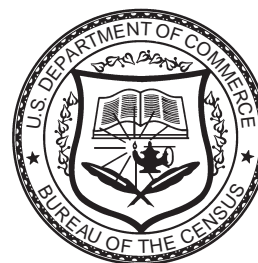


NOTE: Office staff should complete transcription items 1-4 below for interviewed CU's only.										
1. Regional Office code	2. CONTROL NUMBER							3a. HH No.	3b. CU No.	4. Interview No.
	PSU code	Segment number	Segment number suffix	Sample designation	Serial number	Serial suffix	Check digit				☐ 2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

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

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

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

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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

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

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

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

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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

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

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

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

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number. PROCESSING USE ONLY: 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

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

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

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

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

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

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number. PROCESSING USE ONLY 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

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

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

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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

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

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

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

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number. PROCESSING USE ONLY 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

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

QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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

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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

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

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

a. Enter the line number of the respondent who answered the most questionnaire sections - Enter code 99 for non CU member. b. Enter the line number(s) of all other respondents - Enter code 99 for non CU member. c. In answering questions about expenses, did the respondent consult bills, receipts, check stubs, expense books, tax returns, or other records? Mark (X) one. d. If any bills, receipts, or records were used, which ones did the respondent(s) use to give cost information? Mark (X) all that apply.

NOTES

9. LAST SECTION COMPLETED

If the respondent did not complete the interview to its conclusion, enter the last section completed. 0850 Section number. PROCESSING USE ONLY 0860 1 9 9 9

Section 1 - GENERAL SURVEY INFORMATION

FORM CE-302 (4-1-99)

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

Part A - Field Representative Records

1 01 25 3

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QUESTIONNAIRE QUARTERLY INTERVIEW SURVEY CONSUMER EXPENDITURE SURVEYS

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

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

7. RECORD OF INTERVIEW AND OFFICE ACTIVITY TIME

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

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

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

Large table for travel time with columns: Trip (a), Time (b), Reason (c), OFFICE USE ONLY. Rows 1-4 for each of trips 5-12.

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

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

NOTES

9. LAST SECTION COMPLETED

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

PROCESSING USE ONLY: 0860 1 9 9 9

Section 1 – GENERAL SURVEY INFORMATION – Continued**Part A.1 – Consumer Unit and Reference Period Explanations**FIELD REPRESENTATIVE NOTE: *Read the following paragraphs (control card items 23f and 35b) ONLY if you have NOT read them already.***1. Consumer Unit**

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.

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 CONTROL CARD ITEM 23g.)

2. Reference Period

Most questions that I will be asking refer to a specific time period. During this interview, the time period, unless I state otherwise, is for the past three months, that is, from the first day of (Month, three months previous to this month) to today.

NOTES

Section 1 - GENERAL SURVEY INFORMATION - Continued

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

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

1 01 26 1 ↓

<p><i>Ask if not apparent.</i></p> <p>1a. Is this house in a public housing project, that is, is it owned by a local housing authority or other local public agency?</p>	<p>0010 1 <input type="checkbox"/> Yes - Go to item 2 2 <input type="checkbox"/> No</p>	<p>5. How many rooms are there in this unit, including all finished living areas and excluding all bathrooms?</p>	<p>0060 _____ Number</p>	<p><i>Information Booklet, page 5</i></p> <p>9. Does this unit have any of the following? <i>Mark (X) all that apply.</i></p> <p>0130 01 <input type="checkbox"/> Swimming pool 0140 02 <input type="checkbox"/> Off street parking 0150 03 <input type="checkbox"/> Porch, terrace, patio, or balcony 0160 04 <input type="checkbox"/> Apartment or guest house 0170 05 <input type="checkbox"/> Central air conditioning 0180 06 <input type="checkbox"/> Window air conditioning</p>
<p>b. If NO - Are your housing costs lower because the Federal, State, or local government is paying part of the cost?</p>	<p>0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>6. How many bedrooms are there in this unit? <i>Count all rooms used MAINLY for sleeping, even if also used for other purposes.</i></p>	<p>0070 _____ Number 0 <input type="checkbox"/> None</p>	
<p><i>Ask if not apparent.</i></p> <p>2. Are these living quarters presently used as student housing by a college or university?</p>	<p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7a. How many complete bathrooms are there in this unit? <i>A COMPLETE BATHROOM has a flush toilet, a bathtub or shower, and a wash basin with piped water.</i></p>	<p>0080 _____ Number 0 <input type="checkbox"/> None</p>	
<p><i>Ask if not apparent by observation.</i> <i>Information Booklet, page 5</i></p> <p>3. Which best describes this building?</p>	<p>0040 01 <input type="checkbox"/> Single family detached (detached structure with only one primary residence; however, the structure could include a rental unit(s) in the basement, attic, etc.) 02 <input type="checkbox"/> Row or townhouse - inner unit (2, 3, or 4 story structure with 2 walls in common with other units and a private ground level entrance; it may have a rental unit as part of the structure) 03 <input type="checkbox"/> End row or end townhouse (one common wall) 04 <input type="checkbox"/> Duplex (detached two unit structure with one common wall between the units) 05 <input type="checkbox"/> 3-plex or 4-plex (3 or 4 unit structure with all units occupying the same level or levels) - Go to item 5 06 <input type="checkbox"/> Garden (a multi-unit structure, usually wider than it is high, having 2, 3, or possibly 4 floors; characteristically the units not only have common walls but are also stacked on top of one another) - Go to item 5 07 <input type="checkbox"/> High-rise (a multi-unit structure which has 4 or more floors) - Go to item 5 08 <input type="checkbox"/> Apartment or flat (a unit not described above; could be located in the basement, attic, second floor, or over the garage of one of the units described above) - Go to item 5 09 <input type="checkbox"/> Mobile home or trailer - Go to item 5 10 <input type="checkbox"/> College dormitory - Go to section 1, part C 11 <input type="checkbox"/> Other - Specify and go to item 4 ↘</p>	<p>b. How many half bathrooms are there in this unit? <i>A HALF BATHROOM has at least a flush toilet OR bathtub or shower, but does not have all the facilities of a complete bathroom.</i></p>	<p>0090 _____ Number 0 <input type="checkbox"/> None</p>	<p>10. About when was this building originally built? <i>Do not consider later remodelings.</i></p> <p>0450 01 <input type="checkbox"/> 1990 or later 02 <input type="checkbox"/> 1985-1989 03 <input type="checkbox"/> 1980-1984 04 <input type="checkbox"/> 1975-1979 05 <input type="checkbox"/> 1970-1974 06 <input type="checkbox"/> 1965-1969 07 <input type="checkbox"/> 1960-1964 08 <input type="checkbox"/> 1955-1959 09 <input type="checkbox"/> 1950-1954 10 <input type="checkbox"/> 1945-1949 11 <input type="checkbox"/> 1940-1944 12 <input type="checkbox"/> 1930-1939 13 <input type="checkbox"/> 1920-1929 14 <input type="checkbox"/> 1910-1919 15 <input type="checkbox"/> 1900-1909 16 <input type="checkbox"/> Before 1900 X <input type="checkbox"/> Don't know</p>
		<p>8. What fuel is used most for -</p> <p>a. Heating this unit?</p>	<p>0100 01 <input type="checkbox"/> Gas (underground piping) 02 <input type="checkbox"/> Electricity 03 <input type="checkbox"/> Fuel oil 04 <input type="checkbox"/> Other - Specify ↘ _____ 05 <input type="checkbox"/> No fuel used X <input type="checkbox"/> Don't know</p>	
		<p>b. Heating water in this unit?</p>	<p>0110 01 <input type="checkbox"/> Gas (underground piping) 02 <input type="checkbox"/> Electricity 03 <input type="checkbox"/> Fuel oil 04 <input type="checkbox"/> Other - Specify ↘ _____ 05 <input type="checkbox"/> No fuel used X <input type="checkbox"/> Don't know</p>	
<p>4. What is the approximate size of the lot on which this unit is located?</p>	<p>Lot size (approximate acreage)</p> <p>0050 01 <input type="checkbox"/> 1 acre or less - 43,560 sq. ft. 02 <input type="checkbox"/> 2 acres - 87,120 sq. ft. 03 <input type="checkbox"/> 3 to 5 acres 04 <input type="checkbox"/> 6 to 10 acres 05 <input type="checkbox"/> Greater than 10 acres 06 <input type="checkbox"/> No lot X <input type="checkbox"/> Don't know</p>	<p>c. Cooking?</p>	<p>0120 01 <input type="checkbox"/> Gas (underground piping) 02 <input type="checkbox"/> Electricity 03 <input type="checkbox"/> Fuel oil 04 <input type="checkbox"/> Other - Specify ↘ _____ 05 <input type="checkbox"/> No fuel used X <input type="checkbox"/> Don't know</p>	<p>NOTES</p>

Section 1 – GENERAL SURVEY INFORMATION – Continued

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

3 01 28 3 →

NOTES

PROCESSING USE ONLY	a		b	c					NOTES
	Information Booklet, page 6 Does your CU have any of the following appliances?		If YES – How many?	Was this (Were any of these) – 1. Purchased for own use? 2. Included with 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		1	2	3	4	5	
0010	Electric cooking stove, range, or oven	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0020	Gas cooking stove, range, or oven	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0030	Microwave oven	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0040	Other cooking stove, range, or oven	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0050	Refrigerator	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0060	Home-freezer	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0070	Built-in dishwasher	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0080	Portable dishwasher	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0090	Garbage disposal	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0100	Clothes washer	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0110	Clothes dryer	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0120	Color television	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0130	Computer, not solely for games	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0140	Sound components, component system, or compact disc sound system	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
0150	Video tape recorder, video disc player, or video cassette recorder (VCR)	1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
GO TO SECTION 2									

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

Section 2 - RENTED LIVING QUARTERS

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

1 02 01 2 ↓

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

Section 2 – RENTED LIVING QUARTERS – Continued

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

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

RENTAL OF OTHER THAN SAMPLE UNIT	PROCESSING USE ONLY	1 02 02 0 ↓		NOTES										
1a. What is the rental charge to your CU for the other unit, including any extra charge for garage or parking facilities? b. What period of time does this cover? c. Since the 1st of (month, 3 months ago), how many payments have been made? d. Were all the payments in the amount of (rental charge reported in item 1a)? e. If NO – What was the amount of each payment and how many payments were made at that amount? f. Were any payments made during the current month? g. If YES – How much?	0010 \$ _____ .00 x <input type="checkbox"/> Don't know 0020 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ _____ 0030 _____ Number 0040 1 <input type="checkbox"/> Yes – Go to item 1f 2 <input type="checkbox"/> No <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Payment</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>0050 \$ _____ .00</td> <td>0060</td> </tr> <tr> <td>0070 \$ _____ .00</td> <td>0080</td> </tr> <tr> <td>0090 \$ _____ .00</td> <td>0100</td> </tr> <tr> <td>0110 \$ _____ .00</td> <td>0120</td> </tr> </tbody> </table> 0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2 0180 \$ _____ .00	Payment	Number	0050 \$ _____ .00	0060	0070 \$ _____ .00	0080	0090 \$ _____ .00	0100	0110 \$ _____ .00	0120	1 02 02 0 ↓	3a. Did you or any members of your CU receive any free or reduced rent for the unit as a form of pay since the 1st of (month, 3 months ago)? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4	
		Payment	Number											
		0050 \$ _____ .00	0060											
		0070 \$ _____ .00	0080											
		0090 \$ _____ .00	0100											
		0110 \$ _____ .00	0120											
		b. What is the rental charge to another tenant for a similar unit? 0260 \$ _____ .00 x <input type="checkbox"/> Don't know	3b. What period of time does this cover? 0270 4 <input type="checkbox"/> Month 9 <input type="checkbox"/> Other – Specify ↘ _____											
4a. Is any portion of the unit used for your own business? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5	4b. What percent of the rental payment is counted as a business expense? Enter to the nearest whole percent. 0290 _____ .00 Percent													
5. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any other houses, apartments, or temporary living quarters not used for business or vacation? Do not include college or university regulated housing. 0300 1 <input type="checkbox"/> Yes – Complete part B for other rental property 2 <input type="checkbox"/> No – Go to next section														
2. Does the rental payment include the cost of –														
a. Electricity? 0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Gas? 0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. Piped-in water? 0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No d. Heating? 0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No e. Trash/Garbage collection? 0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. Garage or parking facilities? 0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No														

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

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

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

FIELD REPRESENTATIVE INSTRUCTIONS

- After completing all screening items (Part A.1) fill the appropriate parts of section 3 for each property owned.
- For each property previously recorded and still owned ("Yes" in item 1, column g), complete part I.
- For each property previously recorded and disposed of within the last 3 months ("No" in item 1, column g), complete parts D and I.
- If a mortgage or lump sum home equity loan payment amount changed since a previous interview ("Yes" in item 1, column k), complete part J for the property.
- If a new or additional mortgage or home equity loan was obtained on a previously recorded property ("Yes" in item 2a), complete parts F, G, or H, as appropriate.
- For each newly acquired property, complete parts B, E, and I.
- For each newly acquired property that was disposed of within the past 3 months, complete parts B, D, E, and I.

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

8 03 00 7 →

PROPERTY INVENTORY CHART

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

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

Part A.1 – Screening Questions – Continued

1 03 01 0 ↓

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

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

Ask for each property.

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

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

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

Ask or verify.

f. Is this new loan a line of credit home equity loan? 0040 1 Yes – Mark (X) "Yes" in line of credit home equity loan column in item 2g

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

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

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

NOTES

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

Property number	Property code	Mortgage (Complete a part F)	Lump sum home equity loan (Complete a part G)	Line of credit home equity loan (Complete a part H)
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Yes – Ask items 3b and 3c
2 No – Go to next part or section

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

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

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

Section 3 – OWNED LIVING QUARTERS AND OTHER OWNED REAL ESTATE

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

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

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

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

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

Part B – Detailed Property Description

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

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

NOTES

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

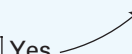
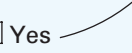
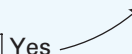
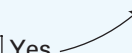
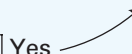
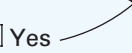
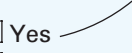

FIELD REPRESENTATIVE – Complete a column in part D for this property reported as disposed of in part A.1, item 1g, or part A.2, item 7, and continue with all appropriate parts for this property before going to next property.

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

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

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


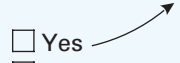


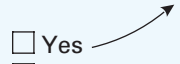
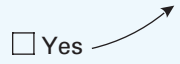


Part E – Mortgage/Home Equity Loan Screening Questions

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

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

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

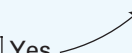
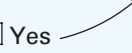
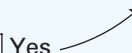
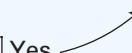
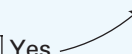
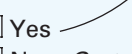
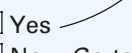
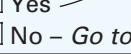
Part E – Mortgage/Home Equity Loan Screening Questions – Continued

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

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

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

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

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

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

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

Part F – Mortgages

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

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

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

Part G – Lump Sum Home Equity Loans

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

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

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

Part H – Line of Credit Home Equity Loans

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

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

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

Part I – Ownership Costs

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</p>	<p>PROCESSING USE ONLY</p> <p>a. PROPERTY NUMBER</p> <p>b. PROPERTY CODE</p> <p>c. DESCRIPTION</p>	<p>1 03 77 0 ↓</p> <p>0010 _____ Number</p> <p>0020 _____ Code</p> <p>Description</p>	<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p>	<p>0160 01 <input type="checkbox"/> Repayment of loans owed by cooperative</p> <p>0170 02 <input type="checkbox"/> Property taxes</p> <p>0180 03 <input type="checkbox"/> Property insurance</p> <p>0190 04 <input type="checkbox"/> Management</p> <p>0200 05 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal</p> <p>0210 06 <input type="checkbox"/> Improvements</p> <p>0220 07 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities</p> <p>0230 08 <input type="checkbox"/> Security, including guards and alarm systems</p> <p>0240 09 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat</p> <p>0250 10 <input type="checkbox"/> Trash collection</p> <p>0260 11 <input type="checkbox"/> Other – Specify _____</p>	<p>11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</p>	<p>0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a</p>
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>		<p>0030 1 <input type="checkbox"/> Mortgage/lump sum home equity loan 2 <input type="checkbox"/> No mortgage/no lump sum home equity loan – Go to item 4a</p>	<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p>	<p>0270 21 <input type="checkbox"/> Management</p> <p>0280 22 <input type="checkbox"/> Repairs and maintenance, including lawn care and snow removal</p> <p>0290 23 <input type="checkbox"/> Improvements</p> <p>0300 24 <input type="checkbox"/> Utilities: such as gas, electricity, water, heat</p> <p>0310 25 <input type="checkbox"/> Parking</p> <p>0320 26 <input type="checkbox"/> Recreational, including swimming, golf, and tennis facilities</p> <p>0330 27 <input type="checkbox"/> Security, including guards and alarm systems</p> <p>0340 28 <input type="checkbox"/> Maid service</p> <p>0350 29 <input type="checkbox"/> Medical services</p> <p>0360 30 <input type="checkbox"/> Trash collection</p> <p>0370 31 <input type="checkbox"/> Other – Specify _____</p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided?</p>	<p>SERVICES FOR CO-OPS</p> <p>0440 0 0450 0</p> <p>0460 0 0470 0</p> <p>0480 0 0490 0</p> <p>0500 0 0510 0</p> <p>0520 0 0530 1</p> <p>0540 1</p> <p>SERVICES FOR CONDOS/ SOMETHING ELSE</p> <p>0550 2 0560 2</p> <p>0570 2 0580 2</p> <p>0590 2 0600 2</p> <p>0610 2 0620 2</p> <p>0630 2 0640 3</p> <p>0650 3</p>
<p>3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?</p>		<p>0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p>	<p>10a. Are any of the costs included in your (your CU's) mortgage payment?</p>	<p>0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10d</p>	<p>c. Since the 1st of (month, 3 months ago), how much were these special payments?</p>	<p>0660 \$ _____ .00</p>
<p>b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?</p>		<p>0050 \$ _____ .00</p>	<p>b. If YES – How much per month?</p>	<p>0390 \$ _____ .00</p>	<p>d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p>	<p>0670 \$ _____ .00</p>
<p>c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?</p>		<p>0060 \$ _____ .00</p>	<p>c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?</p>	<p>0400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a</p>	<p>b. What was the total amount paid?</p>	<p>0690 \$ _____ .00</p>
<p>d. Were there any penalty charges as a result of the extra payments?</p>		<p>0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p>	<p>d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</p>	<p>0410 \$ _____ .00</p>	<p>c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p>	<p>0700 \$ _____ .00</p>
<p>e. Since the 1st of (month, 3 months ago), how much were these penalty charges?</p>		<p>0080 \$ _____ .00</p>	<p>e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p>	<p>0420 \$ _____ .00</p>	<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p>	<p>0710 \$ _____ .00 x <input type="checkbox"/> Don't know</p>
<p>f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p>		<p>0090 \$ _____ .00</p>				
<p>4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?</p>		<p>0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5</p>				
<p>b. If YES – What was the total amount paid?</p>		<p>0110 \$ _____ .00</p>				
<p>c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p>		<p>0120 \$ _____ .00</p>				
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. If property is co-op, mark box 2. If property is neither, mark box 3. Refer to part B, item 10 or part A.1, item 1, column d</p>		<p>0130 1 <input type="checkbox"/> Condominium – Go to item 7 2 <input type="checkbox"/> Co-op – Go to item 8 3 <input type="checkbox"/> Neither condo nor co-op – Continue with item 6</p>				
<p>6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?</p>		<p>0140 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a</p>				
<p>7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</p>		<p>0150 1 <input type="checkbox"/> Yes – Go to item 9 2 <input type="checkbox"/> No – Go to item 11a</p>				

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

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

Part I – Ownership Costs – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the property number in item 1a, the property code in item 1b, and a brief description of the property in item 1c.</p>	<p>PROCESSING USE ONLY 1 03 78 8 ↓</p> <p>a. PROPERTY NUMBER <input type="text"/> Number</p> <p>b. PROPERTY CODE <input type="text"/> Code</p> <p>c. DESCRIPTION Description</p>		<p>8. If property is co-op, ask – Now I'd like to ask you about payments you make (your CU makes) directly to the cooperative for your (your CU's) share of its costs. Since the 1st of (month, 3 months ago), for which of the things on this card (hand the respondent Information Booklet, page 12) have you (has your CU) made any payments? Mark (X) all that apply. If any entry in boxes 1–11, go to item 10a. If no entries in boxes 1–11, go to item 11a.</p>	<p><input type="checkbox"/> 01 Repayment of loans owed by cooperative</p> <p><input type="checkbox"/> 02 Property taxes</p> <p><input type="checkbox"/> 03 Property insurance</p> <p><input type="checkbox"/> 04 Management</p> <p><input type="checkbox"/> 05 Repairs and maintenance, including lawn care and snow removal</p> <p><input type="checkbox"/> 06 Improvements</p> <p><input type="checkbox"/> 07 Recreational, including swimming, golf, and tennis facilities</p> <p><input type="checkbox"/> 08 Security, including guards and alarm systems</p> <p><input type="checkbox"/> 09 Utilities: such as gas, electricity, water, heat</p> <p><input type="checkbox"/> 10 Trash collection</p> <p><input type="checkbox"/> 11 Other – Specify <input type="text"/></p>	<p>11a. If property is co-op: Hand respondent Information Booklet, page 12. If property is condo/ something else: Hand respondent Information Booklet, page 13. Have you (Has your CU) made any SPECIAL payments to a management service for any of these items?</p>	<p><input type="checkbox"/> 0430 1 Yes <input type="checkbox"/> 2 No – Go to item 12a</p>
<p>2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If there was a mortgage or lump sum home equity loan on the property within the past 3 months, mark box 1; if not, mark box 2.</p>	<p><input type="checkbox"/> 0030 1 Mortgage/lump sum home equity loan <input type="checkbox"/> 2 No mortgage/no lump sum home equity loan – Go to item 4a</p>		<p>9. If property is not co-op, ask – Which of the services and privileges listed (hand the respondent Information Booklet, page 13) are included in those payments? Mark (X) all that apply.</p>	<p><input type="checkbox"/> 0270 21 Management</p> <p><input type="checkbox"/> 0280 22 Repairs and maintenance, including lawn care and snow removal</p> <p><input type="checkbox"/> 0290 23 Improvements</p> <p><input type="checkbox"/> 0300 24 Utilities: such as gas, electricity, water, heat</p> <p><input type="checkbox"/> 0310 25 Parking</p> <p><input type="checkbox"/> 0320 26 Recreational, including swimming, golf, and tennis facilities</p> <p><input type="checkbox"/> 0330 27 Security, including guards and alarm systems</p> <p><input type="checkbox"/> 0340 28 Maid service</p> <p><input type="checkbox"/> 0350 29 Medical services</p> <p><input type="checkbox"/> 0360 30 Trash collection</p> <p><input type="checkbox"/> 0370 31 Other – Specify <input type="text"/></p>	<p>b. Since the 1st of (month, 3 months ago), what services were provided?</p> <p>SERVICES FOR CO-OPS</p> <p><input type="text"/> 0440 <input type="text"/> 0 <input type="text"/> 0450 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0460 <input type="text"/> 0 <input type="text"/> 0470 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0480 <input type="text"/> 0 <input type="text"/> 0490 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0500 <input type="text"/> 0 <input type="text"/> 0510 <input type="text"/> 0 <input type="text"/></p> <p><input type="text"/> 0520 <input type="text"/> 0 <input type="text"/> 0530 <input type="text"/> 1 <input type="text"/></p> <p><input type="text"/> 0540 <input type="text"/> 1 <input type="text"/></p> <p>SERVICES FOR CONDOS/ SOMETHING ELSE</p> <p><input type="text"/> 0550 <input type="text"/> 2 <input type="text"/> 0560 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0570 <input type="text"/> 2 <input type="text"/> 0580 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0590 <input type="text"/> 2 <input type="text"/> 0600 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0610 <input type="text"/> 2 <input type="text"/> 0620 <input type="text"/> 2 <input type="text"/></p> <p><input type="text"/> 0630 <input type="text"/> 2 <input type="text"/> 0640 <input type="text"/> 3 <input type="text"/></p> <p><input type="text"/> 0650 <input type="text"/> 3 <input type="text"/></p>	
<p>3a. Now I want to ask about other payments on (property description) during the last three months. Since the 1st of (month, 3 months ago), have you (any members of your CU) paid more than the amount required on any mortgage or lump sum home equity loan?</p> <p>b. Since the 1st of (month, 3 months ago), what was the total amount that you (your CU) paid extra?</p> <p>c. How much of the (amount in item 3b) did you (your CU) pay since the 1st of (current month)?</p> <p>d. Were there any penalty charges as a result of the extra payments?</p> <p>e. Since the 1st of (month, 3 months ago), how much were these penalty charges?</p> <p>f. How much of the (amount in item 3e) did you (your CU) pay since the 1st of (current month)?</p>	<p><input type="checkbox"/> 0040 1 Yes <input type="checkbox"/> 2 No – Go to item 4a</p> <p><input type="text"/> 0050 \$ _____ .00</p> <p><input type="text"/> 0060 \$ _____ .00</p> <p><input type="checkbox"/> 0070 1 Yes <input type="checkbox"/> 2 No – Go to item 4a</p> <p><input type="text"/> 0080 \$ _____ .00</p> <p><input type="text"/> 0090 \$ _____ .00</p>		<p>10a. Are any of the costs included in your (your CU's) mortgage payment?</p> <p>b. If YES – How much per month?</p> <p>c. In addition to those costs, since the 1st of (month, 3 months ago), have you (has your CU) made any other regular payments for these services?</p> <p>d. Since the 1st of (month, 3 months ago), how much have you (has your CU) paid for these services?</p> <p>e. How much of the (amount in item 10d) was paid since the 1st of (current month)?</p>	<p><input type="checkbox"/> 0380 1 Yes <input type="checkbox"/> 2 No – Go to item 10d</p> <p><input type="text"/> 0390 \$ _____ .00</p> <p><input type="checkbox"/> 0400 1 Yes <input type="checkbox"/> 2 No – Go to item 11a</p> <p><input type="text"/> 0410 \$ _____ .00</p> <p><input type="text"/> 0420 \$ _____ .00</p>	<p>c. Since the 1st of (month, 3 months ago), how much were these special payments?</p> <p><input type="text"/> 0660 \$ _____ .00</p> <p>d. Of the (amount in item 11c), how much was paid since the 1st of (current month)?</p> <p><input type="text"/> 0670 \$ _____ .00</p>	
<p>4a. Since the 1st of (month, 3 months ago), have you (has your CU) made any payments for ground or land rent for (property description)?</p> <p>b. If YES – What was the total amount paid?</p> <p>c. How much of the (amount in item 4b) was paid since the 1st of (current month)?</p>	<p><input type="checkbox"/> 0100 1 Yes <input type="checkbox"/> 2 No – Go to item 5</p> <p><input type="text"/> 0110 \$ _____ .00</p> <p><input type="text"/> 0120 \$ _____ .00</p>				<p>12a. Since the 1st of (month, 3 months ago), have you (has your CU) paid any special assessments by a local government for construction or repair of roads, sidewalks, or other things like that?</p> <p>b. What was the total amount paid?</p> <p>c. How much of the (amount in item 12b) was paid since the 1st of (current month)?</p>	<p><input type="checkbox"/> 0680 1 Yes <input type="checkbox"/> 2 No – Go to item 13</p> <p><input type="text"/> 0690 \$ _____ .00</p> <p><input type="text"/> 0700 \$ _____ .00</p>
<p>5. FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box. If property is condo, mark box 1. } Refer to part B, item 10 or If property is co-op, mark box 2. } part A.1, item 1, column d If property is neither, mark box 3.</p> <p>6. If property is not condo/co-op, ask – Do you (Does your CU) make regular payments to a homeowner's association?</p> <p>7. If property is condo, ask – Are you (Is your CU) required to make regular payments of condominium fees for general maintenance or management services?</p>	<p><input type="checkbox"/> 0130 1 Condominium – Go to item 7 <input type="checkbox"/> 2 Co-op – Go to item 8 <input type="checkbox"/> 3 Neither condo nor co-op – Continue with item 6</p> <p><input type="checkbox"/> 0140 1 Yes – Go to item 9 <input type="checkbox"/> 2 No – Go to item 11a</p> <p><input type="checkbox"/> 0150 1 Yes – Go to item 9 <input type="checkbox"/> 2 No – Go to item 11a</p>				<p>13. Ask if code 100, 200, or 300 in item 1b. If someone were to rent your home today, how much do you think it would rent for monthly, unfurnished and without utilities?</p> <p><input type="text"/> 0710 \$ _____ .00 x <input type="checkbox"/> Don't know</p>	

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

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

Part I – Ownership Costs – Continued

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 4 – UTILITIES AND FUELS FOR OWNED AND RENTED PROPERTIES

Part A – Telephone Expenses

1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any bills for telephone services? Do not include bills for telephones used entirely for business purposes.	PROCESSING USE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part B	1 04 01 8 ↘	PROCESSING USE ONLY <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part B	1 04 02 6 ↘	NOTES						
2. What property(ies) was (were) the telephone bills for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, column a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description							
3. What is the name of the company which provides telephone services for (property description)?	OFFICE USE ONLY 0030 _____	Name of telephone company	OFFICE USE ONLY 0030 _____	Name of telephone company							
4. How many telephone bills were received for (property description) from (company name)?	0040 _____ Number		0040 _____ Number								
5a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.	Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4			
	0060 0 <input type="checkbox"/> None \$ _____ .00	0120 0 <input type="checkbox"/> None \$ _____ .00	0180 0 <input type="checkbox"/> None \$ _____ .00	0240 0 <input type="checkbox"/> None \$ _____ .00	0060 0 <input type="checkbox"/> None \$ _____ .00	0120 0 <input type="checkbox"/> None \$ _____ .00	0180 0 <input type="checkbox"/> None \$ _____ .00	0240 0 <input type="checkbox"/> None \$ _____ .00			
b. In what month was the bill received?	Month	Month	Month	Month	Month	Month	Month	Month			
	0070	0130	0190	0250	0070	0130	0190	0250			
6. Does the total amount of the bill include –	a. A basic service charge?								PRE		
	b. Long distance call charges?								Property No. from item 2	Month bill received from item 5b	Total amount of bill from item 5a
	c. Equipment purchases such as the purchase of a telephone?										\$.00
	d. FIELD REPRESENTATIVE CHECK ITEM Was a bill or checkbook used or was an estimate given?								Name of telephone company		
7a. Is any of the total charge to be deducted as a business expense?	0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8				Name of telephone company		
b. If YES – What percentage will be deducted?	0430 _____ .00 Percent				0430 _____ .00 Percent				Outlet code		
8. Did you (or any members of your CU) receive any other telephone bills for telephones that are not used entirely for business purposes?	0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company				Property No. from item 2		
	2 <input type="checkbox"/> No – Go to part B				2 <input type="checkbox"/> No – Go to part B				Month bill received from item 5b		
								Total amount of bill from item 5a			
								\$.00			
								Name of telephone company			
								Outlet code			

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

Part A - Telephone Expenses - Continued

	PROCESSING USE ONLY	PROCESSING USE ONLY	NOTES									
	1 04 03 4 ↴	1 04 04 2 ↴										
2. What property(ies) was (were) the telephone bills for? • Owned properties – Enter a description of the property and enter a property number for – <i>Property previously reported in section 3, part A.1, item 1, column a</i> <i>Property reported at this interview in section 3, part B, item 1a</i> • All other properties – Mark (X) appropriate box and enter a description of the property.	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description _____ _____ _____	0020 _____ Property number 96 <input type="checkbox"/> Mobile (car) phone 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	Description _____ _____ _____								
3. What is the name of the company which provides telephone services for (property description)?	OFFICE USE ONLY 0030 _____	Name of telephone company _____	OFFICE USE ONLY 0030 _____	Name of telephone company _____								
4. How many telephone bills were received for (property description) from (company name)?	0040 _____ Number	0040 _____ Number										
5a. What was the total amount of bill (bill number)? Exclude any unpaid bills from a previous billing period.	Bill 1 0060 <input type="checkbox"/> None \$ _____ .00	Bill 2 0120 <input type="checkbox"/> None \$ _____ .00	Bill 3 0180 <input type="checkbox"/> None \$ _____ .00	Bill 4 0240 <input type="checkbox"/> None \$ _____ .00	Bill 1 0060 <input type="checkbox"/> None \$ _____ .00	Bill 2 0120 <input type="checkbox"/> None \$ _____ .00	Bill 3 0180 <input type="checkbox"/> None \$ _____ .00	Bill 4 0240 <input type="checkbox"/> None \$ _____ .00	PRE	Property No. from item 2 _____	Month bill received from item 5b _____	Total amount of bill from item 5a \$ _____ .00
b. In what month was the bill received?	0070 _____	0130 _____	0190 _____	0250 _____	0070 _____	0130 _____	0190 _____	0250 _____				
6. Does the total amount of the bill include –	0080 <input type="checkbox"/> Yes <input type="checkbox"/> No	0140 <input type="checkbox"/> Yes <input type="checkbox"/> No	0200 <input type="checkbox"/> Yes <input type="checkbox"/> No	0260 <input type="checkbox"/> Yes <input type="checkbox"/> No	0080 <input type="checkbox"/> Yes <input type="checkbox"/> No	0140 <input type="checkbox"/> Yes <input type="checkbox"/> No	0200 <input type="checkbox"/> Yes <input type="checkbox"/> No	0260 <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of telephone company _____			
a. A basic service charge?	0090 <input type="checkbox"/> Yes <input type="checkbox"/> No	0150 <input type="checkbox"/> Yes <input type="checkbox"/> No	0210 <input type="checkbox"/> Yes <input type="checkbox"/> No	0270 <input type="checkbox"/> Yes <input type="checkbox"/> No	0090 <input type="checkbox"/> Yes <input type="checkbox"/> No	0150 <input type="checkbox"/> Yes <input type="checkbox"/> No	0210 <input type="checkbox"/> Yes <input type="checkbox"/> No	0270 <input type="checkbox"/> Yes <input type="checkbox"/> No	Outlet code _____			
b. Long distance call charges?	0095 <input type="checkbox"/> Yes <input type="checkbox"/> No	0155 <input type="checkbox"/> Yes <input type="checkbox"/> No	0215 <input type="checkbox"/> Yes <input type="checkbox"/> No	0275 <input type="checkbox"/> Yes <input type="checkbox"/> No	0095 <input type="checkbox"/> Yes <input type="checkbox"/> No	0155 <input type="checkbox"/> Yes <input type="checkbox"/> No	0215 <input type="checkbox"/> Yes <input type="checkbox"/> No	0275 <input type="checkbox"/> Yes <input type="checkbox"/> No	Property No. from item 2 _____	Month bill received from item 5b _____	Total amount of bill from item 5a \$ _____ .00	
c. Equipment purchases such as the purchase of a telephone?	0110 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Check-book	0170 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Check-book	0230 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Check-book	0290 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Check-book	0110 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Check-book	0170 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Check-book	0230 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Check-book	0290 <input type="checkbox"/> Bills <input type="checkbox"/> Estimate <input type="checkbox"/> Check-book	Name of telephone company _____			
d. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or checkbook used or was an estimate given?</i>	0420 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8	0420 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8			0420 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8	0420 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8			Outlet code _____			
7a. Is any of the total charge to be deducted as a business expense?	0430 _____ .00 Percent	0430 _____ .00 Percent			0430 _____ .00 Percent	0430 _____ .00 Percent			Property No. from item 2 _____	Month bill received from item 5b _____	Total amount of bill from item 5a \$ _____ .00	
b. If YES – What percentage will be deducted?	0440 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company <input type="checkbox"/> No – Go to part B	0440 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company <input type="checkbox"/> No – Go to part B			0440 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company <input type="checkbox"/> No – Go to part B	0440 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company <input type="checkbox"/> No – Go to part B			Name of telephone company _____			
8. Did you (or any members of your CU) receive any other telephone bills for telephones that are not used entirely for business purposes?	0440 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company <input type="checkbox"/> No – Go to part B	0440 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company <input type="checkbox"/> No – Go to part B			0440 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company <input type="checkbox"/> No – Go to part B	0440 <input type="checkbox"/> Yes – Complete a separate column for each property and each telephone company <input type="checkbox"/> No – Go to part B			Outlet code _____			

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

Part B – Screening Questions

1 04 25 7 ↴

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

FIELD REPRESENTATIVE: Read each item in bold listed below.

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

Yes No – Go to part C

If YES –

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

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

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

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

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

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

NOTES

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

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

Part C – Detailed Questions

1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.	PROCESSING USE ONLY				1 04 51 3 ↓ ↗				PROCESSING USE ONLY				1 04 52 1 ↓ ↗						
	a. UTILITY CODE Code				Description				a. UTILITY CODE Code				Description						
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU				Description			
3. What is the name of the company or government agency which provides (utility or fuel description)? Ask for utility codes 100–120, 200–260, and 290 only.				Name				Name											
OFFICE USE ONLY				0030				OFFICE USE ONLY				0030							
4. How many bills were received for (utility or fuel) for (property description)?				0045 _____ Number				4. How many bills were received for (utility or fuel) for (property description)?				0045 _____ Number							
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.				0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____				5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.				0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____							
6. Do you have any of these bills or other records showing these (utility or fuel) charges?				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				6. Do you have any of these bills or other records showing these (utility or fuel) charges?				0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
Complete a separate column for each bill received since the 1st of (month, 3 months ago).				Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4								
7a. What was the amount of bill (bill number)?				0070 _____ .00	0140 _____ .00	0210 _____ .00	0280 _____ .00	0070 _____ .00	0140 _____ .00	0210 _____ .00	0280 _____ .00								
b. In what month was the bill received?				Month	Month	Month	Month	Month	Month	Month	Month								
7b. In what month was the bill received?				0080	0150	0220	0290	0080	0150	0220	0290								
7c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.				Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure								
OFFICE USE ONLY				0095	0165	0235	0305	0095	0165	0235	0305								
d. What was the quantity consumed for bill (bill number)?				Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity								
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 services which were not part of the cost of (utility or fuel)?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g								
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?				0110	0180	0250	0320	0110	0180	0250	0320								
f. How much were these charges?				0120 _____ .00	0190 _____ .00	0260 _____ .00	0330 _____ .00	0120 _____ .00	0190 _____ .00	0260 _____ .00	0330 _____ .00								
g. FIELD REPRESENTATIVE CHECK ITEM Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.				1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗								
g. FIELD REPRESENTATIVE CHECK ITEM Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.				0130	0200	0270	0340	0130	0200	0270	0340								
8. Was any part of the charge deducted as a business expense?				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				8. Was any part of the charge deducted as a business expense?				0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No							

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

Part C – Detailed Questions

1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM <i>Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.</i>	PROCESSING USE ONLY	1 04 53 9 ↘				1 04 54 7 ↘																			
a. UTILITY CODE		0010				Code					Code														
b. DESCRIPTION OF UTILITY OR FUEL		Description				Description																			
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.		0020	Property number _____ 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU			Description			0020	Property number _____ 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU			Description												
3. What is the name of the company or government agency which provides (utility or fuel description)? <i>Ask for utility codes 100–120, 200–260, and 290 only.</i>		Name				Name																			
OFFICE USE ONLY		0030																							
4. How many bills were received for (utility or fuel) for (property description)?		0045	Number _____			0045	Number _____																		
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.		0055	1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____			0055	1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____																		
6. Do you have any of these bills or other records showing these (utility or fuel) charges?		0060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																		
7a. What was the amount of bill (bill number)? <i>Complete a separate column for each bill received since the 1st of (month, 3 months ago).</i>		0070	Bill 1	Bill 2	Bill 3	Bill 4	0070	Bill 1	Bill 2	Bill 3	Bill 4														
		\$.00	.00	.00	.00	\$.00	.00	.00	.00														
		0080	Month	Month	Month	Month	0080	Month	Month	Month	Month														
b. In what month was the bill received?		0080	0150	0220	0290	0080	0150	0220	0290																
c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms? <i>Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.</i>		Unit-of-measure			Unit-of-measure			Unit-of-measure			Unit-of-measure														
OFFICE USE ONLY		0095	0165	0235	0305	0095	0165	0235	0305																
d. What was the quantity consumed for bill (bill number)?		0105	Quantity	0175	Quantity	0245	Quantity	0315	Quantity	0105	Quantity	0175	Quantity	0245	Quantity	0315	Quantity								
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?		0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g			0180	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g			0250	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g			0320	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g										
f. How much were these charges?		0120	\$.00	0190	\$.00	0260	\$.00	0330	\$.00	0120	\$.00	0190	\$.00	0260	\$.00	0330	\$.00
g. FIELD REPRESENTATIVE CHECK ITEM <i>Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.</i>		0130	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗			0200	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗			0270	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗			0340	1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗										
8. Was any part of the charge deducted as a business expense?		0420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			0420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																		
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?		0440	1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No			0440	1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No																		

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

Part C – Detailed Questions

1. FIELD REPRESENTATIVE TRANSCRIPTION ITEM Enter a utility code in item 1a and a description of utility or fuel in item 1b from part B, item 1.	PROCESSING USE ONLY				1 04 55 4 ↓ ↘				1 04 56 2 ↓ ↘			
	a. UTILITY CODE		Code		Description		Description					
2. What property were the charges for? • Owned properties – Enter a description of the property and enter a property number for – Property previously reported in section 3, part A.1, item 1, col. a Property reported at this interview in section 3, part B, item 1a • All other properties – Mark (X) appropriate box and enter a description of the property.		0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description				0020 _____ Property number 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU		Description		
3. What is the name of the company or government agency which provides (utility or fuel description)? Ask for utility codes 100–120, 200–260, and 290 only.		Name				Name						
OFFICE USE ONLY		0030		0030		0030		0030		0030		
4. How many bills were received for (utility or fuel) for (property description)?		0045 _____ Number				0045 _____ Number						
5. What period of time was covered by the bill? If period covered changed for a utility or fuel during the reference period, complete a separate column for each different period of time.		0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____		0055 1 <input type="checkbox"/> Month 3 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> 2 months 4 <input type="checkbox"/> Other – Specify _____								
6. Do you have any of these bills or other records showing these (utility or fuel) charges?		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
Complete a separate column for each bill received since the 1st of (month, 3 months ago).		Bill 1	Bill 2	Bill 3	Bill 4	Bill 1	Bill 2	Bill 3	Bill 4			
7a. What was the amount of bill (bill number)?		0070	0140	0210	0280	0070	0140	0210	0280			
b. In what month was the bill received?		Month	Month	Month	Month	Month	Month	Month	Month			
Ask items 7c–f for utility codes 100–130 only if bills, receipts, or other records are available (code 1, item 6), otherwise go to item 7g.		0080	0150	0220	0290	0080	0150	0220	0290			
7c. What was the unit-of-measure, such as kilowatt hours, gallons, cubic feet or therms?		Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure	Unit-of-measure			
OFFICE USE ONLY		0095	0165	0235	0305	0095	0165	0235	0305			
d. What was the quantity consumed for bill (bill number)?		Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity			
e. Did the bill include any charges for merchandise, repairs, or other services which were not part of the cost of (utility or fuel)?		0105	0175	0245	0315	0105	0175	0245	0315			
f. How much were these charges?		0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7g			
g. FIELD REPRESENTATIVE CHECK ITEM Was a bill or other record used or was an estimate given? Checks or checkbooks are not considered records.		0120	0190	0260	0330	0120	0190	0260	0330			
0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗		0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘	0130 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0200 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0270 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↗	0340 1 <input type="checkbox"/> Records used 2 <input type="checkbox"/> Estimate ↘				
8. Was any part of the charge deducted as a business expense?		0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		0420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
9. Since the 1st of (month, 3 months ago), did you (or any members of your CU) receive any other utility or fuel bills?		0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No				0440 1 <input type="checkbox"/> Yes – Complete a separate column for each property 2 <input type="checkbox"/> No						

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

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

Part A – Screening Questions

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

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

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

Part B – Job Description – Continued

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

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

Part B – Job Description – Continued

1. FIELD REPRESENTATIVE ITEM PROCESSING USE ONLY JOB NUMBER Enter the job code from part A. (For combined jobs use code 310.)	1 05 52 8 ↓	7. Which of these items did it include and what was the cost of each?	OFFICE USE ONLY Description 1 0130	NOTES
	3 0010 Code		1 0140 \$.00 x <input type="checkbox"/> Don't know	
2a. On which property was the (job description) done? Description	Description	8a. Have you (or any members of your CU) PURCHASED any materials, supplies, tools, or equipment for doing this job?	OFFICE USE ONLY Description 2 0150	
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 97 <input type="checkbox"/> Rented sample unit 98 <input type="checkbox"/> Other rented unit 99 <input type="checkbox"/> Property not owned or rented by CU	2 0160 \$.00 x <input type="checkbox"/> Don't know			
3a. What work was done? Description should be adequate to classify as "alteration," "repair," etc., and to identify in next interview. Description FIELD REPRESENTATIVE CHECK ITEM b. Job classification – Mark (X) one.	0030 1 <input type="checkbox"/> Addition 2 <input type="checkbox"/> Alteration 3 <input type="checkbox"/> Replacement 4 <input type="checkbox"/> Maintenance and repair 5 <input type="checkbox"/> New construction	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a		
OFFICE USE ONLY – Enter detail job codes. 0040		b. What was the total cost for all items purchased for this job in – (month, 3 months ago)? 0260 \$.00 o <input type="checkbox"/> None (month, 2 months ago)? 0270 \$.00 o <input type="checkbox"/> None (last month)? 0280 \$.00 o <input type="checkbox"/> None (the current month)? 0290 \$.00 o <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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? 0060 1 <input type="checkbox"/> Self only – Go to item 8a 2 <input type="checkbox"/> 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 \$.00 o <input type="checkbox"/> None (month, 2 months ago)? 0320 \$.00 o <input type="checkbox"/> None (last month)? 0330 \$.00 o <input type="checkbox"/> None (the current month)? 0340 \$.00 o <input type="checkbox"/> None		
b. What was the cost for all labor, materials, appliances, or equipment THEY PROVIDED IN – (month, 3 months ago)? 0070 \$.00 o <input type="checkbox"/> None (month, 2 months ago)? 0080 \$.00 o <input type="checkbox"/> None (last month)? 0090 \$.00 o <input type="checkbox"/> None (the current month)? 0100 \$.00 o <input type="checkbox"/> None		10a. Was (Will) any of the total cost of (read entry in item 4) (be) reimbursed or paid by someone outside of your CU? 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a		
c. Since the 1st of (month, 3 months ago), how much have you paid for labor and any materials THEY PROVIDED? 0110 \$.00 o <input type="checkbox"/> None – Go to item 8a		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. Information Booklet, page 15 6. Did the charge(s) include the cost of any appliances or equipment? 0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a		11a. Were (Will) any of these expenses for this job (be) deducted as a business expense? 0380 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next job		
		b. What percent was (will be) deducted? 0390 .00 Percent		

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

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

Part A – Purchase of Household Appliances

8 06 02 6 →

a				b		c		d			e		f		g		h		i		j		PRE		
Information Booklet, page 16 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU, or 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.				What type did you purchase or rent? Enter a brand name or a brief description of item.		ENTER ITEM CODE from column a.		Was this – 1 – Purchased for own use? 2 – Rented? Go to column g. 3 – Purchased as gift to others? Mark (X) box			When did you purchase it? Month		What was the purchase price after any trade-in allowance?		If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?		Did this include sales tax?		Were there any extra charges for installation? If "Yes" – How much?		Did you purchase or rent any other . . . ? If "No" go to next item in column a.		1 Description from column b and section 5B item 6 2 Month from column e 3 Cost from column f or column g and section 5B item 6		
COOKING STOVE, RANGE, OR OVEN Electric Gas Microwave Other				ITEM CODE YES NO		100 110 120 130		0010 0020		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00		
REFRIGERATOR				180		0070		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
HOME-FREEZER				190		0080		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
DISHWASHER Built-in Portable				200		0090		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
GARBAGE DISPOSAL				210		0100		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
CLOTHES WASHER				220		0110		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
CLOTHES DRYER				0010 999 <input type="checkbox"/> Go to Part B		0120		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
RANGE HOOD Combination of any of the above items				NOTES		0130		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
						0140		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
						0150		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
						0160		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				
						0170		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			\$.00		\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>		\$.00		<input type="checkbox"/> <input type="checkbox"/>		\$.00				

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

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

Part B – Purchase of Household Appliances and Other Selected Items

6 06 04 6 →

a				b	PROCESSING USE ONLY	c	d	e	f	g	h		i		NOTES	PRE			
Information Booklet, pages 16–18				What type did you purchase or rent? <i>Enter brand name or a brief description of the item.</i>		ENTER ITEM CODE from column a.	Was this – 1 – Purchased for own use? 2 – Rented? Go to column g 3 – Purchased as gift to others? <i>Mark (X) box</i>	When did you purchase it? Month	What did it cost? <i>(Include delivery charges, exclude installation charges.)</i> Go to column h.	If code 2 in column d – What was the total rental expense since the 1st of (month, 3 months ago), excluding the current month?	Did this include sales tax? YES NO	Did you purchase or rent any other . . . ? If "No," go to next item in column a. YES NO	Description from column b		Month from column e	Cost from column f or column g			
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased or rented any of the following items for your CU or as a gift to someone outside your CU? SMALL HOUSEHOLD APPLIANCES Small electrical kitchen appliances Electric personal care appliances Smoke detectors Electric floor cleaning equipment OTHER HOUSEHOLD APPLIANCES SEWING MACHINES CALCULATORS TELEPHONE AND ACCESSORIES TELEPHONE ANSWERING DEVICES TYPEWRITERS AND OTHER OFFICE MACHINES FOR NON-BUSINESS USE COMPUTERS, COMPUTER SYSTEMS AND RELATED HARDWARE FOR NON-BUSINESS USE COMPUTER SOFTWARE AND ACCESSORIES FOR NON-BUSINESS USE PHOTOGRAPHIC EQUIPMENT LAWNMOWING MACHINERY AND OTHER YARD EQUIPMENT TOOLS FOR HOME USE Power tools Non-power tools HEATING AND COOLING EQUIPMENT Window air conditioners Portable cooling and heating equipment <i>Use only if unable to itemize above – Combined expenses</i>	ITEM CODE	YES	NO																
		230			0010		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		240			0020		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		250			0030		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		260			0040		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		270			0050		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		280			0060		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		590			0070		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		660			0080		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		610			0090		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		620			0100		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		640			0110		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		650			0120		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		300			0130		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		310			0140		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		320			0150		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		330			0160		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		340			0170		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		350			0180		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	800			0190		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	800			0200		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		\$.00	\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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

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

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

6 06 06 1 →

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

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

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

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

6 06 08 7 →

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

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

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

Part A – Screening Questions					Part B – Household Equipment Repairs and Service Contracts										5 07 02 0 →						
<p><i>Information Booklet, page 20</i></p> <p>1a. Since the 1st of (month, 3 months ago), did you (or any members of your CU) have any expenses for maintenance or repair of household equipment?</p> <p><input type="checkbox"/> Yes – Go to column 1a below <input type="checkbox"/> No</p> <p>b. Did you (or any members of your CU) have any expenses for service contracts?</p> <p><input type="checkbox"/> Yes – Go to column 1b below <input type="checkbox"/> No</p>					<p>Repair or contract No.</p>	<p>a</p> <p>What is/was (repaired/covered by service contract)? <i>Describe the item repaired or the type of service or equipment covered by the service contract. Include all items covered.</i></p>	<p>PROCESSING USE ONLY</p>	<p>b</p> <p>1 – Equipment repair 2 – Service contract Mark (X)</p>		<p>c</p> <p>ENTER ITEM CODE from part A.</p>		<p>d</p> <p>In what month was (repair done/service contract purchased)?</p> <p>Month</p>		<p>e</p> <p>What was the total cost?</p>		<p>f</p> <p>Did this include sales tax?</p> <p>YES NO</p>		<p>PRE</p>			
															<p>1</p> <p>Description from column a</p>	<p>2</p> <p>Repair or service contract from column b</p>	<p>3</p> <p>Month from column d</p>	<p>4</p> <p>Cost from column e</p>			
					1		0010	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
					2		0020	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
					3		0030	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Garbage disposal, range hood, or built-in dishwasher					100		0040	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Other household appliances, such as washer, refrigerator, or range/oven					110		0050	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Television, radio, video and sound equipment, except those installed in automobiles or other vehicles					120		0060	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Computers, computer systems, and related equipment for non-business use					220		0070	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Lawn and garden equipment					130		0080	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Musical instruments and accessories					140		0090	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Hand or power tools					150		0100	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Photographic equipment					160		0110	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Sport and recreational equipment					170		0120	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Termite or pest control treatment					190		0130	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
Heating or air conditioning equipment					200		0140	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
<i>Use only if unable to itemize above – Combined expenses</i>					210		0150	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
2. FIELD REPRESENTATIVE CHECK ITEM					1 07 01 1 ↓																
Mark (X) box if there are no entries recorded in columns a–f in part B.					0010 999 <input type="checkbox"/> Go to part C																
					18		0160	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
					19		0170	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
					20		0180	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
					19		0190	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			
					20		0200	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>						\$.00			

NOTES

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

FIELD REPRESENTATIVE - Read part C screening question and complete a line in part D for each job.

Part C - Screening Question Did you (or any members of your CU) have any expenses for repairing, refinishing or reupholstering furniture, including the costs for fabric? <input type="checkbox"/> Yes - Go to part D <input type="checkbox"/> No - Go to next section								PRE			NOTES
								1	2	3	
								Description from column a	Month from column c	Cost from column d	
Item No.	a What item of furniture was repaired or reupholstered? <i>Describe type of furniture.</i>	PROCESSING USE ONLY	b OFFICE USE ONLY	c In what month did you have it repaired or reupholstered?		d How much did it cost?	e Did this include sales tax?				
				Month			YES	NO			
1		0010	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	
2		0020	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	
3		0030	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	
4		0040	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	
5		0050	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	
6		0060	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	
7		0070	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	
8		0080	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	
9		0090	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	
10		0100	220			\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>			\$.00	

4 07 04 9 →

Section 8 – HOME FURNISHINGS AND RELATED HOUSEHOLD ITEMS

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

Part A – Purchases				5 08 01 0 →															
a				b	c	d	e		f		g		h		NOTES	PRE			
																1	2	3	
Information Booklet, pages 21 and 22 Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased for your CU or as a gift to someone outside of your CU any of the following?				What did you purchase? Enter a brief description of the item purchased.	ENTER ITEM CODE from column a.	In what month did you purchase it?	Was this purchased for your CU or as a gift to someone outside the CU?		What was the purchase price?		Did this include sales tax?		Did you purchase any other ...?			Description from column b	Month from column d	Cost from column f	
	ITEM CODE	YES	NO		PROCESSING USE ONLY		Month	Mark box				YES	NO	YES	NO		Month		
LIVING, FAMILY, OR RECREATION ROOM FURNITURE																			
Sofas					100			1	2	\$	.00	1	2						\$.00
Living room chairs					101			1	2	\$	.00	1	2						\$.00
Living room tables					102			1	2	\$	.00	1	2						\$.00
Modular wall units, shelves or cabinets					103			1	2	\$	.00	1	2						\$.00
Ping-pong, pool tables and other similar recreation room items					104			1	2	\$	.00	1	2						\$.00
Other living room, family or recreation room furniture including desks					105			1	2	\$	.00	1	2						\$.00
Living room furniture combinations					106			1	2	\$	.00	1	2						\$.00
DINING ROOM AND KITCHEN FURNITURE																			
All dining room and kitchen furniture					110			1	2	\$	.00	1	2						\$.00
BEDROOM FURNITURE																			
Mattress and springs					120			1	2	\$	.00	1	2						\$.00
Bedroom furniture other than mattresses and springs					121			1	2	\$	.00	1	2						\$.00
Combined bedroom furniture (codes 120 and 121)					122			1	2	\$	.00	1	2						\$.00
INFANTS FURNITURE AND EQUIPMENT																			
Infants furniture					130			1	2	\$	.00	1	2						\$.00
Infants equipment					131			1	2	\$	.00	1	2						\$.00
OUTDOOR FURNITURE AND EQUIPMENT																			
Patio, porch or outdoor furniture					140			1	2	\$	.00	1	2						\$.00
Outdoor equipment					141			1	2	\$	.00	1	2						\$.00
OFFICE FURNITURE FOR HOME USE																			
All office furniture for home use. Exclude any furniture used exclusively for business					150			1	2	\$	.00	1	2						\$.00
Combined furniture expense. Use only if unable to itemize separately					160			1	2	\$	.00	1	2						\$.00
HOUSEHOLD DECORATIVE ITEMS																			
Clocks					170			1	2	\$	.00	1	2						\$.00
Lamps, and other lighting fixtures					171			1	2	\$	.00	1	2						\$.00
Other household decorative items					173			1	2	\$	.00	1	2						\$.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 – Continued				5 08 02 8 →				NOTES											
a				b	c	d	e		f		g		h		PRE				
Information Booklet, pages 23 and 24 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?				What did you purchase? Enter a brief description of the item purchased.	PROCESSING USE ONLY	ENTER ITEM CODE from column a.	In what month did you purchase it?	Was this purchased for your CU or as a gift to someone outside the CU?		What was the purchase price?	Did this include sales tax?		Did you purchase any other . . . ?		Description from column b	Month from column d	Cost from column f		
								1	2		YES	NO	YES	NO				Month	
CLOSET STORAGE AND TRAVEL ITEMS																			
	ITEM CODE	YES	NO																
Storage items	180																		
Travel items	181																		
DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND COOKWARE																			
Plastic dinnerware	190																		
China and other dinnerware	191																		
Stainless, silver, and other flatware	192																		
Glassware	193																		
Serving pieces other than silver	195																		
Non-electric cookware	196																		
Use only if unable to itemize above – Combined kitchenware (Codes 190–196)	197																		
Silver serving pieces	198																		
HOUSEHOLD LINENS																			
Bedroom linens	200																		
Bathroom linens	201																		
Kitchen and dining room linens	202																		
Other linens	203																		
Use only if unable to itemize above – Combined linens (Codes 200–203)	204																		
Slipcovers, decorative pillows and cushions	205																		
FLOOR AND WINDOW COVERINGS																			
Original wall-to-wall carpet	210																		
Replacement wall-to-wall carpet	211																		
Room size rugs and other non-permanent floor coverings, including carpet squares	212																		
Curtains and drapes	214																		
Venetian blinds, window shades, other window coverings	215																		
Use only if unable to itemize above – Combined expenses	220																		

Part B – Rental or Leasing of Furniture				1 08 03 5 ↓				NOTES											
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented or leased any furniture?				0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No –Go to next section															
b. If YES – What was the total expense for renting or leasing furniture, excluding any expenses for the current month?				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.

a			b		c		d		e	f		g		h		i		PRE							
Information Booklet, page 25 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following items, for persons age 2 and over, either for members of your CU or for someone outside your CU?			What did you buy? Describe briefly the item purchased.		ENTER ITEM CODE from column a. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15		For whom was it purchased? If CU member, enter name and line number from Control Card. If someone outside CU, enter name and appropriate code as follows: 90 – Male 16 and over 91 – Female 16 and over 92 – Male 2–15 93 – Female 2–15		How many did you purchase? Enter number of identical items purchased.	In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? If "No," go to next item in column a.		1	2	3	4	Description from column b	Person from column d	Month from column f	Cost from column g
																						Name	Line No. or code	Month	YES	NO	YES	NO	Name	Month
Coats, jackets, and furs			100		0010							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
Sport coats and tailored jackets			110		0020							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
Suits			120		0030							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
Vests			130		0040							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
Sweaters and sweater sets			140		0050							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
Pants, slacks, and jeans			150		0060							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
Shorts and short sets Exclude all athletic shorts			160		0070							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
Dresses			170		0080							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
Skirts			180		0090							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
Shirts, blouses, and tops			190		0100							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–i.			1 09 01 7 ↓		0010							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
			0010 999 <input type="checkbox"/> Go to next page		0110							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
NOTES					0120							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
					0130							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
					0140							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
					0150							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
					0160							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
					0170							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				
					0180							\$.00		1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					\$.00				

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

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

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

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

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

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

Part A - Clothing - Continued 6 09 07 3 →

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

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

Part B – Infants Clothing, Watches, Jewelry, and Hairpieces 6 09 12 3 →

a				b				PROCESSING USE ONLY	c			d		e	f		g		h		i		PRE		
1a. Have you (or any members of your CU) purchased clothing for infants under 2 years of age either for members of your CU or for someone outside your CU?				What did you buy? <i>Describe briefly the item purchased.</i>					ENTER ITEM CODE from column a.	Was this purchased for your CU or for someone outside of your CU?		How many did you purchase? <i>Enter number of identical items purchased.</i>	In what month did you purchase it?		How much did it cost?	Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		1 Description from column b	2 Month from column f	3 Cost from column g			
Such as –	ITEM CODE	YES	NO	CU member	Non-CU member	1	2			\$	YES		NO	YES		NO									
Coats, jackets, or snowsuits	290								1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
Dresses and other outerwear	300								1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
Underwear and diapers, including disposable	310								1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
Sleeping garments	320						0010		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
Layettes	330						0020		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
Accessories	340						0030		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
Combined clothing for infants – This should be used only if the respondent cannot itemize clothing purchases. Specify (in the Notes) the types of clothing combined.	360						0040		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0050		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0060		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0070		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
b. Have you (or any members of your CU) purchased any other infants clothing which you have not previously mentioned? <i>If YES – probe and assign an item code.</i>	360						0080		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0090		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0100		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0110		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
2. Have you (or any members of your CU) purchased any of the following items, either for members of your CU or for someone outside your CU? Watches	370						0120		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0130		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0140		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0150		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
Jewelry	380						0160		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
							0170		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
Hairpieces, wigs, or toupees	390						0180		1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
									1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
3. FIELD REPRESENTATIVE CHECK ITEM		1 09 11 6 ↓							1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
Mark (X) box if there are no entries recorded in columns b–i.		0010 999 <input type="checkbox"/> Go to part C							1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

Part B - Infants Clothing, Watches, Jewelry, and Hairpieces - Continued

6 09 13 1 →

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

Section 9 – CLOTHING AND SEWING MATERIALS – Continued

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

a		b		c	d		e	f	g		h		PRE																						
					CU member	Non-CU member			Month	YES	NO	YES	NO	1	2	3																			
<p>1. Have you (or any members of your CU) purchased any sewing materials, either for members of your CU or for someone outside your CU?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 2</p> <p><i>If YES, read the list of individual items below. Complete columns b–h for each item purchased.</i></p> <p>Were these –</p> <table border="1"> <tr> <td>ITEM CODE</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>400</td> <td></td> <td></td> </tr> <tr> <td>410</td> <td></td> <td></td> </tr> <tr> <td>420</td> <td></td> <td></td> </tr> <tr> <td>430</td> <td></td> <td></td> </tr> <tr> <td>440</td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> </table> <p><i>Use only if unable to itemize separately – Combined sewing materials</i></p>		ITEM CODE	YES	NO	400			410			420			430			440			<p>What did you buy?</p> <p><i>Describe briefly the item purchased.</i></p>		<p>PROCESSING USE ONLY</p>	<p>ENTER ITEM CODE from column a.</p>		<p>Was this purchased for your CU or for someone outside of your CU?</p>		<p>In what month did you purchase it?</p>	<p>How much did it cost?</p>	<p>Did this include sales tax?</p>		<p>Did you purchase any other . . . ?</p> <p><i>If "No," go to next item in column a.</i></p>		<p>Description from column b</p>	<p>Month from column e</p>	<p>Cost from column f</p>
		ITEM CODE	YES	NO																															
		400																																	
		410																																	
		420																																	
		430																																	
		440																																	
		0010			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																	
		0020			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																	
		0030			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																	
0040			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																			
0050			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																			
0060			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																			
0070			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																			
0080			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																			
0090			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																			
<p>2. FIELD REPRESENTATIVE CHECK ITEM</p> <p><i>Mark (X) box if there are no entries recorded in columns b–h.</i></p> <p>1 09 21 5 ↓</p> <p>0010 999 <input type="checkbox"/> Go to part D</p>		<p>NOTES</p>		<p>PROCESSING USE ONLY</p>	<p>ENTER ITEM CODE from column a.</p>		<p>Was this purchased for your CU or for someone outside of your CU?</p>		<p>In what month did you purchase it?</p>	<p>How much did it cost?</p>	<p>Did this include sales tax?</p>		<p>Did you purchase any other . . . ?</p> <p><i>If "No," go to next item in column a.</i></p>		<p>Description from column b</p>	<p>Month from column e</p>	<p>Cost from column f</p>																		
					0100			1 <input type="checkbox"/>			2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00									
					0110			1 <input type="checkbox"/>			2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00									
					0120			1 <input type="checkbox"/>			2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00									
					0130			1 <input type="checkbox"/>			2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00									
					0140			1 <input type="checkbox"/>			2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00									
					0150			1 <input type="checkbox"/>			2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00									
					0160			1 <input type="checkbox"/>			2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00									
					0170			1 <input type="checkbox"/>			2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00									
0180			1 <input type="checkbox"/>	2 <input type="checkbox"/>			\$.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00																			

Section 9 - CLOTHING AND SEWING MATERIALS - Continued

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

a				b			c	d		e		f		g		h		PRE		
1. Have you (or any members of your CU) had expenses for any of the following, either for members of your CU or for someone outside your CU?				What did you buy? <i>Describe briefly the item purchased.</i>				PROCESSING USE ONLY	Was this purchased for your CU or for someone outside of your CU?		In what month did you purchase it?		How much did it cost?		Did this include sales tax?		Did you purchase any other . . . ? <i>If "No," go to next item in column a.</i>		1	2	3
ITEM CODE	YES	NO					CU member		Non-CU member	Month				YES	NO	YES	NO	Description from column b	Month from column e	Cost from column f
Repair, alteration, and tailoring for clothing and accessories	450					0010	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Shoe repair and other shoe services	460					0020	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Watch or jewelry repair	470					0030	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Clothing rental	480					0040	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Clothing storage	490					0050	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
2. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries in columns b-h.</i>	1 09 31 4 ↓					0060	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
	0010 999 <input type="checkbox"/> Go to section 10					0070	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
NOTES						0080	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0090	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0100	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0110	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0120	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0130	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0140	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0150	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0160	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0170	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
						0180	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00

Section 10 – RENTED AND LEASED VEHICLES

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

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

Information Booklet, page 28
1a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) rented any vehicles which were not used ENTIRELY for business? Do not include leased vehicles.
 Yes No – Go to item 6
 If YES – Read the list of individual items below and mark (X) the appropriate "Yes" or "No" box.
b. If YES to an individual item ask – How many?

2. FIELD REPRESENTATIVE ITEM	PROCESSING USE ONLY	1 10 01 5 ↓	1 10 02 3 ↓	1 10 03 1 ↓	1 10 04 9 ↓
	VEHICLE NUMBER	1	2	3	4
a. Describe briefly the type of vehicle rented, such as "auto" or "boat."	Description	Description	Description	Description	Description
b. Enter vehicle code from item 1b.	[0010] Code	[0010] Code	[0010] Code	[0010] Code	[0010] Code
3. Was it rented solely for use on a vacation, overnight trip, or a trip of 75 miles or more one way?	[0030] 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	[0030] 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	[0030] 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	[0030] 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No	[0030] 1 <input type="checkbox"/> Yes – Go to next rented vehicle or item 6 2 <input type="checkbox"/> No
4. Since the 1st of (month, 3 months ago), excluding (the current month) what has been your expense for renting this vehicle? <i>If periodic payments were made, enter in the notes the amount of the payment and the number of payments incurred during the reference period. Compute the total expense and enter the amount in this item.</i>	[0080] \$ _____ .00	[0080] \$ _____ .00	[0080] \$ _____ .00	[0080] \$ _____ .00	[0080] \$ _____ .00
5a. Were (Will) any of the rental expenses (be) deducted as business expenses, reimbursed, or paid by someone else?	[0130] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	[0130] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	[0130] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	[0130] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6	[0130] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next rented vehicle or item 6
b. If YES – What percent of the total expense will this cover? Enter to nearest whole percent.	[0140] _____ .00 Percent	[0140] _____ .00 Percent	[0140] _____ .00 Percent	[0140] _____ .00 Percent	[0140] _____ .00 Percent

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

LEASED VEHICLES

If this box is marked, no vehicles were previously reported – Go to item 7a.
6. Ask column f for each vehicle listed, except if vehicle has been disposed of previously ("Yes" in column b below).

7 10 10 3 →																
LEASED VEHICLE INVENTORY CHART																
PROCESSING USE ONLY	a Vehicle number	b Vehicle disposed of		c Vehicle identification from part B, item 2			d Vehicle used for business from part B, item 6a		e Enter vehicle code from part B, item 1b.	f Do you still have vehicle? If NO – mark box and go to item 6h.		g How many miles are on the vehicle? Enter and go to next vehicle or to item 7a.	h What month was the lease terminated? Month	i Were any fees incurred at the termination of the lease?		j If YES – How much? Enter and go to next vehicle or item 7a.
		YES	NO	YEAR	MAKE	MODEL	YES	NO		YES	NO					
[0010]	1									1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00
[0020]	2									1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00
[0030]	3									1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00
[0040]	4									1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00
[0050]	5									1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00
[0060]	6									1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00
[0070]	7									1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$ _____ .00

NOTES

Section 10 – RENTED AND LEASED VEHICLES – Continued

FIELD REPRESENTATIVE – Ask item 7 for all respondents.

Part A.1 – Screening Questions – Continued

7a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) begun leasing any automobile or truck not used ENTIRELY for business?	1 10 11 4 ↓		NOTES
	<input type="checkbox"/> 0010 Yes <input type="checkbox"/> 0020 No – Go to section 11		
b. If YES – What kind of vehicle was it? Enter vehicle code	VEHICLE CODE	<input type="checkbox"/> 0020 <input type="checkbox"/> 0030 <input type="checkbox"/> 0040 <input type="checkbox"/> 0050 <input type="checkbox"/> 0060 <input type="checkbox"/> 0070 <input type="checkbox"/> 0080 <input type="checkbox"/> 0090 <input type="checkbox"/> 0100 <input type="checkbox"/> 0110	
	Automobile 100 Truck, including vans 110		
FIELD REPRESENTATIVE INSTRUCTION Complete part B for each newly leased vehicle.			

Section 10 – RENTED AND LEASED VEHICLES – Continued *FIELD REPRESENTATIVE – Hand the respondent the Information Booklet with instructions to read the list of items as you proceed. Ask question 1 for all items and then complete a column for questions 2-5 for each vehicle rented. For like vehicles rented more than once during the reference period for the same purpose, combine entries into one column. Otherwise, complete a separate column for each vehicle rented. Ask item 6 for all respondents.*

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

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

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	10a. What was the number of payments contracted for?		NOTES
a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		1 10 21 3 ↓	10a. _____ Payments [0190]		
2. What is the year, make, and model?		a. VEHICLE NUMBER [0010] _____ Number	b. In what month and year was the first payment made? Month [0200] [][] Year [0210] [][][][]		
3. How many cylinders does it have?		b. VEHICLE CODE [0020] [][][][] Code	c. What is the amount of each payment? [0220] \$ _____ .00		
4. Does it have –		Year [0030] [][][][] Make Model	d. What period is covered by each payment? [0230] 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↘ 4 <input type="checkbox"/> Quarter		
5a. How many doors does it have?		OFFICE USE ONLY Enter auto code [0040] [][][][]	e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance? [0240] 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to item 11		
5b. Is it a . . . ?		[0050] _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)	f. If YES – How much of the payment is for these extra charges? [0250] \$ _____ .00 x <input type="checkbox"/> Don't know		
6a. Is it used for business?		Yes No [0060] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0070] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0080] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0090] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0100] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0110] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0120] 1 <input type="checkbox"/> 2 <input type="checkbox"/> [0121] 1 <input type="checkbox"/> 2 <input type="checkbox"/>	11. Is any of the (period reported in item 10d) leasing cost paid by an employer? [0260] 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No [0270] \$ _____ .00		
6b. If used for business – What percent of the mileage is counted as a business expense?		[0122] _____ Doors	12. Was a trade-in allowance received? [0280] 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No [0290] \$ _____ .00		
7. How many miles are currently on the vehicle?		[0123] 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?	13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.) [0300] 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to item 14a [0310] \$ _____ .00		
8. Was it new or used when first leased?		[0130] 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 7	b. Was any portion of the cash down payment paid by an employer? [0320] 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No [0330] \$ _____ .00		
9. Was this vehicle leased from a –		[0140] _____ Percent { If 100%, delete this vehicle and go to next vehicle.	14a. Do you still have this vehicle? [0340] 1 <input type="checkbox"/> Yes – Go to next vehicle or section 11 2 <input type="checkbox"/> No		
9. Was this vehicle leased from a –		[0150] _____ Miles (Enter to nearest whole mile)	b. In what month was the lease terminated? Month [0350] [][]		
9. Was this vehicle leased from a –		[0160] 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	c. Were any fees incurred at the termination of the lease? [0360] 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to next vehicle or section 11 [0370] \$ _____ .00		
9. Was this vehicle leased from a –		[0170] 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – Specify ↘			

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles – Continued

1. FIELD REPRESENTATIVE ITEM		PROCESSING USE ONLY	NOTES
a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a. b. Enter a vehicle code from part A.1 or A.2.		1 10 24 7 ↓ a. VEHICLE NUMBER 0010 _____ Number b. VEHICLE CODE 0020 [][][][] Code	
2. What is the year, make, and model?		Year [][][] Make [][][] Model [][][] 0030 [][][][][] OFFICE USE ONLY Enter auto code 0040 [][][][][]	
3. How many cylinders does it have?		0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine or electric)	
4. Does it have –		Yes No a. Automatic transmission? 0060 1 <input type="checkbox"/> 2 <input type="checkbox"/> b. Power steering? 0070 1 <input type="checkbox"/> 2 <input type="checkbox"/> c. Power brakes? 0080 1 <input type="checkbox"/> 2 <input type="checkbox"/> d. Air conditioning? 0090 1 <input type="checkbox"/> 2 <input type="checkbox"/> e. Sun roof? 0100 1 <input type="checkbox"/> 2 <input type="checkbox"/> f. Turbo charged engine? 0110 1 <input type="checkbox"/> 2 <input type="checkbox"/> g. Diesel engine? 0120 1 <input type="checkbox"/> 2 <input type="checkbox"/> h. Four wheel drive? 0121 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
5a. How many doors does it have?		0122 _____ Doors	
b. Is it a . . . ?		0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?	
6a. Is it used for business?		0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 7	
b. If used for business – What percent of the mileage is counted as a business expense?		0140 _____ Percent { If 100%, delete this vehicle and go to next vehicle.	
7. How many miles are currently on the vehicle?		0150 _____ Miles (Enter to nearest whole mile)	
8. Was it new or used when first leased?		0160 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used	
9. Was this vehicle leased from a –		0170 1 <input type="checkbox"/> New or used vehicle dealer? 2 <input type="checkbox"/> Independent leasing company? 3 <input type="checkbox"/> Bank? 4 <input type="checkbox"/> Someplace else? – Specify ↘	
10a. What was the number of payments contracted for?		0190 _____ Payments	
b. In what month and year was the first payment made?		0200 [][] Month 0210 [][][] Year	
c. What is the amount of each payment?		0220 \$ _____ .00	
d. What period is covered by each payment?		0230 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify ↘ 4 <input type="checkbox"/> Quarter	
e. Does the payment include any charges other than the lease amount such as auto insurance or maintenance?		0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to item 11	
f. If YES – How much of the payment is for these extra charges?		0250 \$ _____ .00 x <input type="checkbox"/> Don't know	
11. Is any of the (period reported in item 10d) leasing cost paid by an employer?		0260 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No 0270 \$ _____ .00	
12. Was a trade-in allowance received?		0280 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No 0290 \$ _____ .00	
13a. Was a cash down payment made? (A down payment is a capitalized cost reduction.)		0300 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to item 14a 0310 \$ _____ .00	
b. Was any portion of the cash down payment paid by an employer?		0320 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No 0330 \$ _____ .00	
14a. Do you still have this vehicle?		0340 1 <input type="checkbox"/> Yes – Go to next vehicle or section 11 2 <input type="checkbox"/> No	
b. In what month was the lease terminated?		0350 [][] Month	
c. Were any fees incurred at the termination of the lease?		0360 1 <input type="checkbox"/> Yes – If YES – How much? ↘ 2 <input type="checkbox"/> No – Go to next vehicle or section 11 0370 \$ _____ .00	

Section 10 – RENTED AND LEASED VEHICLES – Continued

Part B – Detailed Questions for Leased Vehicles – Continued

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

Section 11 – OWNED VEHICLES

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

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

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

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

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

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

1 11 01 3 ↓

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

4 11 00 9 →

OWNED VEHICLE INVENTORY CHART

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

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

0020	<input type="text"/>	0030	<input type="text"/>
0040	<input type="text"/>	0050	<input type="text"/>
0060	<input type="text"/>	0070	<input type="text"/>
0080	<input type="text"/>	0090	<input type="text"/>
0100	<input type="text"/>	0110	<input type="text"/>

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

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

NOTES

Section 11 – OWNED VEHICLES – Continued

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

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

1 11 02 1 ↘

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

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions

<p>1. FIELD REPRESENTATIVE ITEM</p> <p>a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.</p> <p>b. Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 03 9 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0190 <input type="text"/> 0200 <input type="text"/></p>
<p>2. Briefly describe the (vehicle).</p> <p><i>Do not ask for vehicle codes 100 or 110.</i></p>	<p>a. VEHICLE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number</p> <p>b. VEHICLE CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>Description</p>	<p>12a. Was any portion of the purchase price financed?</p> <p>0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – If item 11 is prior to 3 months ago, go to next vehicle. If item 11 is during the last 3 months, go to item 13a.</p>
<p>3. What is the year, make, and model?</p> <p><i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>	<p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Make <input type="text"/> Model <input type="text"/></p>	<p>0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</p> <p>0220 1 <input type="checkbox"/> Paid off – If item 11 is prior to 3 months ago, go to next vehicle. 2 <input type="checkbox"/> Remaining payments</p>
<p>4. How many cylinders does it have?</p>	<p>0050 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cylinders</p> <p><input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>	<p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OFFICE USE ONLY Enter auto code</p>	<p>13a. Was a trade-in allowance received?</p> <p>0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13c</p>
<p>5. Does it have –</p> <p>a. Automatic transmission? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Power steering? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Power brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Sun roof? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Turbo charged engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Four wheel drive? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>0060 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0070 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0080 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0090 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0100 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0110 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0120 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>0121 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>0240 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>0250 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>	<p>13b. If YES – How much?</p> <p>0240 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>6a. How many doors does it have?</p> <p><i>Ask for vehicle code 100.</i></p>	<p>0122 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Doors</p>	<p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>c. What was the amount paid for it after trade-in allowance and discount?</p> <p>0250 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>b. Is it a . . . ?</p> <p>1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>	<p>0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>	<p>0260 1 <input type="checkbox"/> Yes <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p>	<p>d. Did this price include sales tax?</p> <p>0260 1 <input type="checkbox"/> Yes <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p>
<p>7a. Is it used for business?</p> <p>1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8</p>	<p>0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – Go to item 8</p>	<p>0270 1 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 14 2 <input type="checkbox"/> No</p>	<p>e. Was any of the amount or price paid by an employer?</p> <p>0270 1 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 14</p>
<p>b. If used for business – What percent of the mileage is counted as a business expense?</p> <p><i>If 100%, delete this vehicle and go to next vehicle.</i></p>	<p>0140 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Percent</p>	<p>0280 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>	<p>f. If YES – How much?</p> <p>0280 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>8. Was it new or used when acquired?</p> <p>1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>	<p>0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>	<p>0290 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>	<p>14. What was the amount of the cash down payment?</p> <p>0290 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>9. Was this vehicle purchased from –</p> <p>1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____</p>	<p>0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – Specify _____</p>	<p>0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Credit Union</p>	<p>15a. What was the source of credit?</p> <p>0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Credit Union</p>
<p>10a. Was this vehicle –</p> <p>1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?</p>	<p>0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – Go to item 11 3 <input type="checkbox"/> Received as gift?</p>	<p>0310 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>	<p>b. Was this a home equity loan?</p> <p>0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>	<p>0180 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles – If item 10a is code 3, go to next vehicle</p>	<p>0320 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Payments</p>	<p>c. How much was borrowed, excluding any interest?</p> <p>0310 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>10b. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>	<p>0180 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles – If item 10a is code 3, go to next vehicle</p>	<p>0330 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>d. What was the number of payments contracted for?</p> <p>0320 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Payments</p>
<p>10c. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>	<p>0180 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles – If item 10a is code 3, go to next vehicle</p>	<p>0350 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>	<p>e. In what month and year was the first payment made?</p> <p>0330 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>10d. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>	<p>0180 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles – If item 10a is code 3, go to next vehicle</p>	<p>0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter</p>	<p>f. What is the amount of each payment?</p> <p>0350 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</p>
<p>10e. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>	<p>0180 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles – If item 10a is code 3, go to next vehicle</p>	<p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p>	<p>g. What period is covered by each payment?</p> <p>0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Quarter</p>
<p>10f. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>	<p>0180 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles – If item 10a is code 3, go to next vehicle</p>	<p>0380 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>	<p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } Go to next vehicle or part or section</p>
<p>10g. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p>	<p>0180 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Miles – If item 10a is code 3, go to next vehicle</p>	<p>0380 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>	<p>i. If YES – How much of the payment is for these extra charges?</p> <p>0380 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 x <input type="checkbox"/> Don't know</p>

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

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

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

<p>1. FIELD REPRESENTATIVE ITEM</p> <p>a. New CU's – Assign vehicle numbers in consecutive order beginning with 1. 2nd through 5th interviews – Assign the next available vehicle number from chart in part A.1, column a.</p> <p>b. Enter a vehicle code from part A.1 or A.2.</p>		<p>PROCESSING USE ONLY</p> <p style="text-align: center;">1 11 05 4 ↓</p>	<p>11. In what month and year was it purchased?</p> <p>Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0190 <input type="text"/> 0200 <input type="text"/></p>
<p>2. Briefly describe the (vehicle).</p> <p><i>Do not ask for vehicle codes 100 or 110.</i></p>	<p>a. VEHICLE NUMBER 0010 _____ Number</p> <p>b. VEHICLE CODE 0020 <input type="text"/> <input type="text"/> <input type="text"/> Code</p>	<p>Description</p>	<p>12a. Was any portion of the purchase price financed?</p> <p>0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>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.</i></p>
<p>3. What is the year, make, and model?</p> <p><i>Complete items 3, 4, and 5 for autos and trucks only (vehicle codes 100 and 110).</i></p>	<p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Make <input type="text"/> Model <input type="text"/></p> <p>0030 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>OFFICE USE ONLY Enter auto code</p> <p>0040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>b. If YES – On the 1st of (month, 3 months ago), were all loans on (vehicle) paid off or were there any remaining payments to be made?</p> <p>0220 1 <input type="checkbox"/> Paid off – <i>If item 11 is prior to 3 months ago, go to next vehicle.</i> 2 <input type="checkbox"/> Remaining payments</p>
<p>4. How many cylinders does it have?</p>	<p>0050 _____ Cylinders 0 <input type="checkbox"/> No cylinders (rotary, turbine, or electric)</p>		<p>13a. Was a trade-in allowance received?</p> <p>0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 13c</i></p>
<p>5. Does it have –</p> <p>a. Automatic transmission? 0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Power steering? 0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c. Power brakes? 0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>d. Air conditioning? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>e. Sun roof? 0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>f. Turbo charged engine? 0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>g. Diesel engine? 0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>h. Four wheel drive? 0121 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>			<p>b. If YES – How much?</p> <p>0240 \$ _____ .00</p>
<p>6a. How many doors does it have?</p> <p><i>Ask for vehicle code 100.</i></p>	<p>0122 _____ Doors</p>		<p>c. What was the amount paid for it after trade-in allowance and discount?</p> <p>0250 \$ _____ .00</p>
<p>b. Is it a . . . ?</p> <p>0123 1 <input type="checkbox"/> Station wagon? 2 <input type="checkbox"/> Convertible? 3 <input type="checkbox"/> Hatchback? 4 <input type="checkbox"/> Other?</p>			<p>d. Did this price include sales tax?</p> <p>0260 1 <input type="checkbox"/> Yes x <input type="checkbox"/> Don't know 2 <input type="checkbox"/> No</p>
<p>7a. Is it used for business?</p> <p>0130 1 <input type="checkbox"/> Yes, used for business 2 <input type="checkbox"/> Personal use only – <i>Go to item 8</i></p>			<p>e. Was any of the amount or price paid by an employer?</p> <p>0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Go to item 14</i></p>
<p>b. If used for business – What percent of the mileage is counted as a business expense?</p> <p>0140 _____ Percent <i>If 100%, delete this vehicle and go to next vehicle.</i></p>			<p>f. If YES – How much?</p> <p>0280 \$ _____ .00</p>
<p>8. Was it new or used when acquired?</p> <p>0150 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Used</p>			<p>14. What was the amount of the cash down payment?</p> <p><i>Ask items 14 and 15 for credit payments only, "2" marked in item 12b.</i></p> <p>0290 \$ _____ .00</p>
<p>9. Was this vehicle purchased from –</p> <p>0160 1 <input type="checkbox"/> Vehicle dealership? 2 <input type="checkbox"/> Private individual? 3 <input type="checkbox"/> Other? – <i>Specify</i> _____</p>			<p>15a. What was the source of credit?</p> <p>0300 1 <input type="checkbox"/> Auto dealer 5 <input type="checkbox"/> Insurance company 2 <input type="checkbox"/> Finance company 6 <input type="checkbox"/> Individual 3 <input type="checkbox"/> Bank 7 <input type="checkbox"/> Other – <i>Specify</i> _____ 4 <input type="checkbox"/> Credit Union</p>
<p>10a. Was this vehicle –</p> <p>0170 1 <input type="checkbox"/> Purchased for own use? 2 <input type="checkbox"/> Purchased as a gift to others? – <i>Go to item 11</i> 3 <input type="checkbox"/> Received as gift?</p>			<p>b. Was this a home equity loan?</p> <p>0305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. How many miles are currently on the vehicle?</p> <p><i>Ask for item codes 100–120 and 150 only.</i></p> <p>0180 _____ Miles – <i>If item 10a is code 3, go to next vehicle</i></p>			<p>c. How much was borrowed, excluding any interest?</p> <p>0310 \$ _____ .00</p>
			<p>d. What was the number of payments contracted for?</p> <p>0320 _____ Payments</p>
			<p>e. In what month and year was the first payment made?</p> <p>Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>0330 <input type="text"/> 0340 <input type="text"/></p>
			<p>f. What is the amount of each payment?</p> <p>0350 \$ _____ .00</p>
			<p>g. What period is covered by each payment?</p> <p>0360 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Semiannually 2 <input type="checkbox"/> 2 weeks 6 <input type="checkbox"/> Annually 3 <input type="checkbox"/> Month 7 <input type="checkbox"/> Other – <i>Specify</i> _____ 4 <input type="checkbox"/> Quarter</p>
			<p>h. Does the payment include any charges other than principal and interest such as auto insurance or credit life insurance?</p> <p>0370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x <input type="checkbox"/> Don't know } <i>Go to next vehicle or part or section</i></p>
			<p>i. If YES – How much of the payment is for these extra charges?</p> <p>0380 \$ _____ .00 x <input type="checkbox"/> Don't know</p>

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

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

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

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

Section 11 – OWNED VEHICLES – Continued

Part B – Detailed Questions – Continued

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

Section 11 – OWNED VEHICLES – Continued

Part C – Disposed of Vehicles

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

NOTES

Section 11 – OWNED VEHICLES – Continued

Part C – Disposed of Vehicles – Continued

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

NOTES

Section 12 – VEHICLE OPERATING EXPENSES

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

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

8 12 02 4 →

a				PROCESSING USE ONLY	b	c	d		e		f		g		h		i		j		k		PRE								
							YES	NO	Description	Vehicle code	Month	YES	NO	YES	NO	YES	NO	YES	NO	Description from column b	Month from column f	Cost from column g									
<p><i>Information Booklet, pages 29 and 30</i> I will now ask about expenses for vehicle services, parts, and equipment. Please do not include expenses for vehicles used entirely for business.</p> <p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following?</p>				<p>0010</p>			<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00					
					Oil change, lubrication, and oil filter	100			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Motor tune-up	110			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Brake work	120			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Battery purchases and installation	130			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Tire purchases and mounting	140			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Tire repair	150			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
					Front end alignment, wheel balancing and wheel rotation	160			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Steering or front-end work	170			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Electrical system work	180			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Engine repair or replacement	190			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Air conditioning work	200			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
					Engine cooling system work	210			<input type="checkbox"/>	<input type="checkbox"/>							\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					
									0150			<input type="checkbox"/>	<input type="checkbox"/>					\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				
									NOTES																						
<p>2. FIELD REPRESENTATIVE CHECK ITEM</p> <p>Mark (X) box if there are no entries recorded in columns b-k.</p>				1 12 01 1 ↓																											
				0010	999	<input type="checkbox"/>	Go to next page																								
																						<p>VEHICLE CODES</p>									
																						Automobile	100								
																						Truck	110								
																						Motorized camper	120								
																						Trailer camper	130								
																						Other attachable-type camper	140								
																						Motorcycle, scooter, or moped	150								
																						Boat, with motor	160								
																						Boat, without motor	170								
																						Trailer, other than camper such as for boat	180								
																						Private plane	190								
																						Any other vehicle	200								

Section 12 – VEHICLE OPERATING EXPENSES – Continued

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

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

8 12 04 0 →

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

Section 12 – VEHICLE OPERATING EXPENSES – Continued

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

Part B – Licensing, Registration, and Inspection of Vehicles

3 12 26 4 →

a				PROCESSING USE ONLY	b	c	d	e	f		PRE			NOTES	
									Did you have any other expenses for . . . ? <i>If "No," go to next item in column a.</i>		1	2	3		
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for –					Enter the item description from column a.	ENTER ITEM CODE from column a.	In what month did you have this expense? Month	What was the total amount of the expense?	YES	NO	Description from column b	Month from column d	Cost from column e		
Driver's license?	ITEM CODE	YES	NO												
	400												\$	.00	
Vehicle inspection?	410												\$	.00	
Vehicle registration?	420												\$	.00	
Use only if unable to itemize above – Combined expenses	430	/	/										\$	.00	
				0010				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM	1 12 25 0 ↓			0020				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
Mark (X) box if there are no entries recorded in columns b–f.	0010 999 <input type="checkbox"/> Go to part C			0030				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0040				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
NOTES				0050				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0060				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0070				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0080				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0090				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0100				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0110				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0120				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0130				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0140				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0150				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0160				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0170				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
				0180				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	

Section 12 – VEHICLE OPERATING EXPENSES – Continued

Part C – Other Vehicle Operating Expenses		1 12 51 6 ↓
1a. Since the 1st of (month, 3 months ago), what has been the CU's AVERAGE MONTHLY expense for gasoline and other fuels (including gasohol) to operate automobiles, trucks, motorcycles, or any other vehicles?	0010 \$ _____ .00 0 <input type="checkbox"/> None – Go to item 2a	4. Since the 1st of (month, 3 months ago), have any members of your CU had expenses for –
b. Was any of this expense for the purchase of diesel fuel?	0020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 1d	a. Parking, including garage rental, metered parking, and parking lot fees, except any expenses included in property ownership costs? Do not include parking expenses that are totally reimbursed or paid entirely for business.
c. If YES – How much?	0030 \$ _____ .00	0120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c
d. Was any of the average monthly cost counted as a business expense?	0040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a	b. If YES – How much was paid, excluding any payments made this month?
e. How much of the (dollar amount in item 1a) was counted as a business expense?	0050 \$ _____ .00	0130 \$ _____ .00 0 <input type="checkbox"/> None
2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any oil for operating vehicles, other than oil included with the purchase of an oil change? Do not include purchases for vehicles used entirely for business.	0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a	c. Towing charges, excluding contracted or pre-paid towing charges?
b. What was the total cost?	0070 \$ _____ .00	0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4e
c. Was any of this purchased this month?	0080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a	d. If YES – How much was paid, excluding any payments made in the current month?
d. If YES – How much was purchased this month?	0090 \$ _____ .00	0150 \$ _____ .00 0 <input type="checkbox"/> None
3a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or any members of your CU) purchased any antifreeze, brake fluid, transmission fluid, or additives, except if purchased with a tune-up? Do not include purchases for vehicles used entirely for business.	0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	e. Docking and landing fees for boats and planes?
b. What was the total cost of these purchases?	0110 \$ _____ .00	0160 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a
		f. If YES – How much was paid, excluding any payments made in the current month?
		0170 \$ _____ .00 0 <input type="checkbox"/> None
		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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a
		b. If YES – How much?
		0190 \$ _____ .00
		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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section
		b. If YES – How much?
		0210 \$ _____ .00

NOTES

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

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

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

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

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

Part B – Detailed Questions

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

Section 13 – INSURANCE OTHER THAN HEALTH – Continued

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

Part B – Detailed Questions – Continued

1. FIELD REPRESENTATIVE ITEM New CU's – Enter policy numbers in consecutive order beginning with 1. 2nd through 5th interviews – Enter the next available policy number from chart in part A.1.	PROCESSING USE ONLY 1 13 07 6 ↘	1 13 08 4 ↘	1 13 09 2 ↘	1 13 10 0 ↘
	a. POLICY NUMBER 0010 _____ Number	0010 _____ Number	0010 _____ Number	0010 _____ Number
b. DISCONTINUED 0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>	0020 1 <input type="checkbox"/>
2a. What type of insurance is (was) it? Description	Description	Description	Description	Description
b. Enter insurance code from part A.1 or part A.2. 0030 _____ Code	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 _____	0160 _____ 0170 _____ 0180 _____
6a. Are the policy premiums paid . . . ? 0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy	0220 1 <input type="checkbox"/> Entirely by CU 2 <input type="checkbox"/> Partially by CU and partially by someone outside the CU 3 <input type="checkbox"/> Entirely by an employer or union 4 <input type="checkbox"/> Entirely by another group or persons outside the CU } Go to next policy
b. Are any premiums paid through payroll deductions? 0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7. How often are premiums on this policy paid? Mark (X) the appropriate box. 0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘	0240 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Monthly – directly 4 <input type="checkbox"/> Monthly – in mortgage payment 5 <input type="checkbox"/> Quarterly 6 <input type="checkbox"/> Semiannually 7 <input type="checkbox"/> Annually 8 <input type="checkbox"/> Paid-up policy – Go to next policy 9 <input type="checkbox"/> Other – Specify ↘
8a. Since the 1st of (month, 3 months ago), what was your total expense for this insurance policy? Enter the actual amount the CU paid, do not include any expenses paid for the CU by others. 0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy	0250 \$ _____ .00 0 <input type="checkbox"/> None – Go to next policy
b. Were any payments made this month? 0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy	0260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next policy
c. If YES – How much was paid this month? 0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00	0270 \$ _____ .00

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE

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

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

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

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

8 14 00 4 →

HEALTH INSURANCE POLICY INVENTORY CHART

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

1 14 01 7 ↓

2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any (additional) health or hospitalization insurance?
 1 Yes
 2 No – Go to item 3a

b. If YES – How many policies did you buy?
 Complete a column in part B for each new policy.
 0020 _____ Number

3a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for health insurance plans for persons outside of your CU?
 1 Yes
 2 No – Go to next part

b. If YES – How many policies did you buy?
 Complete a column in part B for each policy.
 0040 _____ Number

NOTES

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

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

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

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

1 14 02 5 ↓

NOTES

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

b. If YES – How many policies do you have?

0020 _____ Number

2a. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made payments for hospitalization or health insurance policies which you no longer have?

0030 1 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 box in part B, item 1b.
 If "No," to items 1, 2, and 3 – Go to part C.

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

Part B – Detailed Questions

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

Section 14 – HOSPITALIZATION AND HEALTH INSURANCE – Continued

Part B – Detailed Questions

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

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

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

1 14 51 2 ↓

NOTES

<p>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.</p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a</p>	
<p>b. If YES – How many members of your CU are covered by Medicare?</p>	<p>0020 _____ Number</p>	
<p>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)?</p>	<p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3</p>	
<p>b. If YES – How many members of your CU are covered by Medicaid?</p>	<p>0040 _____ Number</p>	
<p>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?</p>	<p>0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	

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

Section 15 – MEDICAL AND HEALTH EXPENDITURES

Part A – Screening Questions for Payments			Part B – Payments For Medical Expenses				4 15 02 6 →		PRE						
<p>Hand respondent Information Booklet, pages 33 and 34.</p> <p>Now I am going to ask you some questions about medical payments and reimbursements. I will begin with your payments.</p> <p>By payments I mean any expenses paid by any members of your CU directly to a medical provider by cash, check, or credit card for a medical service or item. Include all payments, even those for persons who are not CU members.</p> <p>1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for the following? Read all bold items below.</p>			PROCESSING USE ONLY	a ENTER ITEM CODE from part A.	b Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?			c Always ask – In what month was (were) the payment(s) made? Month	d What was the amount of the payment? \$.00	e Did you make any other payment(s) for . . . ? If "No," go to next item in part A.		1 Care/service or item from column b	2 Name from column b	3 Month from column c Month	4 Total from column d \$.00
					Care/service or item	Person's name	CU member YES NO			YES	NO				
			0010				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
			0020				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
			0030				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
EYE CARE, such as															
Eye examinations, treatment, or surgery			110				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Purchase of eye glasses or contact lenses			120				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Combined eye care services			130				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
DENTAL CARE			200				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
INPATIENT HOSPITAL CARE, such as															
Hospital room			310				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Hospital services			320				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Combined hospital room and services			330				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS			410				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
PHYSICIAN SERVICES			420				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
Combined hospital care and physicians' services			430				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in part B.			1 15 01 4 ↓	0010	999	<input type="checkbox"/>	Go to next page	0160	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>		\$.00	
							0170	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	
												NOTES			

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

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

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

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

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

Part C – Screening Questions for Reimbursements		Part D – Reimbursements For Medical Expenses				4 15 07 5 →				PRE							
						1		2		3		4					
Hand respondent Information Booklet, pages 33 and 34. Now I am going to ask you some questions about your reimbursements. By reimbursements I mean money received for any members of your CU from an insurance company, medical care provider, or non CU member, for medical expenses which you previously paid or will pay. 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following? Read all bold items below.		PROCESSING USE ONLY	a ENTER ITEM CODE from part C.	b Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?			c Always ask – In what month was (were) the reimbursement(s) received? Month	d What was the amount of the reimbursements? \$	e Did you receive any other reimbursement(s) for ...? If "No," go to next item in part C. YES NO	1 Care/service or item from column b		2 Name from column b		3 Month from column c Month		4 Total from column d	
				Care/service or item	Person's name	CU member YES NO				Month	YES	NO	Month	Month	Total		
		0010				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
		0020				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
		0030				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
EYE CARE, such as																	
Eye examinations, treatment, or surgery	110					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
Purchase of eye glasses or contact lenses	120					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
Combined eye care services	130					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
		0070				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
DENTAL CARE	200																
		0080				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
INPATIENT HOSPITAL CARE, such as																	
Hospital room	310					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
Hospital services	320					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
Combined hospital room and services	330					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
SERVICES BY MEDICAL PROFESSIONALS OTHER THAN PHYSICIANS	410					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
PHYSICIAN SERVICES	420					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
Combined hospital care and physicians' services	430					1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
		0130				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	NOTES						
		0140				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
		0150				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
		0160				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
		0170				1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>					\$.00	
2. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in part D.	1 15 06 3 ↓ 0010 999 <input type="checkbox"/> Go to next page																

Section 15 – MEDICAL AND HEALTH EXPENDITURES – Continued

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

Part C – Screening Questions for Reimbursements – Continued			Part D – Reimbursements for Medical Expenses – Continued						4 15 09 1 →							
Hand respondent Information Booklet, pages 34 and 35. 1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following? Read all bold items below.			PROCESSING USE ONLY	a	b			c	d		e		PRE			
				ENTER ITEM CODE from part C.	Ask if not apparent – What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member?			Always ask – In what month was (were) the reimbursement(s) received?	What was the amount of the reimbursements?	Did you receive any other reimbursement(s) for . . . ? If "No," go to next item in part C.		1	2	3	4	
		Reimbursements		Care/service or item	Person's name	CU member		Month		YES	NO	Care/service or item from column b	Name from column b	Month from column c	Total from column d	
ITEM CODE	YES	NO				YES	NO		\$					Month	\$	
OTHER MEDICAL CARE SERVICES, such as			0010			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
			0020			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Lab tests or x-rays	510		0030			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Care in convalescent or nursing home	520		0040			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Other medical care	530		0050			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
<i>Combined medical care services</i>	540		0060			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
MEDICINE AND MEDICAL SUPPLIES, such as			0070			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Hearing aids	610		0080			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Prescribed medicines or prescribed drugs	620		0090			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Rental of supportive or convalescent equipment	630		0100			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Purchase of supportive or convalescent equipment	640		0110			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Rental of medical or surgical equipment for general use	650		0120			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Purchase of medical or surgical equipment for general use	660		0140			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
<i>Combined medicine and medical supplies</i>	670		0150			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
2. FIELD REPRESENTATIVE CHECK ITEM			0160			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	
Mark (X) box if there are no entries recorded in part D.			0170			<input type="checkbox"/>	<input type="checkbox"/>		.00	<input type="checkbox"/>	<input type="checkbox"/>				.00	

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

Section 16 – EDUCATIONAL EXPENSES

7 16 02 7 →

a				PROCESSING USE ONLY	b	c	d		e	f	g	h		i	j		PRE						
Information Booklet, page 36.	ITEM CODE	YES	NO		ENTER ITEM CODE from column a.	What was the expense for? <i>Describe briefly the expense.</i>	Who was it for? <i>If CU member, enter name and line number from Control Card. If someone outside CU, enter 99.</i>		Complete without asking if information is known. What kind of school was it? 1 – College or university 2 – Elementary or high school 3 – Child day care center 4 – Nursery school or preschool 5 – Other school <i>Mark (X) box</i>	In what month was the payment made? Month	How much was paid? \$.00	Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person? <i>If "No," go to column j.</i>		If "Yes" in column h – How much was or will be reimbursed? \$.00	Did you make any other payments for . . . ? <i>If "No," go to next item in column a.</i>		1 Item code from column b	2 Name from column d	3 Month from column f	4 Cost from column g			
							YES	NO				YES	NO		Month								
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) paid for any recreational lessons or other instructions for members of this CU or other persons?	100																						
2. Have you (or any members of your CU) paid for nursery school or child day care centers for members of this CU or other persons?	200						Name	Line No. or code															
3a. Have you (or any members of your CU) paid for any (other) school related expenses for members of this CU or other persons?	300 310 320 330	/ / / / / / / / / / / /			0010				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00			
					0020				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>							\$.00		
b. If YES – Did you pay for –									0030			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
Tuition?									0040			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
Housing while attending school?									0050			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
Food or board while attending school?									0060			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
<i>Use only if unable to separate – Combined room and board (Codes 310 and 320)</i>									0070			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
									0080			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
									0090			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
									0100			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0110			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>							\$.00				
4. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–j.</i>	1 16 01 2 ↓				0120			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00				
	0010 999 <input type="checkbox"/> Go to next page				0130			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00				
					0140			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00				
					0150			1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>	\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00				

Section 16 - EDUCATIONAL EXPENSES - Continued

7 16 04 3 →

a				b	c	d		e	f	g	h		i	j		PRE				
Information Booklet, page 36.						ENTER ITEM CODE from column a.	What was the expense for? Describe briefly the expense.				Who was it for? If CU member, enter name and line number from Control Card. If someone outside CU, enter 99.			Complete without asking if information is known. What kind of school was it? 1 - College or university 2 - Elementary or high school 3 - Child day care center 4 - Nursery school or preschool 5 - Other school Mark (X) box	In what month was the payment made? Month	How much was paid?	Has any of this amount been or will any of it be reimbursed by an employer, agency, or other person? If "No," go to column j.		If "Yes" in column h - How much was or will be reimbursed?	Did you make any other payments for ...? If "No," go to next item in column a.		1	2	3	4
ITEM CODE	YES	NO		Name	Line No. or code			1	2	3	4	5	YES				NO	YES		NO	Item code from column b	Name from column d	Month from column f	Month	Cost from column g
340																				
350				0010				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
360				0020				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
370				0030				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
380				0040				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0050				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0060				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0070				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0080				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0090				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0100				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0110				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
4. FIELD REPRESENTATIVE CHECK ITEM	1 16 03 8 ↓			0120				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
Mark (X) box if there are no entries recorded in columns b-j.	0010 999 <input type="checkbox"/> Go to next section			0130				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0140				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00
				0150				1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>		\$.00	1 <input type="checkbox"/> 2 <input type="checkbox"/>		\$.00	<input type="checkbox"/> <input type="checkbox"/>						\$.00

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.

Part A – Subscriptions and Memberships				4 17 02 2 →												NOTES								
a	ITEM CODE	YES	NO	PROCESSING USE ONLY	b ENTER ITEM CODE from column a.	c What is the name of the (subscription, club, or organization reported in column a)? <i>Enter name such as "Daily News," "Redbook," "Columbia Record Club," and "Book of the Month Club."</i>	d Mark (X) the appropriate box.		e What was the total cost during this period? (Include shipping and handling fees.)	f How much of this amount was paid this month?			g Did you purchase any other...? <i>If "No," go to next item in column a.</i>				PRE							
							OWN USE	GIFT		None	YES	NO	1	2	3 COST		4	Description from column c	Item code from column b	Total from column e	This month from column f			
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) purchased any of the following for your own use?																								
FIELD REPRESENTATIVE – Read each item listed below.																								
NEWSPAPER DELIVERY	100																							
Books purchased from a book club	200				0010				\$.00	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>						
Compact discs, tapes, videos, or records purchased from a mail-order club	300				0020				\$.00	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>						
Magazine or periodical subscriptions	400				0030				\$.00	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>						
Theater, concert, opera, or other musical series, season tickets	500				0040				\$.00	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>						
Season tickets to sporting events	600				0050				\$.00	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>						
Reference books NOT in sets	900				0060				\$.00	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>						
Encyclopedias or other sets of reference books	700				0070				\$.00	\$.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$.00	<input type="checkbox"/>						
2a. Have you (or any members of your CU) purchased any of these as a gift to someone outside the CU? <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 3																								
If YES –																								
b. What was purchased? Complete a separate line for each gift purchased.																								
Item code(s)																								
3. FIELD REPRESENTATIVE CHECK ITEM Mark (X) box if there are no entries recorded in columns b–g.																								
1 17 01 0 ↓																								
0010 999 <input type="checkbox"/> Go to next page																								
0010																								
0020																								
0030																								
0040																								
0050																								
0060																								
0070																								
0080																								
0090																								
0100																								
0110																								
0120																								
0130																								
0140																								
0150																								
0160																								
0170																								
0180																								
0190																								
0200																								

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

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

Part A – Subscriptions and Memberships – Continued				4 17 04 8 →												NOTES							
a				PROCESSING USE ONLY	b		c		d		e		f			g			PRE				NOTES
4. Have you (or any members of your CU) had any membership costs or other expenses related to any of the following? <i>Do not include contributions to or membership in religious, professional, business, or other tax deductible organizations.</i>					ENTER ITEM CODE from column a.	What is the name of the (subscription, club, or organization reported in column a)?		Mark (X) the appropriate box.		What was the total cost during this period?		How much of this amount was paid this month?			Did you purchase any other...?			1	2	3		4	
FIELD REPRESENTATIVE – Read each item listed below. Country clubs, health clubs, swimming pools, tennis clubs, social or other recreational organizations 800						Enter name such as "Jaycees," "Kent Swim and Country Club," and "Amoco Motor Club."		OWN USE	GIFT			None			YES	NO	Description from column c	Item code from column b	Total from column e		This month from column f		
				0010			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0020			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
Civic, service, or fraternal organizations 810				0030			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0040			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
Credit card memberships 820				0050			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0060			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
Automobile service clubs 830				0070			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
5a. Have you (or any members of your CU) purchased any memberships as a gift to someone outside the CU? <input type="checkbox"/> YES <input type="checkbox"/> NO – Go to item 6				0080			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0090			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
b. What memberships were purchased? <i>Complete a separate line for each gift membership.</i>				0100			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0110			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0120			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
6. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b–g.</i>				0130			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0140			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0150			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0160			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
NOTES				0170			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0180			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0190			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	
				0200			<input type="checkbox"/>	<input type="checkbox"/>	\$.00	\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$.00	\$	.00	<input type="checkbox"/>	

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

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

Part A – Screening Questions		1 18 00 0 ↓	1 18 01 8 ↕																																																																								
<p>1a. Now I'm going to ask about trips and vacations. First I'd like to ask about trips taken by you (or any members of your CU) which were paid for by someone else. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips entirely paid for by anyone outside your CU, such as a business, employer, or relative?</p> <p>b. If YES – How many trips like this did you have?</p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2</p>	<p>8. Ask columns c–i for each trip reported in items 2–7b. Do not record any trip more than once. Trips reported in item 1b will be recorded in part D.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">a</th> <th style="width: 5%;">b</th> <th style="width: 20%;">c</th> <th style="width: 10%;">d</th> <th style="width: 10%;">e</th> <th style="width: 10%;">f</th> <th style="width: 10%;">g</th> <th style="width: 10%;">h</th> <th style="width: 10%;">i</th> </tr> <tr> <th>Trip not ended</th> <th>Line No.</th> <th>Trip type</th> <th>Where did you (they) go on this trip?</th> <th>In what month did this trip end?</th> <th>How many trips did you (or members of your CU) take to (destination) in (month ended)?</th> <th>Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?</th> <th>How many of these trips were paid for entirely by you (your CU)?</th> <th>How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td>FROM ITEM – 1 <input type="checkbox"/> 3b (relatives or friends) 2 <input type="checkbox"/> 4b (business) 3 <input type="checkbox"/> 5b (sightseeing, sports, etc.) 4 <input type="checkbox"/> 6b (any others) 5 <input type="checkbox"/> 7b (day trips)</td> <td>City or place State Foreign country</td> <td style="text-align: center;">Month <input type="checkbox"/> Not ended – Go to next trip</td> <td style="text-align: center;">Trips (If more than one trip, go to item 8h) (If one trip, go to item 8g)</td> <td>1 <input type="checkbox"/> Yes – Enter "1" in item 8i – Go to next trip 2 <input type="checkbox"/> No – Enter "1" in item 8h – Go to next trip</td> <td style="text-align: center;">Trips paid for entirely by CU – Enter trip I.D. 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<p>2. Last interview you reported _____ trip(s) which had not yet ended. I'd like to ask about that trip (those trips) now.</p> <p>3a. (Other than the trips you already mentioned,) Since the 1st of (month, 3 months ago), have you (or any members of your CU) been away overnight or longer to visit relatives or friends?</p> <p>b. If YES – How many trips were taken to visit relatives or friends?</p>	<p>Complete items 8e–8i for each trip checked in 8a.</p> <p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p> <p>0040 _____ Trips Ask items 8c–8i for each trip reported</p>																																																																										
<p>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?</p> <p>b. If YES – How many trips were taken for business?</p>	<p>0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a</p> <p>0060 _____ Trips Ask items 8c–8i for each trip reported</p>																																																																										
<p>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?</p> <p>b. If YES – How many trips were taken for these reasons?</p>	<p>0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p> <p>0080 _____ Trips Ask items 8c–8i for each trip reported</p>																																																																										
<p>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?</p> <p>b. If YES – How many trips were taken for these reasons?</p>	<p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p> <p>0100 _____ Trips Ask items 8c–8i for each trip reported</p>																																																																										
<p>7a. Now let's talk about times when you (or any members of your CU) did not stay away overnight, but went somewhere at least 75 miles away from home. Since the 1st of (month, 3 months ago), have you (or any members of your CU) taken any trips like that?</p> <p>b. If YES – How many such trips were taken?</p>	<p>0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9</p> <p>0120 _____ Trips Ask items 8c–8i for each trip reported</p>																																																																										
<p>9. TRIP TALLY CHART</p> <ul style="list-style-type: none"> For trips ENTIRELY paid for by someone outside the CU, complete one part D. For trips paid for by CU or trips partially paid for by someone outside the CU, fill out the chart below and complete the appropriate detailed part for each trip. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6"></th> <th colspan="2" style="text-align: center;">PRE</th> </tr> <tr> <th colspan="6"></th> <th style="width: 15%;">1</th> <th style="width: 15%;">2</th> </tr> <tr> <th colspan="6"></th> <th colspan="2" style="text-align: center;">Destination</th> </tr> <tr> <th>Trip identification No.</th> <th>Trip paid for entirely by CU (from column h)</th> <th>Trip partially paid for by non-CU members (from column i)</th> <th>Trip identification No.</th> <th>Trip paid for entirely by CU (from column h)</th> <th>Trip partially paid for by non-CU members (from column i)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">5</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">6</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">7</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td style="text-align: center;">8</td> <td style="text-align: center;"><input type="checkbox"/> Complete part B</td> <td style="text-align: center;"><input type="checkbox"/> Complete part C</td> <td></td> <td></td> </tr> </tbody> </table>										PRE								1	2							Destination		Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)	Trip identification No.	Trip paid for entirely by CU (from column h)	Trip partially paid for by non-CU members (from column i)			1	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	5	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			2	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	6	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			3	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	7	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C			4	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C	8	<input type="checkbox"/> Complete part B	<input type="checkbox"/> Complete part C										
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Section 18 – TRIPS AND VACATIONS – Continued

Part A – Screening Questions – Continued

1 18 02 6 ↘

NOTES

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

a	b	c	d	e	f	g	h	i
Trip not ended	Line No.	Trip type	Where did you (they) go on this trip?	In what month did this trip end?	How many trips did you (or members of your CU) take to (destination) in (month ended)?	Did or will a business, employer, or any other non-CU member pay any of the costs for this trip?	How many of these trips were paid for entirely by you (your CU)?	How many of these trips were or will be partially paid for by a business, employer, or other non-CU member?
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9. TRIP TALLY CHART – Continued

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

NOTES

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

Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU

1. FIELD REPRESENTATIVE ITEM <i>In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.</i>	PROCESSING USE ONLY	1 18 34 9 ↓	
	a. TRIP IDENTIFICATION NUMBER	0010	_____ Identification number
	b. DESTINATION		
	OFFICE USE ONLY	0020	_____
c. NUMBER OF (IDENTICAL) TRIPS	0030	_____ Number	
d. MONTH ENDED	0040	□ □	

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

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

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

0050 _____ Nights

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

0060 1 Yes
2 No – Go to item 3a

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

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

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

0110 \$ _____ .00

NOTES

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

- COMMERCIAL
- 0120 01 Local (taxi, etc.)
 - 0130 02 Airplane
 - 0140 03 Train
 - 0150 04 Bus
 - 0160 05 Ship

- RENTED
- 0170 06 Car, jeep
 - 0180 07 Truck, van
 - 0190 08 Motorcycle, moped
 - 0200 09 Private plane
 - 0210 10 Boat, trailer
 - 0220 11 Camper
 - 0230 12 Other vehicles

- PRIVATE
- 0240 13 Car owned by CU
 - 0250 14 Vehicle leased by CU
 - 0260 15 Other vehicle owned by CU
 - 0270 16 Vehicle owned by someone else
 - 0280 17 Other transport

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

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

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

COMMERCIAL

- 0290 01 \$ _____ .00 0 None
- 0300 02 \$ _____ .00 0 None
- 0310 03 \$ _____ .00 0 None
- 0320 04 \$ _____ .00 0 None
- 0330 05 \$ _____ .00 0 None

RENTED

- 0340 06 \$ _____ .00 0 None
- 0350 07 \$ _____ .00 0 None
- 0360 08 \$ _____ .00 0 None
- 0370 09 \$ _____ .00 0 None
- 0380 10 \$ _____ .00 0 None
- 0390 11 \$ _____ .00 0 None
- 0400 12 \$ _____ .00 0 None

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																								
b. How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00																								
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e																								
If YES – d. How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00																								
e. Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																								
If YES – f. How much were they?	0060	\$ _____ .00																								
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																								
If YES – b. What was the cost, including taxes and tips?	0080	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																								
If YES – b. What was the cost, including taxes and tips?	0100	\$ _____ .00																								
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																								
If YES – d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																								
If YES – b. What were the expenses, including taxes?	0140	\$ _____ .00																								
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																								
If YES – d. What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																								
If YES – b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
If YES – b. How much did you (or any members of your CU) pay?	0200	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
If YES – b. How much did you (or any members of your CU) spend?	0220	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
If YES – b. How much were these expenses?	0240	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">0260 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0270 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0280 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0290 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
	YES	NO	DK																							
0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
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0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
c. How much of the total expenses for this trip were for persons outside your CU?	0300	\$ _____ .00																								
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. Does this (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">0320 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0330 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0340 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0350 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0360 Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
	YES	NO	DK																							
0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
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0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																										

Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

<p>1. FIELD REPRESENTATIVE ITEM <i>In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red;">1 18 36 4 ↓</p>																											
<p>a. TRIP IDENTIFICATION NUMBER 0010 _____ Identification number</p>																												
<p>b. DESTINATION</p>																												
<p>OFFICE USE ONLY 0020 _____</p>																												
<p>c. NUMBER OF (IDENTICAL) TRIPS 0030 _____ Number</p>																												
<p>d. MONTH ENDED 0040 <input type="text"/> <input type="text"/></p>																												
<p>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</p>																												
<p>f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.</p>																												
<p>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</p>				0050 _____ Nights																								
<p>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																											
<p>b. If "Yes," ask for each item: Did the package deal include . . . <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0070 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0080 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0090 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0100 Anything else <input checked="" type="checkbox"/></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td colspan="4"><i>Specify _____</i></td> </tr> </tbody> </table>				Yes	No	DK	0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	<i>Specify _____</i>				
	Yes	No	DK																									
0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
<i>Specify _____</i>																												
<p>c. How much did you (or any members of your CU) pay for the package deal?</p>	<p>0110 \$ _____ .00</p>																											
NOTES																												

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL		COMMERCIAL
0120 01 <input type="checkbox"/> Local (taxi, etc.)		0290 01 \$ _____ .00 0 <input type="checkbox"/> None
0130 02 <input type="checkbox"/> Airplane		0300 02 \$ _____ .00 0 <input type="checkbox"/> None
0140 03 <input type="checkbox"/> Train		0310 03 \$ _____ .00 0 <input type="checkbox"/> None
0150 04 <input type="checkbox"/> Bus		0320 04 \$ _____ .00 0 <input type="checkbox"/> None
0160 05 <input type="checkbox"/> Ship		0330 05 \$ _____ .00 0 <input type="checkbox"/> None
RENTED		RENTED
0170 06 <input type="checkbox"/> Car, jeep		0340 06 \$ _____ .00 0 <input type="checkbox"/> None
0180 07 <input type="checkbox"/> Truck, van		0350 07 \$ _____ .00 0 <input type="checkbox"/> None
0190 08 <input type="checkbox"/> Motorcycle, moped		0360 08 \$ _____ .00 0 <input type="checkbox"/> None
0200 09 <input type="checkbox"/> Private plane		0370 09 \$ _____ .00 0 <input type="checkbox"/> None
0210 10 <input type="checkbox"/> Boat, trailer		0380 10 \$ _____ .00 0 <input type="checkbox"/> None
0220 11 <input type="checkbox"/> Camper		0390 11 \$ _____ .00 0 <input type="checkbox"/> None
0230 12 <input type="checkbox"/> Other vehicles		0400 12 \$ _____ .00 0 <input type="checkbox"/> None
PRIVATE		
0240 13 <input type="checkbox"/> Car owned by CU		
0250 14 <input type="checkbox"/> Vehicle leased by CU		
0260 15 <input type="checkbox"/> Other vehicle owned by CU		
0270 16 <input type="checkbox"/> Vehicle owned by someone else		
0280 17 <input type="checkbox"/> 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.

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued	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? <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5c	0010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																									
b. How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00																									
c. While on the trip, did you (or any members of your CU) spend anything for tolls? If YES –	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e																									
d. How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00																									
e. Did you (or any members of your CU) have any parking fees? If YES –	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																									
f. How much were they?	0060	\$ _____ .00																									
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)? If YES –	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																									
b. What was the cost, including taxes and tips?	0080	\$ _____ .00																									
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)? If YES –	0090	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																									
b. What was the cost, including taxes and tips?	0100	\$ _____ .00																									
c. Was any of the (amount in item 7b) for alcoholic beverages? If YES –	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																									
d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00																									
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? If YES –	0130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																									
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b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00																									
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b. How much did you (or any members of your CU) pay?	0200	\$ _____ .00																									
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.) If YES –	0210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																									
b. How much did you (or any members of your CU) spend?	0220	\$ _____ .00																									
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? If YES –	0230	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																									
b. How much were these expenses?	0240	\$ _____ .00																									
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? If YES –	0250	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																									
b. Did these expenses include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	0260 0270 0280 0290	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>					
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c. How much of the total expenses for this trip were for persons outside your CU?	0300	\$ _____ .00																									
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. Does this (amount) include anything for . . . ? FIELD REPRESENTATIVE – Read each item listed.	0320 0330 0340 0350 0360	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
	YES	NO	DK																								
Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
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Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																											

Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

<p>1. FIELD REPRESENTATIVE ITEM <i>In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red;">1 18 38 0 ↓</p>																											
<p>a. TRIP IDENTIFICATION NUMBER 0010 _____ Identification number</p>																												
<p>b. DESTINATION</p>																												
<p>OFFICE USE ONLY 0020 _____</p>																												
<p>c. NUMBER OF (IDENTICAL) TRIPS 0030 _____ Number</p>																												
<p>d. MONTH ENDED 0040 <input type="text"/> <input type="text"/></p>																												
<p>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</p>																												
<p>f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.</p>																												
<p>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</p>				0050 _____ Nights																								
<p>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																											
<p>b. If "Yes," ask for each item: Did the package deal include . . . <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0070 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0080 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0090 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0100 Anything else <input checked="" type="checkbox"/></td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Specify _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	DK	0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	Specify _____				
	Yes	No	DK																									
0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
0100 Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
Specify _____																												
<p>c. How much did you (or any members of your CU) pay for the package deal?</p>	<p>0110 \$ _____ .00</p>																											
NOTES																												

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL		COMMERCIAL
0120 01 <input type="checkbox"/> Local (taxi, etc.)		0290 01 \$ _____ .00 0 <input type="checkbox"/> None
0130 02 <input type="checkbox"/> Airplane		0300 02 \$ _____ .00 0 <input type="checkbox"/> None
0140 03 <input type="checkbox"/> Train		0310 03 \$ _____ .00 0 <input type="checkbox"/> None
0150 04 <input type="checkbox"/> Bus		0320 04 \$ _____ .00 0 <input type="checkbox"/> None
0160 05 <input type="checkbox"/> Ship		0330 05 \$ _____ .00 0 <input type="checkbox"/> None
RENTED		RENTED
0170 06 <input type="checkbox"/> Car, jeep		0340 06 \$ _____ .00 0 <input type="checkbox"/> None
0180 07 <input type="checkbox"/> Truck, van		0350 07 \$ _____ .00 0 <input type="checkbox"/> None
0190 08 <input type="checkbox"/> Motorcycle, moped		0360 08 \$ _____ .00 0 <input type="checkbox"/> None
0200 09 <input type="checkbox"/> Private plane		0370 09 \$ _____ .00 0 <input type="checkbox"/> None
0210 10 <input type="checkbox"/> Boat, trailer		0380 10 \$ _____ .00 0 <input type="checkbox"/> None
0220 11 <input type="checkbox"/> Camper		0390 11 \$ _____ .00 0 <input type="checkbox"/> None
0230 12 <input type="checkbox"/> Other vehicles		0400 12 \$ _____ .00 0 <input type="checkbox"/> None
PRIVATE		
0240 13 <input type="checkbox"/> Car owned by CU		
0250 14 <input type="checkbox"/> Vehicle leased by CU		
0260 15 <input type="checkbox"/> Other vehicle owned by CU		
0270 16 <input type="checkbox"/> Vehicle owned by someone else		
0280 17 <input type="checkbox"/> 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.

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																														
b. How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00																														
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e																														
<i>If YES –</i> d. How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00																														
e. Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																														
<i>If YES –</i> f. How much were they?	0060	\$ _____ .00																														
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																														
<i>If YES –</i> b. What was the cost, including taxes and tips?	0080	\$ _____ .00																														
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																														
<i>If YES –</i> b. What was the cost, including taxes and tips?	0100	\$ _____ .00																														
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																														
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00																														
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																														
<i>If YES –</i> b. What were the expenses, including taxes?	0140	\$ _____ .00																														
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																														
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00																														
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																														
<i>If YES –</i> b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00																														
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																												
<i>If YES –</i> b. How much did you (or any members of your CU) pay?			0200	\$ _____ .00																												
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																												
<i>If YES –</i> b. How much did you (or any members of your CU) spend?			0220	\$ _____ .00																												
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																												
<i>If YES –</i> b. How much were these expenses?			0240	\$ _____ .00																												
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																												
b. Did these expenses include anything for . . . ?			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">FIELD REPRESENTATIVE – Read each item listed.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">0260 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0270 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0280 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0290 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>			YES	NO	DK	FIELD REPRESENTATIVE – Read each item listed.				0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
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0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																													
c. How much of the total expenses for this trip were for persons outside your CU?			0300	\$ _____ .00																												
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. Does this (amount) include anything for . . . ?			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">FIELD REPRESENTATIVE – Read each item listed.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">0320 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0330 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0340 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0350 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">0360 Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>			YES	NO	DK	FIELD REPRESENTATIVE – Read each item listed.				0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
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Section 18 – TRIPS AND VACATIONS – Continued

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

Part B – Trips Paid Entirely By CU – Continued

<p>1. FIELD REPRESENTATIVE ITEM <i>In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red; font-weight: bold;">1 18 40 6 ↓</p>																											
<p>a. TRIP IDENTIFICATION NUMBER 0010 _____ Identification number</p>																												
<p>b. DESTINATION</p>																												
<p>OFFICE USE ONLY 0020 _____</p>																												
<p>c. NUMBER OF (IDENTICAL) TRIPS 0030 _____ Number</p>																												
<p>d. MONTH ENDED 0040 <input type="text"/> <input type="text"/></p>																												
<p>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</p>																												
<p>f. Now I'd like to ask some additional questions about the trip(s) you (your CU) took to (destination). If day trip, go to item 2a.</p>																												
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<p>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</p>	<p>0060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a</p>																											
<p>b. If "Yes," ask for each item: Did the package deal include . . . <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0070 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0080 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0090 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0100 Anything else ↗</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"><i>Specify</i> _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	DK	0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0080 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0090 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0100 Anything else ↗	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	<i>Specify</i> _____				
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0070 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																									
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<p>c. How much did you (or any members of your CU) pay for the package deal?</p>	<p>0110 \$ _____ .00</p>																											
NOTES																												

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

COMMERCIAL		COMMERCIAL
0120 01 <input type="checkbox"/> Local (taxi, etc.)		0290 01 \$ _____ .00 0 <input type="checkbox"/> None
0130 02 <input type="checkbox"/> Airplane		0300 02 \$ _____ .00 0 <input type="checkbox"/> None
0140 03 <input type="checkbox"/> Train		0310 03 \$ _____ .00 0 <input type="checkbox"/> None
0150 04 <input type="checkbox"/> Bus		0320 04 \$ _____ .00 0 <input type="checkbox"/> None
0160 05 <input type="checkbox"/> Ship		0330 05 \$ _____ .00 0 <input type="checkbox"/> None
RENTED		RENTED
0170 06 <input type="checkbox"/> Car, jeep		0340 06 \$ _____ .00 0 <input type="checkbox"/> None
0180 07 <input type="checkbox"/> Truck, van		0350 07 \$ _____ .00 0 <input type="checkbox"/> None
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0260 15 <input type="checkbox"/> Other vehicle owned by CU		
0270 16 <input type="checkbox"/> Vehicle owned by someone else		
0280 17 <input type="checkbox"/> 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.

Section 18 – TRIPS AND VACATIONS – Continued

Part B – Trips Paid Entirely by CU – Continued		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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5c																								
b. How much did you (or any members of your CU) spend for that?	0020	\$ _____ .00																								
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5e																								
<i>If YES –</i> d. How much did you (or any members of your CU) spend for tolls?	0040	\$ _____ .00																								
e. Did you (or any members of your CU) have any parking fees?	0050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a																								
<i>If YES –</i> f. How much were they?	0060	\$ _____ .00																								
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																								
<i>If YES –</i> b. What was the cost, including taxes and tips?	0080	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																								
<i>If YES –</i> b. What was the cost, including taxes and tips?	0100	\$ _____ .00																								
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a																								
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes and tips?	0120	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																								
<i>If YES –</i> b. What were the expenses, including taxes?	0140	\$ _____ .00																								
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																								
<i>If YES –</i> d. What was the cost for alcoholic beverages, including taxes?	0160	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																								
<i>If YES –</i> b. How much did you (or any members of your CU) pay to rent sports equipment?	0180	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
<i>If YES –</i> b. How much did you (or any members of your CU) pay?	0200	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
<i>If YES –</i> b. How much did you (or any members of your CU) spend?	0220	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
<i>If YES –</i> b. How much were these expenses?	0240	\$ _____ .00																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
b. Did these expenses include anything for . . . ? <i>FIELD REPRESENTATIVE – Read each item listed.</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">0260 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0270 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0280 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0290 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
	YES	NO	DK																							
0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
c. How much of the total expenses for this trip were for persons outside your CU?	0300	\$ _____ .00																								
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. Does this (amount) include anything for . . . ? <i>FIELD REPRESENTATIVE – Read each item listed.</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">0320 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0330 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0340 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0350 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">0360 Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
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0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																							
GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																										

Section 18 – TRIPS AND VACATIONS – Continued

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

Part C – Partially Reimbursed Trips

<p>1. FIELD REPRESENTATIVE ITEM <i>In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.</i></p>	<p>PROCESSING USE ONLY</p> <p style="color: red;">1 77 01 4 ↓</p>				<p><i>Hand respondent Information Booklet, page 37.</i></p> <p>3a. Starting at the beginning of this trip, please tell me all the kinds of transportation you (or any members of your CU) used from the time you (they) left home to the time you (they) got back home.</p> <p><i>PROBE – Any other kinds of transportation on this trip?</i></p> <p><i>If no codes 1–12 marked, go to item 4.</i></p>	<p>3b. Ask for each code 1–5 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) (other than what the package deal covered)?</p> <p><i>Ask for each code 6–12 marked in item 3a. How much did you (or any members of your CU) spend for (transportation) not including gas you (or any members of your CU) bought (other than what the package deal covered)?</i></p>
	<p>a. TRIP IDENTIFICATION NUMBER 0010 _____ Identification number</p>					
	<p>b. DESTINATION</p>					
	<p>OFFICE USE ONLY</p>	0020				
	<p>c. NUMBER OF (IDENTICAL) TRIPS 0030 _____ Number</p>					
	<p>d. MONTH ENDED 0040 </p>					
<p>e. If set of identical trips read – Since you (your CU) took a set of similar trips, I will ask about them as a group. Please give the total of all these trips for each of the following questions.</p> <p>f. You told me that someone outside your CU paid for part of the trip(s) you (your CU) took to (trip destination). In the next questions I'm interested only in the costs you (your CU) had to pay, not those paid or to be paid by a business or employer. If day trip, go to item 2a.</p> <p>g. Verify if already reported. Otherwise, ask – How many nights did you (or any members of your CU) spend away from home on this trip?</p>				0050	_____ Nights	
<p>2a. Sometimes when people take a trip they have some sort of package deal that covers some or all of the costs. Was all or part of this trip covered by a package deal?</p>	0060			1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No – Go to item 3a	
<p>b. If "Yes," ask for each item: Did the package deal include . . . <i>FIELD REPRESENTATIVE – Read each item listed.</i></p>				Yes	No	DK
	0070	Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
	0080	Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
	0090	Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
	0100	Anything else <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
	Specify _____					
<p>c. How much did you (or any members of your CU) pay for the package deal?</p>	0110	\$ _____	.00			
<p>NOTES</p>						
<p>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.</p>						

Section 18 – TRIPS AND VACATIONS – Continued

Part C – Partially Reimbursed Trips – Continued		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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
b. What costs for gasoline or other fuels won't be reimbursed?	0020 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for playing sports won't be reimbursed?	0200 \$ _____ .00 0 <input type="checkbox"/> None																								
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
<i>If YES –</i> d. What costs for tolls won't be reimbursed?	0040 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for entertainment and admissions won't be reimbursed?	0220 \$ _____ .00 0 <input type="checkbox"/> None																								
e. Did you (or any members of your CU) have any parking fees?	0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
<i>If YES –</i> f. What costs for parking fees won't be reimbursed?	0060 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for these things won't be reimbursed?	0240 \$ _____ .00 0 <input type="checkbox"/> None																								
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
<i>If YES –</i> b. What costs for lodging, including taxes and tips, won't be reimbursed?	0080 \$ _____ .00 0 <input type="checkbox"/> None	b. Did these expenses include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0260 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0270 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0280 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0290 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
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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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	<i>FIELD REPRESENTATIVE – Read each item listed.</i>																									
<i>If YES –</i> b. What costs for these things won't be reimbursed?	0100 \$ _____ .00 0 <input type="checkbox"/> None	c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$ _____ .00																								
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here.	0310 \$ _____ .00																								
<i>If YES –</i> d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$ _____ .00 0 <input type="checkbox"/> None	b. Does this (amount) include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0320 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0330 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0340 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0350 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0360 Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
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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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.																									
<i>If YES –</i> b. What costs, including taxes, won't be reimbursed?	0140 \$ _____ .00 0 <input type="checkbox"/> None																										
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																										
<i>If YES –</i> d. What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$ _____ .00 0 <input type="checkbox"/> None																										
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																										
<i>If YES –</i> b. What costs for renting sports equipment won't be reimbursed?	0180 \$ _____ .00 0 <input type="checkbox"/> None																										

Section 18 – TRIPS AND VACATIONS – Continued

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

Part C – Partially Reimbursed Trips – Continued

1. FIELD REPRESENTATIVE ITEM <i>In item 1a, enter Trip I.D. number from Trip Tally Chart in part A. Enter trip destination in item 1b, the number of (identical) trips in item 1c, and the month the trip ended in item 1d.</i>	PROCESSING USE ONLY	1 77 03 0 ↓	
	a. TRIP IDENTIFICATION NUMBER	0010	_____ Identification number
	b. DESTINATION		
	OFFICE USE ONLY	0020	_____
c. NUMBER OF (IDENTICAL) TRIPS	0030	_____ Number	
d. MONTH ENDED	0040	____	

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

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

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

0050 _____ Nights

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

0060 1 Yes
2 No – Go to item 3a

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

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

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

0110 \$ _____ .00

NOTES

Hand respondent Information Booklet, page 37.

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

PROBE – Any other kinds of transportation on this trip?

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

- COMMERCIAL
- 0120 01 Local (taxi, etc.)
 - 0130 02 Airplane
 - 0140 03 Train
 - 0150 04 Bus
 - 0160 05 Ship
- RENTED
- 0170 06 Car, jeep
 - 0180 07 Truck, van
 - 0190 08 Motorcycle, moped
 - 0200 09 Private plane
 - 0210 10 Boat, trailer
 - 0220 11 Camper
 - 0230 12 Other vehicles
- PRIVATE
- 0240 13 Car owned by CU
 - 0250 14 Vehicle leased by CU
 - 0260 15 Other vehicle owned by CU
 - 0270 16 Vehicle owned by someone else
 - 0280 17 Other transport

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

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

COMMERCIAL		COMMERCIAL	
0290 01 \$ _____	.00	0 <input type="checkbox"/> None	
0300 02 \$ _____	.00	0 <input type="checkbox"/> None	
0310 03 \$ _____	.00	0 <input type="checkbox"/> None	
0320 04 \$ _____	.00	0 <input type="checkbox"/> None	
0330 05 \$ _____	.00	0 <input type="checkbox"/> None	
RENTED		RENTED	
0340 06 \$ _____	.00	0 <input type="checkbox"/> None	
0350 07 \$ _____	.00	0 <input type="checkbox"/> None	
0360 08 \$ _____	.00	0 <input type="checkbox"/> None	
0370 09 \$ _____	.00	0 <input type="checkbox"/> None	
0380 10 \$ _____	.00	0 <input type="checkbox"/> None	
0390 11 \$ _____	.00	0 <input type="checkbox"/> None	
0400 12 \$ _____	.00	0 <input type="checkbox"/> None	

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

Section 18 – TRIPS AND VACATIONS – Continued

Part C – Partially Reimbursed Trips – Continued		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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11a																								
b. What costs for gasoline or other fuels won't be reimbursed?	0020 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for playing sports won't be reimbursed?	0200 \$ _____ .00 0 <input type="checkbox"/> None																								
c. While on the trip, did you (or any members of your CU) spend anything for tolls?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 12a																								
<i>If YES –</i> d. What costs for tolls won't be reimbursed?	0040 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for entertainment and admissions won't be reimbursed?	0220 \$ _____ .00 0 <input type="checkbox"/> None																								
e. Did you (or any members of your CU) have any parking fees?	0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 13a																								
<i>If YES –</i> f. What costs for parking fees won't be reimbursed?	0060 \$ _____ .00 0 <input type="checkbox"/> None	<i>If YES –</i> b. What costs for these things won't be reimbursed?	0240 \$ _____ .00 0 <input type="checkbox"/> None																								
6a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next trip; after last trip, go to part D																								
<i>If YES –</i> b. What costs for lodging, including taxes and tips, won't be reimbursed?	0080 \$ _____ .00 0 <input type="checkbox"/> None	b. Did these expenses include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0260 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0270 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0280 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0290 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0260 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0270 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0280 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>				
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0290 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	<i>FIELD REPRESENTATIVE – Read each item listed.</i>																									
<i>If YES –</i> b. What costs for these things won't be reimbursed?	0100 \$ _____ .00 0 <input type="checkbox"/> None	c. How much of the total non-reimbursed expenses for this trip were for persons outside your CU?	0300 \$ _____ .00																								
c. Was any of the (amount in item 7b) for alcoholic beverages?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a	14a. If the respondent is unable to break down food and beverages, lodging, transportation, other expenses, or expenses for others, enter the expenses that won't be reimbursed. Only those non-reimbursed expenses a respondent is not able to break down should be combined and entered here.	0310 \$ _____ .00																								
<i>If YES –</i> d. What costs for alcoholic beverages, including taxes and tips, won't be reimbursed?	0120 \$ _____ .00 0 <input type="checkbox"/> None	b. Does this (amount) include anything for . . . ?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>0320 Food and beverages . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0330 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0340 Transportation</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0350 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0360 Expenses for others . . .</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0320 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0330 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0340 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0350 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
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0360 Expenses for others . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																								
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a	<i>FIELD REPRESENTATIVE – Read each item listed.</i>																									
<i>If YES –</i> b. What costs, including taxes, won't be reimbursed?	0140 \$ _____ .00 0 <input type="checkbox"/> None	<i>GO TO NEXT TRIP; AFTER LAST TRIP, GO TO PART D.</i>																									
c. Was any of the (amount in item 8b) for alcoholic beverages?	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a																										
<i>If YES –</i> d. What cost for alcoholic beverages, including taxes, won't be reimbursed?	0160 \$ _____ .00 0 <input type="checkbox"/> None																										
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10a																										
<i>If YES –</i> b. What costs for renting sports equipment won't be reimbursed?	0180 \$ _____ .00 0 <input type="checkbox"/> None																										

Section 18 – TRIPS AND VACATIONS – 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.	0010 _____ Trips 0 <input type="checkbox"/> None – Go to part E					
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to part E					
b. Did these expenses include anything for – ? FIELD REPRESENTATIVE – Read each item listed.			YES	NO	DK	
	0030 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
	0040 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
	0050 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
	0060 Anything else – Specify ↗ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>		
c. What was the total amount for these expenses?	0070 \$ _____ .00					

GO TO PART E

Section 18 - TRIPS AND VACATIONS - Continued

FIELD REPRESENTATIVE - Ask part E for all CU's.

Part E - Trip Expenses for Non-CU Members

1 77 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 -

b. How many trips was that?

0020 _____ Trips

c. Did these expenses include anything for - ?

FIELD REPRESENTATIVE - Read each item listed.

	YES	NO	DK
0030 Food and beverages . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0040 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0050 Transportation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>
0060 Anything else - Specify <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>

d. What was the total amount that you (your CU) paid for that trip (those trips)?

0070 \$ _____ .00

GO TO PART F

Section 18 – TRIPS AND VACATIONS – Continued

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

Part F – Local Overnight Stays		1 77 69 1 ↓																						
<p>1. We've talked about many different kinds of trips. Sometimes people don't take a trip, but they stay overnight in a local hotel or motel such as for holidays or family getaways. Since the 1st of (month, 3 months ago), have you (or any members of your CU) stayed overnight in a local hotel or motel?</p>	<p>0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next section</p>																							
<p>2. VERIFY IF ALREADY REPORTED, OTHERWISE ASK – How many nights did you (or any members of your CU) spend away from home on this stay?</p>	<p>0020 _____ Nights</p>																							
<p>3a. Sometimes when people stay away from home overnight they have some sort of package deal that covers some or all of the costs. Was all or part of this stay covered by anything like that?</p>	<p>0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a</p>																							
<p>b. Ask for each item – Did the package deal include anything for . . . ?</p> <p style="font-size: small; margin-top: 5px;"><i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0040 Food and beverages</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0050 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0060 Entertainment</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0070 Anything else – Specify ↴ _____</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0040 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0050 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0060 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0070 Anything else – Specify ↴ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>			
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0070 Anything else – Specify ↴ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																					
<p>c. How much did you (or any members of your CU) pay for the package deal?</p>	<p>0080 \$ _____ .00</p>																							
<p>4a. Did you (or any members of your CU) spend anything for hotels, motels, cottages, trailer camps, or other lodging (not counting what the package deal covered)?</p>	<p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5a</p>																							
<p>b. What was the cost, including taxes and tips?</p>	<p>0100 \$ _____ .00</p>																							
<p>5a. Did you (or any members of your CU) spend anything for meals, snacks, or drinks at restaurants, bars, or fast food places (not counting what the package deal covered)?</p>	<p>0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p>																							
<p>b. What was the cost, including taxes and tips?</p>	<p>0120 \$ _____ .00</p>																							
<p>c. Was any of the (amount in item 5b) for alcoholic beverages?</p>	<p>0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6a</p>																							
<p>d. What was the cost for alcoholic beverages, including taxes and tips?</p>	<p>0140 \$ _____ .00</p>																							
<p>6a. Did you (or any members of your CU) spend anything for food or beverages at grocery stores, convenience stores, or liquor stores?</p>	<p>0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p>																							
<p>b. What were the expenses, including taxes?</p>	<p>0160 \$ _____ .00</p>																							
<p>c. Was any of the (amount in item 6b) for alcoholic beverages?</p>	<p>0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a</p>																							
<p>d. What was the cost for alcoholic beverages, including taxes?</p>	<p>0180 \$ _____ .00</p>																							
<p>7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?</p>	<p>0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8</p>																							
<p>b. How much did you (or any members of your CU) pay?</p>	<p>0200 \$ _____ .00</p>																							
<p>8. If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.</p>	<p>0210 \$ _____ .00</p>																							
<p>Did the (amount) include anything for . . . ?</p> <p style="font-size: small; margin-top: 5px;"><i>FIELD REPRESENTATIVE – Read each item listed.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0220 Food and beverages</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0230 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0240 Entertainment</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0250 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0220 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0230 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0240 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0250 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>			
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<p>9. Did you (or any members of your CU) have any other stays at local hotels or motels?</p>	<p>0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section</p>																							
NOTES																								

Section 18 – TRIPS AND VACATIONS – Continued

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

Part F – Local Overnight Stays – Continued		1 77 70 9 ↓																				
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c. Was any of the (amount in item 6b) for alcoholic beverages?	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a																					
d. What was the cost for alcoholic beverages, including taxes?	0180 \$ _____ .00																					
7a. (Hand respondent Information Booklet, page 40.) Did you (or any members of your CU) spend anything on this stay for entertainment or admissions (not counting what the package deal covered)?	0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8																					
b. How much did you (or any members of your CU) pay?	0200 \$ _____ .00																					
8. If the respondent is unable to break down food and beverages, lodging, entertainment, or other expenses, enter these expenses. Only those expenses a respondent is not able to break down should be combined and entered here.	0210 \$ _____ .00																					
Did the (amount) include anything for . . .? FIELD REPRESENTATIVE – Read each item listed.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>0220 Food and beverages</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0230 Lodging</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0240 Entertainment</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> <tr> <td>0250 Other expenses</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">x <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	0220 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0230 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0240 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	0250 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>	
	YES	NO	DK																			
0220 Food and beverages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0230 Lodging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0240 Entertainment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
0250 Other expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x <input type="checkbox"/>																			
9. Did you (or any members of your CU) have any other stays at local hotels or motels?	0260 1 <input type="checkbox"/> Yes – Complete part F for each stay 2 <input type="checkbox"/> No – Go to next section																					
NOTES																						

Section 19 – MISCELLANEOUS EXPENSES

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

4 19 02 8 →

a				b	PROCESSING USE ONLY	c	d		e		f		g		NOTES	PRE			
							1	2	3	4	5	6	7	8		9	10	11	12
1. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?				What was the expense for? Describe briefly.		ENTER ITEM CODE from column a.	In what month did you have this expense? <i>If it is a continuous expense throughout the reference period, mark box.</i>		Was this expense for your CU or someone outside of your CU? 1 – For CU 2 – For someone outside your CU		What was the total amount of the expense? <i>For continuing expenses, do not include expenses for the current month.</i>		Did you have any other expenses for . . . ?			Description from column b	Month or code from column d	Expense from column f	
ITEM CODE	YES	NO	Month				Continuous expense	CU	Outside CU	\$		YES	NO						
FUNERALS, BURIALS, OR CREMATION	100						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS	110						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
COMBINATIONS OF THE ABOVE <i>Use only if cannot itemize the above</i>	120	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
CATERED AFFAIRS	130						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
FRESH FLOWERS OR POTTED PLANTS	140						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
LEGAL FEES <i>Do not include legal fees related to real estate closing costs which were reported in section 3.</i>	150						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
ACCOUNTING FEES	160						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
HOME SERVICES							13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Gardening or lawn care services	170						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Housekeeping services	180						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Other home services and small repair jobs around the house, not previously reported	210						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Babysitting or other child care in your own home	190						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Babysitting or other child care in someone else's home	220						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
Care for invalids, convalescents, handicapped or elderly persons in the home	200						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
ADULT DAY CARE CENTERS	350						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
PROFESSIONAL PHOTOGRAPHY FEES	360						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
HOME SECURITY SYSTEM SERVICE FEES	370						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
2. FIELD REPRESENTATIVE CHECK ITEM <i>Mark (X) box if there are no entries recorded in columns b – g.</i>							13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
	0010						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00
	0220						13 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>			\$.00

Section 19 - MISCELLANEOUS EXPENSES - Continued

4 19 04 4 →

a				b		PROCESSING USE ONLY	c			d		e		f		g		NOTES	PRE		
3. Since the 1st of (month, 3 months ago), have you (or any members of your CU) had expenses for any of the following, either for your CU or for someone outside your CU?				What was the expense for? Describe briefly.			ENTER ITEM CODE from column a.	In what month did you have this expense? If it is a continuous expense throughout the reference period, mark box.		Was this expense for your CU or someone outside of your CU? 1 - For CU 2 - For someone outside your CU		What was the total amount of the expense? For continuing expenses, do not include expenses for the current month.		Did you have any other expenses for . . . ?		Description from column b	Month or code from column d		Expense from column f		
ITEM CODE	YES	NO	Month	Continuous expense	CU			Outside CU			YES	NO	Month								
COMPUTER INFORMATION SERVICES	280					0010	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
TV COMPUTER GAMES AND COMPUTER GAME SOFTWARE	290					0020	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
HAND HELD COMPUTER GAMES AND COMPUTER BOARD GAMES	300					0030	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
TOYS AND GAMES	330					0040	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
HOBBIES	340					0050	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
MOVING, STORAGE, AND FREIGHT EXPRESS	230					0060	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
PURCHASE OF PETS, PET SUPPLIES, AND MEDICINE FOR PETS	240					0070	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
PET SERVICES	250					0080	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
VETERINARIAN EXPENSES FOR PETS	260					0090	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
ALIMONY	310					0100	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
CHILD SUPPORT	320					0110	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
MONEY GIVEN TO NON-CU MEMBERS, CHARITIES, AND OTHER ORGANIZATIONS	270					0120	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0130	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0140	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0150	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0160	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0170	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0180	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0190	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0200	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0210	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00
						0220	13	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	\$.00	<input type="checkbox"/>	<input type="checkbox"/>				\$.00

Section 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 usual WEEKLY expense at the grocery store or supermarket?	0010 \$ _____ .00 <input type="checkbox"/> None – Go to item 2a		8. Have you (or any members of your CU) received any free food, beverages, or meals through public or private welfare agencies, including religious organizations? Do not include free meals in school or preschool programs.	0170 <input type="checkbox"/> Yes <input type="checkbox"/> No																																																														
b. About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages?	0020 \$ _____ .00 <input type="checkbox"/> None		9a. Have you (or any members of your CU) received any free meals at work as part of your pay?	0180 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 10a																																																														
2a. Have you (or any members of your CU) purchased any food or nonalcoholic beverages from places other than grocery stores, such as home delivery, specialty stores, bakeries, convenience stores, dairy stores, vegetable stands, or farmers' markets? Include any large purchases made for freezing or canning.	0030 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 3a		b. About what was the WEEKLY dollar value of such meals?	0190 \$ _____ .00																																																														
b. What was your usual WEEKLY expense at these places?	0040 \$ _____ .00		c. Since the 1st of (month, 3 months ago), how many weeks did members of your CU receive such meals?	0200 _____ Number of weeks																																																														
3a. Do you (or any members of your CU) ever buy alcoholic beverages to be served at home?	0050 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 4a		10a. Since the 1st of (month, 3 months ago), excluding (this month), have you (or members of your CU) purchased any meals at school or in a preschool program for preschool or school age children? <i>Ask only if preschool or school age students; otherwise mark "No."</i>	0210 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to part B																																																														
b. What was your usual MONTHLY expense for beer and wine?	0060 \$ _____ .00 <input type="checkbox"/> None		b. If YES – What are the names of all CU members who purchased meals at school? <i>Enter the name of each CU member purchasing meals at school in column a, then ask columns b through d for each name entered.</i>																																																															
c. What was your usual MONTHLY expense for other alcoholic beverages?	0070 \$ _____ .00 <input type="checkbox"/> None		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%; text-align: center; font-size: small;">PROCESSING USE ONLY</th> <th style="width: 35%; text-align: center; font-size: small;">a</th> <th style="width: 15%; text-align: center; font-size: small;">b</th> <th style="width: 15%; text-align: center; font-size: small;">c</th> <th style="width: 30%; text-align: center; font-size: small;">d</th> </tr> <tr> <td></td> <td style="text-align: center; font-size: x-small;">Name</td> <td style="text-align: center; font-size: x-small;">Enter line number from Control Card.</td> <td style="text-align: center; font-size: x-small;">What is the usual WEEKLY expense for the meals . . . purchased at school?</td> <td style="text-align: center; font-size: x-small;">How many weeks did . . . purchase meals? <i>Enter number of weeks.</i></td> </tr> <tr> <td></td> <td style="text-align: center;">3 20 02 8 →</td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr><td style="text-align: center;">0010</td><td></td><td></td><td style="text-align: right;">\$.00</td><td></td></tr> <tr><td style="text-align: center;">0020</td><td></td><td></td><td style="text-align: right;">\$.00</td><td></td></tr> <tr><td style="text-align: center;">0030</td><td></td><td></td><td style="text-align: right;">\$.00</td><td></td></tr> <tr><td style="text-align: center;">0040</td><td></td><td></td><td style="text-align: right;">\$.00</td><td></td></tr> <tr><td style="text-align: center;">0050</td><td></td><td></td><td style="text-align: right;">\$.00</td><td></td></tr> <tr><td style="text-align: center;">0060</td><td></td><td></td><td style="text-align: right;">\$.00</td><td></td></tr> <tr><td style="text-align: center;">0070</td><td></td><td></td><td style="text-align: right;">\$.00</td><td></td></tr> <tr><td style="text-align: center;">0080</td><td></td><td></td><td style="text-align: right;">\$.00</td><td></td></tr> <tr><td style="text-align: center;">0090</td><td></td><td></td><td style="text-align: right;">\$.00</td><td></td></tr> </tbody> </table>	PROCESSING USE ONLY	a	b	c	d		Name	Enter line number from Control Card.	What is the usual WEEKLY expense for the meals . . . purchased at school?	How many weeks did . . . purchase meals? <i>Enter number of weeks.</i>		3 20 02 8 →				0010			\$.00		0020			\$.00		0030			\$.00		0040			\$.00		0050			\$.00		0060			\$.00		0070			\$.00		0080			\$.00		0090			\$.00				
PROCESSING USE ONLY	a	b	c	d																																																														
	Name	Enter line number from Control Card.	What is the usual WEEKLY expense for the meals . . . purchased at school?	How many weeks did . . . purchase meals? <i>Enter number of weeks.</i>																																																														
	3 20 02 8 →																																																																	
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0090			\$.00																																																															
4a. Have you (or any members of your CU) purchased any alcoholic beverages in restaurants, taverns, or cocktail lounges?	0080 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 5a																																																																	
b. What was the usual MONTHLY expense?	0090 \$ _____ .00																																																																	
5a. Have you (or any members of your CU) purchased dinners, other meals or snacks in restaurants, cafeterias, cafes, drive-ins, or other such places?	0100 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 6a																																																																	
b. What was the usual MONTHLY expense for these purchases?	0110 \$ _____ .00																																																																	
6a. Have you (or any members of your CU) paid for board not received in a boarding house?	0120 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 7a																																																																	
b. What was the usual MONTHLY expense?	0130 \$ _____ .00																																																																	
7a. Have you (or any members of your CU) received any food stamps?	0140 <input type="checkbox"/> Yes <input type="checkbox"/> No – Go to item 8																																																																	
b. For how many months since the 1st of (month, 3 months ago), were food stamps received?	0150 <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months																																																																	
c. What was the value of all food stamps received?	0160 \$ _____ .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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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?
b. What was the total expense?	0020 \$ _____ .00 0 <input type="checkbox"/> None	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7a
2a. Have you (or any members of your CU) used coin-operated laundry or dry cleaning machines?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a	b. What was the total rental expense for the safe deposit box since the 1st of (month, 3 months ago)?
b. What was the total cost for these machines?	0040 \$ _____ .00	0180 \$ _____ .00 0 <input type="checkbox"/> None
c. Was any of this amount for items other than clothes?	0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 3a	7a. Do you (or any members of your CU) have any expenses for checking accounts or other banking services?
d. How much?	0060 \$ _____ .00 x <input type="checkbox"/> Don't know	b. What is the usual MONTHLY charge?
3a. Have you (or any members of your CU) sent clothes or other items to the dry cleaners or laundry?	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	0190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a
b. What was the total cost for dry cleaning or laundry services?	0080 \$ _____ .00	b. What is the usual MONTHLY charge?
c. Was any of this amount for items other than clothes?	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4a	0200 \$ _____ .00
d. How much?	0100 \$ _____ .00 x <input type="checkbox"/> Don't know	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?
4. Do any members of your CU use tobacco products, such as –	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4c	b. If YES – What was the total expense?
a. Cigarettes?	0120 \$ _____ .00	0210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a
b. If YES – What is the usual WEEKLY expense for cigarettes?	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5	0220 \$ _____ .00
c. Cigars, pipe tobacco, or other tobaccos, including chewing tobacco?	0140 \$ _____ .00	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?
d. If YES – What is the usual WEEKLY expense for cigars, pipe tobacco, or other tobaccos?	0150 \$ _____ .00 0 <input type="checkbox"/> None	b. What is the usual MONTHLY cost to use mass transit to go to –
5. What is the usual MONTHLY expense for haircutting, styling, and other related services for all members of your CU?	(Arrow pointing to 0150)	(1) Work? 0330 \$ _____ .00 (2) School? 0350 \$ _____ .00 (3) Other places? 0370 \$ _____ .00
NOTES		

Section 21 – CREDIT LIABILITY

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

Part A.1 – Credit Balances – Second Quarter Only

1 21 02 0 ↓

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

Section 21 – CREDIT LIABILITY – Continued

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

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

1 21 03 8 ↴

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

Section 21 – CREDIT LIABILITY

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

Part A.2 – Credit Balances – Fifth Quarter Only				1 21 11 1 ↓										NOTES			
a				PROCESSING USE ONLY	b		c		d			e			f		
1. On the 1st of (the current month), did you (or any members of your CU) owe any money to any of the following? Do not include mortgage, home equity loans, automobile loans, or business related loans. Read each item listed below. Complete a separate line for each individual store, credit card, etc. CREDIT SOURCE					ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money? Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.		Ask if "Yes" in item 1. How much was owed to (credit source)?			What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.			
ITEM CODE	YES	NO								Don't know		None	Don't know	YES	NO		
Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.			100	0010			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
Stores for installment credit accounts.			200	0020			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
Banks and savings and loan companies.			300	0030			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
Credit unions.			400	0040			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
Finance companies.			500	0050			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
Insurance companies (Do not include insurance premium payments)			600	0060			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance.			700	0070			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
Other credit sources.			800	0080			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
2a. On the 1st day of (current month, one year ago), did you (or any members of your CU) owe money to any creditor that you did not owe money to on the 1st day of (the current month, the current year)? <input type="checkbox"/> YES <input type="checkbox"/> NO				0090			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
				0100			\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
b. What was the source of the credit?			Item code(s)		0110		\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
Complete columns b, c, e, and f for each credit source reported.					0120		\$	.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>	
3. FIELD REPRESENTATIVE CHECK ITEM				1 21 10 3 ↓		0130		\$.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>
Mark (X) box if there are no entries recorded in columns b-f.				0010 999 <input type="checkbox"/> Go to part B		0140		\$.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>
						0150		\$.00	x	<input type="checkbox"/>	\$.00	o	<input type="checkbox"/>	x	<input type="checkbox"/>

Section 21 – CREDIT LIABILITY – Continued

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

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

1 21 12 9 ↴

a		PROCESSING USE ONLY	b			c			d			e			f		NOTES
CREDIT SOURCE			ENTER ITEM CODE from column a	What is the name of the (credit source) to which you owed money? <i>Enter name of store, credit card, finance company, bank, credit union, insurance company, etc.</i>			Ask if "Yes" in item 1. How much was owed to (credit source)?			What was the total amount owed on the 1st of (current month, one year ago)?			Did any member of your CU owe any money to any other (credit source)? If "No," go to next credit source in column a.				
ITEM CODE								Don't know	None	Don't know	YES	NO					
100	Revolving credit accounts including store, gasoline, and general purpose credit cards, such as Sears, Amoco, Visa, MasterCard, etc.	0010				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
200	Stores for installment credit accounts	0020				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
300	Banks and savings and loan companies	0030				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
400	Credit unions	0040				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
500	Finance companies	0050				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
600	Insurance companies (Do not include insurance premium payments)	0060				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
700	Doctors, dentists, hospitals, or other medical practitioners for expenses not covered by insurance	0070				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
800	Other credit sources	0080				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0090				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0100				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0110				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0120				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0130				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		-140				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0150				\$	.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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.

Section 21 – CREDIT LIABILITY – Continued

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

Section 22 - WORK EXPERIENCE AND INCOME

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

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

1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.	PROCESSING USE ONLY 1 22 01 0 ↓	a. NAME b. LINE NUMBER 0010	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify →	0100 _____ Code	8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No How much did . . . receive in Supplemental Security Income checks altogether? 0360 \$ _____ .00	0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify → 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.	0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	0030 _____ Hours per week	6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b 0210 \$ _____ .00	9. What was the gross amount of . . . 's last pay and what period of time did this cover?	0390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0400 \$ _____ .00 0410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0420 \$ _____ .00 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0450 \$ _____ .00 0460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0470 \$ _____ .00 0480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0490 \$ _____ .00 0500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. In the weeks that . . . worked, how many hours did . . . usually work per week? <i>Information Booklet, page 44</i> 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces	0070 _____ Code	0080 _____ Code Ask if code 5 and not a farm - Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss	10. Was there any money deducted from . . . 's last pay for - If YES - How much was deducted? a. Federal income tax? 0390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0400 \$ _____ .00 b. State and local income tax? 0410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0420 \$ _____ .00 c. Social Security including Medicare? 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No d. Railroad Retirement? 0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0450 \$ _____ .00 e. Government Retirement? 0460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0470 \$ _____ .00 f. Private pension fund? 0480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0490 \$ _____ .00 g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm?	0080 _____ Code 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0080 _____ Code 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?	0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14 b. If YES - How much? 0530 \$ _____ .00
7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? b. From Railroad Retirement checks?	0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0300 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a	d. What was the amount of the last 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. b. If YES - How much?	0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14 0530 \$ _____ .00
8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? How much did . . . receive in Supplemental Security Income checks altogether?	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00	0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify → 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	e. Is this amount AFTER the deduction for a Medicare premium?	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	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 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used
9. What was the gross amount of . . . 's last pay and what period of time did this cover?	0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify → 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month	0390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0400 \$ _____ .00 0410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0420 \$ _____ .00 0430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0450 \$ _____ .00 0460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0470 \$ _____ .00 0480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0490 \$ _____ .00 0500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	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 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used

Section 22 - WORK EXPERIENCE AND INCOME - Continued

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

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

1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	1 22 06 9 ↓ 0010	5. <i>Ask if item 2 marked "Did not work" -</i> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify	0100 _____ Code	8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <small>If YES in items 8a and/or 8b -</small> How much did . . . receive in Supplemental Security Income checks altogether?	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00																																
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.		0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b 0210 \$ _____ .00	9. <i>Ask items 9-12 only if item 6a is YES (code 1).</i> What was the gross amount of . . .'s last pay and what period of time did this cover?	0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month																																
3. In the weeks that . . . worked, how many hours did . . . usually work per week?		0030 _____ Hours per week	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss	10. Was there any money deducted from . . .'s last pay for - <small>If YES - How much was deducted?</small> a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0400 \$ _____ .00</td> </tr> <tr> <td>0410 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0420 \$ _____ .00</td> </tr> <tr> <td>0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>0440 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0450 \$ _____ .00</td> </tr> <tr> <td>0460 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0470 \$ _____ .00</td> </tr> <tr> <td>0480 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td>0490 \$ _____ .00</td> </tr> <tr> <td>0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	0390 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0400 \$ _____ .00	0410 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0420 \$ _____ .00	0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>				0440 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0450 \$ _____ .00	0460 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0470 \$ _____ .00	0480 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0490 \$ _____ .00	0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
	Yes	No	Amount																																			
0390 1 <input type="checkbox"/> 2 <input type="checkbox"/>			0400 \$ _____ .00																																			
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			e. Is this amount AFTER the deduction for a Medicare premium? f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?	0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0330 _____ Number	14. FIELD REPRESENTATIVE CHECK ITEM <small>Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6-13.</small>	0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used																																

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

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

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 22 11 9 ↓</p>	<p>a. NAME</p> <p>b. LINE NUMBER 0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p> <p>0100 _____ Code</p>	<p>8. During the past 12 months, did . . . receive –</p> <p>a. Any Supplemental Security Income checks from the U.S. Government? 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Any Supplemental Security Income checks from the State or local Government? 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether? 0360 \$ _____ .00</p> <p>Ask items 9–12 only if item 6a is YES (code 1).</p> <p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>																															
<p>2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p> <p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p> <p>0030 _____ Hours per week</p>	<p>6. During the past 12 months, did . . . receive any money in –</p> <p>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? 0210 \$ _____ .00</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss</p> <p>c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7 0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p>10. Was there any money deducted from . . . 's last pay for –</p> <p>If YES – How much was deducted?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00	<input type="checkbox"/>	<input type="checkbox"/>		b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00	<input type="checkbox"/>	<input type="checkbox"/>		c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00	<input type="checkbox"/>	<input type="checkbox"/>		e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00	<input type="checkbox"/>	<input type="checkbox"/>		f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00	<input type="checkbox"/>	<input type="checkbox"/>		g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Section 22 - WORK EXPERIENCE AND INCOME - Continued

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

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

1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY a. NAME b. LINE NUMBER	1 22 16 8 ↓ 0010	5. <i>Ask if item 2 marked "Did not work" -</i> What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify	0100 _____ Code	8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income checks from the State or local Government? <small>If YES in items 8a and/or 8b -</small> How much did . . . receive in Supplemental Security Income checks altogether?	0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00																																
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.		0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5	6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b 0210 \$ _____ .00	<small>Ask items 9-12 only if item 6a is YES (code 1).</small> 9. What was the gross amount of . . . 's last pay and what period of time did this cover?	0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month																																
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Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

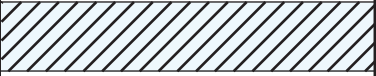

Part A – Second Quarter, Fifth Quarter or New Consumer Units Only – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 22 21 8 ↓</p>		<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>		<p>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income 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?</p>																																	
<p>2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>		<p>0100 _____ Code</p>		<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0360 \$ _____ .00</p>																																	
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>		<p>6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses?</p>	<p>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b</p> <p>0210 \$ _____ .00</p> <p>0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c</p> <p>0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss</p> <p>0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7</p> <p>0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p>0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>																																	
<p><i>Information Booklet, page 44</i> 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0070 _____ Code</p>		<p>7. During the past 12 months, did . . . receive from the U.S. Government any money – a. From Social Security checks? b. From Railroad Retirement checks? c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? d. What was the amount of the last Social Security or Railroad Retirement payment received? e. Is this amount AFTER the deduction for a Medicare premium? f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p>	<p>0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p> <p>0310 \$ _____ .00</p> <p>0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0330 _____ Number</p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? a. Federal income tax? b. State and local income tax? c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement? f. Private pension fund? g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> a. Federal income tax?</td> <td></td> <td></td> <td>0400 \$ _____ .00</td> </tr> <tr> <td>0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> b. State and local income tax?</td> <td></td> <td></td> <td>0420 \$ _____ .00</td> </tr> <tr> <td>0430 1 <input type="checkbox"/> 2 <input type="checkbox"/> c. Social Security including Medicare?</td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> d. Railroad Retirement?</td> <td></td> <td></td> <td>0450 \$ _____ .00</td> </tr> <tr> <td>0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> e. Government Retirement?</td> <td></td> <td></td> <td>0470 \$ _____ .00</td> </tr> <tr> <td>0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> f. Private pension fund?</td> <td></td> <td></td> <td>0490 \$ _____ .00</td> </tr> <tr> <td>0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?</td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> a. Federal income tax?			0400 \$ _____ .00	0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> b. State and local income tax?			0420 \$ _____ .00	0430 1 <input type="checkbox"/> 2 <input type="checkbox"/> c. Social Security including Medicare?				0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> d. Railroad Retirement?			0450 \$ _____ .00	0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> e. Government Retirement?			0470 \$ _____ .00	0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> f. Private pension fund?			0490 \$ _____ .00	0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?				
	Yes	No	Amount																																			
0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> a. Federal income tax?			0400 \$ _____ .00																																			
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0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> f. Private pension fund?			0490 \$ _____ .00																																			
0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck?																																						
<p>b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 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 plan that . . . was enrolled in? 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES – How much? 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.</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>0530 \$ _____ .00</p> <p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>																																		

Section 22 - WORK EXPERIENCE AND INCOME - Continued

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

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

1. FIELD REPRESENTATIVE ITEM <small>Enter the first name and line number of each CU member 14 years old and over.</small>	PROCESSING USE ONLY 1 22 26 7 ↓	a. NAME b. LINE NUMBER 0010	5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - Ill, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ↘ 0100 _____ Code	8. During the past 12 months, did . . . receive - a. Any Supplemental Security Income checks from the U.S. Government? 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES in items 8a and/or 8b - How much did . . . receive in Supplemental Security Income checks altogether? 0360 \$ _____ .00	9. What was the gross amount of . . . 's last pay and what period of time did this cover? <small>Ask items 9-12 only if item 6a is YES (code 1).</small> 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other - Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month
2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave. 0020 _____ Weeks 0 <input type="checkbox"/> Did not work - Go to item 5		0030 _____ Hours per week	6. During the past 12 months, did . . . receive any money in - a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? 0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 6b 0210 \$ _____ .00	10. Was there any money deducted from . . . 's last pay for - If YES - How much was deducted? a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>  d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 g. If NO in item 10c - Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/> 	11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? <small>Ask if "Yes" in item 10c or 10g</small> 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. In the weeks that . . . worked, how many hours did . . . usually work per week? <small>Information Booklet, page 44</small> 4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and services 07 - Technician Service 08 - Protective service 09 - Private household service 10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces	0070 _____ Code	7. During the past 12 months, did . . . receive from the U.S. Government any money - a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? 0300 1 <input type="checkbox"/> Yes - Go to item 7d 2 <input type="checkbox"/> No - Go to item 8a d. What was the amount of the last Social Security or Railroad Retirement payment received? 0310 \$ _____ .00 e. Is this amount AFTER the deduction for a Medicare premium? 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 0330 _____ Number	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to item 14 b. If YES - How much? 0530 \$ _____ .00	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 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used
b. Was . . . CODE 1 - An employee of a PRIVATE company, business, or individual working for wages or salary? 2 - A Federal government employee? 3 - A State government employee? 4 - A local government employee? 5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm?	0080 _____ Code <small>Ask if code 5 and not a farm - Is the business incorporated?</small> 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

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

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

NOTES

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

NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

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

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

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

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

NOTES

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Part E – Third and Fourth Quarter

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY</p> <p>a. NAME</p> <p>b. LINE NUMBER</p>	<p>1 23 25 7 ↓</p> <p>0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . .</p> <p>CODE</p> <p>1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p> <p>0100 _____ Code</p>	<p>8. During the past 12 months, did . . . receive –</p> <p>a. Any Supplemental Security Income checks from the U.S. Government? 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. Any Supplemental Security Income checks from the State or local Government? 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether? 0360 \$ _____ .00</p>	<p>Ask items 9–11 only if item 6a is YES (code 1).</p> <p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00</p> <p>0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>
<p>2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>0020 _____ Weeks</p>	<p>6. During the past 12 months, did . . . receive any money in –</p> <p>a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? 0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b</p> <p>0210 \$ _____ .00</p>	<p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00</p> <p>0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>	<p>Ask items 9–11 only if item 6a is YES (code 1).</p> <p>9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00</p> <p>0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>	<p>0030 _____ Hours per week</p>	<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c</p> <p>0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss</p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted?</p> <p>a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00</p> <p>b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00</p> <p>c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00</p> <p>e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00</p> <p>f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00</p> <p>g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted?</p> <p>a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00</p> <p>b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00</p> <p>c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00</p> <p>e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00</p> <p>f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00</p> <p>g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>
<p>Information Booklet, page 44</p> <p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category:</p> <p>Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0070 _____ Code</p>	<p>0070 _____ Code</p>	<p>c. Income or loss from . . . 's own farm? What was the amount of income or loss after expenses? 0250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7</p> <p>0260 \$ _____ .00 0270 3 <input type="checkbox"/> Loss</p>	<p>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. Was . . .</p> <p>CODE</p> <p>1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>0080 _____ Code</p> <p>Ask if code 5 and not a farm – Is the business incorporated?</p> <p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>0080 _____ Code</p> <p>Ask if code 5 and not a farm – Is the business incorporated?</p> <p>0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7. During the past 12 months, did . . . receive from the U.S. Government any money –</p> <p>a. From Social Security checks? 0280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. From Railroad Retirement checks? 0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Ask if "Yes" in item 10c or 10g</p> <p>11. Does the money deducted for Social Security cover only the Medicare portion of Social Security? 0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
			<p>c. FIELD REPRESENTATIVE CHECK ITEM Is "Yes" marked in items 7a and/or 7b? 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a</p> <p>d. What was the amount of the last Social Security or Railroad Retirement payment received? 0310 \$ _____ .00</p>	<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>b. If YES – How much? 0530 \$ _____ .00</p>	<p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14</p> <p>b. If YES – How much? 0530 \$ _____ .00</p>
			<p>e. Is this amount AFTER the deduction for a Medicare premium? 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>f. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive? 0330 _____ Number</p>	<p>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 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	<p>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 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>

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.

Section 22 – WORK EXPERIENCE AND INCOME – Continued

Part E – Third and Fourth Quarter – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 30 7 ↓</p>	<p>a. NAME</p> <p>b. LINE NUMBER 0010</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>0100 _____ Code</p>	<p>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? 0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Any Supplemental Security Income checks from the State or local Government? 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES in items 8a and/or 8b – How much did . . . receive in Supplemental Security Income checks altogether? 0360 \$ _____ .00</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00</p>																																
<p>2. In the last 12 months, how many weeks did . . . work either full time or part time, not counting work around the house? Include paid vacation and paid sick leave.</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>0020 _____ Weeks 0 <input type="checkbox"/> Did not work – Go to item 5</p>	<p>6. During the past 12 months, did . . . receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions? 0210 \$ _____ .00</p>	<p>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6b 0210 \$ _____ .00</p>	<p>Ask items 9–12 only if item 6a is YES (code 1). 9. What was the gross amount of . . . 's last pay and what period of time did this cover? 0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>	<p>0370 \$ _____ .00 0380 1 <input type="checkbox"/> Week 5 <input type="checkbox"/> Year 2 <input type="checkbox"/> 2 Weeks 6 <input type="checkbox"/> Other – Specify ↘ 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 7 <input type="checkbox"/> Twice a month</p>																																
<p>3. In the weeks that . . . worked, how many hours did . . . usually work per week?</p>	<p>0030 _____ Hours per week</p>	<p>0030 _____ Hours per week</p>	<p>b. Income or loss from . . . 's own nonfarm business, partnership, or professional practice? What was the amount of income or loss after expenses? 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss</p>	<p>0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6c 0230 \$ _____ .00 0240 3 <input type="checkbox"/> Loss</p>	<p>10. Was there any money deducted from . . . 's last pay for – If YES – How much was deducted? a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0400 \$ _____ .00 b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0420 \$ _____ .00 c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/> d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0450 \$ _____ .00 e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0470 \$ _____ .00 f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0490 \$ _____ .00 g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>0400 \$ _____ .00</td> </tr> <tr> <td>b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>0420 \$ _____ .00</td> </tr> <tr> <td>c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>0450 \$ _____ .00</td> </tr> <tr> <td>e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>0470 \$ _____ .00</td> </tr> <tr> <td>f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>0490 \$ _____ .00</td> </tr> <tr> <td>g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	Amount	a. Federal income tax? 0390 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0400 \$ _____ .00	b. State and local income tax? 0410 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0420 \$ _____ .00	c. Social Security including Medicare? 0430 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		d. Railroad Retirement? 0440 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0450 \$ _____ .00	e. Government Retirement? 0460 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0470 \$ _____ .00	f. Private pension fund? 0480 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0490 \$ _____ .00	g. If NO in item 10c – Are Social Security payments normally deducted from your paycheck? 0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Section 22 - WORK EXPERIENCE AND INCOME - Continued

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

Part E - Third and Fourth Quarter - Continued

Form with 14 numbered sections (1-14) containing questions about work experience, income, and taxes. Includes sub-sections like 4a (job categories) and 10 (deductions). Fields for codes, amounts, and yes/no responses.

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.

Section 22 – WORK EXPERIENCE AND INCOME – Continued

Part E – Third and Fourth Quarter – Continued

<p>1. FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over.</p>	<p>PROCESSING USE ONLY 1 23 40 6 ↓</p>	<p>a. NAME</p>	<p>5. What was the main reason . . . did not work during the past 12 months? Was . . . CODE 1 – Retired? 2 – Taking care of home/family? 3 – Going to school? 4 – Ill, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ↘</p>	<p>0100 _____ Code</p>	<p>8. During the past 12 months, did . . . receive – a. Any Supplemental Security Income checks from the U.S. Government? b. Any Supplemental Security Income 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?</p>	<p>0340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0360 \$ _____ .00</p>																																
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0480 1 <input type="checkbox"/> 2 <input type="checkbox"/>	0490 \$ _____ .00																																					
0500 1 <input type="checkbox"/> 2 <input type="checkbox"/>																																						
<p>4a. The job in which . . . received the most earnings during the past 12 months fits best in the following category: Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician Service 08 – Protective service 09 – Private household service 10 – Other service Operator, assembler, laborer 11 – Machine operator, assembler, inspector 12 – Transportation operator 13 – Handler, helper, laborer Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining Farming, forestry, fishing 16 – Farming 17 – Forestry, fishing, groundskeeping Armed forces 18 – Armed forces</p>	<p>0070 _____ Code</p>	<p>4b. Was . . . CODE 1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A Federal government employee? 3 – A State government employee? 4 – A local government employee? 5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?</p>	<p>8. During the past 12 months, how many Social Security or Railroad Retirement payments did . . . receive?</p>	<p>0080 _____ Code Ask if code 5 and not a farm – Is the business incorporated? 0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0300 1 <input type="checkbox"/> Yes – Go to item 7d 2 <input type="checkbox"/> No – Go to item 8a 0310 \$ _____ .00 0320 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0330 _____ Number</p>	<p>Ask if "Yes" in item 10c or 10g 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 plan that . . . was enrolled in? 13a. During the past 12 months, did . . . place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. b. If YES – How much?</p>	<p>0501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 0520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 14 0530 \$ _____ .00</p>																																
<p>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.</p>	<p>0010</p>	<p>0010</p>	<p>0010</p>	<p>0010</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>	<p>0540 1 <input type="checkbox"/> Records 2 <input type="checkbox"/> No records used</p>																																

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Part F – Occupational Expenses and Contributions – Fifth Quarter Only

		NOTES
1. During the past 12 months, did you (or any members of your CU) have any occupational expenses such as union dues, tools, uniforms, business or professional association dues, licenses, or permits? If YES – What was the total amount of these occupational expenses?	1 22 98 6 ↓ 0010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2a 0020 \$ _____ .00	
2. During the past 12 months, did you (or any members of your CU) make any – a. Cash contributions for support of persons not in the CU, including alimony, child support, or students living away at college? If YES – How much?	0030 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2b 0040 \$ _____ .00	
(1) How much of this amount was for alimony?	0041 \$ _____ .00 x <input type="checkbox"/> Don't know	
(2) How much of this amount was for child support?	0042 \$ _____ .00 x <input type="checkbox"/> Don't know	
(3) How much of this amount was for the expenses of college or university students while attending school away from home?	0060 \$ _____ .00 x <input type="checkbox"/> Don't know	
b. Gifts of cash, bonds, or stocks to persons not in the CU? If YES – How much?	0070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2c 0080 \$ _____ .00	
c. Contributions to charities, such as United Way, Red Cross, etc.? If YES – How much?	0090 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2d 0100 \$ _____ .00	
d. Contributions to church and other religious organizations, excluding parochial school expenses? If YES – How much?	0110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2e 0120 \$ _____ .00	
e. Contributions to educational organizations? If YES – How much?	0130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2f 0140 \$ _____ .00	
f. Political contributions? If YES – How much?	0150 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 2g 0160 \$ _____ .00	
g. Other contributions? – Specify in "Notes". If YES – How much?	0170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to next part 0180 \$ _____ .00	

Section 22 – WORK EXPERIENCE AND INCOME – Continued

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

Part G – Changes In Assets – Fifth Quarter Only

<p>1. On the last day of (last month), what was the total amount your CU had in –</p> <p>a. Savings accounts in banks, savings and loans, credit unions and similar accounts?</p> <p>b. Checking accounts, brokerage accounts and other similar accounts?</p> <p>c. U.S. Savings bonds?</p>	<p style="text-align: center;">1 22 99 4 ↓</p> <p>0010 \$ _____ .00 0 <input type="checkbox"/> None</p> <p>0020 \$ _____ .00 0 <input type="checkbox"/> None</p> <p>0030 \$ _____ .00 0 <input type="checkbox"/> None</p>	<p>5. During the past 12 months, did you (or any members of your CU) sell any stocks, mutual funds or bonds?</p> <p><i>If YES – What was the net amount received from sales after subtracting broker fees?</i></p> <p>6. During the past 12 months, did you (or any members of your CU) make any investments to your own business or farm?</p> <p><i>If YES – How much did you invest?</i></p> <p>7. During the past 12 months, did you (or any members of your CU) withdraw any assets from your own business or farm?</p> <p><i>If YES – What was the value of such assets?</i></p>	<p>0160 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 6</p> <p>0170 \$ _____ .00</p> <p>0180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 7</p> <p>0190 \$ _____ .00</p> <p>0200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 8a</p> <p>0210 \$ _____ .00</p>	<p style="text-align: center;">NOTES</p>
<p>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 –</p> <p><i>If more or less – How much more (less)?</i></p> <p>a. Savings accounts?</p> <p>b. Checking accounts?</p> <p>c. U.S. Savings bonds?</p>	<p>0040 1 <input type="checkbox"/> Same – Go to item 2b 2 <input type="checkbox"/> More 3 <input type="checkbox"/> Less</p> <p>0050 \$ _____ .00</p> <p>0060 1 <input type="checkbox"/> Same – Go to item 2c 2 <input type="checkbox"/> More 3 <input type="checkbox"/> Less</p> <p>0070 \$ _____ .00</p> <p>0080 1 <input type="checkbox"/> Same – Go to item 3a 2 <input type="checkbox"/> More 3 <input type="checkbox"/> Less</p> <p>0090 \$ _____ .00</p>	<p>8a. During the past 12 months, were any goods or services from your own business or farm withdrawn for personal use?</p> <p>b. What was the value of these goods or services?</p> <p>9a. On the last day of (last month), did anyone outside of your CU owe money to you or any member of your CU?</p> <p>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)?</p> <p><i>If more or less – How much more (less)?</i></p>	<p>0220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 9a</p> <p>0230 \$ _____ .00</p> <p>0240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 10</p> <p>0250 1 <input type="checkbox"/> Same – Go to item 10 2 <input type="checkbox"/> More 3 <input type="checkbox"/> Less</p> <p>0260 \$ _____ .00</p>	
<p>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)?</p> <p>b. If YES – What was the estimated value of all such securities on the last day of (last month)?</p> <p>c. How does this compare with the value of such securities your CU held on the last day of (last month, one year ago)?</p> <p><i>If more or less – How much more (less)?</i></p>	<p>0100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 4</p> <p>0110 \$ _____ .00</p> <p>0120 1 <input type="checkbox"/> Same – Go to item 4 2 <input type="checkbox"/> More 3 <input type="checkbox"/> Less</p> <p>0130 \$ _____ .00</p>	<p>10. Did anyone outside of your CU owe money to you or any member of your CU on the last day of (last month, one year ago)?</p> <p><i>If YES – How much was owed?</i></p> <p>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)?</p> <p><i>If YES – How much did you receive?</i></p>	<p>0270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 11</p> <p>0280 \$ _____ .00</p> <p>0290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>0300 \$ _____ .00</p>	
<p>4. During the past 12 months, did you (or any members of your CU) purchase any stocks, mutual funds or bonds?</p> <p><i>If YES – What was the total purchase price including broker fees?</i></p>	<p>0140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to item 5</p> <p>0150 \$ _____ .00</p>			

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