OMB No. 1220-0050

1. Regio	onal 2.	Control number	r					3a. H		CU 4. :	Segmen	t type	5a. Status of unit	5b. Lette	er sent		7a.	. Extra unit	Original unit serial number	Original un serial suffix	it	FORM CE-802 (1-1-98)		
code	PSI		Segment	Segment	! Sample	Serial	Serial Check				า 🗆 เ		011 1 Serial no.	1 🗆	Yes	2	□No	→	013	014		LLC DEDARTMENT	OF COMMEDOE	
	coc	de	number	number suffix	designation	number	number digit				2 🔲 F		assigned by Wash.	6. Earlie	st placen	nent d	ate 7b.	. Sheet	Line No.			U.S. DEPARTMENT BUREAU OF TH		
001	002	2	003	004	005	1006	007	008	009		3 🗌 A		2 Serial No. assigned	012	Month		Date 7c.	Extra	015			ACTING AS COLLECT		
		_	<u> </u>	<u> </u>	D							Quarters	by R.O.			1		unit No.		3+ 🗌		U.S. DEPARTMEI BUREAU OF LABO		
9. ADD	RESS (Sh	heet	Line)								AREA S	SEGMENTS ONLY			12.	LAND USE – F	Follow ins	structions for box	that is marked	d			
9a. Wha	ıt is you	ır (the) exact a	ddress?						10. YEAR	R BUILT		11. C0	OVERAGE QUESTIONS			12a.						HOUSE	HOLI)
Hou	ise No., S	Street, Apt. No.,	or other ider	ntification					1 _	7			Ask items that are marke	d		018	1 Urban	– Go to i	item 13			CHARACT		
									I	$ lap{1}{2}$ Ask first $ lap{2}{3}$ DO NOT			☐ DO NOT ask	_		010	2 Rural							
									-			a.	☐ Are there any occupie	d v	_₹ N	1	– R	Regular ur	nits and Group Qu ·N or 93–N item 9d	arters units	106	QUESTIO	NNA	IRE
Plac	e				State		ZIP Code		st	/hen was tructure			or vacant living quarte besides your own in the	rs	_				arters units not co					
									0	riginally	built?		building?	Tal	ole X			tem 9d – I hen ao to	Mark "No" in item item 13.	12b without a	asking,	CONSUMER EX	XPENC	ITURE
9b. Is th	nis also y	your (the) mail	ling address	i? [Yes	No – <i>Speci</i>	fy below 屖			Before 4		b.	Are there any occupie	dγ	_₹ N	12b.			months did sales	s of crops.		SURV		
Rou	te No., P	O Box, or other	identification	n						intervie			or vacant living quarte besides your own on t	his Fill			livestock, a	and othe	r farm products	from this				
Dies					Ctata		ZIP Code			After 4-1			floor?	Tal	ole X		-	ин со ф і	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DIARY SI	JRVEY	
Plac	е				State		ZIP Code			Complete 11c whe	en	C.	Is there any other building on this prope	rtv Y	∠ N	019	1 ☐ Yes 2 ☐ No							
9c. Grou	ıp Quarte	ers name			9d.	Type code	9e. Sample	number	-	required intervie			for people to live in -	Fill			2 🗀 NO					NOTICE – Your report to the Census (title 13, U.S. Code). It may be seen of		
					017								vacant?	Tai	ole X							and may be used only for statistical p		Sus employees
		ON OF LIVING																				I STRUCTURE		PROCESSING USE ONLY
13a. FIEL	D REPRE	SENTATIVE CH	ECK ITEM	13b. ACCES	SS		13c. HOUSING	unit							1		Group Quarter					ot apparent. any housing units, both occupied a	and vacant.	002 0.121
Uni	t is –			021 1□ Di	irect – <i>Go to it</i>	em 13c	023 1 Hous	e, apartr	ment, flat				Mobile home or trailer with	n NO		8	3 ☐ Quarters boarding	not HU ir house	n rooming or		are the	re in this structure?		
020 1	In a Gro	oup Quarters – F	Refer to the		hrough anothe lot a separate l		2 HU, i				•		oermanent room added Mobile home or trailer with	one or		9	Student o		n college	024		, .	☐ 3 – 4 ☐ 5 – 9	025
	CE-350. box in e	.1 and mark the either item 13c o	appropriate or item 13d.	cc	ombine with un prough which a	nit	3 ☐ HU, p mote	ermane I, etc.	nt in trans	sient hote	el,	'	more permanent rooms ad	ded		10	dormitory Group Qu 🗆 ت	,	nit not specified					9 8
2	NOT in	a Group Quarte	ers	ga	ained. (Apply i nit procedures	merged	4 ☐ HU, i	n roomii	ng house			7 ∐ [HU not specified above – <i>E</i> " <i>NOTES.</i> "	escribe i	ח		abovė – <i>L</i>	Describe I	in "NOTES."			•	20 – 49	9 8
					ppropriate.)	"															5 🗌 2	10 L Go to section 1, page 2	50 or more	
		EMENT Earlie	st date		Late	est date			19. DIA	RY STAR	T DATES	S	20. FINAL INTERVIEW ST	ATUS – I	Enter the	e appr	opriate code ((01–19) fc	or both placement	and pickup fo	or each w	veek.	21. TENURE	
PERIO		ELEPHONE CON	ITACT AND F	DEACON FOR						WEEK	(1		Code						WEEK 1			WEEK 2		ed 2 - Rented
		r reason of telep				hone call to	o collect data			F	rom		01 - Diary placed or com	•				DIAR	Y PLACEMENT			DIARY PLACEMENT		noninterviews
							o schedule appoi	ntment	N	lonth I	Date I	Year	NONINTERVIEW C Type A	ODES			009	Co	ode		017	Code	TYPE A Item 5a	
					3 Otne	r telephone	call			 	1 1		02 - No one home (unab	le to con	tact)		If c	code is 01	I–05, enter month 2–05, mark race an	and date.	lf	code is 01–05, enter month and date. code is 02–05, mark race and enter	Item 10 (/	If applicable)
Call /r	Reason		ld Represent	ative Name	Field R	epresentati		'S USE	005	I I			03 – Temporarily absent reference week	during E	NTIRE		nuı	mber of h	household membe	ers and	nι	umber of household members and	Item 12	lf applicable)
(a) (E	Enter cod (b)	16)	(c)			code (d)	R – Reint. (e)	- Ops.		I_	rough		04 – Refused					1 1	from item 21.		— г	nure code from item 21.	Item 13 Item 14	
1 00	_				002				I.	onth	<u> </u>	Year	05 - Other - <i>Specify</i>				010		i Month/da placeme		018	Month/date of placement	Items 16b	
2 00	_				004				"		I		Type B				011 1					White	Item 20	.~
3 00 4 00	_				006				006	1	i		06 - Vacant (for rent)					Black		.		Black	Code Race	
5 00					010					!			07 – Vacant (for sale) 08 – Vacant (other)				_		can Indian, Eskimo or Pacific Islander	o, or Aleut		American Indian, Eskimo, or Aleut Asian or Pacific Islander	HH men Tenure	nbers
6 01					012					WEEK	(2		09 - Occupied by person				012	Asiaii (020		TYPE B	
7 01	_				014						From		10 – Under construction,	not read	У				HH mem	15010		HH members	Item 5a	If applicable)
8 01	5				016] N	lonth ¦ I	Date	Year	11 - Other - <i>Specify</i>				013		Tenure		021	Tenure	Item 11 (/	lf applicable)
9 01					018					! !	! !		Type C				014		ARY PICKUP		022	DIARY PICKUP	Items 13– Items 16b	o–d
10 01					020				007	 	1 1		12 - Demolished 13 - House or mobile ho	me move	ıd		014		ode 1–05, enter month		022	Code code is 01–05, enter month and date.	Items 17– Item 20, c	
11 02	_				022					Th	rough		14 - Converted to perma			tial us	e [1	1			I I I	TYPE C	
12 02					024				N	lonth I		Year	15 – Merged 16 – Condemned				015 Ma	ark (X) an	i Month/da	ate	023 M	Month/date	Item 5a Item 10 (/	If applicable)
17. RECO	RD OF TI	RAVEL TIME (Se	ee page 20)							! !	i i		17 - Located on military	base (po	st)				eted by responder	nt		Completed by respondent		lf applicable)
18. RECO	RD OF IN	NTERVIEW AND	OFFICE ACTI	IVITY TIME (S	See page 20)				008				18 – CU moved 19 – Other – <i>Specify</i>					Partial			2	Partial recall	Items 17-	-18
13111200	01 110		370271011		- Dago Zo,					<u>'</u>							3 [Total r	ecall		3	☐ Total recall	Item 20, c	ode

				USEHOLD CHARACTI																					
Н	DUSE	TOUSEHOLD RECORD - FILL ITEMS 2-7b FOR ALL PERSONS LIVING OR STAYING HERE. IN WEEK 2 PLACEMENT ONLY 2. STATUS What are the names of all persons living or staying here? Start with STATUS PLACEMENT ONLY 2. STATUS STATUS STATUS PERSON Ask if not apparent. Show information booklet, page 3. Show information booklet, page 3. Show information booklet, page 3. Show information booklet page 3a. Show information booklet pa																							
		PLACI	MENT	(last name first)	PERSON		EFERENCE	Ask	if not	CO	LLEGE	l HC	DLD		_	What is	's date	Show	Show	S. Ack if	TATUS		an co m	13b. ATTENDING	FORCES
ONLY				all persons living or	Ask if not ap	parent.		арр	arent			Does .			N N N			booklet,	booklet,	not		Show information		Ask if code 39-46,	Ask if
8	BER	2.01	1100	staying here? Start with the name of the person	What is			ls.		Are an	y of persons	usuall live he			⊢ l	Verify ag	ge using tion booklet.			ls	now -	What is the highes	st	in item 13a.	years old.
USE		Enter	code	or one of the persons	to (referenc	·		mal	e or	living a	away at				E		: 01-20-1983	What is	e 's	2 - Wi	arried, idowed,	level of school	has	enrolled in a	ls now in
		1 – D	eletion	who owns or rents this home.	Example: Re husband, wi	ference p	erson,	29 Ten	ale?	college		If NO, probe	for	89	SUN	LXampic	12-01-1924	of eacl person	in origin		vorced, eparated,	completed or the highest degree received?	. has	college or university	the Armed
N S	LINE	2 – A	ddition	List all persons who usually	daughter-in-	law, part	ner, lodger,	EM		lf YES is	s marked or a	URE		EM	CONSUMER			this Cu	or descent?	0	_			either –	Forces?
PROCESSING	Ζļ	and o		live here and all persons who are temporarily	lodger's wife		\\\\- a - 0	711 C		person, NO, in it				E Re	Read			Enter code	Enter	5 - Ne	ever arried	Enter code from below		1 – Full-time 2 – Part-time	1 – Yes 2 – No
02		chang occur		absent. Be sure to include		Week 1	HH CII	7 7(without				<u> 8</u> f	em f on			from below	code from	Enter				OR 3 – Not at all	Enter
	PER	Code N	lo. Date	infants under 1 year of age.		code cod	e code code	6 Male	Female	YES	NO	YES	NO		ext age	Mo. Dat	e Year Ag	e	below	Week	1 Week 2		Update	Enter code	code
201	01							1	2	1	2	1	2												
202	02							1	2	1	2	1	2												
203	03							1	2	1	2	1	2□												
204	04							1□	2	1	2	1	2												
205	05							1	2	1	2	1	2												
206	06							1	2	1	2	1	2												
207	07							1□	2	1	2	1	2												
208	80							1□	2	1	2	1	2												
209	09							1	2	1	2	1	2												
210	10							1□	2	1	2	1	2												
211	11							1□	2	1	2	1	2												
212	12							1	2	1	2	1	2												
213	13							1	2	1	2	1	2	╙											
214	14							1 🗆	2	1	2	1	2	$\rfloor \rfloor$											
215	15							1 🗆	2	1	2	1	2												
				PLACEMENT.							OVERAGI FATIVE CI		8 M	3d. FI	IELD HECK	REPRES	ENTATIVE OR ASSIGNING	g	RACE	T		S FOR ITEM 10, 11, A DRIGIN	ND 13	EDUCATION	
	have lave l			lead names from item 3.)	YES	NO		8a. U						CI	U NU	JMBERS		1 Wh		01	German	16 Central or	00	Never attended, pro	eschool,
-	any b	abies	or sm	all children?			If "YES", ask			•	rters – <i>G</i> o Quarters		8d	h	ouse	hold me	e who is a mber at	2 Blac		"	Italian	South	01-11	kindergarten 1st grade through 1	1th grade
-	anyo	ne wh	o usua	Illy lives here but is away novol, or in a hospital?	~ - □		name and		– Go t	o item 8b)					f intervi			an, Eskimo,	03		American 17 Other	38	12th grade NO DI	PLOMA
_	any le	odger	s, boaı	ders, or persons you employ		7	record in roster above	8b. D	o all th	t apparen l <mark>e perso</mark> i	ns in this	s housel		31 1	th	e referei	I contains only nce person or nted to the	4 Asia	leut In or Pacific	04	French	Spanish	39	HIGH SCHOOL GRA	MA, or the
				ing here?			(item 3). Go to item		v e OR (Yes	eat toge	ther?				re	ference	person by rriage, or other legal	Isla 5 Oth	nder er –		Polish	20 Afro- American		equivalent (for exa Some college but r	no degree
				ACEMENT.			6 above	-	No – N Fill Ta	leither liv	re nor eat ge 15) for	t togethe	r –		ar	rangeme	ents – <i>Enter "1</i> "		cify below 📈		Russian	(Black or Negro)		Associate degree in Occupational/vocat	tional program
5b.	have	listed	I <i>(R</i>	lead names from item 3.)	YES ere? □	NO □			or gro	up of per	sons not reference	living or			ho	ousehold	above for all I members. 1 8f on page 3.	Person line No.	Specify race		English Scottish	26 Dutch		Associate degree in Academic program	1
	f "NO'	", ask:	-					As	k if not	apparen	t.			2			d contains one			_ 10	Mexican	27 Swedish		Bachelor's degree (BA, AB, BS)	
	or eac	ch per	son wh	es here? o has left the household, enter a	9		Go to	th	e prop	erty live	househo e OR eat	ld on with		_	or re	more p	ersons not the reference				Americai Chicano	n 28 Hungarian 30 Another	44	Master's degree (Fo MA, MS, MEng, MI MBA)	or example: Ed, MSW,
5d.	ode " s any	one e	se livi	ng or staying here,		_ >	section 1, item 17a			sehold? Redefine	the unit t	to include	е		m ot	arriage, her lega	adoption, or l				Mexican	group not listed	45	Professional Schoo	Degree (For
	nclud	ling n	ewbori	n babies?					space live or	occupied eat toge	l by all pe ther (app	ersons wi ly merge	ho		ar	rangeme	ents – Go to n page 3				Puerto Rican	39 Don't know		example: MD, DDS JD)	
	Enter o	ode "	?" in ite ppropri	m 2 and complete items 4–14 fo	r all	J				ocedures 3o to iter	s if appro m 8d —	priate).	*								Cuban		46	Doctorate degree example: PhD, Ed	(For ID)

Section 1 – HOUSEHOLD CHARACTERISTIC	CS - Continued								
8e. FINANCIAL RESPONSIBILITY	311 01	311	02	311	03	311	04	311	05
Ask first for reference person and all others related to	Line No.(s)	Line f	No.(s)	Line No.(s)		Line No.(s)		Line No.(s	s)
reference person by blood, marriage, adoption or other legal arrangement. Then ask for each other person or group of	312	312		312		312		312	
related persons.	314	314		314		314		314	
(1) Do(es) pay for all housing expenses with own money?	317 1 ☐ Yes 2 ☐ No	317 1 🗆 Y		317 1 Yes 2 No		317 1 Yes 2 No		317 1 Yes 2 No	
(2) Do(es) pay for all food expenses with own money?	318 1 Yes 2 No	318 1 🗆 Y		318 1 Yes 2 No		318 1 Yes 2 No		318 1 Yes 2 No	
(3) Do(es) pay for all other living expenses such as clothing, transportation, etc., with own money?	319 1 ☐ Yes 2 ☐ No	319 1 U Y 2 U N		319 1 Yes 2 No		319 1 Yes 2 No		319 1 Yes 2 No	
FIELD REPRESENTATIVE CHECK ITEM Are two or more "YES" boxes marked in items 8e, 1–3?	320 1 ☐ Yes – Assign of in item 8 2 ☐ No – Ask item	g	es – Assign next available CU No. in item 8g Io – Ask item 8e (4)	320 1 Yes – Ass CU 1 2 No – Ask	No. in item 8g		ssign next available U No. in item 8g sk item 8e (4)		- Assign next available CU No. in item 8g Ask item 8e (4)
8e. (4) Does all or part of the money to pay for (Specify expenses with NO marked in items 8e, 1–3) come from someone in this household?	321 1 ☐ Yes – Ask item 2 ☐ No – Assign C in item 8	<i>CU No. 1</i> 2 🗆 N	es – Ask item 8e (5) lo – Assign next available CU No. in item 8g	321 1 ☐ Yes – Ask 2 ☐ No – Assi CU N	item 8e (5) gn next available lo. in item 8g	321 1 Yes – As 2 No – As CU	sk item 8e (5) ssign next available I No. in item 8g	2 No -	- Ask item 8e (5) Assign next available CU No. in item 8g
(5) Who is (are) that (these) person(s)?	Line No.(s)	Line 1	No.(s)	Line No.(s)		Line No.(s)		Line No.(s	s)
	Assign to same C	Jin item 8a Assia	n to same CU in item 8g.	323 Assign to sam	ne CU in item 8g.	323 Assign to Sa	ame CU in item 8g.	323 Assign to	same CU in item 8g.
NOTE – If more than 4 CU's, stop interview. List the CU's on an II			Tree sume SS III heart sg.	7.001911 10 0011	ie ee in nem eg.	7.001911 10 00	anie ee in kein eg.	7.001911 10	same com nom og.
8f. FIELD REPRESENTATIVE INSTRUCTION – Consumer Unit Read to respondent: During this interview, I will use the w household who (is/are) independent of all other persons	in this household for	payment of their major ex	penses.	_			NOTES		
The person(s) I'm including in your CU (is/are) – Read name	nes of all persons listed			. , , ,					
FIELD REPRESENTATIVE CHECK ITEM Does this household contain more than one CU?			ually make the purchases	?					
1 ☐ Yes – Go to item 15a		331 1 ☐ Yes 2 ☐ No – <i>Go to i</i>	itom 16a						
2 □ No – Go to item 16a		If "YES" – Who? Ent							
15a. Does more than one person in this household regularly expense of items such as food, cleaning supplies, or paper.	contribute to the per products?	332							
330 1 ☐ Yes – Go to item 15b 2 ☐ No – Go to item 16a		NOTE – If "YES", ask th	ne person who usually make e expenses for the shared it	s the					
16a. Are these living quarters used partly for business or ren	ted to others?	<u>'</u>	expenses is counted as a						
333 1 □ No – Go to section 2		expense?							
2 ☐ Part business 3 ☐ Rented to others		334 .00	Percent						
4 Both business and rented to others		334	reicent						
ASK AT WEEK 1 AND WEEK 2 PICK-UP		WEEK 1	WEE	< 2					
17a. Were any CU members away overnight for one day or make last week (during the diary reference period)?	335 1 Yes		345 1 Yes 2 No						
If "YES" - Which persons?	<u> </u>		346 x 🗆 AII						
Enter line numbers	336 X AII	338 339	347	349					
b. Did anyone else, such as visitors, stay here overnight for one day or more last week (during the diary reference period)?	e 343 1 □ Yes		353 1 \(\text{Yes}	1 070 1					
If "YES" – How many such persons?	2 🗆 No		2 🗆 No						
Enter the number of persons.	344	Parsons	354 Person	•					

	Section 2 - CONSUMER UNIT CHARACTERISTICS (FIELD REI	PRESENTATIVE – Ask items 1–7 at Week 1 placeme	ent.)				
	Ask if not apparent from observation.			Ask only if preschool or school age children; otherwise mark "No".		414 1 Yes	
1a.	Are these living quarters presently used as student housing by a college or university?	401 1 ☐ Yes – <i>Go to item 3a</i> 2 ☐ No		During the previous 30 days, have you (or members of your CU) purchameals at school or in a preschool program for preschool or school age	children?		Go to item 6
			b.	. If "Yes" – What are the names of all CU members who purchased meals purchasing meals at school in column a, line number in column b, then ask co	at school? I lumns c thro	Enter the name of e ough d for each nan	each CU member ne entered.
b.	Are your living quarters owned or being bought by you (or any members of your CU)?	1 ☐ Yes – Go to item 1c 2 ☐ No – Go to item 1d		a > ONL	b Enter line	c What is the usual weekly	d How many weeks
	Are these quarters owned by regular ownership or as a condominium or cooperative? Probe: In this survey, we consider a cooperative to be property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean? (FIELD REPRESENTATIVE: If the respondent answers "No" to the probe, try to determine whether the ownership is "regular" or "condominium" and mark the appropriate box.)	1 ☐ Regular ownership Go to item 2 2 ☐ Condominium 3 ☐ Cooperative – Read probe and then skip to item 2		Name Name	number from section 1, item 1	expense for the meals purchased at school?	did purchase meals? Enter number of weeks
d.	Are your living quarters rented for cash rent or occupied without payment of cash rent?	1 Rented for cash 2 Occupied without payment of cash rent Go to item 3a		426		\$.00 \$.00	
	Ask if "Yes" in item 1b.	405 1 U Yes	1	428			
2.	Do you have a mortgage on this property?	2 □ No		429		\$.00	
3a.	Since the 1st of (Month, 3 months ago), what was your usual weekly expense at the grocery store or supermarket?	406 \$.00		430		\$.00 \$.00	
		0 ☐ None – <i>Go to item 3c</i>			Area code	Number	
b.	About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods and alcoholic	407 \$.00	6.	What is your telephone number?		<u> </u>	-
	beverages?	0 □ None	7.	What is the best time of day to call or visit?			a.m. p.m.
C.	Have you (or any member 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.	1 ☐ Yes 2 ☐ No – Go to item 4a		FIELD REPRESENTATIVE – Explain to the respondent how to complete the diameter NOTES	ry, then leave	e diary for week 1.	
d.	What was your usual weekly expense at these places?	409 \$.00					
4a.	Do you own an automobile, truck, or other vehicle?	410 1 Yes					
	Do not include any vehicle which is used entirely for business purposes.	2 □ No – Go to item 5a					
b.	How many?						
		411 Number					
C.	Is this (are any of these) vehicle(s) used partially for business?	412 1 Yes 2 No – Go to item 5a					
	A.1. 'CHV						
لم	Ask if "Yes" in item 4c. What percent of your total vehicle expense is counted as a business						
a.	What percent of your total vehicle expense is counted as a business expense? Enter to nearest whole percent.						

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Sec	ction 3 – DIA	RY CHECK (Continued)									
		WEEK 1 PICKU	Р					WEEK 2 PICKU	Р		
		Part 1 - FOOD AWAY FRO	ом номе					Part 1 – FOOD AWAY FRO	ом номе		
Did yo snack	ou (or members o s, nonalcoholic o	f your CU) have any expenses, which you did or alcoholic drinks purchased from vending r	d not enter in you nachines or mob	ur Diary, for meals, ile vendors?		Did yo snack	ou (or members o s, nonalcoholic o	of your CU) have any expenses, which you did or alcoholic drinks purchased from vending n	I not enter in you nachines or mob	ur Diary, for meals, ile vendors?	
	1 ☐ Yes	2 ☐ No 3 ☐ Don't kn	ow				1 ☐ Yes	2 ☐ No 3 ☐ Don't kno	ow		
а		b	С	d	е	а		b	С	d	е
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	Were alcoholic beverages included in total cost? Mark (X) one	How much?	Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	Were alcoholic beverages include in total cost? Mark (X) one	How much?
120			Dollars Cents	Yes No	Dollars Cents	120			Dollars Cents	Yes No	Dollars Cents
121				1 2	 	121			+ :	1 2	+ :
122				1 2	!	122				1 2	+ !
123				1 2	!	123				1 2	1
Purch	ased from emplo	yer or school cafeterias?		1		Purch	ased from emplo	yer or school cafeterias?		'	
	1 □ Yes	2 □ No 3 □ Don't kn	ow				1 ☐ Yes	2 ☐ No 3 ☐ Don't kno	ow		
а		b	С			а		b	С		
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip			Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip		
128			Dollars Cents	_		128			Dollars Cents	_	
128						128			 		
130			1			130			1		
131			1			131					
	ard or meal plan	?					oard or meal plan	?			
	1 □ Yes	2 □ No 3 □ Don't kn	ow				1 ☐ Yes	2 □ No 3 □ Don't kno	ow		
а		b	С			а		b	С		
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip			Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	_	
132			Dollars Cents			132			Dollars Cents	_	
133				_		133			 	_	
	u (or members of	your CU) have any expenses, which you did n	ot enter in your [□ Diary, for catered affa	nirs?		ou (or members of	I f your CU) have any expenses, which you did n	ot enter in your I	Diary, for catered aff	airs?
-	1 □ Yes		☐ Don't know – <i>G</i>				1 ☐ Yes		3 ☐ Don't know –		
а		b	С	d	е	а		b	С	d	е
Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	Were alcoholic beverages included in total cost? Mark (X) one	How much?	Line No.	PROCESSING USE	List all meals, snacks, and beverages purchased	Total cost Include tax and tip	Were alcoholic beverages include in total cost? Mark (X) one	How much?
46.5			Dollars Cents	Yes No	Dollars Cents	45-			Dollars Cents	Yes No	Dollars Cents
134				1 2 1		134			1	1 2 1 2	1 1
135			1 1	1	I 1	l 135	1		1	1	I 1

Section 3 – DIARY CHECK (Continued) **WEEK 1 PICKUP WEEK 2 PICKUP** Part 2 - FOOD FOR HOME CONSUMPTION Part 2 - FOOD FOR HOME CONSUMPTION Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, Did you (or members of your CU) have any expenses which you did not enter in your Diary for food, nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home? nonalcoholic or alcoholic beverages, such as grocery items, purchased to be eaten at home? ı □ Yes 2 □ No – *Go to part 3* ı □ Yes $3 \square$ Don't know – *Go to part 3* $_2 \square$ No – *Go to part 3* $3 \square$ Don't know – *Go to part 3* d а C а Is this item -Is this item -Total cost Total cost **PROCESSING** Mark (X) one Do not **PROCESSING** Mark (X) one Do not Line Line include sales USE USE Describe item purchased Describe item purchased include sales tax tax Bottled Bottled Fresh Frozen Other Fresh Frozen Other or or Dollars Cents Dollars Cents canned canned 201 201 202 202 2 203 203 204 204 205 205 206 206 207 207 208 208 209 209 210 210 2 211 211 212 212 213 213 214 214 2 215 215 216 216 2 217 217 218 218 2 219 219 220 220 221 221 222 222 223 223 224 224 2 225 225 226 226 2 3 227 227 228 228 2 3 229 229 2 230 230

Sec	ction 3 – DIA	RY CHECK (Continued)															
		WEEK 1 F	PICKUP							WEEK 2 P	ICKUP						
		Part 3 – FOOD AND BEVERAG	SES PURCHASED A	S GIFTS						Part 3 – FOOD AND BEVERAG	ES PURCH	IASED AS	S GIFTS				
Did yo	u (or members of coholic or alcoho	f your CU) have any expenses which y lic beverages for someone outside yo	ou did not enter in ur CU?	your Diar	y for food,			Did y nonal	ou (or members o coholic or alcoho	of your CU) have any expenses which yo blic beverages for someone outside yo	ou did not ur CU?	t enter in	your Diary	for foo	d,		
	1 ☐ Yes	2 □ No – <i>Go to part 4</i> 3 □	Don't know – <i>Go to</i>	part 4					1 ☐ Yes	2 \square No – Go to part 4 3 \square	Don't know	v – Go to p	oart 4				
а		b			С		d	а		b				С		d	
Line No.	PROCESSING USE	Describe item purchase		Mark	is item – k (X) one	D inclu	al cost o not de sales tax	Line No.	PROCESSING USE	Describe item purchase	d		Mark	s item – (X) one		Total cost Do not include sald tax	
				Fresh Froze	en or Ot	ther Dollars	Cents					F	resh Frozer	or	Other	Dollars Ce	ents
301			1	1 2	3 4			301				1	2	3 4			
302			1	1 2	3 4		1	302				1	2	3 4		1	
303			1	1 2	3 4		!	303				1	2	3 4			
304			1	1 2	3 4		!	304				1	2	3 4		!	
305			1	1 2	3 4		!	305				1	2	3 4		!	
306			1	1 2	3 4		1	306				1	2	3 4		1	
		WEEK 1 F	PICKUP	,						WEEK 2 P	ICKUP		,	'		<u>'</u>	
		Part 4 – CLOTHING, SH	OES, AND JEWELR	RY						Part 4 – CLOTHING, SH	OES, AND	JEWELRY	γ				
Did yo shoes,	u (or members of or jewelry?	f your CU) have any expenses which y 2 □ No – <i>Go to part 5</i> 3 □	ou did not enter in		y for clothi	ing,		Did y shoes	ou (or members o s, or jewelry? 1 🗆 Yes	of your CU) have any expenses which y 2 □ No – Go to part 5 3 □	ou did not Don't know			for clot	hing,		
а		b	С		d	е		а		b	C	;	d			е	
Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	for som outside consum Mark	your yer unit? (X) one	For whom witem purcha 1 - Male 16 c 2 - Female 1 3 - Male 2 th 4 - Female 2 5 - Under 2 y	or over 6 or over rough 15 through 15	Line No.	PROCESSING USE	Describe item purchased	Total Do include ta	not e sales ax	for some outside y consume Mark ()	eone your er unit? X) one	1 - Ma 2 - Fe 3 - Ma 4 - Fe 5 - Ur	whom was thi purchased? ale 16 or over male 16 or ov ale 2 through male 2 throug nder 2 years	
404			Dollars Cents	Yes	No 2	Enter coa	e	404			Dollars	Cents	Yes	No 2	En	ter code	
401				1	2			401			 			2			
402			+ +	1	2			402						2			
403				1	2			403						2			
404			+ +	1	2			404			-			2			
405				1	2			405			 			2			
406				1	2			406			 			2			
407				1	2			407			 			2			
408				1	2			408 409			+			2			
409			+	1	2			410						2			
410																	

Sec	ction 3 – DIA	RY CHECK (Continued)							
		WEEK 1 PICKUP					WEEK 2 PICKUP		
		Part 5 – ALL OTHER PURCHASES AND EXPENSE	S				Part 5 – ALL OTHER PURCHASES AND EXPENSE	ES	
Did yo	ou (or members o tage stamps?	of your CU) have any expenses which you did not enter in you	ır Diary for tobacc	co, gasoline,	Did yo	ou (or members o stage stamps?	f your CU) have any expenses which you did not enter in yo	ur Diary for tobacc	o, gasoline,
	1 ☐ Yes	2 □ No 3 □ Don't know				1 □ Yes	2 ☐ No 3 ☐ Don't know		
а		b	С	d	а		b	С	d
Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	Was this bought for someone outside your consumer unit? Mark (X) one	Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	Was this bought for someone outside your consumer unit? Mark (X) one
			Dollars Cents	Yes No				Dollars Cents	Yes No
501				1 2	501				1 2
502 503				1 2	502 503				1 2
504				1 2	504				1 2
505				1 2	505			 	1 2
506				1 2	506				1 2
507				1 2	507			1	1 2
508				1 2	508				1 2
509				1 2	509				1 2
Did yo in you	r Diary?	of your CU) have any expenses for any other items which you			Did you	r Diary?	f your CU) have any expenses for any other items which you		
	1 ☐ Yes	2 ☐ No – Go to Field Representative 3 ☐ Don't kr instructions at bottom of page	now – Go to Field Re instructions at	presentative bottom of page		1 ☐ Yes	2 ☐ No – Go to Field Representative 3 ☐ Don't k instructions at bottom of page	now – Go to Field Re instructions a	epresentative t bottom of page
а		b	С	d	а		b	С	d
Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	Was this bought for someone outside your consumer unit? Mark (X) one	Line No.	PROCESSING USE	Describe item purchased	Total cost Do not include sales tax	Was this bought for someone outside your consumer unit? Mark (X) one
			Dollars Cents	Yes No				Dollars Cents	Yes No
510				1 2	510				1 2
511				1 2	511				
512				1 2	512				1 2
513				1 2	513				1 2
514 515				1 2	514 515				1 2
516				1 2	515				1 2
517				1 2	517			+ ;	1 2
518				1 2	518				1 2
_			1	i i				1	i l

•	Section 4 — WORK EXPERIENC	E AND INCOME									
F	Part A	FIELD REPRE	SENT	ATIVE – Complete at Week 2 pickup. Ask a se	eparate page in Part A for	each	CU member 14 years old or over.				
1.	FIELD REPRESENTATIVE ITEM USE ONLE USE ONLE ONLE ONLE ONLE ONLE ONLE ONLE ONL	G 601 1		Ask if item 2 marked "Did not work" – 5. What was the main reason did not work during the past 12 months? Was		8.	During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?	624	1 □ Y 2 □ N		
2.	b. LINE NUM			2 – Taking care of home/family?	Code	'	b. Any Supplemental Security Income checks from the State or local Government?	625	1 □ Y 2 □ N		
	did work either full-time or part-time not counting work around the house? Include paid vacation and paid sick leave	0 ☐ Did not work Go to item 5	_	3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify			Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income	626	c		.00
3.	In the weeks that worked, how man hours did usually work per week?	604 Hour week	s per				checks altogether?	020			
4a.	Show Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: Enter one code.	605 Code	_	tips, Armed Forces pay and allowances. What was the amount of income	610 1 Yes 2 No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627	з 🗌 I V	Weeks	.00 5 Year 6 Other – Specify 7 Twice a month
	Manager, professional 1 – Administrator, manager	605 Code				10.	. Was there any money deducted from	Y	es	No	Amount
	02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including			professional practice?	612 1 ☐ Yes 2 ☐ No – Go to item 6c		's last pay for – /f YES – How much was deducted? a. Federal income tax?	629	1 🔲	 	630 \$
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			1000 ditoi oxpolioco.	613 \$.00 614 1 Loss	ı	b. State and local income tax?	631		2 🗆	632 \$.00
	Service 08 - Protective service 09 - Private household service			C. Income or loss from 's own farm?	615 1 Yes 2 No – <i>Go to item</i> 7		c. Social Security including Medicare? d. Railroad Retirement?	634	1		635 \$.00
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector			iooo aitoi onpoiloooi	616 \$		e. Government Retirement?	636			637 \$.00
	12 – Transportation operator 13 – Handler, helper, laborer					4	f. Private pension fund?	638	1 🗆	2 🗆	639 \$00
	Precision production, craft, repair 14 – Mechanic, repairer, precision production 15 – Construction, mining			7. During the past 12 months, did receive from the U.S. Government any money –a. From Social Security checks?	618 1 ☐ Yes 2 ☐ No		g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640	1 🗆	 	
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces				619 1 Yes 2 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 □ Y 2 □ N		
b.	Was CODE			Is "YES" marked in items 7a and/or 7b?	620 1 \square Yes – Go to item 7d 2 \square No – Go to item 8a	12.	employer or union that worked for during the last 12 months contribute to a pension or retirement	642	1 □ Y 2 □ N		
	 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? 	Ask if code 5 and no farm – Is the busin	ot a	Retirement payment received?	621 \$.00	13	plan that was enrolled in? a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	643	1 □ Y		
	4 – A LOCAL government employee? 5 – Self-employed in OWN business,	incorporated?		for a Medicare premium?	2 No		(IRA & Keogh)? Exclude rollovers. b. Ask if item 13a is marked "Yes" –		IN		
	professional practice, or farm? 6 – Working WITHOUT PAY in family business or farm?	2 No		f. During the past 12 months, how	623 Number		How much?	644			.00
	Dualiless of Idill!			many Social Security or Railroad Retirement payments did receive?	<u>[623]</u> 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	645		lecords lo record	ds used

	Section 4 — WORK EXP	ERIENCE A	ND IN	ICOME – Contir	nued									
	Part A			FIELD REPRESEN	TATIV	/E – Complete at Week 2 pickup. Ask a	separate page in Part A for	each (CU member 14 years old or over.					
1	Enter the first name and line	PROCESSING USE ONLY	601	2	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE			During the past 12 months, did receive – Any Supplemental Security Income checks from the U.S. Government? Any Supplemental Security Income		1 ☐ Yes 2 ☐ No			
2		part-time, house?	603	Weeks o □ Did not work – Go to item 5		1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ✓	Code		checks from the State or local Government? Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income		1 Yes 2 No		.00	
3	. In the weeks that worked, hours did usually work per	how many week?	604	Hours per week	-				checks altogether?	626	\$			
4	Show Information Booklet, page 4 a. The job in which received a earnings during the past 12 m fits best in the following cates Enter one code.	the most onths	605			During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income	610 1 Yes 2 No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?		\$ 1	/eeks nth	.00 5 Year 6 Other - Specify 7 Twice a month	,
	Manager, professional 01 – Administrator, manager 02 – Teacher		605	Code	b.	Income or loss from's own	612 1 \(\text{Yes} \)	10.	Was there any money deducted from 's last pay for –	Yes	s ¦ l	No	Amount	
	03 – Professional Administrative support, technical, 04 – Administrative support, i	, sales ncluding				nonfarm business, partnership, or professional practice?	2 □ No – Go to item 6c		If YES – How much was deducted? Federal income tax?	629	1	2 🗆 [630 \$.00
	clerical 05 – Sales, retail 06 – Sales, business goods and 07 – Technician	d services				What was the amount of income or loss after expenses?	613 \$.00 614 1 \(\text{Loss} \)	b	State and local income tax?	631	1	2 🔲	632 \$ <u></u>	.00
	Service 08 - Protective service 09 - Private household service	•			C.	Income or loss from's own farm?	615 1 Yes 2 No – Go to item 7		Social Security including Medicare? Railroad Retirement?		1		635 _{\$}	.00
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assem	bler,				What was the amount of income or loss after expenses?	616 \$.00		Government Retirement?				637 \$.00
	inspector 12 – Transportation operator 13 – Handler, helper, laborer						617 1 LOSS	f	. Private pension fund?	638	1 🗌 🕴 2	2 🗆 🕴	639 \$.00
	Precision production, craft, repair 14 - Mechanic, repairer, precis production 15 - Construction, mining	sion			7. a.	During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	618 1 ☐ Yes 2 ☐ No	g	Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640	1 🗌 ¦ 2	2 🗆		
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, grounds Armed forces 18 - Armed forces	skeeping				From Railroad Retirement checks?	619 1 Yes 2 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?		1 □ Yes 2 □ No			
	b. Was CODE	-			c.	FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	620 1 \square Yes – Go to item 70 2 \square No – Go to item 8a		Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement		1 □ Yes 2 □ No			
	1 – An employee of a PRIVATE company, business, or indi working for wages or salar 2 – A FEDERAL government employee of a PRIVATE go	ividual ry? nployee? loyee?	fa	Code sk if code 5 and not a rm – Is the business corporated?		What was the amount of the last Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction	621 \$.00	13a	plan that was enrolled in? During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account		1 □ Yes 2 □ No			
	4 – A LOCAL government emp 5 – Self-employed in OWN bus professional practice, or fa	loyee? iness, arm?	608 1	- □ Yes		for a Medicare premium?	2 No	b	(IRA & Keogh)? Exclude rollovers. Ask if item 13a is marked "Yes" –	644			.00	
	6 – Working WITHOUT PÁY in business or farm?	family	2	□ No	f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 Numbe	14.	How much? FIELD REPRESENTATIVE CHECK ITEM Mark (X) the appropriate box based upon the respondent's use of records in providing responses to items 6–13.	645	\$ 1 □ Reco 2 □ No r			

•	Section 4 — WORK EXPERIEN	CE AND INCOME - Conti	inue	d							
F	Part A	FIELD REPRESE	NTAT	IVE – Complete at Week 2 pickup. Ask a s	separate page in Part A for	each	CU member 14 years old or over.				
1.	FIELD REPRESENTATIVE ITEM USE ON USE ON USE ON USE ON USE ON 14 years old and over.		5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8. a	During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?		☐ Yes ☐ No		
2	b. LINE NU			CODE 1 - Retired? 2 - Taking care of home/family?	Code	b	Any Supplemental Security Income checks from the State or local Government?		☐ Yes ☐ No		
۷.	did work either full-time or part-tim not counting work around the house? Include paid vacation and paid sick lea	o Did not work – Go to item 5		3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify			Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income	626 \$.00	
3.	In the weeks that worked, how man hours did usually work per week?	ny 604 Hours p	er				checks altogether?	5			—
4a.	Show Information Booklet, page 44 The job in which received the mos earnings during the past 12 months fits best in the following category: Enter one code.		6.	receive any money in – a. Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income	610 1 Yes 2 No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	2	── Week ── 2 Weeks ── Month ── Quarter	.00 5 Year 6 Other - Specify 7	
	Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional	[605] Code	ı	received before any deductions? Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 Yes 2 No – Go to item 6c	10.	Was there any money deducted from 's last pay for – If YES – How much was deducted?	Yes	İ	Amount	
	Administrative support, technical, sales 04 - Administrative support, including clerical 05 - Sales, retail 06 - Sales, business goods and service 07 - Technician			What was the amount of income or loss after expenses?	613 \$		D. State and local income tax?		1		.00
	Service 08 – Protective service 09 – Private household service			C. Income or loss from's own farm?	615 1 Yes 2 No – <i>Go to item 7</i>		Social Security including Medicare? d. Railroad Retirement?			635 s	.00
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector			What was the amount of income or loss after expenses?	616 \$.00 617 1 Loss		Government Retirement?	636 ₁		637 \$.00
	12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining		7.	During the past 12 months, did receive from the U.S. Government any money –	618 1 Yes		f. Private pension fund? J. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?				.00
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces			a. From Social Security checks? D. From Railroad Retirement checks?	2 No 619 1 Yes 2 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?		□ Yes □ No		
b.	Was CODE 1 - An employee of a PRIVATE	607 Code		Is "YES" marked in items 7a and/or 7b?	1 Yes – Go to item 7d 2 No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?		□ Yes □ No		
	company, business, or individual working for wages or salary? 2 – A FEDERAL government employee 3 – A STATE government employee? 4 – A LOCAL government employee?	Ask if and 5 and not a		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?	621 \$.00	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.		□ Yes □ No		
	5 - Self-employed in OWN business, professional practice, or farm? 6 - Working WITHOUT PAY in family business or farm?	608 1 ☐ Yes 2 ☐ No	1	f. During the past 12 months, how many Social Security or Railroad	2 No [623] Number		Ask if item 13a is marked "Yes" – How much?	644 \$.00	
	Business of Idilli:			Retirement payments did receive?		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.		☐ Records ☐ No recor		

	Part A	FIELD REPRESEN	TATIV	/E – Complete at Week 2 pickup. Ask a	separate page in Part A for	each (CU member 14 years old or over.		
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member PROCESSING USE ONLY	601 4	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8. a	During the past 12 months, did receive – . Any Supplemental Security Income checks from the U.S. Government?	624 1 \(\text{Yes} \) 2 \(\text{No} \)	
	b. LINE NUMBER	602		CODE 1 - Retired?	Code	b	Any Supplemental Security Income checks from the State or local Government?	625 1 Yes	
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.	603 Weeks 0 Did not work – Go to item 5		 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify 			Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income	2 \(\text{No} \)	.00
3.	In the weeks that worked, how many hours did usually work per week?	Hours per week					checks altogether? Ask items 9–12 only if item 6a is marked	<u> [626] </u>	
4a	Show Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: Enter one code.		6. a.	During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	1 ☐ Yes 2 ☐ No – Go to item 6b	9.	"YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did	627 \$	· · · · k
	Manager, professional O1 – Administrator, manager	605 Code		What was the amount of income received before any deductions?	611 \$	10	this cover? Was there any money deducted from	4 □ Quarte	7 □ I Wice a month
	02 – Teacher 03 – Professional Administrative support, technical, sales 04 – Administrative support, including		b.	Income or loss from's own nonfarm business, partnership, or professional practice?	1 ☐ Yes 2 ☐ No – Go to item 6c	a	's last pay for – If YES – How much was deducted? Federal income tax?	629 1 2	
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			What was the amount of income or loss after expenses?	613 \$	b	State and local income tax?	631 1 2	
	Service 08 - Protective service 09 - Private household service		c.	Income or loss from's own farm?	615 1 Yes 2 No – Go to item 7		. Social Security including Medicare? . Railroad Retirement?	633 1 2	
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector			What was the amount of income or loss after expenses?	616 \$. Government Retirement?	636 1 2	
	12 – Transportation operator 13 – Handler, helper, laborer					f	. Private pension fund?	638 1 2	
	Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining		7. a.	During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	618 1 ☐ Yes 2 ☐ No	g	 Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck? 	640 1 2	
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces		_	From Railroad Retirement checks?	619 1 Yes 2 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641 1 ☐ Yes 2 ☐ No	
b	- Was CODE		C.	FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b?	1 ☐ Yes – Go to item 7d 2 ☐ No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement	642 1 Yes 2 No	
	1 – An employee of a PRIVATE company, business, or individual working for wages or salary? 2 – A FEDERAL government employee?	Ask if code 5 and not a farm – Is the business	d.	What was the amount of the last Social Security or Railroad Retirement payment received?	621 \$.00	13a	plan that was enrolled in? During the past 12 months, did place any money in a retirement plan	643 1 \(\sum \) Yes	
	3 – A STATE government employee? 4 – A LOCAL government employee? 5 – Self-employed in OWN business,	incorporated?	e.	Is this amount AFTER the deduction for a Medicare premium?	1 ☐ Yes 2 ☐ No	h	such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers. Ask if item 13a is marked "Yes" –	2 🗆 No	
	professional practice, or farm? 6 – Working WITHOUT PAY in family	2 □ No	f.	During the past 12 months, how			How much?	644 \$.00
	business or farm?			many Social Security or Railroad Retirement payments did receive?	623 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.	645 1 Record	

	Section 4 — WORK EXPERIENCE AND	INCOME - Continued									
	Part A	FIELD REPRESEN	TATIV	/E – Complete at Week 2 pickup. Ask a	separate page in Part A for	each (CU member 14 years old or over.				
1.	FIELD REPRESENTATIVE ITEM Enter the first name and line number of each CU member 14 years old and over. PROCESSING USE ONLY a. NAME	601 5	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was CODE			During the past 12 months, did receive – 1. Any Supplemental Security Income checks from the U.S. Government? 2. Any Supplemental Security Income	2	1 □ Y€ 2 □ No	0	
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.	603 Weeks 0 Did not work – Go to item 5		 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work? 6 - Doing something else? - Specify ∠ 	Code		checks from the State or local Government? Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income	2	1 □ Y€ 2 □ No		
3.	In the weeks that worked, how many hours did usually work per week?	Hours per week	-				checks altogether?	626	\$.00
4 a	Show Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: Enter one code.	605 Code	6. a.	During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income received before any deductions?	610 1 Yes 2 No - Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	2	з 🗌 М	Weeks	.00 5 Year 6 Other - Specify 7 Twice a month
	Manager, professional 01 - Administrator, manager	Code	.	·		10.	Was there any money deducted from	Yes	s	No	Amount
	02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including		Б.	Income or loss from's own nonfarm business, partnership, or professional practice?	1 Yes 2 No – Go to item 6c		's last pay for – If YES – How much was deducted? Federal income tax?	629	1 🔲	2 🗌	630 \$
	clerical 05 – Sales, retail 06 – Sales, business goods and services 07 – Technician			What was the amount of income or loss after expenses?	613 \$. State and local income tax?		1 🗆 🕴		632 \$
	Service 08 – Protective service 09 – Private household service 10 – Other service		c.	Income or loss from's own farm?	615 1 Yes 2 No – Go to item 7		. Social Security including Medicare? I. Railroad Retirement?		1		635 \$
	Operator, assembler, laborer 11 - Machine operator, assembler, inspector			What was the amount of income or loss after expenses?	616 \$00	е	e. Government Retirement?		1 🔲 ¦		637 \$
	12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining Farming, forestry, fishing		7. a.	During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	618 1 Yes 2 No		Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck? Ask if item 10c or 10g is marked "Yes" –		1		639 \$
	16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces		b.	From Railroad Retirement checks?	619 1 Yes 2 No	11.			1 □ Y€ 2 □ N€		
b	D. Was CODE 1 - An employee of a PRIVATE	607 Code		FIELD REPRESENTATIVE CHECK ITEM Is "YES" marked in items 7a and/or 7b? What was the amount of the last	1 Yes – Go to item 7d 2 No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?		1 □ Y€ 2 □ N€		
	company, business, or individual working for wages or salary? 2 – A FEDERAL government employee? 3 – A STATE government employee? 4 – A LOCAL government employee?	Ask if code 5 and not a farm – Is the business incorporated?		Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	621 \$.00	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	0 . 0	1 □ Y€ 2 □ N€		
	5 – Self-employed in OWN business, professional practice, or farm? 6 – Working WITHOUT PAY in family	608 1 Yes			2 🗆 No	b	Ask if item 13a is marked "Yes" – How much?	644	\$.00
	6 – Working WITHOUT PÅY in family business or farm?	2 □ No		During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 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.	645	1 □ Re	ecords o record	ds used

	Section 4 — WORK EXPERIENC									
	Part A	FIELD REPRESEI	VTATI	VE – Complete at Week 2 pickup. Ask a	separate page in Part A for	each	CU member 14 years old or over.			
1.	FIELD REPRESENTATIVE ITEM USE ONI Enter the first name and line number of each CU member 14 years ald and average 7. NAME	G 601 6	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8. <i>a</i>	During the past 12 months, did receive – 1. Any Supplemental Security Income checks from the U.S. Government?	624 1 Yes 2 No		
	14 years old and over. b. LINE NUI	BER 602		CODE 1 - Retired?	609Code		Any Supplemental Security Income checks from the State or local	625 1 ☐ Yes		
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 leav	603 Weeks 0 Did not work – Go to item 5		2 – Taking care of home/family? 3 – Going to school? 4 – III, disabled, unable to work? 5 – Unable to find work? 6 – Doing something else? – Specify ✓			Government? Ask if items 8a and/or 8b are marked "Yes" – How much did receive in Supplemental Security Income	2 □ No		
3.	In the weeks that worked, how man hours did usually work per week?	Hours pe	er				checks altogether?	626 \$		
4 a	Show Information Booklet, page 44 The job in which received the most earnings during the past 12 months fits best in the following category: Enter one code.		6. a	During the past 12 months, did receive any money in – . Wages or salary? Include commissions, tips, Armed Forces pay and allowances.	610 1 ☐ Yes 2 ☐ No – <i>Go to item 6b</i>	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did	627 \$.00 628 1 Week 5 Year 2 2 Weeks 6 Other - Specify 7 3 Month		
	Manager, professional 01 – Administrator, manager	605 Code		What was the amount of income received before any deductions?	611 \$	10	this cover?	4 Quarter 7 Twice a month Yes No Amount		
	01 - Administrator, manager 02 - Teacher 03 - Professional Administrative support, technical, sales 04 - Administrative support, including		b	Income or loss from's own nonfarm business, partnership, or professional practice?	612 1 ☐ Yes 2 ☐ No – <i>Go to item 6c</i>		Was there any money deducted from's last pay for – If YES – How much was deducted? 3. Federal income tax?	629 1 2 630 \$.00		
	of a clerical O5 – Sales, retail O6 – Sales, business goods and service O7 – Technician			What was the amount of income or loss after expenses?	613 \$.00 614 1 \(\triangle \text{Loss} \)	b	State and local income tax?	631 1 2 632 \$.00		
	Service 08 - Protective service 09 - Private household service		C	What was the amount of income or loss after expenses? During the past 12 months, did receive from the U.S. Government	615 1 ☐ Yes 2 ☐ No – Go to item 7		Social Security including Medicare? Railroad Retirement?	633 1 2 635 \$.00		
	10 - Other service Operator, assembler, laborer 11 - Machine operator, assembler, inspector				616 \$		Government Retirement?	636 ₁		
	12 – Transportation operator 13 – Handler, helper, laborer		-		017	- 1	f. Private pension fund?	638 1 2 639 \$		
	Precision production, craft, repair 14 - Mechanic, repairer, precision production 15 - Construction, mining		/. 		618 1 □ Yes 2 □ No	g	J. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	640 1 2		
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, groundskeeping Armed forces 18 - Armed forces			From Railroad Retirement checks?	619 1 Yes 2 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641 1 Yes 2 No		
b	. Was CODE			Is "YES" marked in items 7a and/or 7b?	620 1 Yes – Go to item 70 2 No – Go to item 8a		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?	642 1 Yes 2 No		
	 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? 	Ask if code 5 and not a farm – Is the business		Retirement payment received?	621 \$.00	13a	During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account	643 1 Yes 2 No		
	4 – A LOCAL government employee? 5 – Self-employed in OWN business, professional practice, or farm?	incorporated?	u:	for a Medicare premium?	2 No	b	(IRA & Keogh)? Exclude rollovers. 3. Ask if item 13a is marked "Yes" – How much?	644 \$.00		
	6 – Working WITHOUT PAY in family business or farm?	2 □ No	f.	During the past 12 months, how many Social Security or Railroad Retirement payments did receive?	623 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.	645 1 Records		

•	Section 4 — WORK EXPERIENCE AND INCOME - Continued															
F	Part A		FIELD REPRESEN	TATI	TATIVE – Complete at Week 2 pickup. Ask a separate page in Part A for each CU member 14 years old or over.											
1.	FIELD REPRESENTATIVE ITEM USE ONLY Enter the first name and line number of each CU member 14 years old and over. PROCESSING USE ONLY a. NAME		6 01 7	5.	Ask if item 2 marked "Did not work" – What was the main reason did not work during the past 12 months? Was		8.	During the past 12 months, did receive – a. Any Supplemental Security Income checks from the U.S. Government?	624 1 Yes 2 No							
2.	·	part-time, house?	602 603 Weeks 0 Did not work - Go to item 5	-	CODE 1 - Retired? 2 - Taking care of home/family? 3 - Going to school? 4 - III, disabled, unable to work? 5 - Unable to find work?	609Code	k	b. Any Supplemental Security Income checks from the State or local Government? Ask if items 8a and/or 8b are marked "Yes" – How much did receive in	625	1 □ Y 2 □ N						
3.	In the weeks that worked, hours did usually work pe		Hours pe week	r	6 - Doing something else? - Specify			Supplemental Security Income checks altogether?	626	\$.00					
4a.	Show Information Booklet, page The job in which received earnings during the past 12 n fits best in the following cate Enter one code.	44 the most nonths	605 Code	6. a	During the past 12 months, did receive any money in – Wages or salary? Include commissions, tips, Armed Forces pay and allowances. What was the amount of income	610 1 Yes 2 No – Go to item 6b	9.	Ask items 9–12 only if item 6a is marked "YES". If 6a is marked "No," go to item 13a. What was the gross amount of's last pay and what period of time did this cover?	627 628	\$ 1	Weeks lonth	.00 5 Year 6 Other – Specify 7				
	Manager, professional 01 – Administrator, manager 02 – Teacher 03 – Professional Administrative support, technica 04 – Administrative support,		[605] Code	b.		612 1 Yes 2 No – Go to item 6c	b	Was there any money deducted from's last pay for – If YES – How much was deducted? a. Federal income tax?	629	′es	No 2 [Amount .00				
	clerical 05 – Sales, retail 06 – Sales, business goods an 07 – Technician				What was the amount of income or loss after expenses?	613 \$.00 614 1 Loss		b. State and local income tax?	631			632 \$.00				
	Service 08 - Protective service 09 - Private household servic 10 - Other service Operator, assembler, laborer 11 - Machine operator, assem			7. a.	What was the amount of income or loss after expenses?	615 1 Yes 2 No – Go to item 7 616 \$.00 617 1 Loss		c. Social Security including Medicare? d. Railroad Retirement? e. Government Retirement?	634			635 \$.00 637 \$.00				
	inspector 12 - Transportation operator 13 - Handler, helper, laborer Precision production, craft, repai 14 - Mechanic, repairer, preciproduction 15 - Construction, mining	r i sion			During the past 12 months, did receive from the U.S. Government any money – From Social Security checks?	617 1 Loss 618 1 Yes 2 No		f. Private pension fund? g. Ask if item 10c is marked "No" – Are Social Security payments normally deducted from your paycheck?	638	<u> </u> 	2 🗆	639 \$.00				
	Farming, forestry, fishing 16 - Farming 17 - Forestry, fishing, ground Armed forces 18 - Armed forces	skeeping			From Railroad Retirement checks?	619 1 Yes 2 No	11.	Ask if item 10c or 10g is marked "Yes" – Does the money deducted for Social Security cover only the Medicare portion of Social Security?	641	1 □ Y 2 □ N						
b.	Was CODE 1 - An employee of a PRIVAT	F	607 Code		Is "YES" marked in items 7a and/or 7b?	1 Yes – Go to item 7d 2 No – Go to item 8a	12.	Other than Social Security, did any employer or union that worked for during the last 12 months contribute to a pension or retirement plan that was enrolled in?	642	1 □ Y 2 □ N						
	company, business, or ind working for wages or sala 2 – A FEDERAL government e 3 – A STATE government emp 4 – A LOCAL government emp	lividual ry? mployee? bloyee? bloyee?	Ask if code 5 and not a farm – Is the business incorporated?	e. f.	What was the amount of the last Social Security or Railroad Retirement payment received? Is this amount AFTER the deduction for a Medicare premium?	621 \$.00	13a	a. During the past 12 months, did place any money in a retirement plan such as Individual Retirement Account (IRA & Keogh)? Exclude rollovers.	643	1 □ Y 2 □ N						
	5 - Self-employed in OWN bus professional practice, or f 6 - Working WITHOUT PAY in	siness, arm?	608 1 ☐ Yes 2 ☐ No		f. During the past 12 months, how	2 No	ŀ	Ask if item 13a is marked "Yes" – How much?	644	\$.00				
	business or farm?				many Social Security or Railroad Retirement payments did receive?	623 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	645		ecords o record	s used				

	Section 4 — WORK EXPERIENCE A	ND INCOME - Contin	nued												
	Part B - Ask for entire CU as a group	FIELD REPRESENTATIVE – Complete at Week 2 pickup. Ask these items for the entire CU as a group.													
1.	During the past 12 months, did you (or any members of your CU) receive income from any of the following – Income from unemployment compensation?	701 1 ☐ Yes 2 ☐ No – <i>Go to item 1b</i>		Income from regular contributions from – (1) Alimony? (2) Other sources such as from persons	723 1 Yes 2 No 724 1 Yes	4.	During the past 12 months, did y of your CU) pay any – If YES – What was the total amoun members?	t paid by ALL CU	744 1 Yes 2 No						
	If YES – What was the total amount received by ALL CU members?	702 \$		outside the CU? If YES – for item i(1) or i(2) –	2	-	Federal income tax in addition to earnings? State and local income tax in addition.		745 \$.00					
b	Income from worker's compensation or veteran's benefits including education benefits, but excluding military retirement?	703 1 Yes 2 No – Go to item 1c		Altogether what was the total amount received by ALL CU members? During the past 12 months, did you (or	725 \$		withheld from earnings?	2 NO 747 \$.00						
C	If YES – What was the total amount received by ALL CU members? Income from public assistance or welfare	704 \$00	a.	any members of your CU) receive any – Lump sum payments from estates, trusts, royalties, alimony, prizes or games of	726 1 ☐ Yes		Dawsonal managery toward not wone	sunted alacanih awa?	748 1 Yes 2 No	.00					
	including money received from job training grants such as Jobs Corps? If YES – What was the total amount received by ALL CU members?	705 1 Yes 2 No – Go to item 1d 706 \$00	'	chance, or from persons outside of the CU? If YES – What was the total amount received by ALL CU members?	$ \begin{array}{c c} \hline & 2 & No - Go \text{ to item } 2b \\ \hline & & 0.00 \end{array} $		Personal property taxes not repo		750 1 \(\text{Yes} - Specify in on page 1 \) 2 \(\text{No} \)	in Not					
C	I. Income from interest on savings accounts or bonds?	707 1 Yes 2 No - Go to item 1e	b.	Money from the sale of household furnishings, equipment, clothing, jewelry,	728 1 🗆 Yes	5.	Social Security tax for the self-emple During the past 12 months, did y	751 \$.00						
	If YES – What was the total amount received by ALL CU members?	708 \$		pets or other belongings, excluding the sale of vehicles or property? If YES – What was the total amount	2 No – Go to item 2c		your CU have any occupational e union dues, tools, uniforms, bus association dues, licenses, or pe	752 1 Yes 2 No							
e	e. Regular income from dividends, royalties, estates, or trusts? If YES – What was the total amount	709 1 Yes 2 No – Go to item 1f 710 \$.00	C.	c. Other money income, including money received from cash scholarships and		6a	If YES – What was the total amou occupational expenses? During the past 12 months, have ar		753 \$.00					
f	Income from pensions or annuities from private companies, military, or Government,	711 1 Yes		fellowships, stipends not based on working, or from the care of foster children?	730 1 Yes 2 No – Go to item 3		received any free meals at work as About what was the weekly doll meals?	· · ·	2 No – Go to ite	em 7					
	IRA, or Keogh? If YES – What was the total amount received by ALL CU members?	2 No – Go to item 1g 712 \$	3.	If YES – What was the total amount received by ALL CU members? During the past 12 months, did you (or any	731 \$	С	How many weeks did members of such meals during the past 12 m	onths?	N N	Number of wee					
Q	Net income or loss from any type of rental of rooms or living units?	713 1 Yes 2 No – Go to item 1h	 members of your CU) receive any refunds from the following – If YES – What was the total amount received by ALL CU members? 		2 □ No	7a	Did you or any members of your reduced rent for this unit as a for past 12 months?	<u> </u>							
	If YES – (1) How much net income or loss was received from roomers or boarders?	714 \$	a.	Federal income tax?	733 \$	b	. What is the rental charge to anot similar unit?	ther tenant for a	758 \$.00					
	(2) How much net income or loss was	1 Loss 716 \$.00	b.	State and local income tax?	2 \(\text{No}\) \[735 \\$ \\ .00 \]	С	. What period of time does this co	759 1							
received from payments from other rental units?		717 0 None 1 Loss	G.	Overpayment on Social Security?	736 1 Yes 2 No 737 \$.00			3 ☐ Month 4 ☐ Other – Specify							
h	Income from child support?	718 1 Yes 2 No – Go to item 1i	_		738 1 Yes 2 No	8a	Ba. During the past 12 months, have any members of your CU received any Food Stamps?								
	If YES – (1) Did you receive a one time lump sum payment for child support?	719 1 Yes 2 No – Go to item 1h(2)	d.	Insurance policies?	739 \$.00		. In how many of the past 12 mon received?	761 o n	Number of month						
	If YES – What was the total amount received by ALL CU members in last 12 months?	720 \$00	e.	Property taxes?	2 No 741 \$		 In the past month, have any men received any Food Stamps? When were Food Stamps 	nbers of your CU	762 1 Yes 2 No – End inte	ervie					
	(2) Did you receive any child support payments in other than a lump sum amount?	721 1 ☐ Yes ² ☐ No – <i>Go to</i> item 1i		Other sources, including any other taxes?	742 1 ☐ Yes – Specify ⊋		received? List all dates on which stamps were received during the past month.	Month Day Year Month Day Year Month Day Year	766 \$.00					
	If YES – What was the total amount received by ALL CU members in last 12 months?	722 \$			2 No 743 \$	С	• What is the dollar value of the Food Stamps received on (Date in 9b)?	764	767 \$ 768 \$.00					

NOTES

► Table X — Detern	ning if an Additional	Living Quarters Qua	lifies as an EXTRA U	nit									
	AREA SI	EGMENTS	PERMIT SEGMENTS	UNIT SE	EGMENTS	SEPARA	TENESS	NUMBER OF EXTRA UNITS					
Start Here				Single Unit	Multi-Unit								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)					
Check the listing sheet. Is the address of the additional living quarter already listed?	Are the additional living quarters within the area segment boundaries?	Are the additional living quarters in a group quarters?	Are the additional living quarters within the same structure and within the same space (See Footnote 1) occupied by the original sample unit?	Are the additional living quarters within the basic address (house number and street name) of the original sample unit?	Are the additional living quarters within the same space (See Footnote 1) occupied by the original sample unit? and Are the additinal living quarters the result of a split apartment?	Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?	Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?	Have you found more than 3 EXTRA units?					
☐ Yes – Stop Table X. ☐ No – Go to column (2), (4), (5) or (6) depending on segment type.	□ Yes – Go to column (3). □ No – Stop Table X; do not interview.	☐ Yes – Stop Table X; do not interview. ☐ No – Go to column (7).	☐ Yes – Go to column (7). ☐ No – Stop Table X; do not interview.	☐ Yes – Go to column (7). ☐ No – Stop Table X; do not interview.	☐ Yes to both questions – Go to column (7). ☐ No to either question – Stop Table X; do not interview.	☐ Yes – Go to column (8). ☐ No – Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview.	☐ Yes – An EXTRA unit. Go to column (9). ☐ No – Not a separate unit. Stop Table X. Include additional living quarters with the originial unit and continue interview.	☐ Yes – Call your RO for instructions on which units to interview. Then, enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2) ☐ No – Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2)					
The state of the s		nit has been split into two or m t a single unit address in a UN), you must prepare an INTER-	COMM and fill out a BLANK lis	sting sheet listing each unit at	the address.						
NOTES													

17.	RECORD OF TR	RAVI	EL TIME	Recor	d trav	vel time and enter re	eason code for pe	ersonal cont	act fr	rom list d	of personal co	ntact codes to	the right.					
Trip	Time (b)		Reason (c)	OFFICE USE ONLY	(a)	(b)	Reason (c)	OFFICE USE ONLY	(a)		Time (b)	Reason (c)	OFFICE USE ONLY		PERSC	NAL CONTACT C	ODES	
1	Ended a	a.m. o.m. a.m. o.m.	832	833	5	Began a.m. p.m. Ended a.m. p.m.	_	841	9	Began	a.m. p.m. a.m. p.m.	848	849		5 – Personal 6 – Other per	visit to collect dat visit to schedule a sonal visit	appointment	
2	Ended a	a.m. o.m. a.m.	834	835	6	Began a.m. p.m. Ended a.m. p.m.	_	843	10	Began	a.m. p.m. a.m. p.m.	850	851	Week 1 Week 2 Field Rep	resentative name		Field Repr	a.m. p.m. a.m. p.m.
3	Ended a	a.m. o.m. a.m. o.m.	836	837	7	Began a.m. p.m. Ended a.m. p.m.		845	11	Began	a.m. p.m. a.m. p.m.	852	853	NOTES			<u> </u>	
4	Ended a	a.m. o.m. a.m.	838	839	8	Began a.m. p.m. Ended a.m. p.m.		847	12	Began	a.m. p.m. a.m. p.m.	854	855					
18.	RECORD OF IN	ITER	VIEW AND OF	FICE ACTIVIT	ΓΥ ΤΙ	ME												
						Tir	me					OFFICE U	SE ONLY					
	Activity	_	Began	1st Ended	<u> </u>	2r Began	Ended	Beg	3r Began		Ended	Total minutes						
Interviewing			a.m. a.m. p.m. p.m.			a.m. a.m.		a.m. p.m.		a.m. p.m.	856							
Field Representative review			a.m. a.m. p.m. p.m.							a.m. p.m.	857							
Office edit			a.r p.r		a.m p.m							858						