				7 10	10 3 →							LEASE	D VEHIC	LE IN\	VENTORY	CHART										
bicycle)	150				а	b			Vehicle i	dentificatio	n				е		f		g		h	i			j	
Boat, with a motor	160			SING					С			d Valatala		code		Do yo	u still /ehicle?	How n	are on	w	hat month as the lease	Were a fees in		If YES	S – much?	
Boat, without a motor	170			PROCESSING USE ONLY	Vehicle number	Vehi dispos		Vehicle	identification from p	art B, item	2	Vehicle for bus from p item	siness part B,	part E	B, item 1b.	If NO - box ar item 6	nd go to	the ve Enter a to next or to its	nd go vehicle	te	rminated?	at the termin of the		Enter	and go xt vehicle	
Trailer, other than camper						YES	NO	YEAR	MAKE	MODE	EL	YES	NO			YES	NO				Month	YES	NO			
type, such as for a boat or cycle	180			0010	1	1						 				1 🗆	2					1 🗌	2 🗌	\$.0
Private plane	190			0020	2	i						i				1 🗆	2					1 🗌	2	\$.0
Any other vehicle	200			0030	3	İ						 				1 🗆	2 🗆					1	2	\$.0
	OTES			0040	4	i						i				1 🗆	2					1 🗆	2 🗆	\$.c
				0050	5	1						 				1 🗆	 2					1	2	\$		1.0
				0060	6	I						l I				1 🗆	2 🗆					1 🗆	2 🗆	\$.0
				0070	7											1 🗆	2					1	2 🗌	\$		

Section 10 – RENTED AND L	EASED	VEHICLE	S – Continued	FIELD REPRESENTATIVE – Ask item 7 for all respondents.
Part A.1 – Screening Question	ons – Co	ontinued		
7a. Since the 1st of (month, 3 months ago you (or any members of your CU) be leasing any automobile or truck not ENTIRELY for business?		0010 1 □ Y	1 10 11 4 \(\psi \) Tes Io – Go to section 11	NOTES
b. If YES – What kind of vehicle was it?	1	0020	0030	
Enter vehicle code	VEHICLE	0040	0050	
	VEHICLE CODE			
Automobile	100 110	0060	0070	
Truck, including vans	110	0080	0090	
		0100	0110	
FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased				
				'

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.

Dout A 2 Cou	ooning Ougation	F(OR NEW CONSUMER UN	UTS ONLY		ρ	urpose,	, combine entries int	to one coi	iumin. Ou	ierwise, compiete a s	ерагате с	Olullili lor	each venicle rented	. ASK ILEITI O	ior an respondents.
*				PROCESSING US		1	1 10 1	12 2 ↓	Г	1 10	13 0 ↓		1 10	14 8 ↓	T	1 10 15 5 ↓
Information Bookle 1a. Since the 1st of			FIELD REPRESENTATIVE ITEM	VEHICLE NUMBE			1 10	•		1 10	*			14 8 ∜ 3		4
have you (or any CU) rented any v not used ENTIRE not include lease	members of your rehicles which were LY for business? Do	a	 Describe briefly the type of vehic or "boat." 			Description		<u>'</u>	Descript	tion	2	Descrip		3	Descriptio	
If YES – Read the	list of individual items		Enter vehicle code from item 1b.			0010			0010			0010			0010	
below and mark () or "No" box.	K) the appropriate "Yes"	" 3 .				0010		Code	0010		Code	0010		Code	0010	Code
b. If YES to an individually?		3.	Was it rented solely for use or trip, or a trip of 75 miles or m	n a vacation, over lore one way?	nignt		Yes – No	Go to next rented vehicle or item 6		1 □ Yes 2 □ No	- Go to next rented vehicle or item 6		1 ☐ Yes - 2 ☐ No	Go to next rented vehicle or item 6		☐ Yes – Go to next rented vehicle or item 6 ☐ No
	VEHICLE CODE YES NO MA	OW 4.	Since the 1st of (month, 3 mon current month) what has been this vehicle?	nths ago), excludin your expense for	g (the renting											
Automobile Truck,	100	-	If periodic payments were made, amount of the payment and the incurred during the reference pe expense and enter the amount ir	number of payment riod. Compute the t	ts	0080 \$_		.00	0080	\$.00	0800	\$.00	0080 \$_	00.
including vans	110	5a	. Were (Will) any of the rental e	expenses (be) dedu	ucted		Yes		0400	ı □ Yes		0400	ı □ Yes		0400	☐Yes
Motorized camper-coach	120		as business expenses, reimbu someone else?	ırsed, or paid by] No – (Go to next rented vehicle or item 6			Go to next rented vehicle or item 6		2 🗌 No –	Go to next rented vehicle or item 6		□ Yes □ No – Go to next rented vehicle or item 6
Trailer-type camper	130	b	If YES – What percent of the to cover? Enter to nearest whole p	otal expense will t ercent.	this	0140		.00 Percent	0140		.00 Percent	0140		.00 Percent	0140	.00 Percent
Other attachable- type camper	140			LEASED VEHICLE	ES	1 10 20 5	↓	Toront			rerecint		NC	TES		I crocint
Motorcycle, motor scooter, or moped (motorized bicycle)	150	6a	Since the 1st of (month, 3 mon you (or any members of your lease payments or begun leas automobile or truck not used business?	CU) made anv		1 □ Yes 2 □ No – <i>Go</i>	to sect	ion 11								
Boat, with a motor	160	b	. If YES – What kind of vehicle v	was it?	0020		00	030								
Boat, without a motor	170		Enter vehicle code	VEHICLE				050								
Trailer, other than camper			Automobile	100												
type, such as for a boat or cycle	180		Truck, including vans	110	0060			070								
Private plane	190	_			0800		00	090								
Any other vehicle	200	_			0100		01	110								
NO	OTES				0120		01	130								
			FIELD REPRESENTATIVE INSTRU		ele.											

Part B – Detailed Questions for Leased Vehi	cles			
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order	1 10 21 3 ↓	10a. What was the number of payments contracted for?		NOTES
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	0010 Number	b. In what month and year was the first payment made?	Month Year 0200 0190 0210	
or A.2. b. VEHICLE CODE 2. What is the year, make, and model?	Vear Make Model	C. What is the amount of each payment?	0220 \$00	
OFFICE USE ONLY Enter auto code	0040	d. What period is covered by each payment?	1 Week 5 Semiannually 2 2 weeks 6 Annually 3 Month 7 Other - Specify	
3. How many cylinders does it have?	O050 Cylinders O No cylinders (rotary, turbine or electric)	Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 Yes 2 No x Don't know Go to item 11	
4. Does it have – a. Automatic transmission? b. Power steering? C. Power brakes?	0070 1 ☐ 2 ☐ 0080 1 ☐ 2 ☐	f. If YES – How much of the payment is for these extra charges?	0250 \$.00 x \(\text{Don't know} \)	
d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine?	0100 1 □ 2 □ 0110 1 □ 2 □	11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 Yes – If YES – How much? 2 No 0270 \$.00	
Ask for vehicle code 100) 5a. How many doors does it have?	0121 1	12. Was a trade-in allowance received?	0280 1 Yes - If YES - How much? 2 No 0290 \$.00	
b. Is it a?	1 Station wagon? 2 Convertible? 3 Hatchback? 4 Other?	13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300 1 Yes – If YES – How much? 2 No – Go to item 14a 0310 \$.00	
6a. Is it used for business?	0130 1 ☐ Yes, used for business 2 ☐ Personal use only – Go to item 7 ☐ If 100%, delete	b. Was any portion of the cash down payment paid by an employer?	0320 1 Yes – If YES – How much? 2 No	
b. If used for business – What percent of the mileage is counted as a business expense?	Percent Percent 1 100%, defete this vehicle and go to next vehicle.	14a. Do you still have this vehicle?	0330 \$	
7. How many miles are currently on the vehicle?	0150 Miles (Enter to nearest whole mile)	b. In what month was the lease terminated?	2 □ No Month	
8. Was it new or used when first leased?	0160 1 ☐ New 2 ☐ Used		0350	
9. Was this vehicle leased from a –	1 ☐ New or used vehicle dealer? 2 ☐ Independent leasing company? 3 ☐ Bank? 4 ☐ Someplace else? – Specify ✓	C. Were any fees incurred at the termination of the lease?	0360 1 Yes – If YES – How much? 2 No – Go to next vehicle or section 11 0370 \$.00	

Part B – Detailed Questions for Leased Vehic	les – Continued			
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order	1 10 24 7 ↓	10a. What was the number of payments contracted for?		NOTES
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	0010 Number	b. In what month and year was the first payment made?	Payments Month Year 0200 0210	
or A.2. b. VEHICLE CODE 2. What is the year, make, and model?	O020 Code Year Make Model	C. What is the amount of each payment?	0220 \$00	
OFFICE USE ONLY Enter auto code	0030	d. What period is covered by each payment?	1 Week 5 Semiannually 2 2 weeks 6 Annually 3 Month 7 Other – Specify	
3. How many cylinders does it have?4. Does it have –	O050 Cylinders O No cylinders (rotary, turbine or electric) Yes No	Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 ☐ Yes 2 ☐ No x ☐ Don't know Go to item 11	
a. Automatic transmission? b. Power steering? c. Power brakes?	0060 1 □ 2 □ 0070 1 □ 2 □ 0080 1 □ 2 □	f. If YES – How much of the payment is for these extra charges?	0250 \$00 x □ Don't know	
d. Air conditioning? e. Sun roof? f. Turbo charged engine? g. Diesel engine?	0090 1 2 0100 1 2 0110 1 2 0120 1 2	11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 ☐ Yes - If YES - How much? 2 ☐ No 0270 \$.00	
h. Four wheel drive?	0121 1 2 Doors	12. Was a trade-in allowance received?	0280 1 Yes - If YES - How much? 2 No 0290 \$.00	
5a. How many doors does it have? b. Is it a?	0123 1 Station wagon? 2 Convertible? 3 Hatchback?	13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)	0300 1 Yes – If YES – How much? 2 No – Go to item 14a	
6a. Is it used for business?	4 Other? 0130 1 Yes, used for business 2 Personal use only – Go to item 7	b. Was any portion of the cash down payment paid by an employer?	0310 \$	
b. If used for business – What percent of the mileage is counted as a business expense?	Percent If 100%, delete this vehicle and go to next vehicle.	14a. Do you still have this vehicle?	0330 \$	
7. How many miles are currently on the vehicle?	0150 Miles (Enter to nearest whole mile)	b. In what month was the lease terminated?	1 Yes – Go to next venicle of section 11 2 No Month	
8. Was it new or used when first leased?9. Was this vehicle leased from a –	0160 1 New 2 Used		0350	
C. Has this vehicle leased Holli a -	1 New or used vehicle dealer? 2 Independent leasing company? 3 Bank? 4 Someplace else? - Specify ✓	C. Were any fees incurred at the termination of the lease?	0360 1 ☐ Yes - If YES - How much? 2 ☐ No - Go to next vehicle or section 11 0370 \$.00	

Part B – Detailed Questions for Leased Vehicles – Continued											
FIELD REPRESENTATIVE ITEM A. New CU's – Assign vehicle numbers in consecutive order PROCESSING USE ON	Y 1 10 27 0 ↓	10a. What was the number of payments contracted for?	0100	NOTES							
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. b. VEHICLE CODE	0010 Number	b. In what month and year was the first payment made?	Month Year 0200 0210								
or A.2. b. VEHICLE CODE 2. What is the year, make, and model?	Year Code Make Model	C. What is the amount of each payment?	0220 \$.00								
OFFICE USE ONL Enter auto code 3. How many cylinders does it have?	0040	d. What period is covered by each payment?	1 Week 5 Semiannually 2 2 weeks 6 Annually 3 Month 7 Other - Specify								
3. How many cynnders does it have?	0050 Cylinders 0 No cylinders (rotary, turbine or electric)	Does the payment include any charges other than the lease amount such as auto insurance or maintenance?	0240 1 Yes 2 No Y Don't know Go to item 11								
4. Does it have – a. Automatic transmission? b. Power steering?		f. /f YES – How much of the payment is for these extra charges?	x □ Don't know ∫ Go to Item 11 0250 \$.00								
C. Power brakes? d. Air conditioning?	. 0080 1 2		x ☐ Don't know								
e. Sun roof?	. 0100 1	11. Is any of the (period reported in item 10d) leasing cost paid by an employer?	0260 1 Yes - If YES - How much? 2 No 0270 \$.00								
h. Four wheel drive?	. 0121 1 2 0	12. Was a trade-in allowance received?	0280 1 Yes – If YES – How much? 2 No								
5a. How many doors does it have? b. Is it a?	0122 Doors 0123 1 ☐ Station wagon?	13a. Was a cash down payment made? (A down	0290 \$								
	2 ☐ Convertible? 3 ☐ Hatchback? 4 ☐ Other?	payment is a capitalized cost reduction.)	2 \(\text{No} - \text{Go to item 14a} \)								
6a. Is it used for business?	0130 1 Yes, used for business 2 Personal use only – Go to item 7	para by an empreyor.	0320 1 Yes - If YES - How much?								
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.	14a. Do you still have this vehicle?	0330 \$.00								
7. How many miles are currently on the vehicle?	0150 Miles (Enter to nearest whole mile)		2 No								
8. Was it new or used when first leased?	0160 1 New 2 Used	b. In what month was the lease terminated?	Month 0350								
9. Was this vehicle leased from a -	1 ☐ New or used vehicle dealer? 2 ☐ Independent leasing company? 3 ☐ Bank? 4 ☐ Someplace else? – Specify ✓	C. Were any fees incurred at the termination of the lease?	0360 1 ☐ Yes − If YES − How much? 2 ☐ No − Go to next vehicle or section 11 0370 \$.00								
			-								

Section 11 - OWNED VEHICLES

Pa	rt A.1	- Sc	reen	ing Questions	(If New C	onsumer Unit	, Go to Part A.	<i>2)</i>						Vernoic		mpiete part c for each venicle dispos			
				, no vehicles were pr											20	Information Booklet, page 28	1 11 01 3	<u> </u>	
				vehicle listed, except			eviously ("Yes" in colu	umn b). —					1		Za 	ago), have you (or any members of your CU) purchased or acquired	0010 1 ☐ Yes		
F	or each v	ehicle	code 1	00 through 120 and	150 listed whic	h has not been dispo	osed of, ask column i	•								any vehicle not used exclusively for business? Include those vehicles	2 □ No – Go to nex	t part or	r sectio
4 11	00 9 →					OWNE	D VEHICLE INVENT	TORY CH	ART				<u>*</u>			purchased for your own use or as a gift to others.			
>.	а		b		V	/ehicle identification				f	g		h	i	b	If YES – What kind of vehicle was it?	0020 003		
ONI				С		d		е	120	and	Enter vehicle code from	still h	nave	Codes 100–120 and 150 only		Enter vehicle code from item 3 below.			
PROCESSING USE ONLY	Vehicle number	disp	hicle posed part C pleted)	Vehicle description from part B, item 2	Vehicle identification from part B, item 3		part B, item 3	Vehicl used for busine from part E item 7	for E ess mi I f B, pa 7a iter	Enter nileage from part B, em 10b	part B, item 1b.	If NO comp part Call verdispos	– lete C for hicles	How many miles are currently on the vehicle? Enter to nearest whole mile.			0040 005 0060 007 0080 009	0	
E.		YES	NO		YEAR	MAKE	MODEL	YES		oart A.1, olumn i		YES	NO			0100	<u>ס</u>		
0010	1											1 🗆	2		3.	FIELD REPRESENTATIVE INSTRUCTION Complete part B for each new vehicle.			
0020	2		<u> </u>									1 🗆	2		\vdash	<u> </u>		Ţ,	VEHICI
0030	3											1 🗆	2			Automobile		[100
0040	4		-									1 🗆	2			Truck, including vans			110 120
0050	5		<u> </u>									1 🗆	 2			Trailer type camper Other attachable type camper			130 140
0060	6		<u> </u>										 2			Motorcycle, motor scooter, or moped (n	notorized bicycle)		150
			<u> </u>										T			Boat, purchased with a motor Boat, purchased without a motor		[160 170
0070	7		l I									1	2			Trailer other than camper type, such as Private plane			180 190
0800	8							+ :				1 🗆	+		L	Any other vehicle (snowmobile, dune by NOT	uggy, riding golf cart, etc.) .		200
0090	9		<u> </u>									1 🗆	2 🗌			NOT	L3		
0100	10	-										1 🗆	2 🗌						
0110	11		¦ 🗆									1 🗆	2 🗆						
0120	12											1 🗆	2						
0130	13											1 🗆	2						
0140	14		¦ 🗆									1 🗆	2						
0150	15											1 🗆	2						
0160	16											1 🗆	2						
0170	17											1 🗆	2 🗆						
0180	18											1 🗆	2						

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.

Pa	art A.2 – Screening Questions – <i>FOR NEW CON</i>	SUMER	R UNITS ONLY	1 11 02 1 🗸		
	nformation Booklet, page 28 Do you (or any members of your CU) own any of the following vehicles not used exclusively for business?	VEHICLE CODE	YES NO	If YES – How many?		4. FIELD REPRESENTATIVE INSTRUCTIONS Complete part B for each vehicle reported in items 1 and 2. Complete parts B and C for each vehicle reported in item 3.
a. /	Automobile	100	0010 1 2 0020			NOTES
b. 1	Fruck, including vans	110	0030 1 2 0040			
C. N	Motorized camper-coach	120	0050 1 2 0060			
d. ⊺	Frailer type camper	130	0070 1 2 0080			
e. (Other attachable type camper	140	0090 1 2 0100			
f. N	Motorcycle, motor scooter, or moped (motorized bicycle)	150	0110 1 2 0120			
g. E	Boat, purchased with a motor	160	0130 1 2 0140			
h. E	Boat, purchased without a motor	170	0150 1 2 0160			
i. 1	Trailer other than camper type, such as for a boat or cycle	180	0170 1 2 0180			
j. F	Private plane	190	0190 1 2 0200			
k . /	Any other vehicle	200	0210 1 2 0220			
2a. H	Have you (or any members of your CU) purchased any such vehicles since the 1st of the (month, 3 months ago) as a gift to someone outside of your CU?		0230 1 Yes – Ask items 2 No – Go to item			
b. /	f YES – How many?		0240 Numbe	er	-	
	What kind of vehicle(s) did you purchase? Enter a separate code for each vehicle.		0250 0260 0280 0290 0310 0320	0 0300		
За. н	lave you (or any members of your CU) disposed of any		0340 1 Yes – Ask items	e 3h and 3c	-	
a	automobiles or other vehicles since the 1st of (month, 3 months ago)?		2 No − Go to iten	n 4		
b. /	f YES – How many?		0350 Numbe	er		
-						
	Nhat kind of vehicle(s) did you dispose of? Enter a separate code for each vehicle.		0360	0380		
			0390	0 0410		
			0420 0430	0 0440	┵	
			0450	0 0470		

Pá	art B – Detailed Questions									
	FIELD REPRESENTATIVE ITEM New CU's - Assign vehicle numbers in consecutive order beginning with 1.	PROCESSING USE ONLY	1 11 03 9 ↓		11. In what month and year was it purchased?	Month Y 0190 0200	ear			
b.	2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.	a. VEHICLE NUMBER b. VEHICLE CODE	0010 Number 0020 Code		12a. Was any portion of the purchase price financed?	to next veh	s prior to 3 months ago, go icle. If item 11 is during the hs, go to item 13a.			
2.	Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle).		Description		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?	ago, go	0220 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 Remaining payments			
3.	Complete items 3, 4, and 5 for autos and trucks only vehicle codes 100 and 110). What is the year, make, and model?		Year Make	Model	13a. Was a trade-in allowance received?	0230 1 ☐ Yes				
		OFFICE USE ONLY Enter auto code	Y 0040		b. If YES – How much?	0240 \$.00			
	How many cylinders does it have?		0050 Cylinders 0 \[\text{No cylinders (rotary,} \]	, turbine, or electric)		0250 \$.00			
a.	Does it have – Automatic transmission?		Yes No 2		d. Did this price include sales tax?	0260 1 Yes 2 No	x 🗌 Don't know			
C.	D. Power steering? D. Power brakes? D. Air conditioning? D. Sun roof?		0070 1		e. Was any of the amount or price paid by an employer? f. If YES – How much?	0270 1 \(\superstack \text{Yes}\)	2 □ No – Go to item 14			
e.			0100 1 2		Ask items 14 and 15 for credit payments only, "2" marked in item 12 14. What was the amount of the cash down payment?		.00			
g. h.	Turbo charged engine? Diesel engine? Four wheel drive? Ask for vehicle code 100.		0120 1		15a. What was the source of credit?	0300 1 Auto dealer 2 Finance company 3 Bank 4 Credit Union	5 ☐ Insurance company y 6 ☐ Individual 7 ☐ Other – Specify			
_	How many doors does it have? Is it a?		Doors 1 Station wagon? 2 Convertible? 3 Hatchback?		Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?	0305 1 Yes 2 No				
			4 Other?		C. How much was borrowed, excluding any interest?	0310 \$.00			
7a.	Is it used for business?		0130 1 \(\sum \) Yes, used for busine 2 \(\sum \) Personal use only -		d. What was the number of payments contracted for?	0320 Payments				
b.	If used for business – What percent of the milea business expense?	age is counted as a	0140 Percent	100%, delete this ehicle and go to ext vehicle.	e. In what month and year was the first payment made?	Month Y 0330 0340	ear			
8.	Was it new or used when acquired?		0150 1 New 2 Used	oxt vernoie.	f. What is the amount of each payment?	0350 \$.00			
9. Was this vehicle purchased from –			0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify		g. What period is covered by each payment?	0360 1 Week 2 2 weeks 3 Month 4 Quarter	5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other – <i>Specify</i>			
1 Da. Was this vehicle – 1 Purchased for own use? 2 Purchased as a gift to other Go to item 11 3 Received as gift?			h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 Yes 2 No x Don't know or s	to next vehicle or part section					
b.	Ask for item codes 100–120 and 150 only. How many miles are currently on the vehicle	?	Miles – If ite code 3, go to	m 10a is o next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$.00 x □ Don't know			

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Part B – Detailed Questions – Continued											
1. FIELD REPRESENTATIVE ITEM a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. PROCESSING USE ONLY	1 11 04 7 ↓	11. In what month and year was it purchased?	Month Year 0190 0200								
2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2. a. VEHICLE NUMBER b. VEHICLE CODE	0010 Number 0020 Code	12a. Was any portion of the purchase price financed?	0210 1 Yes 2 No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.								
Do not ask for vehicle codes 100 or 110. 2. Briefly describe the (vehicle).	Description Year Make Model	b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	0220 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 Remaining payments								
Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). 3. What is the year, make, and model?	0030	13a. Was a trade-in allowance received?	0230 1 Yes 2 No - Go to item 13c								
OFFICE USE ONLY Enter auto code	0040	b. If YES – How much?	0240 \$.00								
4. How many cylinders does it have?	O050 Cylinders O \sum No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$								
5. Does it have – a. Automatic transmission?		d. Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No								
b. Power steering?		Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No – Go to item 14								
C. Power brakes?		f. If YES – How much?	0280 \$								
e. Sun roof?	0100 1	Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0290 \$.00								
f. Turbo charged engine?		14. What was the amount of the cash down payment?15a. What was the source of credit?	0300 1 Auto dealer 5 Insurance company								
g. Diesel engine? h. Four wheel drive?	0120 1 □ 2 □ 0121 1 □ 2 □	19d. What was the source of credit:	2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ✓								
Ask for vehicle code 100. 6a. How many doors does it have?	0122 Doors		4 🗆 Credit Union								
b. Is it a?	0123 1 ☐ Station wagon? 2 ☐ Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?	0305 1 Yes 2 No								
	3 ☐ Hatchback? 4 ☐ Other?	C. How much was borrowed, excluding any interest?	0310 \$								
7a. Is it used for business?	0130 1 ☐ Yes, used for business 2 ☐ Personal use only – Go to item 8	d. What was the number of payments contracted for?	0320 Payments								
b. If used for business – What percent of the mileage is counted as a business expense?	O140 Percent { If 100%, delete this vehicle and go to next vehicle.	C. In what month and year was the first payment made?	Month Year 0330 0340								
8. Was it new or used when acquired?	0150 1 New 2 Used	f. What is the amount of each payment?	0350 \$								
9. Was this vehicle purchased from –	0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify	g. What period is covered by each payment?	0360 1 ☐ Week 5 ☐ Semiannually 2 ☐ 2 weeks 6 ☐ Annually 3 ☐ Month 7 ☐ Other – Specify ✓ ✓								
10a. Was this vehicle –	0170 1 ☐ Purchased for own use? 2 ☐ Purchased as a gift to others? – Go to item 11 3 ☐ Received as gift?	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 Yes 2 No Contact vehicle or part X Don't know or section								
Ask for item codes 100–120 and 150 only. b. How many miles are currently on the vehicle?	Miles – If item 10a is code 3, go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$00 x □ Don't know								

Pá	art B - Detailed Questions - Contin	ued									
	FIELD REPRESENTATIVE ITEM New CU's - Assign vehicle numbers in consecutive order beginning with 1.	PROCESSING USE ONLY	1 11 05 4	,	11. In what month and year was it purchased?	Month Y 0190 0200	Year				
b.	2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.	a. VEHICLE NUMBERb. VEHICLE CODE	0010 Number 0020 Code		12a. Was any portion of the purchase price financed?	to next vel	1 ☐ Yes 2 ☐ 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.				
2.	Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle).		Description		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?	ago, g	ago, go to next vehicle.				
3.	omplete items 3, 4, and 5 for autos and trucks only rehicle codes 100 and 110). Ihat is the year, make, and model?		Year Make	Model	13a. Was a trade-in allowance received?	0230 1 Yes 2 No - Go to item					
_		OFFICE USE ONLY Enter auto code			b. If YES – How much?	0240 \$.00				
	How many cylinders does it have?		0050 Cylinders 0 \square No cylinders (rotary	, turbine, or electric)		0250 \$.00				
a.	Does it have – Automatic transmission?		Yes No 2		d. Did this price include sales tax?	0260 1 Yes 2 No	x □ Don't know				
C.	De Power steering? De Power brakes? De Air conditioning? De Sun roof?		0070 1		e. Was any of the amount or price paid by an employer? f. If YES – How much?	0270 1 Yes	2 No – Go to item 14				
e.			0090 1 2 0 0100 1 2 0 0110 1 2 0		Ask items 14 and 15 for credit payments only, "2" marked in item 12 14. What was the amount of the cash down payment?	0280 \$.00				
g. h.	Turbo charged engine? Diesel engine? Four wheel drive? Ask for vehicle code 100.		0120 1		15a. What was the source of credit?	0300 1 Auto dealer 2 Finance compan 3 Bank 4 Credit Union	5 Insurance company ny 6 Individual 7 Other – Specify				
_	How many doors does it have? Is it a?		0123 1 Station wagon? 2 Convertible?		Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?	0305 1 Yes 2 No					
			3 ☐ Hatchback? 4 ☐ Other?		C. How much was borrowed, excluding any interest?	0310 \$.00				
7a.	Is it used for business?		0130 1 \(\sum \) Yes, used for busing 2 \(\sum \) Personal use only -		d. What was the number of payments contracted for?	0320 Payment					
b.	If used for business – What percent of the mile business expense?	age is counted as a	0140 Percent $\begin{cases} It \\ v \end{cases}$	100%, delete this ehicle and go to ext vehicle.	C. In what month and year was the first payment made?	Month Y 0330 0340	Year				
8.	Was it new or used when acquired?		0150 1 ☐ New 2 ☐ Used	ext vernore.	- f. What is the amount of each payment?	0350 \$.00				
9. Was this vehicle purchased from –			0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify		g. What period is covered by each payment?	0360 1 Week 2 2 weeks 3 Month 4 Quarter	5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other – <i>Specify</i>				
2 □ Purch Go to		0170 1 Purchased for own 2 Purchased as a gift Go to item 11 3 Received as gift?		h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 Yes 2 No x Don't know or	o to next vehicle or part section					
b.	Ask for item codes 100–120 and 150 only. How many miles are currently on the vehicle	?	0180 Miles – If ite code 3, go t	em 10a is	i. If YES – How much of the payment is for these extra charges?	0380 \$.00 x □ Don't know				

Page 57 Page 57

Pa	Part B – Detailed Questions – Continued											
	FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1.	NG USE ONLY		1	11 06 2 ↓		11.	In what month and year was it purchased?	0190	Month	0200 Ye	ar
b.	2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. Enter a vehicle code from part A.1 or A.2. b. VEHICLE		0010		lumber Code		12a.	. Was any portion of the purchase price financed?	0210		to next vehi	prior to 3 months ago, go cle. If item 11 is during the as, go to item 13a.
2.	Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle).		Description Year		Make	Model	b.	If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	0220 1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 Remaining payments			to next vehicle.
3.	Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110). What is the year, make, and model?		0030		Model	13a.	13a. Was a trade-in allowance received?		0230 1 Yes 2 No - Go to item 13c			
		er auto code	0040				b.	. If YES – How much?	0240	\$.00
4.	How many cylinders does it have?		0050		Cylinders lers (rotary, t	urbine, or electric	C.	. What was the amount paid for it after trade-in allowance and discount?	0250	\$.00
a.	Does it have – . Automatic transmission?		Yes 0060 1 🗌	:	No 2 🗌			. Did this price include sales tax?		1 Yes 2 No		x □ Don't know
	Power steering?							. Was any of the amount or price paid by an employer?	0270	1 🗌 Yes		2 □ No – Go to item 14
	Power brakes?						f.	If YES – How much?	0280	\$.00
e.	F. Turbo charged engine?		0100 1 🗆	2	2 🗌		4.4	Ask items 14 and 15 for credit payments only, "2" marked in item 12b.	0290			.00
			0110 1		2 🗌			What was the amount of the cash down payment?				5 🗆 Insurance company
	Diesel engine?		0120 1				1 1 3 a .	. What was the source of credit?	1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 7 ☐ Other - Specify ☐ Credit Union			
6a.	Ask for vehicle code 100. How many doors does it have?		0122 Doors							4 ∐ Credi	t Union	
b.	ls it a?		2 🔲	Station v	ible?		b.	Ask if codes "2," "3," or "4" marked in item 15a. Was this a home equity loan?		1 ☐ Yes 2 ☐ No		
			3 ☐ Hatchback? 4 ☐ Other?				1 .	How much was borrowed, excluding any interest?	0310 \$.00			
7a.	Is it used for business?				d for business use only – <i>G</i>		d.	. What was the number of payments contracted for?	0320		_ Payments	
b.	If used for business – What percent of the mileage is coun business expense?	nted as a	0140		ercent $\begin{cases} If 10 \\ veh \end{cases}$	00%, delete this nicle and go to to to to to to	e.	In what month and year was the first payment made?	0330	Month	0340 Ye	ar
8.	Was it new or used when acquired?		0150 1 🗌	New :	 ₂ □ Used	TO VOINGIO.	f.	. What is the amount of each payment?	0350	\$.00
	9. Was this vehicle purchased from –		0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify				g.	What period is covered by each payment?		1 Week 2 2 2 wee 3 Mont 4 Quart	eks h	5 ☐ Semiannually 6 ☐ Annually 7 ☐ Other – <i>Specify</i>
ıva.	Oa. Was this vehicle -		0170 1 ☐ Purchased for own use? 2 ☐ Purchased as a gift to others? – Go to item 11 3 ☐ Received as gift?				h.	Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?		1 ☐ Yes 2 ☐ No x ☐ Don't	Go know or s	to next vehicle or part ection
b.	Ask for item codes 100–120 and 150 only. How many miles are currently on the vehicle?		0180		Niles – If item ode 3, go to i		i.	If YES – How much of the payment is for these extra charges?	0380	\$.00 x □ Don't know

P	art B – Detailed Questions – Contin	ued					
	FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1.	PROCESSING USE ONLY	1 11 07 0 ↓	11. In what month and year was it purchased?	Month Year 0190 0200		
b	2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. Enter a vehicle code from part A.1 or A.2.	a. VEHICLE NUMBER b. VEHICLE CODE	0010 Number Code	12a. Was any portion of the purchase price financed?	0210 1 ☐ Yes 2 ☐ No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.		
	Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle).		Description	b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining	0220 1 ☐ Paid off – If item 11 is prior to 3 months ago, go to next vehicle.		
	Complete items 3, 4, and 5 for autos and trucks o	nly	Year Make Model	payments to be made?	2 Remaining payments		
3.	(vehicle codes 100 and 110). What is the year, make, and model?		0030	13a. Was a trade-in allowance received?	0230 1 ☐ Yes 2 ☐ No – Go to item 13c		
	OFFICE USE ONLY Enter auto code		0040	b. If YES – How much?	0240 \$		
4.	How many cylinders does it have?		O050 Cylinders O \square No cylinders (rotary, turbine, or electric)	C. What was the amount paid for it after trade-in allowance and discount?	0250 \$		
5. Does it have – a. Automatic transmission?			Yes No 0060 1 □ 2 □	d. Did this price include sales tax?	0260 1 ☐ Yes x ☐ Don't know 2 ☐ No		
b. Power steering?			0070 1	e. Was any of the amount or price paid by an employer?	0270 1 ☐ Yes 2 ☐ No - Go to item 14		
	Power brakes?		0080 1	f. If YES – How much?	0280 \$.00		
	Sun roof?		0100 1	Ask items 14 and 15 for credit payments only, "2" marked in item 12b. 14. What was the amount of the cash down payment?	0290 \$.00		
f. Turbo charged engine? g. Diesel engine? h. Four wheel drive? Ask for vehicle code 100.			0120 1	15a. What was the source of credit?	0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 3 ☐ Bank 7 ☐ Other – Specify ☐ 4 ☐ Credit Union		
_	How many doors does it have? Is it a?		0122 Doors 0123 1 Station wagon? 2 Convertible?	Ask if codes "2," "3," or "4" marked in item 15a. b. Was this a home equity loan?	0305 1 Yes 2 No		
			3 ☐ Hatchback? 4 ☐ Other?	C. How much was borrowed, excluding any interest?	0310 \$.00		
7a	. Is it used for business?		0130 1 ☐ Yes, used for business 2 ☐ Personal use only – Go to item 8	d. What was the number of payments contracted for?	0320 Payments		
b	If used for business – What percent of the mile business expense?	age is counted as a	O140 Percent { If 100%, delete this vehicle and go to next vehicle.	e. In what month and year was the first payment made?	Month Year 0330 0340		
8.	Was it new or used when acquired?		0150 1 New 2 Used	f. What is the amount of each payment?	0350 \$00		
9. Was this vehicle purchased from –			0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify	g. What period is covered by each payment?	1 ☐ Week 2 ☐ 2 weeks 3 ☐ Month 4 ☐ Quarter 5 ☐ Semiannually 5 ☐ Annually 7 ☐ Other – Specify ✓		
10a. Was this vehicle –		0170 1 Purchased for own use? 2 Purchased as a gift to others? – Go to item 11 3 Received as gift?	h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?	0370 1 \(\text{ Yes} \) 2 \(\text{ No} \) X \(\text{ Don't know} \) \(\text{ or section} \)			
b	Ask for item codes 100-120 and 150 only. How many miles are currently on the vehicle	?	Miles – If item 10a is code 3, go to next vehicle	i. If YES – How much of the payment is for these extra charges?	0380 \$00 x _ Don't know		

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Pa	art B – Detailed Questions – Continued												
	FIELD REPRESENTATIVE ITEM New CU's – Assign vehicle numbers in consecutive order beginning with 1. PROCESSING	G USE ONLY			1 11 08 8 ↓		11.	In what month and year was it purchased?	0190	Month	0200	'ear	
b.	2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. Enter a vehicle code from part A.1 or A.2. b. VEHICLE		0010		. Number Code		12a.	. Was any portion of the purchase price financed?	0210	is prior to 3 mo hicle. If item 1 ths, go to iten	1 is during the		
	Do not ask for vehicle codes 100 or 110. Briefly describe the (vehicle). Complete items 3, 4, and 5 for autos and trucks only		Descripti	on	Make	Model	b.	If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?	1 Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 Remaining payments				
3.	(vehicle codes 100 and 110). What is the year, make, and model?	USE ONLY	0030		1	. Was a trade-in allowance received?	0230 1 Yes 2 No – Go to item 13c						
4	4. How many cylinders does it have?		0040				1	. If YES – How much?	0240	\$.00	
	Trow many cynnacis aces it have.		0050 0	☐ No cyli	Cylinders inders (rotary,	, turbine, or electric		. What was the amount paid for it after trade-in allowance and discount?	0250			.00	
	Does it have – 3. Automatic transmission?		0060 1	es	No 2 🗌		d.	Did this price include sales tax?		1 🗌 Yes 2 🔲 No		x 🗌 Don't	know
	Power steering?				2 🗌		e.	. Was any of the amount or price paid by an employer?	0270	1 ☐ Yes		2 □ No – C	Go to item 14
	Power brakes?						f.	. If YES – How much?	0280	\$.00	
_	e. Sun roof?						14.	Ask items 14 and 15 for credit payments only, "2" marked in item 12b. What was the amount of the cash down payment?	0290	\$.00	
g.	Turbo charged engine? Diesel engine? Four wheel drive? Ask for vehicle code 100.		0120 1					. What was the source of credit?	0300 1 ☐ Auto dealer 5 ☐ Insurance company 2 ☐ Finance company 6 ☐ Individual 7 ☐ Other - Specify ☐ Credit Union				
_	How many doors does it have? Is it a?		0122 Doors 0123 1 Station wagon? 2 Convertible?				b.	Ask if codes "2," "3," or "4" marked in item 15a. Was this a home equity loan?	0305	1 ☐ Yes 2 ☐ No			
			l	☐ Hatch			C.	. How much was borrowed, excluding any interest?	0310 \$.00				
7a.	Is it used for business?				sed for busine nal use only –		d.	. What was the number of payments contracted for?	0320		Payment	_	
b.	If used for business – What percent of the mileage is count business expense?	ted as a	0140		Percent $\begin{cases} If \\ vertex \\ Verte$	100%, delete this ehicle and go to ext vehicle.	e.	In what month and year was the first payment made?	0330	Month	0340	/ear	
8.	Was it new or used when acquired?		0150 1 ☐ New 2 ☐ Used		f.	. What is the amount of each payment?	0350	\$.00			
	9. Was this vehicle purchased from –		0160 1 Vehicle dealership? 2 Private individual? 3 Other? - Specify				g. What period is covered by each payment?			1	eeks nth	5 □ Semia 6 □ Annua 7 □ Other	,
ıva.	Da. Was this vehicle –		0170 1 Purchased for own use? 2 Purchased as a gift to others? - Go to item 11 3 Received as gift?				h.	Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?		1 ☐ Yes 2 ☐ No x ☐ Don	_	to next vehic section	le or part
b.	Ask for item codes 100–120 and 150 only. How many miles are currently on the vehicle?		0180		Miles – If ite code 3, go to	m 10a is o next vehicle	i.	If YES – How much of the payment is for these extra charges?	0380	\$.00. x	Don't know

F	Part C - Disposed of	f Vehicles												
1.	LIEIVI	PROCESSING USE ONLY	1 11 51 8 ↓			1 11 52	6 ↓		1 11 53	4 ↓		1 11 5	4 2 🗼	
	Complete a column in the 1st interview in which the vehicle is disposed of.	a. VEHICLE NUMBER	0010 Number		0010	Numbe	r	0010	Numbe	•	0010	Numb	er	
	Enter vehicle number and vehicle code.	b. VEHICLE CODE	0020 Code		0020	Code		0020	Code		0020	Code	:	
2a. How did you dispose of the vehicle? Mark (X) one box.			1 Sold? 2 Traded in? 3 Given away to some CU, including stude school? 4 Damaged beyond re 5 Stolen? 6 Other - Specify	ents away at	1 Sold? 2 Traded in? 3 Given away to someone outside the CU, including students away at school? 4 Damaged beyond repair? 5 Stolen? 6 Other - Specify			1 ☐ Sold? 2 ☐ Traded in? 3 ☐ Given away to someone outside the CU, including students away at school? 4 ☐ Damaged beyond repair? 5 ☐ Stolen? 6 ☐ Other - Specify			1 ☐ Sold? 2 ☐ Traded in? 3 ☐ Given away to someone outside the CU, including students away at school? 4 ☐ Damaged beyond repair? 5 ☐ Stolen? 6 ☐ Other - Specify			
b.	In what month was it (relitem 2a)?	ad answer from	Month – If code 3 in item 2a, go to item 5a			Month – If code 3 in item 2a, go to item 5a			Month – If code 3 in item 2a, go to item 5a			Month – If code 3 in item 2a, go to item 5a		
3.	If sold (code 1, item 2a). How much did you sell it for? Output Out				0050 \$	S	.00 Go to item 5a	0050 \$.00 Go to item 5a			0050 \$00 Go to item 5a			
4a.	If damaged beyond repair (code 4, item 2a) or stolen (code 5, item 2a). 4. Were you reimbursed for the value of the vehicle?		0060 1 ☐ Yes 2 ☐ No – <i>Go to item 4c</i>			0060 1 ☐ Yes 2 ☐ No – Go to item 4c			0060 1 ☐ Yes 2 ☐ No – Go to item 4c			0060 1 ☐ Yes 2 ☐ No – Go to item 4c		
b.	. How much did you receive for the vehicle? Onto the item 5a		0070 \$.00 Go to item 5a		0070 \$_		.00 Go to item 5a	0070 \$.00 Go to item 5a				
C.	C. Do you expect to be reimbursed for the value of the vehicle?		0080 1 ☐ Yes 2 ☐ No – Go to item 5a x ☐ Don't know			1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> x ☐ Don't know			0080 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i> x ☐ Don't know			☐ Yes ☐ No – <i>Go to iten</i> ☐ Don't know	n 5a	
d.	How much will you recei	ive for the vehicle?	0090 \$.00 x \(\subseteq \text{Don't know} \)	0	0090 \$	S ⊂□ Don't know	.00	0090 \$ _ x □	Don't know	.00	0090 \$ x	☐ Don't know	.00	
5a.	Were there any outstand the vehicle when it was	ling loans on disposed of?	0100 1 Yes 2 No - Go to next vehic	ile	0100 1	ı □ Yes 2 □ No – <i>Go to next</i>	vehicle	0100 1 2	☐ Yes ☐ No – <i>Go to next</i>	vehicle	0100 1 2	☐ Yes ☐ No – <i>Go to nex</i>	t vehicle	
b.	Were any final payments	s made on the loan?	0110 1 ☐ Yes 2 ☐ No – Go to next vehic	ile	0110 1	ı □ Yes ₂ □ No – <i>Go to next</i>	vehicle	0110 1 2	☐ Yes ☐ No – <i>Go to next</i>	vehicle	0110 1 2	☐ Yes ☐ No – <i>Go to nex</i>	t vehicle	
C.	C. If YES – How much was the final payment?		0120 \$	0	0120 \$	S	.00	0120 \$_		.00	0120 \$.00	
						NOTES								

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

Section	12 _	VEHICLE	OPER/	TING	EXPENSES
Section	12 -	VENICLE	: UPEN#		EVLEIA9E9

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.

															coramin a. oc	σιτιρ	icic a	ocpare	ato mn	0 101 0	don non.							
	Part A – Vehicle N	lainte	enan	се а	nd R	epair, Parts, and	d Eq	uipm	ent		8 12 02 4 →																	
	а					b		С		d	е			f	g		h		i	i	j			k		PRE		
	Information Booklet, page I will now ask about ex vehicle services, parts,	penses			ONLY	What was the expense for?	ENT ITEI COL	M DE	Did expe	ense ude	Which vehicle value of the vehicle veh	/ and	m di	what onth d you	What was the total cost?		Did th includ sales t	e tax?	or wil	xpense I any	IF YES – How much?		Did y have other	any	Description from column b	Month from column f	Cost f colum	
	equipment. Please do n expenses for vehicles u for business.	ot incl	ude tirely		USE	Enter a brief description.	fror colu	n ımn a.	labo	or <i>t</i>	from the vehic	e code lis		avé this (pense?						e ursed? ", go to			exper for	nses ? ", go to			\$.00
1.	Since the 1st of (month, have you (or any member)	ers of y	your	0),	PROCESSING														colum	n k.			next it colum	tem in			\$.00.
	CU) had expenses for a following?	ny of tl	he		PROC				YES	NO NO	Description	Vehicle code	N	Month			YES	NO	YES	NO			YES	NO			\$.00
		ITEN 4			0010				1	2					\$.	.00	1	2	1	l 2□	\$.00		¦ 🗆			\$	1.00
	Oil change, lubrication,	CODE		NO	0020				1	2					\$.	.00	1	2	1	 2	\$.00					\$.00
	and oil filter	100			0030				1	2					\$.	.00	1	2	1	2	\$.00					\$.00
	Brake work	120			0040				1	2					\$.	.00	1 🗆 ¦	2	1	2	\$.00					\$.00
	Battery purchases and installation	130			0050				1□	2					\$.	.00	1	2 🗌	1	 2 	\$.00					\$.00
	Tire purchases and mounting	140			0060					2					\$.	.00	1		1	 2 _ 	\$.00					\$.00
	Tire repair	150			0070				1	2					\$.	.00	1	2		1 2 🗌	\$.00		¦ 🗆			\$.00
	Front end alignment, wheel balancing and				0800				1	2					\$.	.00	1	2	1	2 🗌	\$.00			VE	HICLE C	ODES	
	wheel rotation	160			0090				1	2					\$.	.00	1	2	1	2	\$.00						100
	Steering or front-end work	170			0100					2					\$.	.00	+	2		2	\$.00			Automobile			110
	Electrical system work	180			0110					2			_		\$.	.00	- i	2		· 		.00		<u> </u>	Truck			120
	Engine repair or replacement	190			0120					2 📗					\$.	.00	1	2		1 2 <u> </u>	\$.00			Trailer camper			130
	Air conditioning work	200			0130					2					\$.	.00	1		1	<u> </u> 	\$.00			Other attachab		per	140
	Engine cooling system work	210			0140					2 🗆					ì	.00	1			2 🗆		.00		<u> </u>	Motorcycle, sco	oter, or mo	oped	150
					0150				1	2			NO	TES	\$.	.00	1	2 🗀	1	2 🗆	\$.00			Boat, with moto	or		160
																									Boat, without n	otor		170
2.	FIELD REPRESENTATIVE CHECK ITEM	1 12	2 01 1	↓																					Trailer, other th			180
	Mark (X) box if there are no entries recorded in	0010																							Private plane .			190
	columns b–k.			next bage																					Any other vehic	le		200

Section 12 - VEHICLE OPERATING EXPENSES - Continued

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

Part A – Vehicle N	lainte	nance	and R	epair, Parts, and	d Eq	uipm	ent		8 12 04 0 →																		
а				b		C		d	е			f	g		h		i		j			k			PRE		
1. Since the 1st of (month, have you (or any memb CU) had expenses for a	. 3 montl	ns ago).	ONLY	What was the expense for? Enter a brief	EN ITE CO fro	M DE	Did 1 expe inclu labor	nse ide	Which vehicle vehicle briefly enter the vehicle	⁄ and le code	mo dio	what onth d you ve this	What was the total cost?	i	Did th includ sales 1	ا ما	Has any of this ex or will	pense	IF YES – How much?		Did y have other expe	any r	Descript from colu	nn h l	Month from column f	Cost f colun	
following?	ny or tn	е	IG USE	description.		umn a.			from the vehicl	e code list	ex	pense?					of it be reimbu	e ursed? . go to			for . If "No	? o", go to item in				\$.00
	ITEM CODE	YES NO	PROCESSING														columi	1 K.			colun	nn a.				\$ \$.00
Exhaust system work	300		PRC				YES	NO	Description	Vehicle code	M	onth		,	YES	NO	YES	NO			YES	NO				\$.00
Clutch or transmission work	310		0010				1	2					\$	00	1	2	1	2	\$.00		<u> </u>				\$.00
Body work and painting	320		0020				1	2					\$	00	1	2	1		\$.00						\$.00
Shock absorber replacement	330		0030				1	2					\$	00	1	2	1	2 🗌	\$.00		¦ □				\$.00
Drive shaft or rear-end work	340		0040				1	2					\$.0	00	1	2	<u>'</u>		\$.00						\$.00
Audio equipment and installation	350		0050				1	2					\$.0	00	1	2 🗆	1		\$.00						\$.00
Vehicle accessories and			0060				1	2					\$	00	1	2	1	2		00.1						\$	00.
customizing Other vehicle services,	360		0070				1	2					\$		-	2	1		\$.00		¦ 🗆			NOTE	\$.00
parts, and equipment	370		0080				1	2					\$	00	1	2	1	2 🗌	\$.00					NOTES	,	
Use only if unable to itemize separately.			0090				1	2					\$	00	1	2 🗌	1	2	\$.00							
Combined expenses (Codes 100–370)	500		0100				1	2					\$			2	1		\$	00.		<u> </u>					
(66465 766 676)			0110					2					\$		<u> </u>	2	1		\$.00		¦ □					
			0120				1	2					\$	00	1	2	1	2 🗌	\$.00							
			0130				1	2					\$	00	1	2		2	\$.00							
			0140					2					\$	00	1	2	1	2 🗌	\$.00		<u> </u>					
			0150				1	2					\$	00	1	2	1	2 🗌	\$.00		<u> </u>					
2. FIELD REPRESENTATIVE CHECK ITEM	1 12	03 7 ↓																									
Mark (X) box if there are no entries recorded in	0010 9	99 🗌 Go to Part l) R																								
columns b–k.		raiti																									

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, Registrat	ion ar	nd Inspection of Veh	nicles			3 12	26 4	→			going to nex	t item in column a.
a		b	\neg	.	d	е		f		PRE		NOTES
1. Since the 1st of (month, 3 months			ENTE	ER	In what	What was the	Did y	you	1	2	3	
ago), have you (or any members of your CU) had expenses for –	E ONLY		ITEM COD from colui	E	month did you have this expense?	the expense?	have othe expe for .	r enses ?	Description from column b	Month from column d	Cost from column e	
ITEM CODE YES NO	IG USE	Enter the item description from column a.					If "No go to item	next in		:	\$,00	0
Driver's license? 400	SSIN						colur	nn a.			\$.00	0
Vehicle inspection? 410 Vehicle registration? 420	PROCESSING				NA	_	\/50	1 110			i	
Use only if unable to			<u> </u>		Month		YES	NO		:	\$.00	4
itemize above – Combined expenses 430	0010					\$.00				;	\$.00	<u>)</u>
2. FIELD REPRESENTATIVE 1 12 25 0 ↓ CHECK ITEM	0020					\$.00		· _		:	\$.00	0
Mark (X) box if there are no 0010 999 ☐ Go to	0030					\$		<u> </u>			\$.00	0
entries recorded part (in columns b–f.	, [0030]					\$.00					; \$.00	0
NOTES	0040					\$.00					\$.00	
Notes	0050					\$.00					i	T
	0060							T .		!	\$.00	2
						\$.00		¦ 🗆		:	\$.00	<u>ə</u>
	0070					\$.00				;	\$.00	0
	0800					\$.00				:	\$.00	0
	0090					\$.00		 		:	\$.00	0
	0100					\$.00		<u> </u>			\$ 1.00	0
	0110										\$.00	0
	0120					\$.00		Ī			\$.00	0
						\$.00		<u> </u>		:	\$.00	0
	0130					\$.00		<u> </u>				
	0140					\$.00					1	
	0150					\$.00		 			i	
	0160					\$.00						
	0170							•		:		
	+					1		i		;	\$.00	J
	0180					\$.00					\$.00	0

Section 12 - VEHICLE OPERATING EXPENSES - Continued

Part C – Other Vehicle Operating Expenses	1 12 51 6 ↓		
Since the 1st of (month, 3 months ago), what has been the CU's AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles?	0010 \$.00 .00 .00 .00 .00 .00 .00 .00 .00	 4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for – a. Parking, including garage rental, metered parking, and parking lot fees, except any expenses included in property ownership costs? Do not include parking expenses that are totally reimbursed or paid 	0120 1 ☐ Yes 2 ☐ No – Go to item 4c
. Was any of this expense for the purchase of diesel fuel?	0020 1 ☐ Yes 2 ☐ No – Go to item 1d	entirely for business.	
. If YES – How much?	0030 \$	b. If YES – How much was paid, excluding any payments made this month?	0130 \$.00
Was any of the average monthly cost counted as a business expense?	0040 1 ☐ Yes 2 ☐ No – <i>Go to item 2a</i>	C. Towing charges, excluding contracted or pre-paid towing charges?	0140 1 ☐ Yes
How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$	d. If YES – How much was paid, excluding any payments made in the current month?	2 No – Go to item 4e
- 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.	0060 1 ☐ Yes 2 ☐ No – Go to item 3a	Docking and landing fees for boats and planes?	0 □ None
. What was the total cost?			2 □ No – Go to item 5a
Was any of this purchased this month?	0070 \$.00	f. If YES – How much was paid, excluding any payments made in the current month?	0170 \$.00 None
If YES – How much was purchased this month?	2 □ No − Go to item 3a .00 .00	5a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for auto repair service policies? Do not include service policies for vehicles used entirely for business.	0180 1 ☐ Yes 2 ☐ No – Go to item 6a
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?	0100 1 Yes	b. If YES – How much?	0190 \$
Do not include purchases for vehicles used entirely for business.	2 □ No – Go to item 4a	6a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) had any expenses for bottled or tank gas for recreational vehicles, including vans, campers, and boats?	0200 1 ☐ Yes 2 ☐ No – Go to next section
What was the total cost of these purchases?	0110 \$	b. If YES – How much?	0210 \$.00
	NC	DTES	

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 CONS	UMER	UN	ITS OI	VL Y		1 13	02 7 💎	
Information Booklet, page 32 1. Do you (or any members of your CU) have any –	Insurar code			YES	NO	If YES	6 – How many policies or plans does your CU have?	ans
a. Life insurance or other policies which provide benefits in case			0010	. \Box	 	0000		
of death or disability?	100)	0010	1 📙	2	0020	Number	
b. Automobile or other vehicle insurance?	200)	0030	1 🗌	2 🗌	0040	Number	
C Incurance protecting your home furniture personal effects					 			-
C. Insurance protecting your home, furniture, personal effects, or other property against fire, theft, loss, or damages from other means –					1			-
(1) Homeowner's insurance?	300		0050	1 🗌	2	0060	Number	-
			0070		2	0000		
(2) Tenant's insurance?	400)	0070	1 🗆	2 L	0080	Number	
d. Other types of nonhealth insurance?	500		0090	1 🗌	2 🗌	0100	Number	
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for insurance			s – <i>Ask it</i>			c		
policies, othér than health insúrance, which you no longer have?	2		– Go to		а			
b		Ins	urance co	ode			How many?	
b. What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a-d for each policy reported.	0140			\perp		0150	Number	
C. How many?	0160					0170	Number	
	0180					0190	Number	
	0200					0210	Number	
	0220			\top		0230	Number	
3a. Have you (or any members of your CU) made any payments		☐Ye	s – <i>Ask it</i>	tems 3l	b and 3		Number	\dashv
for insurance policies, other than health, for persons not in your CU?		□No	– Go to	item 4				
		Ins	urance co	ode			How many?	
D. What kind of insurance policy(ies) was it (were they)? Enter insurance code from items 1a–d for each policy reported.	0310					0320	Number	
C. How many?	0330					0340	Number	
	0350					0360	Number	
	0370			\top		0380	Number	
				+		0400		
4. FIELD REPRESENTATIVE INSTRUCTIONS	0390					0400	Number	
Complete a column in part B for each policy reported.			41		+ D '	11-		-
Complete a column in part B for each discontinued policy. Be sure to	пагк тпе (uiscon	unuea b	ux, par	ι b, iter	II ID.		

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.

F	Part B – Detailed Quest	tions												
1.	New CU's – Enter policy	PROCESSING USE ONLY	1 13 03 5 ↓	→		1 13 04 3 🗸			1 13 05 0 🗸	→		1 13	06 8 🕶	
	numbers in consecutive order beginning with 1.	a. POLICY NUMBER	0010 Number		0010	Number		0010	Number		0010	Nu	mber	
	2nd through 5th interviews – Enter the next available policy number from chart in part A.1.	b. DISCONTINUED	0020 1		0020 1 🗆			0020 1 🗆			0020 1			
2a.	What type of insurance is (wa	as) it?	Description		Description			Description			Descrip	tion		
ı.			0020		0020	Code		0020	Code		0030		ode	
	Enter insurance code from part	·	0030 Code		0030			0030						
3.	What is the name of the insurence compainsurance agent.		Insurance company name		Insurance com	pany name		Insurance com	npany name		Insuran	ce company na	ame	
4.	Ask only for insurance code 200 Describe briefly what vehicles a		Description		Description			Description			Descrip	tion		
5a.	Ask only for insurance code 300 Describe briefly the property this		Description		Description			Description			Descrip	tion		
b.	Enter property number from sec	ction 3, part B.	0160 0170	0180	0160	0170	0180	0160	0170	0180	0160	0170	0180	
6a.	Are the policy premiums paid	d?	1 Entirely by CU 2 Partially by CU and someone outside t 3 Entirely by an empunion 4 Entirely by anothe persons outside th	Go to next policy	3 □ Enti unio 4 □ Enti	ially by CU and peone outside the rely by an emplo	yer or Go to next policy	3 ☐ Enti unio 4 ☐ Enti	tially by CU and neone outside t irely by an emp	loyer or Go to next policy	3	someone o Entirely by union Entirely by	CU CU and partially utside the CU an employer or another group o tside the CU	Go to
b.	Are any premiums paid throu deductions?	ugh payroll	0230 1 ☐ Yes 2 ☐] No	0230 1 ☐ Yes	2 🗆 N	lo	0230 1 ☐ Yes	2 🗆	No	0230 1	□Yes	2 🗆 No	
7.	How often are premiums on to Mark (X) the appropriate box.	this policy paid?	0240 1 ☐ Weekly 2 ☐ Biweekly 3 ☐ Monthly – directly 4 ☐ Monthly – in mortg 5 ☐ Quarterly 6 ☐ Semiannually 7 ☐ Annually 8 ☐ Paid-up policy – Go		4 ☐ Mon 5 ☐ Qua 6 ☐ Sem 7 ☐ Ann 8 ☐ Paid	eekly thly – directly thly – in mortgag rterly iannually		4	eekly nthly – directly nthly – in mortga arterly niannually		2 3 4 5 6 7 8	☐ Quarterly ☐ Semiannua ☐ Annually	n mortgage paym Ily icy – <i>Go to next p</i>	
8a.	Since the 1st of (month, 3 month) your total expense for this in Enter the actual amount the CU	surance policy? paid, do not include	0250 \$ [0 □ None – Go to next	.00	0250 \$	e – Go to next po		0250 \$	ne – <i>Go to next</i> į	.00	0250 \$	5 □ None – <i>Go</i>	.00	
b.	any expenses paid for the CU by Were any payments made thi	·	0260 1 Yes	·	0260 1 ☐ Yes	•	,	0260 1 ☐ Yes	<u> </u>		0260 1	☐Yes		
C.	If YES – How much was paid t	this month?	2 ☐ No – Go to next po	.00		Go to next polic			– Go to next po	.00		□ No – <i>Go to</i>	next policy .00	
			0270 \$.00	0270 \$			0270 \$.00	0270	i	.00	

•	Section 13 – INSURANCE OTHER THAN	HEALTH – Continued	FIELD REPRESENTATIVE – Combine pa insurance (f	ayments if more than one policy is held throug or example: automobile insurance) and for the	h the same company for the same type of same time period.
I	Part B – Detailed Questions – Continued				
1.	FIELD REPRESENTATIVE ITEM New CU's - Enter policy PROCESSING USE ONLY	1 13 07 6	1 13 08 4 🗸	1 13 09 2 🔎	1 13 10 0 🗸
	numbers in consecutive order beginning with 1. 2nd through 5th interviews –	0010 Number	0010 Number	0010 Number	0010 Number
	Enter the next available policy number from chart in part A.1. b. DISCONTINUED	0020 1	0020 1 🗆	0020 1 🗆	0020 1 🗆
2a.	What type of insurance is (was) it?	Description	Description	Description	Description
b.	Enter insurance code from part A.1 or part A.2.	0030 Code	0030 Code	0030 Code	0030 Code
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 B.	0160 0170 0180	0160 0170 0180	0160 0170 0180	0160 0170 0180
6a.	Are the policy premiums paid?	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU	1 Entirely by CU 2 Partially by CU and partially by someone outside the CU 3 Entirely by an employer or union 4 Entirely by another group or persons outside the CU
b.	Are any premiums paid through payroll deductions?	0230 1 ☐ Yes 2 ☐ No	0230 1 ☐ Yes 2 ☐ No	0230 1 ☐ Yes 2 ☐ No	0230 1 ☐ Yes 2 ☐ No
7.	How often are premiums on this policy paid? Mark (X) the appropriate box.	0240 1 ☐ Weekly 2 ☐ Biweekly 3 ☐ Monthly – directly 4 ☐ Monthly – in mortgage payment 5 ☐ Quarterly 6 ☐ Semiannually 7 ☐ Annually 8 ☐ Paid-up policy – Go to next policy 9 ☐ Other – Specify ☑	1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify	1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify	1 Weekly 2 Biweekly 3 Monthly – directly 4 Monthly – in mortgage payment 5 Quarterly 6 Semiannually 7 Annually 8 Paid-up policy – Go to next policy 9 Other – Specify
8a.	Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy? Enter the actual amount the CU paid, do not include any expenses paid for the CU by others.	0250 \$.00 0 \(\sum \) None - Go to next policy	0250 \$.00 0 □ None – Go to next policy	0250 \$	0250 \$.00 o \(\sum \) None - Go to next policy
b.	Were any payments made this month?	0260 1 ☐ Yes 2 ☐ No - Go to next policy	0260 1 Yes 2 No - Go to next policy	0260 1 Yes 2 No – Go to next policy	0260 1 Yes 2 No – Go to next policy
C.	If YES – How much was paid this month?	0270 \$	0270 \$	0270 \$	0270 \$

Section 14 - HOSPITALIZATION AND HEALTH INSURANCE

	If this	box is marked, no policies were previously re	eported – G	o to item 2a.																			
Col	mplete icies t	e columns i through m in the "Health Insurand that were discontinued ("YES" in column f).	ce Policy In	ventory Chart" below for	each po	olicy pr	evious	sly repo	rted, except														
8 1	1 00	4 →		ı	HEALTH	H INSU	JRAN	CE POI	ICY INVENT	DRY CHART													
	а	b	С	d		е		f		g				h	i		j	k			ı	m	
USE ONLY										penses reporte revious intervi			paid e	SIILII GIY	Do you still have (policy)?		1st of months ago), payments	Since the 1st of (month, 3 months ag what was the tota	go) , I	Were and payment made d	nts	If YES – How r was paid this month?	
PROCESSING USE	icy number	Insurance description from part B, item 4a	Type code from part B, item 4a	Name of insurance company from part B, item 2	dedu from	yroll ictions part B, m 7.	disco	olicy ontinued part B em 1b		Enter time period covered from part B, item 8b	Ent paym made month part item 1	nents this from t B, 1b or A.1	outsi CU pai ite (co	meone de the from rt B, m 6 ode or 4)	(poncy):	made on by any mour CU?	this policy ember of (Include de by eductions.)	amount paid by Cl members for this policy?	ט װ ו	the cur month? If NO – next po if last po go to ite	Go to olicy or		
PR(Policy				YES	NO	YES	NO			colun	nn m	YES	NO	YES NO	YES	NO			YES	NO		
0010	1								\$.00		\$.00	1 🗆	2	1 🗆 2 🗆	1 🗆	2 🗌	\$.00	1 🗌	2	\$.00
0020	2								\$.00		\$.00	1 🗆	2 🗆	1 🗆 2 🗆	1 🗆	l 2 🗌	\$.00	1 🗆	2	\$.00
0030	3					¦ 🗆		¦ 🗆	\$.00		\$	1.00	1 🗆	2	1 🗆 🕴 2 🗆	1 🗆	2	\$.00	1 🗌	2	\$.00
0040	4								\$.00		\$.00	1 🗆	2	1 🔲 2 🖂	1 🗆	2	\$.00	1 🗌	2 🗌	\$.0
0050	5								\$ 1.00		\$	1.00	1 🗆	2	1 🗆 🕴 2 🗆	1 🗆	2	\$.00	1 🗌	2	\$.0
0060	6							<u> </u>	\$.00		\$.00	1 🗆	2 🗌	1 🗆 2 🗆	1 🗆	2	\$.00	1 🗌	2	\$.0
0070	7								\$.00		\$	1.00	1 🗆	2	1 🗆 🕴 2 🗆	1 🗆	2	\$.00	1 🗌	2	\$	0.
0080	8								\$.00		\$.00	1 🗆	 2	1 🗆 2 🗆	1 🗆	2	\$.00	1 🗌	2 🗆	\$.0
0090	9							<u> </u>	\$.00		\$	ļ.00	1 🗆	2	1 🗆 🕴 2 🗆	1 🗆	2	\$.00	1 🗌	2	\$.0
0100	10					¦ 🗆		¦ 🗆	\$.00		\$.00	1 🗆	2	1 🗆 2 🗆	1 🗆	2	\$.00	1 🗌	2	\$.0
0110	11								\$.00		\$.00	1 🗆	2	1	1 🗆	2	\$.00	1 🗌	2	\$.0
0120	12								\$.00		\$.00	1 🗆	2	1 🗆 2 🗆	1 🗆	2	\$.00	1 🗌	2	\$.0
									1 14 01 7	\	NOTES	6											
2a. s	ince (U) pu	the 1st of (month, 3 months ago), have you urchased any (additional) health or hospi	ı (or any m talization i	embers of your nsurance?					ı □ Yes ₂ □ No – <i>Go to</i>	item 3a													
		- How many policies did you buy? lete a column in part B for each new policy.						0020	N	umber													
Ba. s	ince nade	the 1st of (month, 3 months ago), have you any payments for health insurance plans	ı (or any m for persoi	embers of your CU) ns outside of your CU?	,				1	next part													
		– How many policies did you buy? lete a column in part B for each policy.						0040		umber													
I. F	IELD I	REPRESENTATIVE INSTRUCTIONS lete a column in part B for each new policy re	ported. If "N	lo." to items 2 and 3 – Go	o to part	t C.																	

Section 14 – HOSPITALIZATION AND HEALTH INS	URANCE – Continued	FIELD REPRESENTATIVE – As	sk items 1, 2, and 3 and complete part B for each policy repo	orted. Complete part C for all CU's.
Part A.2 – Screening Questions – FOR NEW CONS	JMER UNITS ONLY - Conti	nued 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 ☐ Yes 2 ☐ No – Go to item 2a		NOTES	
b. If YES – How many policies do you have?	0020Number			
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made payments for hospitalization or health insurance policies which you no longer have?	0030 1 Yes 2 No – 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 ☐ Yes 2 ☐ 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 both If "No," to items 1, 2, and 3 – Go to part C.	ox in part B, item 1b.			
	<u>'</u>			

Section 14 - HOSPITALIZATION AND HEALTH INSURANCE - Continued

Pa	art B – Detailed Questions															
1.	FIELD REPRESENTATIVE ITEM New CU's – Enter a policy number in consecutive PROCESSING USE ONLY		1 14 03	3 3 ↓		1 14 0	04 1 ↓		1 14 0	5 8 ↓		1 14 (06 6 ↓		1 14 0	07 4 ↓
	order beginning with 1. 2nd thru 5th interviews – Enter policy number in NUMBER	0010		Number	0010		_ Number	0010		. Number	0010		_ Number	0010		_ Number
	consecutive order using the next available number in policy chart in part A.1.	0020	1 🗌		0020	1 🗌		0020	1 🗌		0020	1 🗌		0020	1 🗌	
2.	What is the name of the insurance company?	Insuran	nce company	y name	Insuran	ice compar	ny name	Insura	nce compan	y name	Insura	nce compa	ny name	Insurar	nce compan	y name
	Enter name of insurance company, not the insurance agent. If Blue Cross/Blue Shield, Mark (X) box.	0030	1 ☐ Blue Cr	oss/Blue Shield	0030	1 ☐ Blue C	Cross/Blue Shield	0030	1 ☐ Blue C	ross/Blue Shield	0030	1 🗌 Blue (Cross/Blue Shield	0030	1 ☐ Blue C	ross/Blue Shield
3.	How many CU members are covered by this policy?	0060	Nun	nber 0□None	0060	Nu	ımber 0 ☐ None	0060	Nur	mber 0 □ None	0060	Nı	ımber 0 ☐ None	0060	Nu	mber 0 □ None
4a	Information Booklet, page 32a What type of insurance plan is it?		1 Go to 4k			1		0061	1 Go to 4		1 1	1 Go to			1	
	1 – Health Maintenance Organization 2 – Fee for Service Plan 3 – Commercial Medicare Supplement 4 – Other special purpose plan		2 ☐ Go to 40 3 ☐ Go to 5			2 ☐ Go to 4 3 ☐ Go to 5			2 Go to 4 3 Go to 5			2 ☐ <i>Go to</i> 3 ☐ <i>Go to</i>			2 ☐ Go to 4 3 ☐ Go to 5	
b.	Ask only if item 4a is "1". If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses?		1 ☐ Yes 2 ☐ No	Go to item 5		1 ☐ Yes } 2 ☐ No	Go to item 5	0062	1 Yes }	Go to item 5	0062	1 ☐ Yes } 2 ☐ No }	Go to item 5		1 🗌 Yes } 2 🗌 No }	Go to item 5
C.	Ask only if item 4a is "2." Is this fee for service plan a – 1 – Traditional Fee for Service Plan? 2 – Preferred Provider Option Plan		$\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go to	o item 5	0063	$\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go	to item 5	0063	$\left.\begin{array}{c} 1 \ \square \\ 2 \ \square \end{array}\right\} \ \textit{Got}$	o item 5	0063	1	to item 5	0063	1	to item 5
d.	Ask only if item 4a is "4." Is this special purpose insurance plan— 1 - Dental insurance? 4 - Mental health insurance? 5 - Dread disease policy? 3 - Prescription drug insurance? 6 - Other type of special purpose health insurance?		2 🗌 5	□ □ □ Specify ⊋		2 🗌	4 □ 5 □ 6 □ Specify ≠	0064	2 🗌 🛚 5	1 □ 5 □ 6 □ Specify 🔀	0064	2 🗌	4 □ 5 □ 6 □ Specify ⊋		2 🗌 .	4 □ 5 □ 6 □ Specify 🔀
5.	Was the policy obtained on an individual or group basis? 1 - Individually obtained	0070	1 2 2	3 🗌	0070	1 2 0	3 🗌	0070	1 2	3 🗌	0070	1 2 _	3 🗌	0070	1 2 0	3 🗌
6.	Are premiums paid – 1 – Entirely by CU members? 2 – Partially by CU members? 3 – Entirely by an employer or union? 4 – Entirely by another group or person outside of the CU?		1	If code 3 or 4, go to next policy		1		0090	1 3 2 4 2 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If code 3 or 4, go to next policy	0090	1		0090	1 3 2 4	If code 3 or 4, go to next policy
7.	Are any of the premiums paid through payroll deductions?	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No
8a.	What is your part of the regular health insurance payment, (including all payroll deductions)?	0110	\$.00	0110	\$.00	0110	\$.00	0110	\$.00	0110	\$.00
b.	What period of time is covered by the regular payment?		1 Week 2 2 weeks 3 Month 4 Quarter	5 ☐ 6 months 6 ☐ Year 7 ☐ Other – Specify ⊋		1 Week 2 2 week 3 Month 4 Quarte	7 🗌 Other –	0120	1 Week 2 2 weeks 3 Month 4 Quarter	5 ☐ 6 months 6 ☐ Year 7 ☐ Other – Specify ✓		1 Week 2 2 weel 3 Month 4 Quarte	7 🗌 Other –		1 Week 2 2 veeks 3 Month 4 Quarter	7 🗌 Other –
	Since the 1st of (month, 3 months ago), were any payments made on this policy?	0130	1 ☐ Yes	2 □ No – Go to next policy	0130	1 ☐ Yes	2 □ No – Go to next policy	0130	1 ☐ Yes	2 □ No – Go to next policy	0130	1 ☐ Yes	2 □ No – Go to next policy	0130	1 🗆 Yes	2 □ No – Go to next policy
b.	. Was each payment in the amount of (regular payment amount reported in item 8a)?	0140	1 ☐ Yes	2 □ No – Go to item 10	0140	1 ☐ Yes	2 □ No – Go to item 10	0140	1 ☐ Yes	2 □ No – Go to item 10	0140	1 ☐ Yes	2 □ No – Go to item 10	0140	1 ☐ Yes	2 □ No – Go to item 10
C.	How many payments were made?	0150		լ <i>Go to</i> Number∫ <i>item 11a</i>	0150		լ <i>Go to</i> _ Number∫ <i>item 11a</i>	0150		լ <i>Go to</i> . Number∫ <i>item 11a</i>	0150		լ <i>Go to</i> Number ∫ <i>item 11a</i>	0150		լ <i>Go to</i> _Number∫ <i>item 11a</i>
10.	Ask only if item 9b is "NO." What was the total expense paid for this policy?	0160	\$.00	0160	\$.00	0160	\$.00	0160	\$.00	0160	\$.00
11a.	Were any payments made during the current month?	0170	1 ☐ Yes	2 □ No – Go to next policy	0170	1 ☐ Yes	2 □ No – Go to next policy	0170	1 ☐ Yes	2 □ No – Go to next policy	0170	1 ☐ Yes	2 □ No – Go to next policy		1 ☐ Yes	2 □ No – Go to next policy
b	If YES – How much was paid during the current month?	0180	\$.00	0180	\$.00	0180	\$.00	0180	\$.00	0180	\$.00

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

art B – Detailed Questions															
New CU's – Enter a policy number in consecutive USE ONLY	à	1 14 0	8 2 🗼		1 14 (09 0 ↓		1 14 1	08 ↓		1 14	11 6 ↓		1 14 1	2 4 ↓
- CIO	0010		Number	0010		Number	0010		Number	0010		Number	0010		Number
consecutive order using the next available number in	JED 0020	1 🗌		0020	1 🗌		0020	1 🗌		0020	1 🗆		0020		
What is the name of the insurance company?	Insura	nce compar	ny name	Insurar	nce compa	ny name	Insura	nce compan	ny name	Insura	nce compa	ny name	Insuran	ice compan	/ name
Enter name of insurance company, not the insurance agent.											l				
			·		1 ∐ Blue (1	•		1 ∐ Blue Cr	
															nber 0 None
What type of insurance plan is it?	0061						0061			0061					
 1 - Health Maintenance Organization 2 - Fee for Service Plan 3 - Commercial Medicare Suppler 4 - Other special purpose plan 	nent														
than one in the group center or your primary care doctor, witho a referral, will the plan pay any of your expenses?		1 ☐ Yes } 2 ☐ No }	Go to item 5		`	Go to item 5	0062	1 Yes }	Go to item 5	0062	1 ☐ Yes 2 ☐ No	Go to item 5			Go to item 5
. Is this fee for service plan a –	0063	$\left[\begin{array}{c} 1 \square \\ 2 \square \end{array}\right] Go$	to item 5	0063	$\begin{bmatrix} 1 & \square \\ 2 & \square \end{bmatrix}$ Go	to item 5	0063	$\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go t	to item 5	0063	1 🗆 } Go	to item 5	0063	$\begin{bmatrix} 1 \ \square \\ 2 \ \square \end{bmatrix}$ Go to	o item 5
Ask only if item 4a is "4." Is this special purpose insurance plan— 1 - Dental insurance? 2 - Vision insurance? 3 - Prescription drug insurance? 6 - Other type of special purpose her insurance?		2 🗌	5 🗌		2 🗌	4 □ 5 □ 6 □ Specify ⊋	0064	2 🗌	5 🗌	0064	1	4 □ 5 □ 6 □ Specify \ \(\noting \)		2 🗌 5	☐ ☐ ☐ Specify
Was the policy obtained on an individual or group basis? 1 - Individually obtained 3 - Group through other organizati 2 - Group through place of employment		1 2 0	3 🗌	0070	1 2 _	3 🗌	0070	1 2	3 🗌	0070	1 2 2	3 🗆	0070	1 2 2	3 🗌
Are premiums paid – 1 – Entirely by CU members? 2 – Partially by CU members? 3 – Entirely by an employer or union? 4 – Entirely by another group or person outside of the CU?	0090	1 3 2 4 1	If code 3 or 4, go to next policy				0090			0090			0090	1	If code 3 or 4, go to next policy
Are any of the premiums paid through payroll deductions?	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No	0100	1 ☐ Yes	2 🗌 No	0100	1 🗌 Yes	2 🗌 No
What is your part of the regular health insurance payment, including all payroll deductions?	0110	\$.00	0110	\$.00	0110	\$.00	0110	\$.00	0110	\$.00
. What period of time is covered by the regular payment?	0120	з 🗌 Month	7 🗌 Other –		2 \Bigsim 2 week 3 \Bigsim Month	ks 6 🗌 Year n 7 🗎 Other –	0120	2 2 weeks	7 🗌 Other –	0120	2 🗌 2 wee 3 🔲 Montl	ks 6 🗌 Year n 7 🗌 Other –		2 \(\simeg \) 2 weeks 3 \(\simeg \) Month	5 ☐ 6 months 6 ☐ Year 7 ☐ Other – Specify ⊋
Since the 1st of (month, 3 months ago), were any payments made on this policy?	0130	1 ☐ Yes	2 □ No – Go to next policy	0130	1 ☐ Yes			1 ☐ Yes	2 □ No – Go to next policy	0130	1 ☐ Yes			1 ☐ Yes	2 □ No – Go to next policy
- Was each payment in the amount of (regular payment amount reported in item 8a)?	0140	1 ☐ Yes	2 No – Go to item 10	0140	1 🗌 Yes	item 10	0140	1 ☐ Yes	2 No – Go to item 10	0140	1 ☐ Yes	item 10	0140	1 ☐ Yes	2 □ No – Go to item 10
. How many payments were made?	0150		∖ Go to _ Number∫ <i>item 11a</i>	0150		igo το _Number∫ <i>item 11a</i>	0150		լ Go to _ Number∫ <i>item 11a</i>	0150		[G0 t0 Number∫ <i>item 11a</i>	0150		լ <i>Go to</i> Number∫ <i>item 11a</i>
Ask only if item 9b is "NO." What was the total expense paid for this policy?	0160	\$.00	0160	\$.00	0160	\$.00	0160	\$.00	0160	\$.00
. Were any payments made during the current month?	0170	1 ☐ Yes	2 □ No – Go to next policy	0170	1 ☐ Yes	2 □ No – Go to next policy	0170	1 ☐ Yes	2 □ No – Go to next policy	0170	1 ☐ Yes			1 ☐ Yes	2 □ No – Go to next policy
If YES – How much was paid during the current month?	0180	\$.00	0180	\$.00	0180	\$.00	0180	\$.00	0180	\$.00
	New CU's - Enter a policy number in consecutive order beginning with 1. 2nd thru 5th interviews - Enter policy number in consecutive order using the next available number in policy chart in part A.1. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. If Blue Cross/Blue Shield, Mark (X) box. How many CU members are covered by this policy? Information Booklet, page 32a What type of insurance plan is it? 1 - Health Maintenance Organization 2 - Fee for Service Plan 4 - Other special purpose plan Ask only if item 4a is "1". If, except in the case of an emergency, you go to a doctor other than one in the group center or your primary care doctor, without a referral, will the plan pay any of your expenses? Ask only if item 4a is "4." Is this special purpose insurance plan- 1 - Traditional Fee for Service Plan? 2 - Vision insurance? 3 - Prescription drug insurance? 4 - Mental health insurance? 5 - Dread disease policy? 3 - Prescription drug insurance? 6 - Other type of special purpose hear insurance? 7 - Other type of special purpose hear insurance? 9 - Other type of special purpose hear insurance? 1 - Individually obtained 3 - Group through other organization 2 - Group through place of employment Are premiums paid - 1 - Entirely by CU members? 3 - Entirely by CU members? 3 - Entirely by an employer or union? Are any of the premiums paid through payroll deductions? What is your part of the regular health insurance payment, including all payroll deductions? What period of time is covered by the regular payment amount reported in item 8a)? Bince the 1st of (month, 3 months ago), were any payments made on this policy? Was each payment in the amount of (regular payment amount reported in item 8a)? How many payments were made? Ask only if item 9b is "NO." What was the total expense paid for this policy?	PROCESSING USE ONLY	PROCESSING 1 14 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0 14 0 15 0 15 0 16 0	FIELD REPRESENTATIVE ITEM New CU's - Enter a policy number in consecutive order beginning with 1. 2nd thru Sth interviews - Enter policy number in consecutive order beginning with 1. 2nd thru Sth interviews - Enter policy number in policy chart in part A.1. 2nd thru Sth interviews - Enter policy number in policy chart in part A.1. What is the name of the insurance company? Enter name of insurance company, not the insurance agent. If Blue Cross/Blue Shield, Mark (X) box. How many CU members are covered by this policy? Information Booklet, page 32a What type of insurance plan is it? 1 - Health Mainteance Organization 2 - Fee for Service Plan Ask only if item 4a is "1". 1. except in the case of an emergency, you go to a doctor other than one in the group center or your primary care? Ask only if item 4a is "2." 1s this fee for service Plan 2 - Preferred Provider Option Plan Ask only if item 4a is "2." 1s this special purpose insurance plan- 1 - Traditional Fee for Service Plan 2 - Preferred Provider Option Plan Ask only if item 4a is "4." 1s this special purpose insurance plan- 1 - Dantal insurance? 2 - Vision insurance? 3 - Prescription drug insurance? 4 - Mental health insurance? 5 - Oread disease policy? Was the policy obtained on an individual or group basis? 2 - Forein drug place of employment Are premiums paid - 1 - Entirely by CU members? 2 - Partially by CU members? 3 - Group through other organization Are any of the premiums paid through payroll deductions? What is your part of the regular health insurance payment, including all payroll deductions? What period of time is covered by the regular payment? New payment in the amount of (regular payment amount payroll deductions? What period of time is covered by the regular payment amount payroll deductions? Number Dotto insurance payment in the amount of (regular payment amount payroll deductions? Number Dotto insurance payment in the amount of (regular payment amount payroll payroll deductions? Number Dotto insurance pa	PROCESSING USE NULLY Table 1	PROCESSING New CU's - Enter a policy number in consecutive order beginning with 1. 2	PROCESSING The price of the region of the price of th	RELD BERRESENTATIVE ITEM Rever Quies primary number in consecutive ordor beginning with 1. 14 08 2 114 08 0 1	Record 1	FELD REPRESENTATIVE ITEM WAS CUITS—a Chief a policy number in consecutive order beginning with 1. All 10 8 USE CONT. VILLED TO THE CONTROLL OF THE CONTROLL	PROCESSING 114 09 2	PROCESSING 114 08 2 v	PROCESSING 114 08 2 114 10 8 114 11	PECE DEFICISION PROCESSING	FELD EMPSIED FINAL TITLE FINAL 1 14 09 2 1 14 09 0 1 14 10 8 1 14 10 5 1 14 10

Section 14 - HOSPITALIZATION AND HEALTH INSU	JRANCE – Continued	FIELD REPRE	SENTATIVE – Ask part C for all CU's.	
Part C – Medicare, Medicaid, and Other Health Insu	rance Plans Not Directly Paid For By The	e CU 1 14 51 2 ↓		
1a. Are you (or any members of your CU) presently enrolled in Medicare or have you (or any members of your CU) been enrolled since the 1st of (month, 3 months ago)? Medicare is the Federal Health Insurance Plan.	-		NOTES	
b. If YES – How many members of your CU are covered by Medicare?	0020Number			
2a. Is anyone in your CU enrolled in Medicaid or has anyone in your CU been enrolled since the first of (month, 3 months ago)?	0030 1 ☐ Yes 2 ☐ No – Go to item 3			
b. If YES – How many members of your CU are covered by Medicaid?	0040 Number			
3. Are you (or any members of your CU) covered by any plan other than Medicare or Medicaid which provides free health care such as CHAMPUS or military health care?	0050 1 Yes 2 No			

Page 74 Page 74

Page 75	Pa	age 75
	NOTES	

Section 15 - MEDICAL AND HEALTH EXPENDITURES

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

Part A - Screening Qu	ıesti	ons	for	P	art B -	- Payments For M	edical Expenses		4 1!	5 02 6	→								
Payments					а		b		c	;	d		е		PRE				
Hand respondent Information Boo		-			ENTER	Ask if not apparent –			Alway	rs ask –	What was the amount of the	Did y		1	2	3		4	
Now I am going to ask you s about medical payments and	ome o	questi burse	ions ements.	ONLY	ITEM CODE from	What was the (care/ser	vice or item) ?		In wh		payment?	any othe							
I will begin with your payme	ents.			SE	part A.	Who received the (care	e/service or item) ?		mont was			payn	nent(s)			Mont	,		
By payments I mean any exp members of your CU directly provider by cash, check, or o medical service or item. Incl	credit	card	for a			Was the person a CU i	member?		(were the paym made	ent(s)		for . If "No go to next	o,"	Care/service or item from column b	Name from column b	from	-	Total from column d	
even those for persons who members.	are no	ot CU		PROCESSING		Care/service or item	Person's name	CU member YES NO	Mo			in pa				Mont			
1. Since the 1st of (month, 3 mo you (or any members of you any payments for the follow Read all bold items below.	r CU) ı	igo) , h made	ave	0010				1 2 2		onun		TES	NO 			Wionti			_
kead all bold items below.		P	ayments	0020				1 2			\$.00		<u> </u>				\$	0.	
	CO		ES NO					1 2 1			\$.00		U				\$	0.)0
				0030				1			\$.00						\$.c	00
EYE CARE, such as	//		/////	0040				1 2											~~
Eye examinations, treatment, or surgery	11	10									\$.00		1				\$	0.)0
Purchase of eye glasses o	r			0050				1			\$.00						\$	0.)0
contact lenses	12	20		0060				1 2			*								00
Combined eye care services	13	30									\$.00		-				\$	1.0)()
			/////	0070				1			\$.00		¦ 🗆				\$	0. أ)0
DENTAL CARE	20	00		0080				1 2											00
INPATIENT HOSPITAL CARE, such as				0090				1			\$.00						\$	0.	
Hara-Stall and a	2										\$.00		1				\$	0.)0
Hospital room	31	10		0100				1			\$.00						\$.c	00
Hospital services	32	20		0110				1			\$.00						\$.0	00
Combined hospital room and services	33	30		0120				1 2					 						
SERVICES BY MEDICAL PROFESSIONALS OTHER											\$.00		1		NOTES		\$	0. i)0
THAN PHYSICIANS	41	10		0130				1			\$.00		¦ 🗆						
PHYSICIAN SERVICES	42	20		0140				1			\$.00								
Combined hospital care and physicians' services	43	30		0150				1			\$.00								
2. FIELD REPRESENTATIVE CHECK ITEM	-	15 01	· · · · · ·	0160				1			\$.00								
Mark (X) box if there are no entries recorded in part B.	0010) 999 ∟	Go to next page	0170				1 2			\$.00		<u> </u> 						
											-		1						

Section 15 - MEDICAL AND HEALTH EXPENDITURES - Continued

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

														a corviced complete one line					
Part A - Screening Qu	estion	s for	P	art B	- Payments For M	edical Expenses	- Contin	ued		4 15 05 9 →									
Payments – Continued				а		b			C	d		е			PRE				
Hand respondent Information Book	klet, page	es 34 and 35.	. ·	ENTER ITEM	Ask if not apparent –			Alway	ys ask –	What was the amount of the		d you ake		1	2	3		4	
1. Since the 1st of (month 3 mon	oths ago) have	ONLY	CODE	What was the (care/ser	vice or item) ?		In wi	hat	payment?	an	ıy	ı						
1. Since the 1st of (month, 3 mon you (or any members of your any payments for the following	CU) ma	de	USE	from part A.	Who received the (care	e/service or item) ?		mon was			pa	her lyment	t(s)			N/I a sa	41-		
Read all bold items below.	iig:				Was the person a CU i	nember?		(were				r? "No,"		Care/service or item	Name from	Mon fror	n	Total fror	m
			PROCESSING			T	011	payn made	nent(s) e?		go	to ext item		from column b	column b	colum	ın c	column	
) CE		Care/service or item	Person's name	CU member					part A.							
					Gara, Garvies or Item	T Green a name	YES NO	Mo	onth		YE	ES N	10			Mon	th		
	ITEM	Payments	0010				1 2				T]	٦ [
	7///	YES NO								\$.0) -	- , -	_				;	\$.00
OTHER MEDICAL CARE SERVICES, such as			0020				1 🗆 2 🗆			\$.0	, [] [□					\$	1.00
			0030				1 1 2				1_	7 ! -	7						1
Lab tests or x-rays	510		0030				1 12 1			\$.0] [_				!	\$.00
Care in convalescent or nursing home	. 520		0040				1			\$.0	, []	⊐					\$	1.00
·				1						Ι			_					Ψ	1
Other medical care	. 530		0050				1			\$.0			╝					\$.00
Combined medical			0060				1 2				, []	l ⊏					Φ.	1
care services	. 540									\$ 1.0	+	<u> </u>	\dashv					\$	∣ .00
MEDICINE AND MEDICAL SUPPLIES, such as			0070				1			\$.0	o []	-				;	\$	1.00
OOI I LILO, Suoii us	////	7/////	0080				1 2				Tr]	7						1
Hearing aids	610			1						\$.0) _	_					;	\$.00
Prescribed medicines or	600		0090				1 🗆 2 🗆			\$.0	, [] [┚┃					\$.00
prescribed drugs	620		0100				1 2				1_	 	\exists						!
Rental of supportive or convalescent equipment	630		0100				1 12 1			\$.0] [_				!	\$.00
Purchase of supportive or			0110				1 2			\$.0	, [] [⊐					\$	1.00
convalescent equipment	. 640			1						0	+	i	_						.00
Rental of medical or surgical equipment for			0120				1			\$.0] [╝					\$	1.00
general use	. 650		0130				1				, [⊐ ¦ ⊏	l ⊏		NOTES				
Purchase of medical or surgical equipment for										\$.0	1		\dashv						
general use	. 660		0140				1			\$.0	o []	-						
Combined medicine and	670		0150				1] [$\neg 1$						
medical supplies	. 670	04 8	4	1						\$.0) _		_						
2. FIELD REPRESENTATIVE CHECK ITEM		04 8 ↓ 99 □ Go to	0160				1			\$.0] [⊐ 						
Mark (X) box if there are no entries recorded in	0010 99	next	0470							Ţ 10	1_		,						
part B.		page	0170				1			\$.0		_ [- [

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 Que	estions	for	Pa	art D -	- Reimbursements	For Medical Exp	enses	4 15 07	5 →				·		<u> </u>			
-	Reimbursements				а		b		С		d		е		PRE				
	Hand respondent Information Book	let, pages	33 and 34.	>	ENTER	Ask if not apparent –			Always ask -	- What w	as the	Did y		1	2	3	3	4	
l.	Now I am going to ask you so about your reimbursements.	me ques	tions	ONLY	ITEM CODE	What was the (care/ser	vice or item) ?		In what	amount reimbu	t of the rsements?	receive any o	ther						
	•			USE (from part C.	Who received the (care	/service or item)?		month was			reimb ment	(s)				.		
	By reimbursements I mean mo	oney rec	eived for		, 	Was the person a CU n	nember?		(were) the			for If "No		Care/service or item	Name from	Mo fro	m	Total fro	m
(any members of your CU from company, medical care provid member, for medical expense	ler, or no	on CU	PROCESSING					reimburse- ment(s)			go to		from column b	column b	colur	nn c	column	
i	previously paid or will pay.	3 Willon	you	CES				CU member	received?			next in par							
1.	Since the 1st of (month, 3 mon	ths ago),	have	PRC		Care/service or item	Person's name	YES NO	Month	1		YES	NO			Mo	nth		
	any reimbursements for the fo	CU) rece	ived ?	0010				1				I_{\Box}	<u> </u>						T
1	Read all bold items below.	J		0010				1 1 2 1		\$.00							\$.00
		ITEM	Reimburse-	0020				1		L .	. 00		¦ 🗆					¢	1
		CODE	ments YES NO							*	.00						-	\$.00
				0030				1		\$.00							\$.00
ı	EYE CARE, such as			0040				1 2											1
	Eye examinations, treatment, or surgery	. 110		0040						\$.00		· 🗀					\$	00.
	Purchase of eye glasses or			0050				1 2		s	.00							\$.00
	contact lenses	. 120		0000									· 					<u>*</u>	1
	Combined eye care			0060				1 2		\$.00							\$.00
	services	. 130		0070				1 2										Φ.	
	DENTAL CARE	200								*	.00							\$	1.00
				0800				1		\$.00		¦ 🗆					\$.00
	NPATIENT HOSPITAL CARE, such as			0090				1 2											1
								10120		\$.00	┞—						\$.00
	Hospital room	. 310		0100				1 2		\$.00							\$.00
	Hospital services	. 320		0110				1 2		<u> </u>			<u> </u> 					•	
	Combined hospital room			0110				1 1 1 2 1		\$.00	\perp						\$.00
	and services	. 330		0120				1 2		6	.00							\$	1.00
- 1	SERVICES BY MEDICAL PROFESSIONALS OTHER									φ	.00		-		NOTES			φ	1.00
	THAN PHYSICIANS	410		0130				1		\$.00								
	PHYSICIAN SERVICES	. 420		0140				1											
	Combined hospital care		//////							\$.00		<u>.</u>						
	and physicians' services	. 430		0150				1		\$.00								
2.	FIELD REPRESENTATIVE	1 15 (06 3 ↓	0160				1											
	viaik (A) box ii tilele ale	0010 999	☐ Go to next	0.00						\$.00								
	no entries recorded in part D.		page	0170				1 2		 	.00								

Section 15 - MEDICAL AND HEALTH EXPENDITURES - Continued

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

																				_
Part C - Screening Que	estior	ns for		Part [) –	Reimbursements	for Medical Exp	enses – (Cont	tinue	d	4	15 09	1→						
Reimbursements - Co	ntinue	ed		а			b		•	C	d		е			PRE				Ī
Hand respondent Information Boo	klet, pag	es 34 and 3	^{35.} ≻	ENTE	ĒR ≀	Ask if not apparent –			Alway	ys ask –	What was the amount of the		d you ceive an	v	1	2	3		4	
1. Since the 1st of (month, 3 mon	nths ago), have	ONLY	COD	E 1	What was the (care/serv	vice or item) ?		In wi		reimbursements	oth	ner mburse							Ī
1. Since the 1st of (month, 3 mon you (or any members of your any reimbursements for the f	CU) red	ceived	USE	part	c. 1	Who received the (care,	/service or item) ?		was			me	ent(s)				Month			
Read all bold items below.		-9-				Was the person a CU n	nember?			burse-			r ? 'No," to		Care/service or item from column b	Name from column b	from	_ т	Total from column d	
			OCESSING			Care/service or item	Person's name	CU member	recei	t(s) ived?		nex	xt item part C.							
		Reimbur				Care/service or item	i erson s name	YES NO	Mo	onth		YE	s NO				Month			
	CODE	YES N	001	0				1			\$.00]					\$	1.00	_
OTHER MEDICAL CARE SERVICES, such as			002	0				1			\$.00	T		\dagger				\$	00.	
Lab tests or x-rays	510		003	0				1 2			\$.00	┞┌						\$.00	
Care in convalescent or nursing home	. 520		004	D				1 2			\$.00							\$.00)
Other medical care	530		005	D				1			\$.00							\$.00)
Combined medical care services	540		006	ם				1 2			\$.00			\perp				\$.00)
MEDICINE AND MEDICAL SUPPLIES, such as			007	0				1			\$.00			\perp				\$.00)
Hearing aids	610		008	0				1			\$.00]	\bot				\$.00)
Prescribed medicines or prescribed drugs	620		009	_				1			\$.00			\bot				\$.00)
Rental of supportive or convalescent equipment	630		010					1 2 1			\$.00	\vdash		+				\$.00)
Purchase of supportive or convalescent equipment	640		011	_				1 2			\$.00		I	+				\$	00.)
Rental of medical or surgical equipment for general use	650		012					1 2			\$.00			+		NOTES		\$.00)
Purchase of medical or surgical equipment for general use	. 660		013					1			\$.00	Ī		+						
Combined medicine and medical supplies	670		015	0				1			\$.00	\vdash	-							
2. FIELD REPRESENTATIVE CHECK ITEM		99 ☐ Go to	016	ס				1 2			\$.00	T								
Mark (X) box if there are no entries recorded in part D.	00 10 9	next page	I	ס				1 2			\$.00	1_								ĺ

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

Section 16 - EDUCATIONAL EXPENSES

					7 16 02 7 →						ame month.	•	•	, ,		,	ymomo aro ror		•	
	a			b	С	d		е	1	f	g		h	i	j			PRE		
	Information Booklet, page 36.	ITEM YES NO		ENTER	What was the expense for?	Who was it	for?	Complete without asking if information	In w	hat	How much was paid?	Has	any of amount	If "Yes" in column h –	Did you make	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?		USE ONLY	ITEM CODE from column a.	Describe briefly the expense.	If CU memb enter name line number Control Card someone ou CU, enter 99	and from d. If itside	is known. What kind of school was it? 1 - College or university 2 - Elementary or high school 3 - Child day	was payn mad	the	puiu.	beer any reim by a emp	or will of it be abursed n loyer, acy, or	How much was or will be reimbursed?	any other payments for? If "No," go to next item in column a.	ltem code from column	Name from column d	Month from column f	Cost from column g	
2.	Have you (or any members of your CU) paid for nursery school or child day care centers for members of this CU		PROCESSING			Name	Line No. or code	care center 4 - Nursery school or preschool 5 - Other school				colu				b -		D.C. and		
3a	or other persons? Have you (or any	200	<u> </u>					Mark (X) box	Mo	nth	ı	YES	S NO	ı	YES NO			Month	Т	H
	members of your CU) paid for any (other) school related		0010					1 3 5 5			\$.00	1	2 🗌	\$.00					\$ 1.0	0
	expenses for members of this CU or other persons?		0020					1			\$.00	1] 2	\$.00					\$.0	0
b.	If YES – Did you pay for –		0030					1			\$.00	1] 2	\$.00					\$.0	0
		300	0040					1			\$.00	1] 2	\$.00					\$.0	0
	Housing while attending school?	310	0050					1			\$.00	1	2	\$.00					\$.0	0
			0060					1			\$.00	1] 2	\$.00					\$.00	0
	Food or board while attending school?	320	0070					1			\$.00	1] 2	\$.00					\$ 1.0	0
	Use only if unable to separate – Combined room and board		0080					1 3 5 5			\$.00	1] 2	\$.00					\$.00	1
	(Codes 310 and 320)	330	0090					1 3 5 2			\$.00] 2	\$.00					\$.00	
			0100					1 3 5 2			\$.00] 2	\$.00					\$.00	
			0110					1 3 5 2			\$.00	1] 2	\$ 1.00					\$ 1.0	
4.	REPRESENTATIVE	1 16 01 2 ↓	0120					1 3 5 5			\$.00	1] 2	\$ 1.00					\$ 1.0	
	Mark (X) box if	0 999 □ Go to next page	0130					1 3 5 5			\$.00	1] 2	\$.00					\$.0	1
	there are no entries recorded in columns b–j.	7-9-	0140					1 3 5 5			\$.00] 2	\$.00					\$.00	1
			0150					1 3 5 2 4 0			\$.00] 2	\$.00					\$.00	

Section 16 - EDUCATIONAL EXPENSES - Continued

					7 16 04 3	3 →												
а				b	С	d		е	f	g		h	i	j			PRE	
Information Booklet, pa	age 36.			ENTER ITEM	What was the expense for?			Complete without asking if information is known.	month	How much was paid?	Has a	mount	lf "Yes" in column h –	Did you make	1	2	3	4
3b. Did you pay for – (Contin	ITEM CODE	YES NO] ši	CODE from column a.	Describe briefly the expense.	If CU member enter name line number Control Card someone ou CU, enter 95	and from d. If itside	What kind of school was it? 1 - College or university 2 - Elementary or high school 3 - Child day care center	was the payment made?		any o reimk by an emplo agend other perso	oyer, cy, or on?	How much was or will be reimbursed?	any other payments for? If "No," go to next item in column a.	١	Name from	Month from column	Cost from
Private school bus? Purchase of any school books, supplies, or	. 340		PROCESSING			Name	Line No. or	4 - Nursery school or preschool 5 - Other school			colun							
equipment which has not already been			H H				code	Mark (X) box	Month		YES	NO		YES NO	.		Month	
reported? Other school related	350		0010					1 3 5 5		\$.00	1□	2 🗆	\$.00					\$.00
expenses not already reported?			0020					1		\$.00	1□	 2 	\$.00					\$.00
is unable to separate expenses.			0030					1		\$.00	1	 2 	\$.00					\$.00
Combined expenses for books and tuition (Codes 300 and 350)	370		0040					1		\$.00	1□	2 🗆	\$.00					\$.00
Other combined education expenses (Include any			0050					1		\$.00	1□	2 🗆	\$.00					\$.00
combined educational expenses not previously reported.) (Codes 100,			0060					1		\$.00	1□	2 🗆	\$.00					\$.00
200, 300, 310, 320, 340–360)	. 380		0070					1 3 5 5		\$.00	1□	 2 	\$.00					\$.00
			0080					1 3 5 5		\$.00	1□	 2 	\$.00					\$.00
			0090					1		\$.00	1	2 🗆	\$.00					\$.00
			0100					1		\$.00	1□	2 🗆	\$.00					\$.00
			0110					1 3 5 5		\$.00	1	2 🗆	\$.00					\$.00
4. FIELD REPRESENTATIVE CHECK ITEM	1 16 (•	0120					1 3 5 5 2 4 1		\$.00	1	 2 	\$.00					\$.00
Mark (X) box if there are no	999	☐ Go to next section	0130					1		\$.00	1	 2 	\$.00					\$.00
entries recorded in columns b-j.			0140					1		\$.00	1	2	\$.00					\$.00
			0150					1		\$.00	1	2 🗆	\$.00					\$.00

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	NOTES	

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

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

P	art A – Subsc	riptions and M	embe	rships	4 17 02 2→						_							
	а			b	C	-	d	е	f		9	g			PRE	_		NOTES
	Since the 1st of (mo have you (or any me purchased any of th own use?	onth, 3 months ago), embers of your CU) e following for your	ONLY	ENTER ITEM CODE from	What is the name of the (subscription, club, or organization reported in column a)?	Mark the appro box.	(X) opriate	What was the total cost during this period?	How much of amount was p this month?	this aid	Did ye purch any other	nase	1	2	3	d COST		
	FIELD REPRESENTATI Read each item listed	IVE - ITEM YES NO	USE	column a.	Enter name such as "Daily News," "Redbook," "Columbia Record Club," and "Book of the			(Include shipping and handling fees.)			If "No, to nex in colu	ct item	Description from column c	Item code from	Total from	This mont	-h	
	below. Newspaper delivery	100	PROCESSING		Month Club."		GIFT				III con	ullill a.	column c	column b	column e	from colum		
			R			USE	1				e YES	NO					None	
	Books purchased from the book club	200	0010			1□	2 🗆	\$.00		00 00 0					\$.00	\$.00		
	Compact discs, tape videos, or records purchased from a	es,	0020				2 🗆			00 00	1	-			\$.00	\$.00	-	
	mail-order club	300	0030				2 🗆	,		00 0 [<u> </u>	i I			\$.00	\$.00		
	Magazine or periodi subscriptions	cal 400	0040				2 🗆			00 00		<u> </u>			\$.00	\$.00		
	Theater, concert, op	pera,	0050				2 🗆			00 00	_	+			\$.00	\$.00	-	
	or other musical ser season tickets	ries, 500	0060				2 🗆			00 00		<u> </u>			\$.00			
	Season tickets to sporting events	600	0080				2			00 0 <u> </u>					\$.00			
	Reference books NO		0090				2	1			_	+			\$.00	I	i 🗆 l	
	in sets	900	0100				2 🗆	1		00 0	_	1			\$.00		J	
	Encyclopedias or other sets of		0110				2	· ·		00 00					\$.00	!	- -	
	reference books 🔒		0120				 2	7 100		00 0 [\$.00			
	purchased any of th someone outside th \square YES \square NO	embers of your CU) lese as a gift to le CU? - Go to item 3	0130			1	2 🗆			00 00					\$.00			
	If YES –	Item code(s)	0140				 2 			00 0 0		¦ 🗆			\$.00	\$.00		
	What was purchased?		0150				2 🗆			00 00					\$.00	\$.00		
	Complete a separate l gift purchased.	line for each	0160				2 🗆			00 0 0					\$.00		-	
	FIELD REPRESENTATIVE	1 17 01 0 ↓	0170			1 🗆	2 🗌	4	\$.	00 00		1			\$.00			
	CHECK ITEM Mark (X) box if	0010 999 Go to next	0180				2 🗆	1		00 0					\$.00	- -	1	
	there are no entries recorded in columns b–g.	page	0190				2 🗆			00 0 0					\$.00			
	00		0200			1	 2	\$.00	l\$ i.	00 ¦ 0 □		¦ 🗆			\$ 1.00	\$ 1.00	o¦ 🗆	

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

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

	Part A – Subscriptions an	nd Me	mbe	rships ·	- Continued	4 17	7 04	8 →										
<u> </u>	a			b	С	d		е	T	f		g			PRE			NOTES
4.	Have you (or any members of your of had any membership costs or other expenses related to any of the follow not include contributions to or	r I	ONLY	ENTER ITEM CODE from	What is the name of the (subscription, club, or organization reported in column a)?	Mark (. the approp		What was the total cost during this period?	- 1	How much of this amount was paid this month?	Did y purch any other	hase	1	2	3	4 COST		
	membership in religious, professional, business, or other tax deductible organizations.		USE	column a.	Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor						If "No)," go	Description from	Item code from	Total from	This mon	th	
	FIELD REPRESENTATIVE - Read each item listed below. Country clubs, health	S NO	PROCESSING		Club."	OWN ¹ USE ¹	GIFT					_		column b	column e	from colum	nn f	
	clubs, swimming pools, tennis clubs, social or other recreational		0010			1		\$0	10		YES	NO 			\$ 1.00	\$ 1.0	Non	е
	organizations 800		0020			1 🗆 ¦	2 🗌		00	-					\$.00	!	<u> </u>	
	Civic, service, or fraternal		0030			1 🗆	2 🗌	i	00	1		 			\$.00	i		
	organizations 810		0040			1 🗆	2 🗌	\$.0	0						\$.00	\$.0	0	
	Credit card memberships 820		0050			1 🗆			0						\$.00	\$.0		
	Automobile service clubs 830		0060			1 1		· -	0						\$.00	\$.0		
5a	clubs		0070			1 🗆 ¦			0			<u> </u>			\$.00	\$.0		
	someone outside the CU?	-	0800			1 🗆	_		0			 			\$.00	\$.0		
	YES NO – Go to item 6		0090			1 1	-		0			<u> </u>			\$.00	\$.0		
b		s) 	0100			1			0						\$ 1.00	\$ 1.0	0 0	
	were purchased?		0110			1			0		1	<u> </u>			\$.00	\$.0		
	Complete a separate line for each gift membership.	H	0120			1 1			0	\$.00					\$.00	\$.0		
6.	FIELD 1 17 03 6 REPRESENTATIVE CHECK ITEM	, , ,	0130			1 1	-								\$ 1.00			
	Mark (X) box if there are no	he	0140			1 1			00		1	1			\$.00	1		
		section	0150						0		_				\$.00	Ψ	<u> </u>	
	NOTES	L'	0160			1									\$ 1.00			
			0170			1			0	-					\$.00		0 □	
			0180			1		\$.0	0		_				\$.00	Ψ	1	
			0190			1		\$			-	-			\$.00			
			0200			1 1	2 🗀	\$ 1.0	00	\$.00 0 □					\$ 1.00	\$.0	o¦ 🗆	

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

F	Part B – Books and Entertain	nment Expenses								
1a.	Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid any fees for participating in sports such as tennis, golf, bowling,	0010 1 ☐ Yes 2 ☐ No – Go to item 2a		Have any CU members bought any magazines not included in a subscription? What was the total expense	0130 1 ☐ Yes 2 ☐ No – Go to item 6a	10	Have any CU members purchased any video cassettes, video tapes, or video discs other than through a mail-order club?	0280	1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i>	3
b.	or swimming? What was the total expense	0020 \$.00		for them?	0140 \$.00	1	What was the total expense for them?	0290	\$	00
	for them?	0020 \$.00	C.	. How much of the total amount was spent this month?	0150 \$.00 0 \(\sum \) None	•	C. How much of the total amount was spent this month?	0300	- ·	00
C.	How much of the total amount was spent this month?	0030 \$.00 .00 .00	6a.	Have any CU members purchased single copies of	0160 1 ☐ Yes 2 ☐ No – <i>Go to item 7a</i>	116	3. Have any CU members rented	0310	0 □ None	
2a.	Have you (or any members of your		b.	newspapers (non-subscription)? What was the total expense			any video cassettes, video tapes, or video discs?	0310	2 ☐ No – Go to next sect	tion
	CU) paid any single admissions to spectator sporting events such as football, baseball, hockey, or soccer?	2 □ No – Go to item 3a		for them? How much of the total amount	0170 \$.00	ŀ	What was the total expense for them?	0320	\$	00
b.	What was the total expense for them?	0050 \$.00		was spent this month?	0180 \$00	•	C. How much of the total amount was spent this month?	0330	Ψ	00
C.	How much of the total amount was spent this month?	0060 \$.00	7a.	Have any CU members purchased compact discs, audio tapes, needles, or records other than through a mail-order club?	0190 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>		NC	TES	o □ None	
3a.	Have you (or any members of	0 ☐ None	b	. What was the total expense for them?	0200 \$.00	-				
	your CU) paid any single admissions to entertainment activities such as movies, plays, operas, or concerts?	2 ☐ No – Go to item 4a	C.	How much of the total amount was spent this month?	0210 \$.00					
b.	What was the total expense for them?	0080 \$.00	8a.	. Have any CU members purchased	0 □ None	\vdash				
C.	How much of the total amount			any photographic film?	2 ☐ No – Go to item 9a					
	was spent this month?	0090 \$.00 0 None	b.	. What was the total amount spent?	0230 \$.00					
4a.	Have you (or any members of your CU) bought any (other) books, including paperbacks,	0100 1 ☐ Yes 2 ☐ No – Go to item 5a	C .	How much of the total amount was spent this month?	0240 \$					
	not purchased through a book club? (Exclude reference books or school books.)		90	Harris and CH manufacture a sid for	0 □ None	-				
b.	What was the total expense for them?	0110 \$.00	3a.	 Have any CU members paid for film processing? 	0250 1 ☐ Yes 2 ☐ No – <i>Go to item 10a</i>					
			b	. What was the total amount spent?	0260 \$.00					
C.	How much of the total amount was spent this month?	0120 \$.00	C.	How much of the total amount was spent this month?	0270 \$.00					
		o □ None			0 □ None					

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	NOTES

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).

Section 18 - TRIPS AND VACATIONS

							<u>`</u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Part A – Screening Questions	1 18 00 0 ↓		1 18	01 8 🔎						
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	0010 1 Yes	8. A	sk col	umns c–i for each trip reported in i c	tems 2–7b. Do not record	any trip more than	once. Trips reported in i	tem 1b will be recorded i	n part D. h	i
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?	2 □ No − Go to item 2	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	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
b. If YES – How many trips like this did you have?	Go to item 2			FROM ITEM –	City or place		(month ended):	costs for this trip?		non-CU member?
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.		1	1 3b (relatives or friends) 2 4b (business) 3 5b (sightseeing, sports, etc.) 4 6b (any others)	State	Month □ Not ended – Go to next	Trips (If more than one trip, go to item 8h)	1 ☐ Yes – Enter "1" in item 8i – Go to next trip 2 ☐ No – Enter "1" in	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as	Trips partially reimbursed – Enter trip I.D. No. below
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 – <i>Go to</i>			5 7b (day trips)	Foreign country	trip	(If one trip, go to item 8g)	item 8h – Go to next trip	in 8f, go to next trip Trip identification No.	Trip identifi- cation No.
b. If YES – How many trips were taken to visit relatives or friends?	item 4a O040 Trips Ask items 8c–8i for each trip reported		2	FROM ITEM – 1 ☐ 3b (relatives or friends) 2 ☐ 4b (business) 3 ☐ 5b (sightseeing, sports, etc.)	State	Month o □ Not ended –	Trips (If more than one trip, go to item 8h)	1 □ Yes – Enter "1" in item 8i – Go to next trip 2 □ No – Enter "1" in	Trips paid for entirely by CU – Enter trip l.D. No. below. If number of trips is the same as	Trips partially reimbursed – Enter trip I.D. No. below
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			4 ☐ 6b (any others) 5 ☐ 7b (day trips)	Foreign country	Go to next trip	(If one trip, go to item 8g)	item 8h – Go to next trip	in 8f, go to next trip. Trip identification No.	Trip identifi-
b. If YES – How many trips were taken for business?	O060 Trips Ask items 8c–8i for each trip reported	- 	3	FROM ITEM - 1 ☐ 3b (relatives or friends) 2 ☐ 4b (business) 3 ☐ 5b (sightseeing, sports, etc.)	City or place State	Month o Not ended –	Trips (If more than one trip, go to item 8h)	1 ☐ Yes – Enter "1" in item 8i – Go to next trip 2 ☐ No – Enter "1" in	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as	Trips partially reimbursed – Enter trip I.D.
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			4 ☐ 6b (any others) 5 ☐ 7b (day trips)	Foreign country	Go to next trip	(If one trip, go to item 8g)	item 8h – Go to next trip	h – Go to in 8f, go to next trip.	No. below Trip identification No.
b. If YES – How many trips were taken for these reasons?	O080 Trips Ask items 8c–8i for each trip reported		4	FROM ITEM – 1 ☐ 3b (relatives or friends) 2 ☐ 4b (business) 3 ☐ 5b (sightseeing, sports, etc.)	City or place State	Month o □ Not ended –	Trips (If more than one trip, go to item 8h)	1 ☐ Yes – Enter "1" in item 8i – Go to next trip 2 ☐ No – Enter "1" in	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as	Trips partially reimbursed – Enter trip I.D. No. below
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			4 □ 6b (any others) 5 □ 7b (day trips)	Foreign country	Go to next trip	(If one trip, go to item 8g)	item 8h – Go to next trip	in 8f, go to next trip Trip identification No.	Trip identifi-
b. If YES – How many trips were taken for these reasons?	0400	•	For to	LLY CHART ips ENTIRELY paid for by someone	e outside the CU, complet	te one part D.			PRE 1	2
, , , , , , , , , , , , , , , , , , , ,	Trips Ask items 8c–8i for each trip reported		and d	ips paid for by CU or trips partially omplete the appropriate detailed propriate detailed propriate detailed propriate detailed propriets.	part for each trip.		Tuin noutially		Destination	Month ended
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	0110 1 □ Yes	ider			d for by J members column i) Trip identificatio No.	Trip paid for entirely by Cl (from column	paid for by			
1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that?	2 □ No – Go to item 9		1	☐ Complete part B ☐ Com		☐ Complete pa				
b. If YES – How many such trips were taken?	0120 Trips		2	☐ Complete part B ☐ Com		☐ Complete pa				
	Ask items 8c–8i for each trip reported		3 4	☐ Complete part B ☐ Com		☐ Complete pa	rt B \square Complete part \square			
						r p v	P P			

Part A – Screening Questions – Co	ontin	ued	1 18 02 6 💎								
NOTES	8. <i>A</i>	sk colum	nns c–i for each trip reported in it	tems 2–7b. Do not record	d any trip more t	than once. Trips repo	orted in item	1b will be reco	rded in part l	Э.	
	а	b	C	d	е	f		g		h	i
	Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what montl this trip en		of your CU) tination) in	Did or will a employer other n member p the costs fo	r, or any on-CU ay any of	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?
			FROM ITEM – 1 ☐ 3b (relatives or friends) 2 ☐ 4b (business) 3 ☐ 5b (sightseeing, sports, etc.) 4 ☐ 6b (any others) 5 ☐ 7b (day trips)	City or place State Foreign country	Mont □ □ Not ended Go to next	(If more than a go to item 8h)		1 ☐ Yes – En item 8i – next trip 2 ☐ No – Ent item 8h - next trip	Go to er "1" in	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.
			FROM ITEM — 1 ☐ 3b (relatives or friends) 2 ☐ 4b (business) 3 ☐ 5b (sightseeing, sports, etc.) 4 ☐ 6b (any others) 5 ☐ 7b (day trips)	City or place State Foreign country	Mont □ Not ended Go to next	(If more than of go to item 8h)	Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)		ter "1" in Go to er "1" in - Go to	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.
		7	FROM ITEM – 1 ☐ 3b (relatives or friends) 2 ☐ 4b (business) 3 ☐ 5b (sightseeing, sports, etc.) 4 ☐ 6b (any others) 5 ☐ 7b (day trips)	State Foreign country	Mont 0 □ Not ended Go to next	(If more than o		1 ☐ Yes – En item 8i – next trip 2 ☐ No – Ent item 8h - next trip	Go to er "1" in - Go to	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.
		8	FROM ITEM – 1 3b (relatives or friends) 2 4b (business) 3 5b (sightseeing, sports, etc.) 4 6b (any others) 5 7b (day trips)	City or place State Foreign country	Mont □ Not ended Go to next	(If more than of go to item 8h)	Trips (If more than one trip,		ter "1" in Go to er "1" in - Go to	Trips paid for entirely by CU – Enter trip I.D. No. below. If number of trips is the same as in 8f, go to next trip. Trip identification No.	Trips partially reimbursed – Enter trip I.D. No. below Trip identification No.
	1:	For trips For trips	Y CHART – Continued ENTIRELY paid for by someone paid for by CU or trips partially low and complete the appropriat	paid for by someone out	tside the CU, fill	out the				NOTES	
	i	chart be Trip identifica No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip dentification No.	Trip paid for entirely by CU (from column h)	by non-C	ally paid for U members column i)			
		9	☐ Complete part B	☐ Complete part C	13 [☐ Complete part B	□ Сотр	olete part C			
		10	☐ Complete part B	☐ Complete part C	14 [☐ Complete part B	☐ Comp	olete part C			
	-	11	☐ Complete part B	☐ Complete part C	15 [☐ Complete part B	☐ Comp	olete part C			
ODM OF ANA		12	☐ Complete part B	☐ Complete part C	16	☐ Complete part B	☐ Comp	olete part C			

P	Part B – Trips Paid Enti	irely By CU													
1.	FIELD REPRESENTATIVE ITEM	PROCESSI	ING USE ONLY		1 18 34 9 ↓				espondent Information Booklet, page 37.	3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU)					
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIF	FICATION NUMBER	0010	Ident	tification number	a o	ll the f vou	ng at the beginning of this trip, please tell me kinds of transportation you (or any members r CU) used from the time you (they) left home		spend for (transportation) (ot package deal covered)?	ner than what t	he		
	destination in item 1b, the number of (identical) trips	b. DESTINATIO)N				te	the	time you (they) got back home. - Any other kinds of transportation on this		Ask for each code 6-12 market How much did you (or any r	nembers of you	r CU)		
	in item 1c, and the month the trip ended in item 1d.		OFFICE USE ONLY	0020				rip?	- Any other kinds of transportation on this		spend for (transportation) no any members of your CU) b the package deal covered)?	ought (other tha	you (or an what		
		C. NUMBER OF	(IDENTICAL) TRIPS	0030	Num	ber	lf	по сс	odes 1–12 marked, go to item 4.		tilo puokugo uoui oovoiou,.				
		d. MONTH END)ED	0040					COMMERCIAL		COMMERCIAL	1			
e.	If set of identical trips read – Sind	ice vou (vour CU)	took a set of				0120	01 🔲	Local (taxi, etc.)	0290	01 \$	0 □ None			
	similar trips, I will ask about t total of all these trips for eacl	them as a group. h of the following	Please give the g questions.				0130	02 🔲 .	Airplane	0300	02 \$	0 □ None			
f.	. Now I'd like to ask some addi you (your CU) took to (destinate	itional questions	about the trip(s) o to item 2a.				0140	03 🗌	Train	0310	03 \$	0 □ None			
g.	· Verify if already reported. Othery	wise. ask – How m a	anv nights did				0150	04 🗌	Bus	0320	04 \$	₀ □ None			
	you (or any members of your this trip?	CU) spend away t	from home on	0050 Nights			0160 ₀₅ □ Ship				0330 ₀₅ \$00 ₀ \(\text{None} \)				
2a.	a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all o part of this trip covered by a package deal?				0060 1 ☐ Yes 2 ☐ No – Go to item 3a				RENTED		RENTED	1			
b.	· · · · · · · · · · · · · · · · · · ·				Yes No DK	0170	06 🗌	Car, jeep	0340	06 \$	0 □ None				
	If "Yes," ask for each item: Did the package deal include FIELD REPRESENTATIVE – Read each item listed.						0180	07 🔲 .	Truck, van	0350	07 \$	₀ ☐ None			
					Food and beverages Lodging	1	0190	08 🗌	Motorcycle, moped	0360	08 \$	o □ None			
							0200	09 🗌	Private plane	0370	09 \$	o □ None			
				0100	Anything else $_{\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	1 🗆 2 🗆 X 🗀	0210	10 🔲	Boat, trailer	0380	10 \$] □ □ None			
					Specify	- 1 1			Camper		11 \$	1			
						- 1 1			Other vehicles		12 \$	1			
C.	. How much did you (or any m package deal?	nembers of your	r CU) pay for the	0110	\$.00		0200	12 🗀			Ι 12 Φ	1 0 🗀 None			
			NOTES				0240	13 🗍	PRIVATE Car owned by CU						
									Vehicle leased by CU						
									·						
									Other vehicle owned by CU						
							0270	16 🔲	Vehicle owned by someone else						
							0280	17 🗌	Other transport						
							4. c	odes	6–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a	6a. a.					

<u> </u>	Part B – Trips Paid Entirely by CU – Contir	nued 1 18 35 6 ↓			NOTES
5a	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	
b	How much did you (or any members of your CU) spend for that?	0020 \$.00	If YES – b. How much did you (or any members of your CU) pay?	0200 \$	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 Yes 2 No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 ☐ Yes 2 ☐ No – Go to item 12a	
d	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$	Information Booklet, page 40.) If YES – b. How much did you (or any members of your CU) spend?		
е.	Did you (or any members of your CU) have any parking fees?	0050 1 Yes 2 No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses	0220 \$	
f.	If YES – How much were they?	0060 \$.00	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 □ No - Go to item 13a	
6a	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 ☐ Yes	b. How much were these expenses?	0240 \$	
b	covered)? If YES – What was the cost, including taxes and tips?	2 No – Go to item 7a	13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250 1 □ Yes 2 □ No – Go to next trip; after last trip, go to part D	
		\$	b. Did these expenses include anything for?	YES NO DK	
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)?	0090 1 ☐ Yes 2 ☐ No – Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1 2 x	
_	If YES –			0270 Lodging	
b	What was the cost, including taxes and tips?	0100 \$		0280 Transportation 1 □ 2 □ X □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>		0290 Other expenses	
d	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$.00	C. How much of the total expenses for this trip were for persons outside your CU?	0300 \$	
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?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 \$.00	
b	If YES – What were the expenses, including taxes?	0140 \$.00		VEQ. NO. DV	
		\$	b. Does this (amount) include anything for?	YES NO DK	
G.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 2 X	
d	If YES – What was the cost for alcoholic beverages, including taxes?	0160 \$		0330 Lodging 1 □ 2 □ X □ 0340 Transportation 1 □ 2 □ X □	
9a	Did you (or any members of your CU) have any			0350 Other expenses 1 2 X	
	expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 ☐ Yes 2 ☐ No – Go to item 10a		0360 Expenses for others 1 2	
b	If YES – How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$	GO TO NEXT TRIP; AFTER LAST	TRIP, GO TO PART D.	
		L.			

P	Part B – Trips Paid Enti	irely By CU -	- Continued											
1.	FIELD REPRESENTATIVE ITEM	PROCESSI	ING USE ONLY		1 18 36 4 ↓			d respondent Information Booklet, page 37.		. Ask for each code 1–5 marked i How much did you (or any m	embers of your CU)			
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTII	FICATION NUMBER	0010	Ident	ification number	all t of v	ting at the beginning of this trip, please tell me he kinds of transportation you (or any members our CU) used from the time you (they) left home		spend for (transportation) (oth package deal covered)?				
	destination in item 1b, the number of (identical) trips in item 1c, and the month	b. DESTINATIO	DN					ne time you (they) got back home. BE – Any other kinds of transportation on this		Ask for each code 6–12 marked How much did you (or any m spend for (transportation) not	embers of vour CU)			
	the trip ended in item 1d.		OFFICE USE ONLY	0020			trip			spend for (transportation) not any members of your CU) bo the package deal covered)?	ught (other than what			
		C. NUMBER OF	(IDENTICAL) TRIPS	0030	Numl	ber	If no	codes 1–12 marked, go to item 4.		mo paonago aoar oo oo o,				
				00.40				COMMERCIAL		COMMERCIAL				
_	<u> </u>	d. MONTH END		0040			0120 01	Local (taxi, etc.)	0290	0 01 \$	o □ None			
e.	If set of identical trips read – Sing similar trips, I will ask about t total of all these trips for each	them as a group.	Please give the					☐ Airplane		0 02 \$	o □ None			
f.	Now I'd like to ask some addi you (your CU) took to (destinat	itional questions tion). If day trip, go	about the trip(s) o to item 2a.					Train		0 03 \$	o □ None			
g.	. Verify if already reported. Otherv	vise, ask – How m	any nights did				0150 04	□ Bus	. 0320	0 04 \$	o □ None			
	package deal that covers some or all of the costs. Was all or			0050 Nights			0160 05 Ship			0330 ₀₅ \$00 ₀ \(\subseteq \text{None} \)				
2 a.	part of this trip covered by a package deal?			0060 1 ☐ Yes 2 ☐ No – <i>Go to item 3a</i>			0170	RENTED	0340	RENTED 0 06 \$				
b.	If "Yes," ask for each item: Did the package deal include					Yes No DK		Car, jeep			o 🗌 None			
	If "Yes," ask for each item: Did the package deal include FIELD REPRESENTATIVE – Read each item listed.		d.	0070		1	0180 07	Truck, van	0350	0 07 \$	o □ None			
					Food and beverages	1	0190 08	☐ Motorcycle, moped	0360	00 08 \$00	o 🗌 None			
					Transportation		0200 09	Private plane	0370	00.00	o 🗌 None			
				l	Anything else _▼	1 🗆 2 🗆 X 🗆		☐ Boat, trailer		0 10 \$	o 🗌 None			
					Specify			☐ Camper		0 11 \$	o □ None			
										0 12 \$				
C.	How much did you (or any m package deal?	nembers of your	r CU) pay for the	0110	.00		12	Other vehicles	. 0400	12 \$	o 🗆 None			
	package deal:			0110	\$			PRIVATE						
			NOTES				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. Code	es 6–17: If no codes 6–17 marked in item 3a, go to item If any codes 6–17 marked, continue with item	6a. 5a.					

I	Part B – Trips Paid Entirely by CU – Contir	nued 1 18 37 2 ↓			NOTES
5a.	. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – <i>Go to item 11a</i>	
b.	How much did you (or any members of your CU) spend for that?	0020 \$.00	If YES – b. How much did you (or any members of your CU) pay?	0200 \$	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 Yes 2 No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$	Information Booklet, page 40.) If YES – b. How much did you (or any members of your CU) spend?	0220 \$.00	
e.	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes 2 ☐ No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses	0220 \$.00	
f.	If YES – How much were they?	0060 \$.00	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 □ No – Go to item 13a	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 □ Yes	b. How much were these expenses?	0240 \$	
b.	If YES – What was the cost, including taxes and tips?	2 No – Go to item 7a	13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250 1 Yes 2 No – Go to next trip; after last trip, go to part D	
		Ψ	b. Did these expenses include anything for?	YES NO DK	
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)?	0090 1 ☐ Yes 2 ☐ No – Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1 □	
b.	If YES – What was the cost, including taxes and tips?	0100 \$.00		0270 Lodging	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes 2 ☐ No – Go to item 8a		0290 Other expenses 1 □	
d.	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$.00	C. How much of the total expenses for this trip were for persons outside your CU?	0300 \$	
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?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 \$	
b.	If YES – . What were the expenses, including taxes?	0140 \$.00	b. Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes 2 ☐ No – <i>Go to item 9a</i>	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 2 X	
d.	If YES – What was the cost for alcoholic beverages, including	0160 \$.00		0330 Lodging 1 □ 2 □ X □ 0340 Transportation 1 □ 2 □ X □	
9a.	taxes? 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.)	0170 1 ☐ Yes 2 ☐ No – Go to item 10a		0350 Other expenses 1 □	
b.	If YES – How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$.00	GO TO NEXT TRIP; AFTER LAST 1	0360 Expenses for others 1	

P	Part B – Trips Paid Enti	rely By CU -	Continued											
1.	FIELD REPRESENTATIVE ITEM	PROCESSIN	NG USE ONLY		1 18 38 0 ↓			d respondent Information Booklet, page 37.		Ask for each code 1–5 marked How much did you (or any n	nembers of your CU)			
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIFI	ICATION NUMBER	0010	Identi	ification number	all t	ting at the beginning of this trip, please tell me he kinds of transportation you (or any members our CU) used from the time you (they) left home		spend for (transportation) (otl package deal covered)?				
	destination in item 1b, the number of (identical) trips	b. DESTINATION	N					ne time you (they) got back home. BE – Any other kinds of transportation on this		Ask for each code 6–12 marked How much did you (or any n spend for (transportation) not	nembers of vour CU)			
	in item 1c, and the month the trip ended in item 1d.		OFFICE USE ONLY	0020			trip	,		spend for (transportation) not any members of your CU) be the package deal covered)?	ought (other than what			
		C. NUMBER OF	(IDENTICAL) TRIPS	0030	Numl	ber	If no	codes 1–12 marked, go to item 4.		and paronage acta coronage				
				0040				COMMERCIAL		COMMERCIAL				
•	If not of identical twins used. Cin	d. MONTH ENDE		0040			0120 01	Local (taxi, etc.)	0290	01 \$00	0 □ None			
e.	If set of identical trips read – Sinc similar trips, I will ask about t total of all these trips for each	them as a group. F	Please give the				0130 02	☐ Airplane		02 \$	0 □ None			
f.	Now I'd like to ask some addi you (your CU) took to (destinate	tional questions a tion). If day trip, go	about the trip(s) to item 2a.				0140 03	Train		.00	1			
g.	Verify if already reported. Otherv	vise, ask – How ma	ny nights did				0150 04	Bus	0320	00 04 \$	0 □ None			
	package deal that covers some or all of the costs. Was all or			0050 Nights			0160 05	☐ Ship	. 0330	0330 ₀₅ \$00 ₀ None				
2a.	part of this trip covered by a package deal?			0060 1 ☐ Yes 2 ☐ No – <i>Go to item 3a</i>			0170	RENTED	0240	RENTED .00				
b.						Yes No DK		Car, jeep			1			
	If "Yes," ask for each item: Did the package deal include FIELD REPRESENTATIVE – Read each item listed.			0070		1	0180 07	Truck, van	0350	00 \$	0 □ None			
					Food and beverages Lodging	1 2 X	0190 08	Motorcycle, moped	0360	08 \$00	0 □ None			
					Transportation		0200 09	☐ Private plane	0370	00 \$	0 □ None			
				l .	Anything else _✓	1		☐ Boat, trailer	0380	.00	0 □ None			
					Specify			☐ Camper		.00	0 □ None			
							0230 12	Other vehicles	0400	.00	0 □ None			
C.	How much did you (or any me package deal?	nembers of your	CU) pay for the	0110	\$.00		12				I ∪ INONE			
			NOTES				0240 40	PRIVATE						
			NOTES					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. Code	es 6–17: If no codes 6–17 marked in item 3a, go to iten If any codes 6–17 marked, continue with item	า 6a. 5a.					

	Part B – Trips Paid Entirely by CU – Contin	nued 1 18 39 8 ↓			NOTES
5a	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	
b	How much did you (or any members of your CU) spend for that?	0020 \$	If YES – b. How much did you (or any members of your CU) pay?	0200 \$	
C	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 ☐ Yes 2 ☐ No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 ☐ Yes 2 ☐ No – Go to item 12a	
d	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$	Information Booklet, page 40.) If YES – b. How much did you (or any members of your CU) spend?	000	
е	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes 2 ☐ No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses	0220 \$.00	
f.	If YES – How much were they?	0060 \$	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 □ No – Go to item 13a	
6a	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 ☐ Yes	b. How much were these expenses?	0240 \$	
b	covered)? If YES – What was the cost, including taxes and tips?	2 No – Go to item 7a	13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
		3	b. Did these expenses include anything for?	YES NO DK	
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)?	0090 1 ☐ Yes 2 ☐ No – Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1 \(\) 2 \(\) X	
b	If YES – What was the cost, including taxes and tips?	0100 \$.00		0270 Lodging 1 □ 2 □ X □ 0280 Transportation 1 □ 2 □ X □	
C	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes 2 ☐ No – Go to item 8a		0290 Other expenses 1 □	
d	If YES – What was the cost for alcoholic beverages, including taxes and tips?	0120 \$	C. How much of the total expenses for this trip were for persons outside your CU?	0300 \$	
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?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 \$.00	
b	If YES – What were the expenses, including taxes?	0140 \$	b. Does this (amount) include anything for?	YES NO DK	
C	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes 2 ☐ No – Go to item 9a	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 2 x	
d	If YES – What was the cost for alcoholic beverages, including			0330 Lodging	
_	taxes?	_ ,		0340 Transportation 1 □ 2 □ X □	
9a	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 ☐ Yes 2 ☐ No – Go to item 10a		0350 Other expenses	
b	If YES – How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$	GO TO NEXT TRIP; AFTER LAST		

P	Part B – Trips Paid Enti	rely By CU - C	Continued											
1.	FIELD REPRESENTATIVE ITEM	PROCESSING	G USE ONLY		1 18 40 6 ↓			d respondent Information Booklet, page 37.		Ask for each code 1–5 marked How much did you (or any n	nembers of your CU)			
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIFIC	ATION NUMBER	0010	Ident	ification number	all t	ting at the beginning of this trip, please tell me he kinds of transportation you (or any members our CU) used from the time you (they) left home		spend for (transportation) (otle package deal covered)?				
	destination in item 1b, the number of (identical) trips	b. DESTINATION						ne time you (they) got back home. BE – Any other kinds of transportation on this		Ask for each code 6–12 marked How much did you (or any n spend for (transportation) not	nembers of vour CU)			
	in item 1c, and the month the trip ended in item 1d.	OF	FICE USE ONLY	0020			trip			spend for (transportation) not any members of your CU) be the package deal covered)?	ought (other than what			
		C. NUMBER OF (II	DENTICAL) TRIPS	0030	Num	ber	If no	codes 1–12 marked, go to item 4.		paosago aoa: oo sosoa,:				
				0040				COMMERCIAL		COMMERCIAL				
•	If not of identical trian and Cin	d. MONTH ENDER		0040			0120 01	☐ Local (taxi, etc.)	0290	00 01 \$	0 □ None			
e.	If set of identical trips read – Sinsimilar trips, I will ask about total of all these trips for each	them as a group. Ple	ease give the				0130 02	☐ Airplane		0 02 \$	0 □ None			
f.	Now I'd like to ask some addi you (your CU) took to (destinate	tional questions ab tion). If day trip, go to	out the trip(s) item 2a.				0140 03	☐ Train		0 03 \$	1			
g.	Verify if already reported. Otherv	vise, ask – How man y	y nights did				0150 04	Bus	. 0320	0 04 \$	0 □ None			
	package deal that covers some or all of the costs. Was all or			0050 Nights			0160 05 Ship			0330 ₀₅ \$00 ₀ \(\subseteq \text{None} \)				
∠a.	part of this trip covered by a package deal?			0060 1 ☐ Yes 2 ☐ No – <i>Go to item 3a</i>			0170	RENTED	0240	RENTED 0 06 \$				
b.	· · · · · · · · · · · · · · · · · · ·					Yes No DK		Car, jeep			1			
	If "Yes," ask for each item: Did the package deal include FIELD REPRESENTATIVE – Read each item listed.			0070		1	0180 07	Truck, van	0350	0 07 \$	0 □ None			
					Food and beverages Lodging	1	0190 08	Motorcycle, moped	0360	00 08 \$00	o □ None			
					Transportation		0200 09	☐ Private plane	0370	00 \$	0 □ None			
				l	Anything else _▼	1 🗆 2 🗆 X 🗆	0210 10	☐ Boat, trailer	0380	0 10 \$	0 □ None			
					Specify			☐ Camper		0 11 \$	0 □ None			
						. 1 1		Other vehicles		0 12 \$	0 □ None			
C.	How much did you (or any me package deal?	nembers of your C	U) pay for the	0110	.00		12			12 φ	1 0 🗀 None			
					Ψ			PRIVATE						
			NOTES				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. Cod	es 6–17: If no codes 6–17 marked in item 3a, go to iten If any codes 6–17 marked, continue with item	n 6a. 5a.						

F	Part B – Trips Paid Entirely by CU – Contir	nued 1 18 41 4 ↓			NOTES
5a.	While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	How much did you (or any members of your CU) spend for that?	0020 \$.00	If YES – b. How much did you (or any members of your CU) pay?	0200 \$	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 Yes 2 No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent	0210 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES – How much did you (or any members of your CU) spend for tolls?	0040 \$	Information Booklet, page 40.) If YES – b. How much did you (or any members of your CU) spend?		
e.	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes 2 ☐ No – Go to item 6a	12a. Did you (or any members of your CU) have any expenses	0220 \$00	
f.	If YES – How much were they?	0060 \$	for this trip such as for souvenirs, passports, tourist booklets, and so on? If YES –	2 □ No – Go to item 13a	
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 ☐ Yes	b. How much were these expenses?	0240 \$	
b.	covered)? If YES – What was the cost, including taxes and tips?	2 No – Go to item 7a	13a. You've told me about many expenses you (your CU) had on this trip. Were any of the expenses you just reported for anyone outside your CU?	0250 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
		\$	b. Did these expenses include anything for?	YES NO DK	
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)?	0090 1 ☐ Yes 2 ☐ No – Go to item 8a	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1 2 x	
h	If YES – What was the cost, including taxes and tips?	0100 \$.00		0270 Lodging	
		0100 \$		0280 Transportation 1 □ 2 □ X □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>		0290 Other expenses 1 ☐	
d.	fYES- What was the cost for alcoholic beverages, including taxes and tips?	0120 \$	C. How much of the total expenses for this trip were for persons outside your CU?	0300 \$	
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?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0310 \$	
b.	If YES – What were the expenses, including taxes?	0140 \$	b. Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes 2 ☐ No – Go to item 9a	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 2 x	
	If YES –			0330 Lodging 1 2 x	
d.	What was the cost for alcoholic beverages, including taxes?	0160 \$		0340 Transportation 1 □ 2 □ X □	
9a.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand respondent Information Booklet, page 38.)	0170 1 ☐ Yes 2 ☐ No – Go to item 10a		0350 Other expenses	
Į.	If YES –			0360 Expenses for others 1	
D.	How much did you (or any members of your CU) pay to rent sports equipment?	0180 \$00	GO TO NEXT TRIP; AFTER LAST	TRIP, GO TO PART D.	

P	Part C – Partially Reiml	bursed Trip	S												
1.	FIELD REPRESENTATIVE	PROCESS	SING USE ONLY		1 77 01 4	1 ↓		_		spondent Information Booklet, page 37.	3b.	Ask for each code 1–5 marke	ed in it	tem 3a.)
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENT	TFICATION NUMBER	0010		ldentifi	ication number	all of	the	g at the beginning of this trip, please tell me kinds of transportation you (or any members · CU) used from the time you (they) left home		spend for (transportation) (package deal covered)?	other	than what the	
	destination in item 1b, the number of (identical) trips	b. DESTINATION	ON					l .		time you (they) got back home.		Ask for each code 6-12 mark How much did you (or any	v men	nbers of your CU)
	in item 1c, and the month the trip ended in item 1d.		OFFICE USE ONLY	0020				tri		– Any other kinds of transportation on this	1	spend for (transportation) rany members of your CU) the package deal covered	boug	cluding gas you (jht (other than wl	or hat
		C. NUMBER O	F (IDENTICAL) TRIPS	0030		Numbe	er	lf ı	10 со	des 1–12 marked, go to item 4.		the package deal covered) :		
		_		0040						COMMERCIAL		COMMERCIAL			
		d. MONTH EN		0040				0120 0	1 ∏ I	ocal (taxi, etc.)	0290	01 \$.00	o □ None	
e.	If set of identical trips read – Sine similar trips, I will ask about t total of all these trips for eacl	them as a group	o. Please give the							Airplane	I			o ☐ None	
f.	You told me that someone ou trip(s) you (your CU) took to (questions I'm interested only	itside your CU p	aid for part of the					0140 o	3 🗌 -	rain	0310	03 \$.00	o ☐ None	
	pay, not those paid or to be paday trip, go to item 2a.	in the costs you aid by a busines	u (your CU) had to ss or employer. <i>If</i>					0150 o	4 🗌 I	Bus				o ☐ None	
g.	Verify if already reported. Otherv	wise, ask – How n CU) spend away	many nights did y from home on	0050 Nights			0160 05 Ship			0330 ₀₅ \$00					
	this trip?		Nights			.		RENTED		RENTED					
	1. 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 □ No – <i>Go to item 3a</i>					Car, jeep				o ☐ None	
_	package deal that covers some or all of the costs. Was all or						Yes No DK	0180 0	7 📙 ¯	ruck, van	0350	07 \$.00	o □ None	
	FIELD REPRESENTATIVE – Rea							0190 0	8 🗌 I	Motorcycle, moped	0360	08 \$.00	o 🗌 None	
			-		Food and beverages		1	0200 0	9 🗌 I	Private plane				o ☐ None	
					Lodging		1	0210 1	ا 🗆 ا	Boat, trailer					
					Fransportation Anything else ⊋		1							o ☐ None	
					Specify					Camper	0000	11 \$.00	o ☐ None	
				3	эреспу		I I	0230 1	2 🗌 (Other vehicles	0400	12 \$.00	o 🗆 None	
_			011) (1	_			<u> </u>	·	_	PRIVATE					
C.	How much did you (or any m package deal?	nembers of you	ir CU) pay for the	0110 \$		00				Car owned by CU					
			NOTES					0250 1	4 LJ '	/ehicle leased by CU					
								0260 1	5 🗌 (Other vehicle owned by CU					
								0270 1	6 🗌 \	ehicle owned by someone else					
							0280 1	7 🗌 (Other transport						
								4. Co	des (i–17: If no codes 6–17 marked in item 3a, go to item 6 If any codes 6–17 marked, continue with item 5a	Ба. Эа.				

F	Part C – Partially Reimbursed Trips – Cont	tinued 1 77 02 2 ↓			NOTES
5a.	. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	What costs for gasoline or other fuels won't be reimbursed?	0020 \$00 ₀ _None	If YES – b. What costs for playing sports won't be reimbursed?	0200 \$00	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 ☐ Yes 2 ☐ No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES – . What costs for tolls won't be reimbursed?	0040 \$00 ₀ _None	If YES –		
e.	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes 2 ☐ No – Go to item 6a	b. What costs for entertainment and admissions won't be reimbursed?	0220 \$00 0 None	
f.	If YES – What costs for parking fees won't be reimbursed?	0060 \$.00 0 None	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?	0230 1 ☐ Yes 2 ☐ No – Go to item 13a	_
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal		If YES – b. What costs for these things won't be reimbursed?	0240 \$00 0 □ None	
b.	covered)? If YES – What costs for lodging, including taxes and tips,	2 No – Go to item 7a 0080 \$	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?	0250 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
	won't be reimbursed?		b. Did these expenses include anything for?	YES NO DK	
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)?	0090 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1 2 X	
b.	If YES – What costs for these things won't be reimbursed?	0100 \$		0270 Lodging 1 □ 2 □ X □ 0280 Transportation 1 □ 2 □ X □	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 Yes 2 No - Go to item 8a		0290 Other expenses 1 2 X	
d.	If YES – What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$	C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$	_
	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?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	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	0310 s	_
b.	If YES – What costs, including taxes, won't be reimbursed?		non-reimbursed expenses a respondent is not able to break down should be combined and entered here	\$	
		0140 \$00 0 None	b. Does this (amount) include anything for?	YES NO DK	
C.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes 2 ☐ No – Go to item 9a	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 2 x	
d.	If YES – . What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$		0330 Lodging	
9a.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not	0170 1 □ Yes		0340 Transportation 1 □ 2 □ X □ 0350 Other expenses 1 □ 2 □ X □	
	respondent Information Booklet, page 38.)	2 □ No – Go to item 10a		0360 Expenses for others 1 2 x	
b.	If YES – . What costs for renting sports equipment won't be reimbursed?	0180 \$00 ₀ _None	GO TO NEXT TRIP; AFTER LAST TI		

P	Part C – Partially Reiml	bursed Trips - Continued									
1.	FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 77 03 0 ↓		respondent Information Booklet, page 37.		Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU))			
	In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip	a. TRIP IDENTIFICATION NUMBER	0010 Ident	ification number	l of v	ting at the beginning of this trip, please tell me he kinds of transportation you (or any members our CU) used from the time you (they) left home		spend for (transportation) (other than what the package deal covered)?			
	destination in item 1b, the number of (identical) trips in item 1c, and the month	b. DESTINATION			PRO	ne time you (they) got back home. BE – Any other kinds of transportation on this		Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or	or		
	the trip ended in item 1d.	OFFICE USE ONLY	0020		trip			any members of your CU) bought (other than what the package deal covered)?	nat		
		c. NUMBER OF (IDENTICAL) TRIPS	0030 Num	ber	If no	codes 1–12 marked, go to item 4.					
		d. MONTH ENDED	0040			COMMERCIAL		COMMERCIAL			
e.	If set of identical trips read – Since	ce vou (vour CU) took a set of			0120 01	Local (taxi, etc.)	0290	01 \$ 00 None			
	total of all these trips for each	them as a group. Please give the h of the following questions.			0130 02	Airplane		02 \$ 0 None			
f.	trip(s) you (your CU) took to (tside your CU paid for part of the trip destination). In the next			0140 03	☐ Train	0310	03 \$ 00			
	questions I'm interested only pay, not those paid or to be pa day trip, go to item 2a.	in the costs you (your CU) had to aid by a business or employer. /f			0150 04	☐ Bus	0320	04 \$0 \(\text{None} \)			
g.		vise, ask – How many nights did CU) spend away from home on			0160 05	Ship	0330	05 \$00 0 None			
	this trip?	CO) spend away from nome on	0050 Nigh	ts		RENTED		RENTED			
2a.	Sometimes when people tak package deal that covers so	te a trip they have some sort of me or all of the costs. Was all or a package deal?	0060 1 ☐ Yes 2 ☐ No – <i>Go to item 3a</i>		0170 06	Car, jeep	0340	06 \$ 0 None			
_	If "Yes," ask for each item: Did		2 110 00 10 110111 04	Yes No DK	0180 07	Truck, van	0350	07 \$00 □ None			
	FIELD REPRESENTATIVE – Rea					Motorcycle, moped	0360	08 \$ 00 None			
	7,225 7,27 7,202,777,7772 7,700	a dan nam matau	Food and beverages	1	0200 09	Private plane		09 \$ 00 None			
			0080 Lodging	1		☐ Boat, trailer					
			0090 Transportation	1				Ψ Trone			
			Specify			Camper		11 \$ 0 \(\square \) None			
			<i>эреспу</i>	1 1	0230 12	Other vehicles	0400	12 \$00 0 None			
G	How much did you (or any m	nembers of your CU) pay for the			0040	PRIVATE					
0.	package deal?	ichibers of your oo, pay for the	0110 \$00			Car owned by CU					
		NOTES			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.							
									$\overline{}$		

F	Part C – Partially Reimbursed Trips – Cont	inued 1 77 04 8 ↓			NOTES
5a.	. While on the trip did you (or any members of your CU) stop to buy any gasoline, oil, diesel fuel, or any other fuels?	0010 1 ☐ Yes 2 ☐ No – Go to item 5c	10a. Did you (or any members of your CU) pay any fees to play sports or exercise (not counting what the package deal covered)? (Hand respondent Information Booklet, page 39.)	0190 1 ☐ Yes 2 ☐ No – Go to item 11a	
b.	What costs for gasoline or other fuels won't be reimbursed?	0020 \$.00 0 None	If YES – b. What costs for playing sports won't be reimbursed?	0200 \$00 □ None	
C.	While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 Yes 2 No – Go to item 5e	11a. Did you (or any members of your CU) spend anything on this trip for entertainment or admissions (not counting what the package deal covered)? (Hand respondent Information Booklet, page 40.)	0210 1 ☐ Yes 2 ☐ No – Go to item 12a	
d.	If YES – What costs for tolls won't be reimbursed?	0040 \$.00 0 None			
e.	Did you (or any members of your CU) have any parking fees?	0050 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>	b. What costs for entertainment and admissions won't be reimbursed?	0220 \$00 0 None	
f.	If YES – What costs for parking fees won't be reimbursed?	0060 \$.00 0 None	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?	0230 1 ☐ Yes 2 ☐ No – <i>Go to item 13a</i>	_
6a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal	0070 1 ☐ Yes	If YES – b. What costs for these things won't be reimbursed?	0240 \$00 0 □ None	
b.	covered)? If YES – What costs for lodging, including taxes and tips,	2	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?	0250 1 ☐ Yes 2 ☐ No – Go to next trip; after last trip, go to part D	
	won't be reimbursed?	0080 \$00 ₀ None	b. Did these expenses include anything for?	YES NO DK	
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)?	0090 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>	FIELD REPRESENTATIVE – Read each item listed.	0260 Food and beverages 1	
b.	If YES – What costs for these things won't be reimbursed?	0100 \$		0270 Lodging 1 □ 2 □ X□ 0280 Transportation 1 □ 2 □ X□	
C.	Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 ☐ Yes 2 ☐ No – Go to item 8a		0290 Other expenses 1 2 x	
d.	If YES – What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$.00 ₀ None	C. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$	
	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?	0130 1 ☐ Yes 2 ☐ No – Go to item 9a	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	0310 s	
b.	If YES – What costs, including taxes, won't be reimbursed?	0140 \$	non-reimbursed expenses a respondent is not able to break down should be combined and entered here	5	
			b. Does this (amount) include anything for?	YES NO DK	
U.	Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 ☐ Yes 2 ☐ No – Go to item 9a	FIELD REPRESENTATIVE – Read each item listed.	0320 Food and beverages 1 \(\Bigcup 2 \Bigcup \) X \(\Bigcup \)	
d.	If YES – . What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$		0330 Lodging	
9a.	Did you (or any members of your CU) have any expenses for rental of sports equipment (not counting what the package deal covered)? (Hand	0170 1 Yes		0340 Transportation 1 □	
	respondent Information Booklet, page 38.) If YES –	2 □No − Go to item 10a		0360 Expenses for others 1	
b.	. What costs for renting sports equipment won't be reimbursed?	0180 \$00 0 None	GO TO NEXT TRIP; AFTER LAST TI	RIP, GO TO PART D.	

Section 18 – TRIPS AND VACATION	NS – Continued		FIELD REPRESENTATIVE – Complete item 1 for all CU's.
Part D – 100% Reimbursed Trips	1 77 67 5 ↓		NOTES
1. FIELD REPRESENTATIVE CHECK ITEM Enter number of trips ENTIRELY paid for by NON-CU member from part A, item 1a or 1b.	0010Trips 0 □ None – <i>Go to part E</i>		
2a. You told me that you (your CU) had (number from item 1) trip(s) entirely paid for by non-CU members. Even on trips entirely paid for by non-CU members there are sometimes miscellaneous expenses which are not paid for. Did you (your CU) have any expenses on this trip (these trips) that will not be covered by a business, employer, or other non-CU member?	0020 1 ☐ Yes 2 ☐ No – Go to part E		
b. Did these expenses include anything for – ?		YES NO	DK
FIELD REPRESENTATIVE – Read each item listed.	Food and beverages	1 1	
	0040 Lodging	i i	
	0050 Transportation	1	$x\square$
	0060 Anything else - Specify ₹	1	x□
C. What was the total amount for these expenses?	0070 \$.00		
GO	TO PART E		

Section 18 - TRIPS AND VACATION	NS - Continued			FIELD REPRESENTATIVE – Ask part E for all CU's.
Part E – Trip Expenses for Non-CU		68 3 ↓		NOTES
1a. Sometimes people in a CU don't take a trip themselves, but pay for part or all of a trip that someone else takes. Since the 1st of (month, three months ago), have you (has your CU) paid for part or all of such a trip for any non-CU members?	0010 1 ☐ Yes 2 ☐ No – Go to part F			
If Yes –	0020 Trips			
b. How many trips was that?	111ps			
C. Did these expenses include anything for –?			NO DK	
FIELD REPRESENTATIVE – Read each item listed.	0030 Food and beverages	1 🗆	2	
	0040 Lodging	1 🗆	2 🗆 X 🗆	
	0050 Transportation	1 🗆	1 2	
	0060 Anything else - Spec	ify 📈 📗 1 🗌		
d. What was the total amount that you (your CU) paid for that trip (those trips)?	0070 \$.00		
	[0070] \$[.00		
GO 1	TO PART F			

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

(Ask all questions in this part for one stay before asking about other stays.)

							Ask all questions in this part for one stay before a	sking about other stays.
F	Part F – Local Overnight Stays	1 77 69 1 🗼						
1.	We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1 ☐ Yes 2 ☐ No – Go to next section					Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores? What were the expenses, including taxes?	0150 1 Yes 2 No – Go to item 7a
2.	VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020Nights					Was any of the (amount in item 6h) for alcoholic	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 ☐ Yes 2 ☐ No – Go to item 4a					beverages? I. What was the cost for alcoholic beverages, including taxes?	0170 1 ☐ Yes 2 ☐ No – <i>Go to item 7a</i>
b.	Ask for each item – Did the package deal include anything for?			NO			<u> </u>	0180 \$
	FIELD REPRESENTATIVE – Read each item listed.	0040 Food and beverages	1 🗆 1 🗆	2 🗌	 x□ x□		1. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 ☐ Yes 2 ☐ No – <i>Go to item 8</i>
		0070 Anything else – Specify ———————————————————————————————————	1 📙	2 1 	X	b	How much did you (or any members of your CU) pay?	0200 \$
С.	How much did you (or any members of your CU) pay for the package deal?	0080 \$				8.	beverages, lodging, entertainment, or other expenses, enter	0210 \$
4a.	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0090 1 ☐ Yes 2 ☐ No – Go to item 5a					Did the (amount) include anything for?	YES NO DK 1□ 2□ X□
b.	What was the cost, including taxes and tips?	0100 \$.00					FIELD REPRESENTATIVE – Read each item listed.	0230 Lodging 1
5a.	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0110 1 ☐ Yes 2 ☐ No – Go to item 6a				9.	stays at local hotels or motels?	1 Yes – Complete part F for each stay 2 No – Go to next section
b.	What was the cost, including taxes and tips?	0120 \$					NOT	ES
C.	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>						
d.	What was the cost for alcoholic beverages, including taxes and tips?	0140 \$						

,	Section 18 – TRIPS AND VACATIONS – C	ontinued	F	EPRESE	ENT/	ATIVE – Ask part F for all CU's. (Ask all questions in this part for one stay before	asking about other stays.)					
	Part F – Local Overnight Stays – Continue	ed 1 77 70 9 ↓										
1.	We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?	0010 1 ☐ Yes 2 ☐ No – Go to next section	n				Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores? D. What were the expenses, including taxes?	0150 1 ☐ Yes 2 ☐ No – Go to item 7a				
2.	VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?	0020Nights					Was any of the (amount in item 6b) for alcoholic beverages?	0160 \$				
3a	Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?	0030 1 ☐ Yes 2 ☐ No – Go to item 4a				d	What was the cost for alcoholic beverages, including taxes?	2 No – Go to item 7a				
b	. Ask for each item – Did the package deal include anything for?	0040 Food and beverages		NO 2		70	1. (Hand respondent Information Booklet, page 40.)	\$				
	FIELD REPRESENTATIVE – Read each item listed.	0050 Lodging	1 🗆	 2 2	x□ x□	/ a	Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 ☐ Yes 2 ☐ No – <i>Go to item 8</i>				
		O070 Anything else – Specify	7 1 🗆	 2 	¦ x□ !	b	How much did you (or any members of your CU) pay?	0200 \$				
C.	How much did you (or any members of your CU) pay for the package deal?	0080 \$				8.	If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0210 \$				
4 a	Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0090 1 ☐ Yes 2 ☐ No – <i>Go to item 5a</i>					Did the (amount) include anything for?	0220 Food and beverages	. 1 [ES NO		χĽ
b	What was the cost, including taxes and tips?	0100 \$					FIELD REPRESENTATIVE – Read each item listed.	0230 Lodging 0240 Entertainment 0250 Other expenses	. 1 [2 [□ ¦ :	χĽ
5a	Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?	0110 1 ☐ Yes 2 ☐ No – Go to item 6a				9.	Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 ☐ Yes – Complete part F for each st 2 ☐ No – Go to next section	ay	ı	1	
b	. What was the cost, including taxes and tips?	0120 \$					NO	TES				
C.	Was any of the (amount in item 5b) for alcoholic beverages?	0130 1 ☐ Yes 2 ☐ No – <i>Go to item 6a</i>										
d	. What was the cost for alcoholic beverages, including taxes and tips?	0140 \$										

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

	4 19 02 8 →						enter the to	otal	expense	nse for the reference period, excluding the current month.						
a			b	C ENTER In w			d		е	f		g	NOTES		PRE	
1. Since the 1st of (month, have you (or any membhad expenses for any of	Since the 1st of (month, 3 months ago), nave you (or any members of your CU) nad expenses for any of the following, either for your CU or for someone		·	Щ	ENTER ITEM CODE from column a.	you have expense	e this continuous throughout ence period,	for you someo of you 1 – For 2 – For	ir CU or ne outside r CU?	For continuing expenses, do not include expenses fo	h e f	Did you have any other expenses for?		1 Description from column b	Month or code from column d	Expense from column f
FUNERALS, BURIALS, OR CREMATION	100	25 NO		PROC		Month	Continuous expense		Outside CU	the current month.	\	YES NO			Month	
PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS	110			0010			13	1	2 🗆	\$.00	1					\$.00
COMBINATIONS OF THE ABOVE				0020			13 🗆	1 🗆	2 🗆	\$.00	\top					\$.00
Use only if cannot itemize the above	120			0040			13 🗆	1	2	\$.00	\top					\$.00
FRESH FLOWERS OR POTTED PLANTS	130 140			0050			13	1	2	\$.00	0					\$.00
LEGAL FEES Do not include legal fees related to real estate	150			0060			13	1	2 🗆	\$.00						\$.00
closing costs which were reported in section 3. ACCOUNTING FEES	160			0080			13 🗆	1	2 🗆	\$.00	\top					\$.00
HOME SERVICES				0090			13 🗆	1	2 🗆	\$.00						\$.00
Gardening or lawn care services	170 180			0100			13 🗆	1□	2	\$.00	0					\$.00
Other home services and small repair jobs around the house, not previously				0110			13 🗆	1	2 🗆	\$ 1.00						\$ 1.00
reported	190			0130			13 🗆	1	2 🗆	\$.00	\top					\$.00
Babysitting or other child care in someone else's home				0140			13	1	2 🗆	\$.00	0					\$.00
Care for invalids, convalescents, handicapped or elderly persons in the				0150			13	1	2 🗆	\$.00	十					\$.00
ADULT DAY CARE CENTERS	350			0170			13 🗆	1	2 🗆	\$.00	\top					\$.00
PROFESSIONAL PHOTOGRAPHY FEES				0180			13	1	2 🗆	\$.00						\$.00
HOME SECURITY SYSTEM SERVICE FEES	370			0190			13	1 🗆	2	\$.00	0					\$.00
2. FIELD REPRESENTATIVE CHECK ITEM	1 19 01 010 999 [,		0200			13	1	2 🗆	\$.00	\top					\$.00
Mark (X) box if there are no entries recorded in columns b – g.		next page		0210			13 🗆	1	2 🗆	\$.00						\$.00

.00

Section 19 - MISCELLANEOUS EXPENSES - Continued 4 19 04 4 -> ONLY b f PRE C d g **NOTES** Information Booklet, page 42 What was the expense for? **ENTER** In what month did Was this expense What was the Did you 1 2 3 for your CU or have any ITEM you have this total amount of **3. Since the 1st of** (month, 3 months Describe briefly. CODE expense? someone outside the expense? other ago), have you (or any members of of your CU? expenses from Month or **PROCESSING** If it is a continuous your CU) had expenses for any of column a For continuing for . . .? code from **1** – For CU the following, either for your CU or expense throughout expenses, do not Description Expense from column d for someone outside your CU? the reference period, **2** – For someone column f from column b outside your CU include expenses mark box. CODE YES NO for the current Continuous month. CU Outside CU YES | NO Month Month expense **COMPUTER INFORMATION** 0010 1 2 13 .00 SERVICES 280 **TV COMPUTER** 13 1 2 .00 .00 **GAMES AND COMPUTER GAME** 0030 13 🗌 1 \$ 2 .00 1.00 SOFTWARE 290 0040 **HAND HELD** 13 1 2 \$.00 .00 COMPUTER **GAMES AND** 0050 13 🗌 1 2 1.00 .00 \$ **COMPUTER BOARD** GAMES 300 0060 13 1 2 ! .00 \$.00 **TOYS AND GAMES** 330 0070 1 13 🗌 2 .00 .00 \$ HOBBIES 340 0080 13 1 2 .00 \$ □.00 **MOVING, STORAGE,** AND FREIGHT 0090 13 1 2 .00 .00 230 EXPRESS 0100 1 13 2 .00 **PURCHASE OF** .00 PETS, PET SUPPLIES, AND 0110 13 1 2 .00 1.00 MEDICINE **FOR PETS** 240 0120 13 .00 \$.00 1 2 PET SERVICES 250 0130 13 1 2 .00 1.00 **VETERINARIAN EXPENSES** 0140 13 1 2 .00 .00 FOR PETS 260 0150 ALIMONY 310 13 1 2 .00 .00 \$ 0160 13 1 2 SUPPORT00 1.00 320 0170 **MONEY GIVEN TO** 13 1 2 .00 .00 **NON-CU MEMBERS, CHARITIES, AND** 0180 13 1 2 .00 .00 **OTHER ORGANIZATIONS** 270 0190 1 13 2 .00 00. 1 19 03 2 🗸 FIFLD REPRESENTATIVE 0200 13 1 2 .00 CHECK ITEM .00 0010 999 Go to Mark (X) box if section 0210 13 1 2 \$ 1.00 .00 there are no 20 entries recorded 0220 in columns b–g.

13

1

2

.00

C. What was the value of all food stamps received?

0160 \$

Section 20 - EXPENSE PATTERNS FOR FOOD, BEVERAGES, AND OTHER SELECTED ITEMS Part A – Food and Beverages 1 20 01 4 NOTES 1a. Since the 1st of (month, 3 months ago), what has been your Have you (or any members of your CU) received any free food, .00 0170 1 ☐ Yes 0010 \$ usual WEEKLY expense at the grocery store or supermarket? beverages, or meals through public or private welfare agencies, including religious organizations? Do not include free 2 No o ☐ None – Go to item 2a meals in school or preschool programs. **b.** About how much of this amount was for nonfood items, such 9a. Have you (or any members of your CU) received any free meals 0020 \$ as paper products, detergents, home cleaning supplies, pet 0180 1 ☐ Yes at work as part of your pay? foods, and alcoholic beverages? $_2$ \square No – Go to item 10a o 🗌 None **b.** About what was the WEEKLY dollar value of such meals? 2a. Have you (or any members of your CU) purchased any food or 0190 \$ 0030 1 Yes nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience $_2$ \square No – Go to item 3a stores, dairy stores, vegetable stands, or farmers' markets? C. Since the 1st of (month, 3 months ago), how many weeks did Include any large purchases made for freezing or canning. members of your CU receive such meals? Number of weeks **b.** What was your usual WEEKLY expense at these places? Ask only if preschool or school age students; otherwise mark "No." .00 0040 \$ 0210 1 ☐ Yes 10a. Since the 1st of (month, 3 months ago), excluding (this month), $_2 \square$ No – Go to part B have you (or members of your CU) purchased any meals at **3a.** Do you (or any members of your CU) ever buy alcoholic school or in a preschool program for preschool or school age 0050 1 ☐ Yes beverages to be served at home? children? $_2$ \square No – Go to item 4a **b.** If YES – What are the names of all CU members who purchased **b.** What was your usual MONTHLY expense for beer and wine? meals at school? .00 0060 \$ Enter the name of each CU member purchasing meals at school in column a, then ask columns b through d for each name entered. o ☐ None C. What was your usual MONTHLY expense for other alcoholic .00 0070 \$ beverages? C ONLY o 🗌 None Enter What is the **How many** usual WEEKLY line weeks USE did . . . number expense for the **4a.** Have you (or any members of your CU) purchased any 0080 1 ☐ Yes alcoholic beverages in restaurants, taverns, or cocktail meals . . . purchase from **PROCESSING** lounges? Control purchased at meals? Name $_2 \square$ No – Go to item 5a Card. school? **b.** What was the usual MONTHLY expense? Enter .00 0090 \$ number of weeks. **5a.** Have you (or any members of your CU) purchased dinners, 3 20 02 8 → 0100 1 \(\text{Yes} \) other meals or snacks in restaurants, cafeterias, cafes, drive-ins, or other such places? 2 ☐ No – Go to item 6a 0010 .00 **b.** What was the usual MONTHLY expense for these purchases? .00 0110 \$ 0020 .00 6a. Have you (or any members of your CU) paid for board not 0120 1 ☐ Yes received in a boarding house? 0030 .00 $_{2}$ \square No – Go to item 7a 0040 **b.** What was the usual MONTHLY expense? .00 .00 0130 \$ 0050 7a. Have you (or any members of your CU) received any food .00 0140 1 ☐ Yes stamps? $_2 \square$ No – Go to item 8 0060 .00 **b.** For how many months since the 1st of (month, 3 months ago), 0150 1 \(\Boxed{1} \) 1 month 0070 were food stamps received? .00 ₂ 2 months 3 \Boxed 3 months 0080 4 4 months .00

.00

.00

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) used public pay phone service?	0010 1 ☐ Yes 2 ☐ No – Go to item 2a	6a. Do you (or any members of your CU) rent a safe deposit box located in a bank or a similar financial institution?	0170 1 ☐ Yes 2 ☐ No – <i>Go to item 7a</i>
b. What was the total expense?	0020 \$.00	b. What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago)?	0180 \$
2a. Have you (or any members of your CU) used coin-operated laundry or dry cleaning machines?	0030 1 ☐ Yes 2 ☐ No – Go to item 3a	7a. Do you (or any members of your CU) have any expenses for checking accounts or other banking services?	0190 1 ☐ Yes 2 ☐ No – <i>Go to item 8a</i>
b. What was the total cost for these machines?		b. What is the usual MONTHLY charge?	0200 \$
	0040 \$00	8a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) used taxis or limousines for nonbusiness purposes, except those used while on a trip?	0210 1 ☐ Yes 2 ☐ No – Go to item 9a
C. Was any of this amount for items other than clothes?	0050 1 ☐ Yes 2 ☐ No – Go to item 3a	b. If YES – What was the total expense?	0220 \$
d. How much?	0060 \$00 x □ Don't know	9a. 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?	0300 1 Yes 2 No - Go to next section
3a. Have you (or any members of your CU) sent clothes or other items to the dry cleaners or laundry?	0070 1 ☐ Yes 2 ☐ No – Go to item 4a	b. What is the usual MONTHLY cost to use mass transit to go to –	
b. What was the total cost for dry cleaning or laundry services?	0080 \$	(1) Work?	0330 \$
C. Was any of this amount for items other than clothes?	0090 1 ☐ Yes 2 ☐ No – Go to item 4a	(2) School?	0350 \$
d. How much?	0100 \$00 x □ Don't know	(3) Other places?	0370 \$
4. Do any members of your CU use tobacco products, such as –	0110 1 Yes 2 No - Go to item 4c	NOTES	
a. Cigarettes?			
b. If YES – What is the usual WEEKLY expense for cigarettes?	0120 \$.00		
C. Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?	0130 1 ☐ Yes 2 ☐ No – Go to item 5		
d. If YES – What is the usual WEEKLY expense for cigars, pipe tobacco, or other tobaccos?	0140 \$		
5. What is the usual MONTHLY expense for haircutting, styling,			
5. What is the usual MONTHLY expense for haircutting, styling, and other related services for all members of your CU?	0150 \$00		
ODM OF OOD			

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	- Seco	nd (Qua	rter C	nly	1 21 02 0 🖵						
а					b	С			d	•	•	NOTES
1. On the 1st of (the current month), did members of your CU) owe any mon the following? Do not include mortga loans, automobile loans, or business re	nev to an	v of	ity	USE ONLY	ENTER ITEM CODE from column a	What is the name of the (to which you owe money Enter name of store, credit of	card, finance	How much v (credit source	vas owed to)?	Did any m your CU o money to (credit sout	we any any other	
Read each item listed below. Complete for each individual store, credit card, e	te line	e	PROCESSING 1		company, bank, credit union company, etc.	n, insurance			If "No," go credit sour column a.	to next ce in		
CREDIT SOURCE	ITEM CODE	YES	NO	PRO					Don't know	YES	NO	
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa,			_	0010				\$.00 ×			
MasterCard, etc	. 100			0020				\$.00 x□			
Stores for installment credit accounts	. 200			0030]	
Banks and savings and loan companies	. 300		_	0030				\$.00 X			
Credit unions	. 400		_	0040				\$.00 x□			
Finance companies	. 500			0050				\$.00 ×□			
Insurance companies (Do not include insurance premium payments)	. 600			0060				\$.00 x□			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered			-	0070				\$.00 ×□			
Other credit sources				0080				\$.00 ×□			
Ctilor Grount Godings				0090				\$.00 ×□			
				0100				\$.00 x			
				0110				\$.00 ×			
				0120				\$.00 ×			
2. FIELD REPRESENTATIVE CHECK ITEM	1 21 0)1 2	↓	0130				\$.00 x			
	0010 999	nex	to xt xtion	0140				\$.00 ×			
. soc. aca ocialinio b c.		350	,	0150				\$.00 ×		 	
								•				

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 – Conti	inued – Seco	nd Quart	ter Only 1 21 03 8 🕶					
а		b	С	d		е	•	NOTES
	PROCESSING USE ONLY	ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owe money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.	How much was o (credit source)?	wed to	Did any myour CU or money to a (credit sour lf "No," go a credit sour column a.	we any any other rce)? to next	
CREDIT SOURCE ITEM CODE	PROC				Don't know	YES	NO	
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa,	0010			\$.00 x			
Stores for installment credit	0020			\$.00 x			
accounts	0030			\$.00 x□			
companies	0040			\$.00 ×□			
Finance companies 500	0050			\$	x00.			
Insurance companies (Do not include insurance premium payments) 600	0060			\$.00 ×			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered	0070			\$.00 x			
by insurance 700 Other credit sources 800	0080			\$.00 ×			
	0090			\$.00 x□			
	0100			\$.00 ×□			
	0110			\$.00 x□			
	0120			\$.00 x□			
	0130			\$.00 ×□			
	0140							
				\$.00 X			
	0150			\$.00			

Section 21 - CREDIT LIABILITY

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

Part A.2 – Credit Balances – Fifth Quarter Only						У		1 21 11 1 🖵										
	а					b		С		d			е			f	:	NOTES
1.	On the 1st of (the current month), on the 1st of your CU) owe any months the following? Do not include mort loans, automobile loans, or business.	onev to a	anv o	f	E ONLY	ENTER ITEM CODE from		What is the name of the (credit source, to which you owed money?		Ask if "Yes" in item 1. How much was owed to credit source)?			What was the total amou on the 1st of (current mon year ago)?			Did any myour CU or money to a (credit sour	we any any other	
	Read each item listed below. Completor each individual store, credit card,	ete a sepa			NG USE	column		Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.		,						If "No," go a	to next	
	CREDIT SOURCE	ITEM CODE	YES	NO	PROCESSING											column a.		
	Revolving credit accounts	0022			PRO						Dor kno			None	Don't know	YES	NO	
	including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	100			0010					.00.	 x[\$.00	 o	 x □			
	Stores for installment credit accounts				0020					.00	; ! x[\$.00	! ! o □	. x □			
	Banks and savings and loan companies	300			0030					.00	 x[\$.00	. o .	¦ ¦ x□			
	Credit unions	400			0040					.00	 x[\$.00	! ! o □	! ! x□			
	Finance companies	500																
	Insurance companies (Do not include insurance				0050					.00	χ[\$.00	0 🗆	х□			
	premium payments)	600			0060							$_{-}$						
	Doctors, dentists, hospitals, or other medical practitioners for expenses not covered								,		x			0 🗆	 			
	by insurance	700			0070		\dashv			.00	ΧĹ		\$.00	0 🗆	¦ x 🗆			
2-	Other credit sources		<u> </u>		0080					00.	×		\$.00	i □ o □	; . x□			
za	On the 1st day of (current month, or you (or any members of your CU) any creditor that you did not owe 1st day of (the current month, the co	one year a owe mo e money	ago), (ney t to on ar)?	did to the	0090									l I	 x	l		
	YES NO	urrent ye	ui / •				+			.00	^		1.00	<u> </u>				
					0100				;	.00	х[\$.00	o 🗆	×□			
b	. What was the source of the credit?	Item code	e(s)		0110					.00	 x[\$.00	! ! ! o □	 x □			
	Complete columns b, c, e, and f for each credit source reported.				0120					.00	 x[\$.00		 x□			
3.	FIELD REPRESENTATIVE	1 21	10 3	1							l I			l I	I I			
٠.	CHECK ITEM			•	0130		\dashv		;	.00.	ΧL		\$.00	0 🗆	ΥΠ			
	Mark (X) box if there are no entries recorded in columns b–f.	0010 999	⊔ Go pa	to rt B	0140					.00	×		\$.00	0 🗆	. x □			
					0150				:	.00	 x[\$.00	¦ ¦ o □	 x □			

Section 21 - CREDIT LIABILITY - Continued

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

Part A.2 - Credit Balances -	Continued –	Fifth Q	uarter O	nly	1 21 12	9 🕩										
a			b		С			d			е			1	F	NOTES
			ENTER ITEM CODE	What is the	e name of the	(credit source	e) ,	Ask if "Yes" in item 1.			What was the total amo on the 1st of (current mo			Did any m	ember of	
		SE ONLY	from				1	How much was owed credit source)?	l to		year ago)?	nun, one	,	money to (credit sou	any other	
		PROCESSING USE	column a	Enter name company, b company, e	e of store, credit pank, credit unio etc.	card, finance n, insurance								If "No," go credit sour column a.	to next ce in	
CREDIT SOURCE	ITEM CODE	PROCE							Г !	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,		0010						\$.00	х□	\$.00	0 0 0	 			
MasterCard, etc	100	0020						5	.00	х□	\$.00		¦ ! x□			
Stores for installment credit accounts	200	0030														
Banks and savings and loan companies.	300	0030						•	1.00	х□	\$ 1.00	o¦ o □	X L			
Credit unions	400	0040						3	.00	х□	\$.00	0 0 0	x□			
Finance companies	500	0050						5	.00	х□	\$.00	0 0 0	×□			
Insurance companies (Do not include insurance premium payments)	600	0060						\$.00	х□	\$.00	; o¦ ₀□	¦ ¦ x□			
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered		0070						\$.00	×□	\$.00	o	 x			
by insurance	700 800	0800					Ş	\$.00	х□	\$.00	0 0 0	 x			
		0090						8	.00	х□	\$.00	¦ o¦ o□	¦ ¦ x □			
		0100						\$.00	×□	\$.00	¦ o¦ o□	x			
		0110						5	.00	×□	\$.00	0 0 0	 x			
		0120								х□		I	 x			
							,	•	1.00	_	Ψ 1.00		^			
		0130						3	.00	х□	\$.00	0 0 0	×□			
		-140						3	.00	х□	\$.00	0 0 0	 x			
		0150						8	.00	х□	\$.00	o¦ o □	 x			

	Section 21 - CREDIT LIABILITY - Continu	ied	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 ↓	
r i e	Ouring the past 12 months, have you (or any members of your CU) paid any finance charges, nterest charges or late fees to any of the following except for mortgage, home equity loans, or automobile loans?		NOTES
	a. Revolving credit accounts including store, gasoline and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.?	0010 1 ☐ Yes 2 ☐ No	
	Do not include yearly fees. If YES – How much was paid for finance, interest and late charges?	0020 \$	
		x □ Don't know	
k	3. Stores for installment credit accounts?	0030 1 ☐ Yes 2 ☐ No	
	If YES – How much was paid for finance, interest and late charges?	0040 \$.00 x \(\text{Don't know} \)	
0	Banks and Savings and Loans?	0050 1 ☐ Yes 2 ☐ No	
	If YES – How much was paid for finance, interest and late charges?	0060 \$00 x □ Don't know	
C	Credit unions?	0070 1 ☐ Yes 2 ☐ No	
	If YES – How much was paid for finance, interest and late charges?	0080 \$.00 x \(\text{Don't know} \)	
6	Finance companies?	0090 1 ☐ Yes 2 ☐ No	
	If YES – How much was paid for finance, interest and late charges?	0100 \$.00 x \(\text{Don't know} \)	
1	f. Insurance companies?	0110 1 ☐ Yes 2 ☐ No	
	If YES – How much was paid for finance, interest and late charges?	0120 \$.00	
		x □ Don't know	
Ę	J. Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance?	0130 1 Yes 2 No	
	If YES – How much was paid for finance, interest and late charges?	0140 \$	
ŀ	1. Other credit sources?	0150 1 Yes	
	(6)/50 11	2 No	
	If YES – How much was paid for finance, interest and late charges?	0160 \$00 x \square Don't know	

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	NOTES

Section 22 – WORK EXPERIENCE AND INCOME

	Part A – Second Q	uarter, Fifth C	Quarter or New Consur	mer	Units Only								
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY	1 22 01 0 \$		Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE 1 – Retired?		a	During the past 12 months, did receive – 1. Any Supplemental Security Income checks from the U.S. Government? 2. Any Supplemental Security Income		□ No			
2.	In the last 12 months, weeks did work eit part time, not counting the house? Include paid sick leave.	ther full time or g work around	0020 Weeks 10 Did not work – Go to item 5		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	0100Code		checks from the State or local Government? If YES in items 8a and/or 8b - How much did receive in Supplemental Security Income checks altogether?	0350 1 2	□ No	.00		
3. 4a	In the weeks that we many hours did usu week? Information Booklet, page. The job in which re earnings during the page.	e 44	0030 Hours per week		During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0200 1 Yes 2 No - Go to item 6b 0210 \$	9.	Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	3				
	fits best in the following Manager, professional 01 – Administrator, material 02 – Teacher 03 – Professional Administrative support, to	anager echnical, sales		b.	Income or loss from's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses?	0220 1 Yes 2 No - Go to item 6c 0230 \$.00		Was there any money deducted from 's last pay for – If YES – How much was deducted? Federal income tax?			0400 \$	_	00
	04 – Administrative su clerical 05 – Sales, retail 06 – Sales, business go 07 – Technician Service 08 – Protective service	oods and services	0070 Code	C.	Income or loss from's own farm? What was the amount of income or loss after expenses?	0240 3 Loss 0250 1 Yes 2 No - Go to item 7	C	D. State and local income tax? D. Social Security including Medicare? D. Railroad Retirement?	0430 1				00
	09 - Private household 10 - Other service Operator, assembler, labe 11 - Machine operator, inspector 12 - Transportation op 13 - Handler, helper, labe	orer , assembler, perator		7.	During the past 12 months, did receive from the U.S. Government	0260 \$.00 0270 3 \(\text{Loss} \)	1	Government Retirement?			0470 \$ 0490 \$		00
	Precision production, cra 14 - Mechanic, repaire production 15 - Construction, min Farming, forestry, fishing	ft, repair r, precision iing			any money – From Social Security checks? From Railroad Retirement checks?	2 □ No	11.	payments normally deducted from your paycheck?		□ ¦ 2 □ □ Yes			
	16 - Farming 17 - Forestry, fishing, s Armed forces 18 - Armed forces			C.	FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	2 ☐ No 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	12.	portion of Social Security?	0510 1				
b	CODE 1 - An employee of a P company, business working for wages	, or individual	O080 Code Ask if code 5 and not a farm – Is the business	d.	What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$.00	13a	contribute to a pension or retirement plan that was enrolled in? 1. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	0520 1				
	2 – A Federal governmen 3 – A State governmen 4 – A local government 5 – Self-employed in O	ent employee? nt employee? t employee? WN business,	incorporated? 1 Yes 2 No	e.	Is this amount AFTER the deduction for a Medicare premium?	0320 1 ☐ Yes 2 ☐ No	b	(IRA & Keogh)? Exclude rollovers. 1. If YES – How much?	0530 \$.00		
	professional practic 6 – Working WITHOUT business or farm?	ce, or farm? PAY in family		f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number		FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.		☐ Records ☐ No reco			

Service Code	
What was the mails reason	
2. In the last 1 months, thore washing the following and discovery and time, not counting work a round the house? Include paid vacation and paid dash few following and time, not counting work around the house? Include paid vacation and paid dash few following and time to the house? Include paid vacation and paid dash few following and the house? Include paid vacation and paid dash few following he house? Include paid vacation and paid dash few following he house? Include the house? Include paid vacation and the house? Include paid vacation and the work? 3. In the weeks that worked, how much did	
2. In the last 12 months, how many weeks did, work either (full time or the house? Include paid vacation and paid sick leave. 3. In the weeks that worked, how many house sid usually work per week? 4. The job in which seesived the most fits best in the following category: Managor, professional 1 mount of income or 03 - Professional 20 - Administrative support, including 06 - Sales, retail 06 - Sales, retail 06 - Sales, business goods and service 09 - Private household service 10 - Other service 30 - Professional 1 mounts from the safety of the service of 10 - Other service 30 - Professional 2 mounts from the safety of th	
3. In the weeks that	0
A. The job in which received the most earnings during the past 12 months fits best in the following category: Manager, professional practice? Manager, professional administrative support, technical, sales 04 - Administrative support, including clerks, state and local income tax? 05 - Sales, retail 06 - Sales, estail 09 - Sales, retail 09 - Sales, retail 09 - Private household service 09 - Private household service 10 - Other service 09 - Private household service 10 - Other service 09 - Private household service 11 - Machine operator, assembler, 12 - Transportation operator 13 - Handler, helper, laborer Precision production, raft, repair 14 - Mechanic, repairer, precision 15 - Construction, mining Farming, forestry, fishing Farming, forestry, fishing Armed forces 16 - Field REPRESENTATIVE CHECK ITEM 18 - Yes' marked in items 7a and/or 7b? 18 - Yes' marked in items 7a and/or 7b? 10 - Other handlors and local income tax? 10 - Was there any money deducted from	⊒ ear
Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, including clerical 06 - State, musiness goods and services 07 - Technician 09 - Protective service 09 - Protective service 09 - Protective service 09 - Protective service 10 - Other service 11 - Machine operator, assembler, inspect of the operator, assembler, inspect of the operator, assembler, inspect of the operator of th	wice a month
Administrative support, technical, sales O4 - Administrative support, including clerical of Sales, retail o	Amount .00
O6 - Sales, business goods and services O7 - Technician Service O8 - Protective service O9 - Private household service Operator, assembler, laborer 11 - Machine operator, assembler, laborer 12 - Transpector 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production, craft, repair 14 - Mechanic, repairer, precision production, or operator, inspector 15 - Construction, mining Farming, forestry, fishing 16 - Farming Armed forces D070 Code Co	
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 - Machanic, repairer, precision production, mining Farming, forestry, fishing 16 - Farming Armed forces Armed forces D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. During the past 12 months, did receive from the U.S. Government any money - a. From Social Security checks? D. From Railroad Retirement checks? D. Other than Social Security checks continuity the Medicare portion of Social Security checks contribute to a pension or retirement checks contribute to a pension or retirement checks check c	
Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production, mining Farming, forestry, fishing 16 - Farming Armed forces Armed forces Description operator, assembler, laborer From Social Security checks? During the past 12 months, did receive from the U.S. Government any money - a. From Social Security checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. From Railroad Retirement checks? D. Other than Social Security, did any employer or union that worked for during the last 12 months, did worked for during the last 12 months, did worked for during the last 12 months, did worked for during the last 12 months, did	<u> </u>
13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing 18 - Armed forces Armed forces B. From Railroad Retirement checks? C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? D. Was 9. If NO in item 10c - Are Social Security payments normally deducted from your paycheck? D. From Railroad Retirement checks? Does the money deducted for Social Security cover only the Medicare portion of Social Security? 11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 12. Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement payments normally deducted from your paycheck? Does the money deducted for Social Security cover only the Medicare portion of Social Security? 13. Does the money deducted for Social Security cover only the Medicare portion of Social Security. 14. Ves 2 No 2 No 2 No 3000 1 Yes 2 No 2 No 3000 1 Yes 3010 1 Yes 30	*
15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces 19 - Armed forces 19 - Armed forces 10 - FIELD REPRESENTATIVE CHECK ITEM 18 - Armed forces 19 - Armed forces 10 - FIELD REPRESENTATIVE CHECK ITEM 18 - Was 10 - Go to item 7d 2	
Armed forces 18 - Armed forces Is "Yes" marked in items 7a and/or 7b? Was C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	
1 - An employee of a PRIVATE company, business, or individual working for wages or salary? Ask if code 5 and not a farm - Is the business incorporated? Ask if code 5 and not a farm - Is the business incorporated?	14
2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business,	0
professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm? f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive? Number 14. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	

F	Part A – Second (Quarter, Fifth C	Quarter or New Consur	ner Units Only – Continued					
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY a. NAME	1 22 11 9 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE			During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income	0340 1 Yes 2 No	
2	years old and over.	b. LINE NUMBER	0010	1 – Retired? 2 – Taking care of home/family? 3 – Going to school?			checks from the State or local Government?	0350 1 ☐ Yes 2 ☐ No	
2.	In the last 12 months weeks did work of part time, not countithe house? Include paid sick leave.	either full time or ing work around	0020 Weeks □ Did not work – Go to item 5	4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify	Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	0360 \$.00
3.	In the weeks that u many hours did u week?	isually work per	0030 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions,	0200 1 Yes 2 No - Go to item 6b	9.	Ask items 9-12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	0370 \$.00 5 □ Year eks 6 □ Other – <i>Specify</i>
4a.	Information Booklet, pa The job in which earnings during the	received the most		tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$			3 ☐ Month 4 ☐ Quarto	
	fits best in the follow Manager, professional	wing category:		b. Income or loss from's own	0220 1 ☐ Yes	10.	Was there any money deducted from 's last pay for –	Yes No	Amount
	01 – Administrator, r 02 – Teacher 03 – Professional	manager		nonfarm business, partnership, or professional practice?	2 ☐ No – Go to item 6c	a.	If YES – How much was deducted? Federal income tax?	0390 1 2	0400 \$
	Administrative support 04 - Administrative s clerical	t, technical, sales support, including		What was the amount of income or loss after expenses?	0230 \$.00 0240 3 \(\text{Loss} \)	b.	State and local income tax?	0410 1 2	0420 \$.00
	05 – Sales, retail 06 – Sales, business 07 – Technician	goods and services		C. Income or loss from's own farm?	0250 1 ☐ Yes	C.	Social Security including Medicare?	0430 1 . 2	
	Service 08 - Protective servi 09 - Private househo		0070 Code	What was the amount of income or loss after expenses?	2 \(\text{No} - \text{Go to item 7} \)	d.	Railroad Retirement?	0440 1	
	10 - Other service Operator, assembler, la 11 - Machine operate	aborer			0270 3 Loss	е.	Government Retirement?	0460 1 2	
	inspector 12 – Transportation (13 – Handler, helper,	operator laborer		7. During the past 12 months, did receive from the U.S. Government any money –	0280 1 Yes		Private pension fund?	0480 1 2	0490 \$.00
	Precision production, c 14 - Mechanic, repai production	raft, repair rer, precision		a. From Social Security checks?	2 No		payments normally deducted from your paycheck?	0500 1 2	
	15 - Construction, m Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing	ng		b. From Railroad Retirement checks?	0290 1 ☐ Yes 2 ☐ No	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 ☐ Yes 2 ☐ No	
b.	Armed forces 18 - Armed forces Was			C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	0510 1 ☐ Yes 2 ☐ No	
	CODE 1 - An employee of a company, busine working for wage 2 - A Federal govern	ss, or individual es or salary?	O080 Code Ask if code 5 and not a farm – Is the business incorporated?	d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 Yes 2 No - 0	Go to item 14
	3 – A State governme 4 – A local governme 5 – Self-employed in	ent employée? ent employée?	0090 1 Yes 2 No	E. Is this amount AFTER the deduction for a Medicare premium?	0320 1 Yes 2 No	b.	If YES – How much?	0530 \$.00
	professional prac 6 – Working WITHOU business or farm	tice, or farm? IT PAY in family		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	1 Record	

F	Part A - Second	Quarter, Fifth C	Quarter or New Consur	ner Units Only – Continued					
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY a. NAME	1 22 16 8 🗸	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE		l -	During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income	0340 1 Yes 2 No	
2	years old and over. In the last 12 month	b. LINE NUMBER	0010	1 – Retired? - 2 – Taking care of home/family? 3 – Going to school?	0100 Code		checks from the State or local Government?	0350 1 ☐ Yes 2 ☐ No	
2.	weeks did work opart time, not count the house? Include paid sick leave.	either full time or ing work around	0020 Weeks □ Did not work – Go to item 5	4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	0360 \$.00
3.	In the weeks that wany hours did week?	usually work per	0030 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions,	0200 1 Yes 2 No - Go to item 6b	9.	Ask items 9-12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	0370 \$.00 5 ☐ Year 6 ☐ Other – Specify ⊋
4 a.	Information Booklet, p The job in which earnings during the	received the most past 12 months		tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$			3 Month 4 Quarter	7 🗆 Twice a month
	fits best in the follow Manager, professional 01 – Administrator, 1 02 – Teacher 03 – Professional			b. Income or loss from's own nonfarm business, partnership, or professional practice?	0220 1 Yes 2 No - Go to item 6c	10. a.	Was there any money deducted from 's last pay for – If YES – How much was deducted? Federal income tax?	Yes No	Amount .00
	Administrative suppor 04 - Administrative clerical	t, technical, sales support, including		What was the amount of income or loss after expenses?	0230 \$.00 0240 3 \(\text{Loss} \)	b.	State and local income tax?	0410 1 2	0420 \$.00
	05 – Sales, retail 06 – Sales, business 07 – Technician	goods and services		C. Income or loss from's own farm?	0250 1 Yes	C.	Social Security including Medicare?	0430 1	
	Service 08 - Protective servi 09 - Private househo 10 - Other service	ice old service	0070 Code	What was the amount of income or loss after expenses?	2 \(\text{No} - \text{Go to item 7} \)		Railroad Retirement?	0440 1 2 0	0450 \$.00 0470 \$.00
	Operator, assembler, l. 11 - Machine operat inspector				0270 3 Loss		Government Retirement?	0480 1 2	0470 \$.00
	12 - Transportation 13 - Handler, helper, Precision production, o 14 - Mechanic, repai	, laborer craft, repair		7. During the past 12 months, did receive from the U.S. Government any money – a. From Social Security checks?	0280 1 Yes 2 No		If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	0500 1 2	
	production 15 - Construction, m Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing	ing		b. From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 ☐ Yes 2 ☐ No	
b.	Armed forces 18 - Armed forces Was	, 3		C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 \square Yes – Go to item 7d 2 \square No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	0510 1 ☐ Yes 2 ☐ No	
	CODE 1 - An employee of a company, busine working for wag 2 - A Federal govern	ess, or individual es or salary?	O080 Code Ask if code 5 and not a farm – Is the business incorporated?	d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction	0310 \$.00	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 ☐ Yes 2 ☐ No – <i>Go</i>	to item 14
	3 - A State governm 4 - A local governme 5 - Self-employed in	ent employee? ent employee?	0090 1 ☐ Yes 2 ☐ No	for a Medicare premium?	0320 1 Yes 2 No	b.	. If YES – How much?	0530 \$.00
	professional prac 6 – Working WITHOU business or farm	ctice, or farm? JT PAY in family		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	1 Records	

F	Part A – Second (Quarter, Fifth C	Quarter or New Consur	ner Units Only – Continued					
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY a. NAME	1 22 21 8 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE			During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government? . Any Supplemental Security Income	0340 1 Yes 2 No	
2	years old and over.	b. LINE NUMBER	0010	1 – Retired? 2 – Taking care of home/family? 3 – Going to school?			checks from the State or local Government?	0350 1 ☐ Yes 2 ☐ No	
2.	In the last 12 months weeks did work of part time, not countithe house? Include paid sick leave.	either full time or ing work around	0020 Weeks □ Did not work – Go to item 5	4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify	Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	0360 \$.00
3.	In the weeks that u many hours did u week?	isually work per	0030 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions,	0200 1 Yes 2 No - Go to item 6b	9.	Ask items 9-12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	0370 \$.00 5 □ Year eks 6 □ Other – <i>Specify</i>
4a.	Information Booklet, pa The job in which earnings during the p	received the most		tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$			3 ☐ Month 4 ☐ Quarto	
	fits best in the follow Manager, professional	ving category:		b. Income or loss from's own	10000 - T.V.	10.	Was there any money deducted from 's last pay for –	Yes No	Amount
	01 – Administrator, r 02 – Teacher 03 – Professional	nanager		nonfarm business, partnership, or professional practice?	0220 1 Yes 2 No – Go to item 6c	a.	If YES – How much was deducted? Federal income tax?	0390 1 2	0400 \$
	Administrative support O4 - Administrative s clerical	t, technical, sales support, including		What was the amount of income or loss after expenses?	0230 \$.00 0240 3 \(\text{Loss} \)	b.	State and local income tax?	0410 1 2	0420 \$.00
	05 – Sales, retail 06 – Sales, business 07 – Technician	goods and services		C. Income or loss from's own farm?	0250 1 ☐ Yes	C.	Social Security including Medicare?	0430 1 2	
	Service 08 - Protective service 09 - Private househo		0070 Code	What was the amount of income or loss after expenses?	2 \(\text{No} - \text{Go to item 7} \)	d.	Railroad Retirement?	0440 1 2	
	10 – Other service Operator, assembler, la	aborer			0270 3 Loss	e.	Government Retirement?	0460 1 2	
	11 – Machine operator inspector 12 – Transportation (13 – Handler, helper,	operator		7. During the past 12 months, did receive from the U.S. Government	0280 1 ☐ Yes		Private pension fund?	0480 1 2	0490 \$.00
	Precision production, c 14 - Mechanic, repai production	raft, repair rer, precision		any money – a. From Social Security checks?	2 🗆 No		payments normally deducted from your paycheck?	0500 1 2	
	15 - Construction, m Farming, forestry, fishi 16 - Farming 17 - Forestry, fishing	ng		b. From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 \(\text{Yes} \) 2 \(\text{No} \)	
b.	Armed forces 18 - Armed forces Was			C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	0510 1 ☐ Yes 2 ☐ No	
	CODE 1 - An employee of a company, busines working for wage 2 - A Federal govern	ss, or individual es or salary?	O080 Code Ask if code 5 and not a farm – Is the business incorporated?	d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$	13a.	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 Yes 2 No - 0	Go to item 14
	3 – A State governme 4 – A local governme 5 – Self-employed in	ent employée? ent employée?	0090 1 ☐ Yes 2 ☐ No	E. Is this amount AFTER the deduction for a Medicare premium?	0320 1 Yes 2 No	b.	. If YES – How much?	0530 \$.00
	professional prac 6 – Working WITHOU business or farm?	tice, or farm? IT PAY in family		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	1 Record	

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Section 22 – WORK EXPERIENCE AND INCOME – Continued

F	Part A - Second	Quarter, Fifth C	Quarter or New Consur	ner Units Only – Continued					
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14	PROCESSING USE ONLY a. NAME	1 22 26 7 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE			During the past 12 months, did receive – Any Supplemental Security Income checks from the U.S. Government? Any Supplemental Security Income	0340 1 Yes 2 No	
2.	In the last 12 month weeks did work part time, not count	either full time or	0010 Weeks	1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work?	0100Code		checks from the State or local Government? If YES in items 8a and/or 8b – How much did receive in	0350 1 ☐ Yes 2 ☐ No	
	the house? Include paid sick leave.	oaid vacation and	o □ Did not work – Go to item 5	6 - Doing something else? - Specify			Supplemental Security Income checks altogether?	0360 \$.00
3.	In the weeks that many hours did week?	usually work per	0030 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions,	0200 1 Yes 2 No - Go to item 6b	9.	Ask items 9-12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	0370 \$	00 5 □ Year 6 □ Other – <i>Specify</i>
4a.	Information Booklet, p The job in which earnings during the	received the most past 12 months		tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$			3 ☐ Month 4 ☐ Quarter	7 🗆 Twice a month
	Manager, professional 01 – Administrator, 02 – Teacher			b. Income or loss from's own nonfarm business, partnership, or	0220 1 ☐ Yes 2 ☐ No – Go to item 6c	10.	Was there any money deducted from's last pay for – If YES – How much was deducted?	Yes No	Amount
	03 - Professional Administrative suppor 04 - Administrative	t, technical, sales		professional practice? What was the amount of income or loss after expenses?	0230 \$.00		Federal income tax?	0390 1 2 0	
	clerical 05 – Sales, retail 06 – Sales, business			C. Income or loss from's own farm?	0240 3 Loss		State and local income tax?	0430 1 2	
	07 - Technician Service 08 - Protective servi 09 - Private househo		0070 Code	What was the amount of income or loss after expenses?	0250 1 Yes 2 No – Go to item 7	d.	Railroad Retirement?	0440 1 2 2	0450 \$.00
	10 - Other service Operator, assembler, I 11 - Machine operat	aborer			0260 \$.00 0270 3 \(\text{Loss} \)		Government Retirement?	0460 1 2 2	
	inspector 12 - Transportation 13 - Handler, helper, Precision production, of	operator , laborer		7. During the past 12 months, did receive from the U.S. Government any money –	0280 1 Yes 2 No		Private pension fund?	0480 1	
	14 – Mechanic, repa production 15 – Construction, n	irer, precision		a. From Social Security checks? b. From Railroad Retirement checks?	0290 1 ☐ Yes	11	Ask if "Yes" in item 10c or 10g		<u> </u>
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing				2 □ No	11.	Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 Yes 2 No	
b.	Armed forces 18 - Armed forces Was		0080 Code	C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? ———————————————————————————————————	0300 1 Yes – Go to item 7d 2 No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	0510 1 ☐ Yes 2 ☐ No	
	CODE 1 - An employee of a company, busine working for wag 2 - A Federal govern	ss, or individual es or salary?	Ask if code 5 and not a farm – Is the business incorporated?	Social Security or Railroad Retirement payment received?	0310 \$.00	13a.	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 ☐ Yes 2 ☐ No - Go	to item 14
	3 - A State government4 - A local government5 - Self-employed in	ent employee? ent employee? OWN business,	0090 1 Yes 2 No	for a Medicare premium?	0320 1 Yes 2 No	b.	. If YES – How much?	0530 \$.00
	professional prac 6 – Working WITHOU business or farm	JT PAY in family		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	1 Records 2 No reco	

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 R - Second Quarter Fifth	Quarter or New Consume	r Units – <i>Ask for entire CU as a gro</i>	oun			
1.	During the past 12 months, did you	PROCESSING USE	1h. Income from child support?	0155 1 ☐ Yes	3. During the past 12 months, did you (or any		
	(or any members of your CU) receive income from any of the following –	ONLY 1 22 97 8 ¥		2 □ No – Go to item 1i	members of your CU) receive any refunds from the following –		
a.	Income from unemployment	0005 1 ☐ Yes 2 ☐ No – Go to item 1b	If YES –	0160 1 ☐ Yes	If YES – What was the total amount	0250 1 Yes 2 No	
	compensation? If YES – What was the total amount		(1) Did you receive a one time lump sum payment for child support?	2 □ No – Go to item 1h(2)	received by ALL CU members? a. Federal income tax?	0260 \$.00
	received by ALL CU members?	0020 \$	If YES –		b. State and local income tax?		
b	Income from worker's compensation or veteran's benefits including		What was the total amount received by ALL CU members in	0165 \$.00	b. State and local income tax:	0270 1 Yes 2 No	
	education benefits, but excluding military retirement?	0025 1 ☐ Yes 2 ☐ No – Go to item 1c	last 12 months? (2) Did you receive any child support	Ψ		0280 \$.00
	If YES – What was the total amount	0030 \$.00	payments in other than a lump sum amount?	0170 1 ☐ Yes 2 ☐ No – Go to item 1i	C. Overpayment on Social Security?	0290 1 ☐ Yes	
•	received by ALL CU members?	\$	If YES –	Z into Go to itam in		2 □ No	
G.	Income from public assistance or welfare including money received	0035 1 ☐ Yes	What was the total amount received by ALL CU members in			0300 \$.00
	from job training grants such as Job Corps?	2 □ No – Go to item 1d	last 12 months?	0175 \$	d. Insurance policies?	0310 1 ☐ Yes	
	If YES – What was the total amount received by ALL CU members?	0040 \$.00	i. Income from regular contributions from –	0180 1 Yes		2 □ No	00
d	Income from interest on savings		(1) Alimony?	2 □ No		0320 \$.00
	accounts or bonds?	0050 1 ☐ Yes 2 ☐ No – Go to item 1e	(2) Other sources such as from persons outside the CU?	0185 1 ☐ Yes	e. Property taxes?	0330 1 Yes 2 No	
	If YES – What was the total amount		If YES – for item i(1) or i(2) –	2 No		0340 \$.00
	received by ALL CU members?	0060 \$	Altogether what was the total amount received by ALL CU		f. Other sources, including any other taxes?		
e.	Regular income from dividends, royalities, estates, or trusts?	0070 1 ☐ Yes	members?	0188 \$.00	Specify in notes.	0350 1 Yes 2 No	
		2 ☐ No – Go to item 1f	2. During the past 12 months, did you (or any members of your CU)			0360 \$.00
	If YES – What was the total amount received by ALL CU members?	0080 \$.00	receive any – a. Lump sum payments from estates,		4. During the past 12 months, did you (or any		
f.	Income from pensions or annuities		trusts, royalties, alimony, prizes or games of chance, or from persons	0190 1 ☐ Yes	members of your CU) pay any – If YES – What was the total amount PAID by		
	from private companies, military, Government, IRA, or Keogh?	0090 1 Yes	outside of the CU?	2 □ No – Go to item 2b	ALL CU members?	0370 1 ☐ Yes 2 ☐ No	
	If YES – What was the total amount	2 □ No – Go to item 1g	If YES – What was the total amount received by ALL CU members?	0200 \$.00	a. Federal income tax in addition to that withheld from earnings?	0380 \$.00
	received by ALL CU members?	0100 \$	b. Money from the sale of household		b. State and local income tax in addition to	—	
g	Net income or loss from any type of rental of rooms or living units?	0110 1 ☐ Yes	furnishings, equipment, clothing, jewelry, pets, or other belongings,	0210 1 ☐ Yes	that withheld from earnings?	0390 1 Yes 2 No	
	If YES –	2 ☐ No – Go to item 1h	excluding the sale of vehicles or property?	$\begin{array}{c c} \hline 0210 & 1 & 1es \\ \hline 2 & No - Go \text{ to item } 2c \end{array}$		0400 \$.00
	(1) How much net income or loss	0120 \$.00	If YES – What was the total amount received by ALL CU members?	0220 \$.00	C. Personal property taxes not reported	0410 1 ☐ Yes	
	was received from roomers or boarders?	0130 0 □ None	C. Other money income, including	\$	elsewhere?	2 🗆 No	
		1 Loss	money received from cash scholarships and fellowships,			0420 \$.00
	(2) How much net income or loss was received from payments	0140 \$.00	stipends not based on working, or from the care of foster children?	0230 1 ☐ Yes 2 ☐ No – <i>Go to item 3</i>	d. Other taxes not reported elsewhere? Do not include Social Security tax for the	0430 1 Yes	
	from other rental units?	5	If YES – What was the total amount		self-employed – Specify in notes.	2 No	.00
		0150 0 □ None 1 □ Loss	received by ALL CU members?	0240 \$		0440 \$.00
		I	NOTE	S		I	

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

Part D – Third and Fourth	Quarter – CU Mem	bers	14 Years Old and	d Over who previ	ously did not	work			
OFFICE TRANSCRIPTION ITEMS	PROCESSING USE ONLY		1 23 13 3 ↓			1 23 15 8 🗸	1 23 16 6 🔻	1 23 17 4 🔻	1 23 18 2 🔻
CU members who previously	a. NAME								
reported not working.	b. LINE NUMBER	0010		0010	0010		0010	0010	0010
Since the 1st of (month, 3 month income from wages, or salary free partnership, professional practions)	s ago), did earn any rom a business, ice, or farm?	0020	1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No			0020 1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No
FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded	a. NAME								
on the control card for the first time in this interview who are 14 years old or older.	b. LINE NUMBER	0030		0030	0030		0030	0030	0030
Complete a page in part E for each	ch "Yes" response in item 2	and for	each new CU member lis	sted in item 3.					
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	a. NAME								
reported not working.	b. LINE NUMBER	0010		0010	0010		0010	0010	0010
Since the 1st of (month, 3 month income from wages, or salary frepartnership, professional practions)	s ago), did earn any rom a business, ice, or farm?	0020	1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No			0020 1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No	0020 1 ☐ Yes 2 ☐ No
FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members recorded	a. NAME								
on the control card for the first time in this interview who are 14 years old or older.	b. LINE NUMBER	0030		0030	0030		0030	0030	0030
Complete a page in part E for each	ch "Yes" response in item 2	and for	each new CU member lis	sted in item 3.	•				·
					NOTES				
	CU members who previously reported not working. Since the 1st of (month, 3 month income from wages, or salary fipartnership, professional praction of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older. • Complete a page in part E for each OFFICE TRANSCRIPTION ITEMS CU members who previously reported not working. Since the 1st of (month, 3 month income from wages, or salary fipartnership, professional praction of all new CU members recorded on the control card for the first time in this interview who are 14 years old or older.	CU members who previously reported not working. Since the 1st of (month, 3 months ago), did earn any income from wages, or salary from a business, partnership, professional practice, or farm? FIELD REPRESENTATIVE ITEM 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. • Complete a page in part E for each "Yes" response in item 2 OFFICE TRANSCRIPTION ITEMS CU members who previously reported not working. PROCESSING USE ONLY a. NAME b. LINE NUMBER PROCESSING USE ONLY a. NAME b. LINE NUMBER FIELD REPRESENTATIVE ITEM 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. b. LINE NUMBER	CU members who previously reported not working. Since the 1st of (month, 3 months ago), did earn any income from wages, or salary from a business, partnership, professional practice, or farm? FIELD REPRESENTATIVE ITEM 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. PROCESSING USE ONLY a. NAME b. LINE NUMBER O030 PROCESSING USE ONLY a. NAME D. LINE NUMBER O030 PROCESSING USE ONLY a. NAME b. LINE NUMBER O010 Since the 1st of (month, 3 months ago), did earn any income from wages, or salary from a business, partnership, professional practice, or farm? FIELD REPRESENTATIVE ITEM 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. D. LINE NUMBER O020 O030 D. LINE NUMBER O040 O050 D. LINE NUMBER O050 D. LINE NUMBER O060 D. LINE NUMBER O060 D. LINE NUMBER O060 D. LINE NUMBER O060 D. LINE NUMBER O060 D. LINE NUMBER O060 D. LINE NUMBER	CU members who previously reported not working. Since the 1st of (month, 3 months ago), did earn any income from wages, or salary from a business, partnership, professional practice, or farm? B. LINE NUMBER D. LINE NUMBER O020 1	CU members who previously reported not working. A. NAME b. LINE NUMBER D.	CU members who previously reported not working. A. NAME a. NAME b. LINE NUMBER DO10 DO10 DO10 DO20 1 Yes 2 No DO20 1 Yes 2 No DO30 FIELD REPRESENTATIVE ITEM Enter the name and line number of all new CU members who previously reported not working. CU members who previously reported not working. PROCESSING USE ONLY A. NAME D. LINE NUMBER DO30 DO30 DO30 DO30 DO30 DO30 DO30 DO30 DO30 DO30 DO30 FIELD REPRESENTATIVE ITEM 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. CU members who previously reported not working. PROCESSING USE ONLY 1 23 19 0 \$\frac{1}{2}\$ 1 23 20 8 \$\frac{1}{2}\$ NAME D. LINE NUMBER DO10 Since the 1st of (month, 3 months ago), did earn any income from wages, or salary from a business, partnership, professional practice, or farm? FIELD REPRESENTATIVE ITEM 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. B. LINE NUMBER Do30 DO30	A. NAME b. LINE NUMBER 0010 0010 0010 0010 0010 0010 0010 00	OFFICE TRANSCRIPTION ITEMS CU members who previously reported not working. Bince the 1st of (month, 3 months ago), did earn any income from wages, or salary from a business, reported not working. B. LINE NUMBER O010	OFFICE TRANSCRIPTION ITEMS PROCESSING USE ONLY 1 23 13 3 \$\psi\$ 1 23 14 1 \$\psi\$ 1 23 16 6 \$\psi\$ 1 23 16 6 \$\psi\$ 1 23 17 4 \$\psi\$

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.

P	art E – Third and Fourth Quarte	er								
	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 23 25 7 ↓ 0010	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE 1 - Retired? 2 - Taking care of home/family?		a	During the past 12 months, did receive – 3. Any Supplemental Security Income checks from the U.S. Government? 3. Any Supplemental Security Income checks from the State or local Government?	0340 1 ☐ Yes 2 ☐ No 0350 1 ☐ Yes		
	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 □ □ Did not work – Go to item 5		 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify 	0100 Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	2 □ No 0360 \$		
	In the weeks that worked, how many hours did usually work per week? Information Booklet, page 44	0030 Hours per week	6. a.	During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	0200 1 Yes 2 No - Go to item 6b	9.	Ask items 9–11 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?	0370 \$.00 0380 1 Week 5 Year 2 2 Weeks 6 Other - Specify 7		
	The job in which received the most earnings during the past 12 months fits best in the following category:			What was the amount of income received before any deductions?	0210 \$.00	10.		4 ☐ Quarter 7 ☐ Twice a month Yes No Amount		
	Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical		loss after expenses? C. Income or loss from 's own farn		nonfarm business, partnershi professional practice? What was the amount of inco	nonfarm business, partnership, or professional practice? What was the amount of income or	0220 1 Yes 2 No - Go to item 6c 0230 \$.00 0240 3 Loss		's last pay for – If YES – How much was deducted? Federal income tax?	0390 1 □ 2 □ 0400 \$ 0410 1 □ 2 □ 0420 \$
	05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service	0070 Code		What was the amount of income or	0250 1 Yes 2 No - Go to item 7 0260 \$.00 0270 3 Loss		C. Social Security including Medicare? D. Railroad Retirement? C. Government Retirement?	0430 1		
	Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision			During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	0280 1 Yes 2 No		f. Private pension fund? J. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	0480 1 2 0490 \$.00 0500 1 2 2		
	production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping		b.	From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 ☐ Yes 2 ☐ No		
	Armed forces 18 - Armed forces Was		$\frac{1}{2}$	FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	0510 1 ☐ Yes 2 ☐ No		
2 3 4	CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary?	business, or individual or wages or salary?		What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 ☐ Yes 2 ☐ No – Go to item 14		
	 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? 	0090 1 Yes 2 No		Is this amount AFTER the deduction for a Medicare premium?	0320 1 ☐ Yes 2 ☐ No	b). If YES – How much?	0530 \$		
			f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	1 ☐ Records 2 ☐ No records used		

F	Part E – Third and Fourth Quarte	er – Continued								
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of	1 23 30 7 🖟	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE		a.	During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government?	0340 1 Y 2 N			
2.	each CU member 14 years old and over. b. LINE NUMBER In the last 12 months, how many	0010	1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work?	0100 Code	b.	Any Supplemental Security Income checks from the State or local Government? If YES in items 8a and/or 8b –	0350 1 \(\text{Y}\) 2 \(\text{N}\)			
	weeks did work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	0020 Weeks □ □ Did not work – Go to item 5	5 - Unable to find work? 6 - Doing something else? - Specify			How much did receive in Supplemental Security Income checks altogether?	0360 \$.00	
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 – a. Wages or salary? Include commissions,	0200 1 ☐ Yes 2 ☐ No – Go to item 6b	9.	Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?		Weeks	.00 5 ☐ Year 6 ☐ Other – Specify _✓	
4a.	Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category:		tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$	10		3 Month 4 Quarter		7 🗔 I wice a month	
	Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional		b. Income or loss from's own nonfarm business, partnership, or professional practice?	0220 1 Yes 2 No - Go to item 6c	∐10. a.	Was there any money deducted from 's last pay for – If YES – How much was deducted? Federal income tax?	Yes 0390 1 □	No l	Amount	.00
	Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail		What was the amount of income or loss after expenses?	0230 \$.00 0240 3 \(\text{Loss} \)	b.	State and local income tax?	0410 1 🗆	<u> </u>	0420 \$.00
	06 - Sales, business goods and services 07 - Technician Service		C. Income or loss from's own farm? What was the amount of income or loss after expenses?	0250 1 Yes 2 No – Go to item 7		Social Security including Medicare?	0430 1 🗆	 	0450 s	.00
	08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer	Code	· ·	0260 \$.00 0270 3 \(\text{Loss} \)		Government Retirement?	0460 1 🗆	2 🗆	Г	.00
	 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer 		7. During the past 12 months, did receive from the U.S. Government any money –	0280 1 Yes		Private pension fund?		 		.00
	Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining		From Social Security checks?	2 No	-	payments normally deducted from your paycheck?	0500 1	ı r	<u> </u>	
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping		b. From Railroad Retirement checks?	0290 1 Yes 2 No		Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 U Y 2 U N			
b.	Armed forces 18 - Armed forces Was		C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	for during the last 12 months contribute to a pension or retireme		0510 1 ☐ Yes 2 ☐ No			
	CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary?	O080 Code Ask if code 5 and not a farm – Is the business	d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$	13a.	plan that was enrolled in? During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	0520 1 Y		40 140 114	
;	2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business,	incorporated?	E. Is this amount AFTER the deduction for a Medicare premium?	0320 1 Yes 2 No	b.	(IRA & Keogh)? Exclude rollovers. If YES – How much?	0530 \$	10 – G <i>o</i>	to item 14	
	- Self-employed in OWN business, professional practice, or farm? - Working WITHOUT PAY in family business or farm?		f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number		FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	0540 1 R 2 N		rds used	

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	l and Fourth Quart	er – Continued								
1. FIELD REPRESENTATIVI ITEM Enter the first nar and line number each CU member years old and ove	a. NAME a. NAME b. LINE NUMBER	1 23 35 6 ↓	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE 1 - Retired? 2 - Taking care of home/family?		a	During the past 12 months, did receive – 1. Any Supplemental Security Income checks from the U.S. Government? 2. Any Supplemental Security Income checks from the State or local Government?	0340 1 Yes 2 No 1 Yes 2 No		
weeks did w part time, not c	onths, how many vork either full time or ounting work around ude paid vacation and	0020 Weeks 0 □ Did not work − Go to item 5		 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify 	0100 Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	0360 \$		
	at worked, how usually work per	0030 Hours per week	_ a.	During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	0200 1 Yes 2 No – Go to item 6b	9.	Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of 's last pay and what period of time did this cover?	0370 \$.00 0380 1 Week 5 Year 2 2 Weeks 6 Other - Specify		
earnings during	h received the most the past 12 months following category:		What was the amount of income	0210 \$	10.		4 ☐ Quarter 7 ☐ Twice a month Yes No Amount			
01 – Ādministra 02 – Teacher 03 – Professiona Administrative su	itor, manager				1	 b. Income or loss from 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? 	0220 1 Yes 2 No - Go to item 6c 0230 \$.00	ء ا	's last pay for – If YES – How much was deducted? Federal income tax? State and local income tax?	0390 1
clerical 05 – Sales, retai 06 – Sales, busi 07 – Technician Service	il ness goods and services	2070		Income or loss from's own farm? What was the amount of income or loss after expenses?	0240 3 ☐ Loss 0250 1 ☐ Yes 2 ☐ No – Go to item 7		Social Security including Medicare?	0430 1		
	usehold service ice	0070 Code			0260 \$	е	Government Retirement?	0460 1		
	elper, laborer tion, craft, repair repairer, precision				During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	0280 1 Yes 2 No		J. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?	0500 1 2	
production 15 – Construction Farming, forestry 16 – Farming 17 – Forestry, fi	on, mining		b.	From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Ask if "Yes" in item 10c or 10g Does the money deducted for Social Security cover only the Medicare portion of Social Security?	0501 1 ☐ Yes 2 ☐ No		
Armed forces 18 – Armed force b. Was	ces		┨ .	FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	0510 1 ☐ Yes 2 ☐ No		
company, bu working for	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?	for wages or salary? Ask in code 5 and not a farm – Is to be 10 and a			Retirement payment received?	0310 \$.00		Plan that was emotive in: 1. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0520 1 ☐ Yes 2 ☐ No – Go to item 14	
3 – A State gove 4 – A local gove 5 – Self-employe		1 Yes 2 No		Is this amount AFTER the deduction for a Medicare premium?	0320 1 ☐ Yes 2 ☐ No	b). If YES – How much?	0530 \$		
professional 6 – Working WIT				During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	1 ☐ Records 2 ☐ No records used		

Part	E – Third and	d Fourth Quarte	er – Continued								
ITEI Ente and	RESENTATIVE W er the first name I line number of	PROCESSING USE ONLY a. NAME	1 23 40 6 ↓	Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was CODE			receive – 1. Any Supplemental Security Income checks from the U.S. Government?	0340 1 \(\text{Y} \) 2 \(\text{N} \)			
yea	h CU member 14 rs old and over. he last 12 months	b. LINE NUMBER	0010	1 – Retired? – 2 – Taking care of home/family? 3 – Going to school?	0100 Code	b	Checks from the State or local Government?	0350 1 Y 2 N			
wee par the	eks did work e t time, not counti house? Include p d sick leave.	either full time or ng work around	0020 Weeks 0 □ Did not work – Go to item 5	4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify	Code		If YES in items 8a and/or 8b – How much did receive in Supplemental Security Income checks altogether?	0360 \$.00	
mai wee	-	sually work per	0030 Hours per week	6. During the past 12 months, did receive any money in – a. Wages or salary? Include commissions,	0200 1 ☐ Yes 2 ☐ No – Go to item 6b	9.	Ask items 9–12 only if item 6a is YES (code 1). What was the gross amount of's last pay and what period of time did this cover?		Weeks	.00 5 ☐ Year 6 ☐ Other – Specify ✓	
4a. The	rmation Booklet, pa giob in which nings during the p best in the follow	received the most		tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0210 \$	10		3 ☐ Month 4 ☐ Quarter		7 🗔 I wice a month	
Mar 01 - 02 -	nager, professional - Administrator, n - Teacher - Professional			b. Income or loss from 's own nonfarm business, partnership, or professional practice?	0220 1 Yes 2 No - Go to item 6c	10. a	Was there any money deducted from 's last pay for – If YES – How much was deducted? Federal income tax?	Yes 0390 1 □	No 2 \square	Amount 0400 \$.00
Adn 04 -	ninistrative support	, technical, sales support, including		What was the amount of income or loss after expenses?	0230 \$.00 0240 3 \(\text{Loss} \)	b	State and local income tax?	0410 1 🗆		Ψ	.00
06 - 07 - Serv	- Sales, business (- Technician vice	goods and services		C. Income or loss from 's own farm? What was the amount of income or loss after expenses?	0250 1 ☐ Yes 2 ☐ No – Go to item 7		Social Security including Medicare?	0430 1 🗆		0450 \$.00
09 - 10 - Ope	 Protective service Private househo Other service erator, assembler, la 	aborer	Code	ioss arter expenses:	0260 \$.00 0270 3 \(\text{Loss} \)		Government Retirement?	0460 1 🗆			.00
12 - 13 -	 Machine operator inspector Transportation or Handler, helper, 	operator laborer		7. During the past 12 months, did receive from the U.S. Government any money –	0280 1 ☐ Yes		Private pension fund? If NO in item 10c – Are Social Security	0480 1 🗆	2 🗆	0490 \$.00
14 -	cision production, c - Mechanic, repair production	rer, precision		a. From Social Security checks?	2 □ No		payments normally deducted from your paycheck? Ask if "Yes" in item 10c or 10g	0500 1 🗆	2 🗌		
Farr 16 -	 Construction, m ming, forestry, fishing Farming Forestry, fishing 	_		b. From Railroad Retirement checks?	0290 1 Yes 2 No	11.	Security cover only the Medicare portion of Social Security?	0501 1 🗆 Y 2 🗆 N			
	ned forces - Armed forces			C. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b?	0300 1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	for during the last 12 months contribute to a pension or retirement		0510 1 \(\text{Y} \) 2 \(\text{N} \)			
COI 1 -		ss, or individual		d. What was the amount of the last Social Security or Railroad Retirement payment received?	0310 \$	13a	plan that was enrolled in? During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	0520 1 □ Y			
2 - 3 - 4 -	A Federal governi A State governme A local governme	ment employee? ent employee? ent employee?	incorporated? 1 Yes 2 No	E. Is this amount AFTER the deduction for a Medicare premium?	0320 1 Yes 2 No	b	(IRA & Keogh)? Exclude rollovers. If YES – How much?	0530 \$	0 – G0 i	.00 .00	
6 –	Self-employed in OWN business, professional practice, or farm? Working WITHOUT PAY in family business or farm?	?	f. During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	0330 Number	14.	FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	0540 1 R 2 N		ds used		

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	NOTES

Section 22 – WORK EXPERIENCE AND IN	COME – Continued	FIELD REPRESENTATIVE – Ask these items for the entire CU as a group in the Fifth Quarter.
Part F – Occupational Expenses and Cont	tributions – Fifth Quart	er Only
During the past 12 months, did you (or any members of your CU) have any occupational	1 22 98 6 ↓	NOTES
expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits?	0010 1 Yes 2 No – Go to item 2a	
If YES – What was the total amount of these occupational expenses?	0020 \$	
2. During the past 12 months, did you (or any members of your CU) make any –		
Cash contributions for support of persons not in the CU, including alimony, child support, or students living away at college?	0030 1 Yes 2 No – Go to item 2b	
If YES – How much?	0040 \$00	
(1) How much of this amount was for alimony?	0041 \$	
(2) How much of this amount was for child support?	0042 \$00 x □ Don't know	
(3) How much of this amount was for the expenses of college or university students	0060 \$.00 x Don't know	
while attending school away from home?	X 🗆 Don t know	
b. Gifts of cash, bonds, or stocks to persons not in the CU?	0070 1 ☐ Yes 2 ☐ No – Go to item 2c	
If YES – How much?	0080 \$.00	
C. Contributions to charities, such as United Way, Red Cross, etc.?	0090 1 ☐ Yes 2 ☐ No – Go to item 2d	
If YES – How much?	0100 \$.00	
d. Contributions to church and other religious organizations, excluding parochial school expenses?	0110 1 ☐ Yes 2 ☐ No – Go to item 2e	
	0120 \$.00	
	0120 \$	
e. Contributions to educational organizations?	0130 1 ☐ Yes 2 ☐ No – Go to item 2f	
If YES – How much?	0140 \$	
f. Political contributions?	0150 1 ☐ Yes 2 ☐ No – Go to item 2g	
(CVEQ. 11		
If YES – How much?	0160 \$	
g. Other contributions? – Specify in "Notes"	0170 1 ☐ Yes 2 ☐ No – Go to next part	
If YES – How much?	0180 \$	

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

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

Section 24 – TOTAL CU I	NCOME – For New Consumer Units Only	FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to look at the item list as yo proceed. Ask the question and read each income range category beginning with code 1.					
TOTAL CU INCOME Information Booklet, page 43 1. Which category represents the total combined income of this CU during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and any other money income received by all CU members 14 years of age or older.	1 24 01 6 ↓ O010	NOTES					

WORK EXPERIENCE AND INCOME

TOTAL CU INCOME