

B	Residences – When did [you/NAME] move into this current residence? [Have you / Has HE-SHE] lived here continuously since then? [Where live before that? When/What months? Etc.] <i>ASK FOR EACH RESIDENCE: [Is/Was] this residence Public Housing, Section 8, or part of another housing program?</i>												
Current Residence: RECORD ONLY WHETHER IT IS Pub Housing (PH), Sec 8 (S8), Oth Prog (OP), (NONE)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Former Address: RECORD ADDRESS AND Pub Housing (PH), Sec 8 (S8), Oth Prog (OP), (NONE)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Former Address: RECORD ADDRESS AND Pub Housing (PH), Sec 8 (S8), Oth Prog (OP), (NONE)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

C	School Enrollment -- [Enrolled in school now?] []-YES → [When start? Continuous? Any other times in 2007? When?/What months?] []-NO → [Enrolled at any time in 2007?] []-Yes []-No [When?/What months?]												
("enrollment" = regular school/college/vocational education leading to degree/certificate)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

D	Labor Force – Now I'd like you to consider work [you do / NAME does] for pay. This includes a regular job or business, but I also want you to think about any other work for pay, no matter how small, including odd jobs, moonlighting, consulting, on-call work, day labor, and one-time jobs. [Are you / Is NAME] working for pay now? []-YES → [When start? Continuous? Any other times in 2007? When?/What months?] []-NO → [Any paid work in 2007, no matter how small?] []-Yes []-No [When?/What months?]																																				
#1 Employer _____ Occupation _____ CHECK ONE: <input type="checkbox"/> Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Ending pay rate:	Avg hrs/ wk ▶	J	A	N	F	E	B	M	A	R	A	P	R	M	A	Y	J	U	N	J	U	L	A	U	G	S	E	P	O	C	T	N	O	V	D	E	C
#2 Employer _____ Occupation _____ CHECK ONE: <input type="checkbox"/> Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Ending pay rate:	Avg hrs/ Wk ▶	J	A	N	F	E	B	M	A	R	A	P	R	M	A	Y	J	U	N	J	U	L	A	U	G	S	E	P	O	C	T	N	O	V	D	E	C
#3 Employer _____ Occupation _____ CHECK ONE: <input type="checkbox"/> Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Ending pay rate:	Avg hrs/ wk ▶	J	A	N	F	E	B	M	A	R	A	P	R	M	A	Y	J	U	N	J	U	L	A	U	G	S	E	P	O	C	T	N	O	V	D	E	C

*****RECORD ADDITIONAL EMPLOYERS ON NEXT PAGE*****

E	Employment Summary – (1) ADD ACROSS ALL PAID WORK TO SHOW SPELLS OF PAID EMPLOYMENT IN 2007. (2) IF ANY GAPS: [Looking for work during [period] when not working for pay?] []-Yes []-No [When?/What months?] MARK ALL "GAPS" WITH Y's (LOOKING) AND N's (NOT LOOKING), AS APPROPRIATE.																																					
(1) Spells of paid employment (combined)		J	A	N	F	E	B	M	A	R	A	P	R	M	A	Y	J	U	N	J	U	L	A	U	G	S	E	P	O	C	T	N	O	V	D	E	C	
(2) Spells of looking (Y) and not looking (N) for work																																						

F	Unpaid Labor – Did [you / NAME] do any unpaid work in a family business or farm, either now or at any time during 2007? []-Yes []-No [When?/What months?]																																				
		J	A	N	F	E	B	M	A	R	A	P	R	M	A	Y	J	U	N	J	U	L	A	U	G	S	E	P	O	C	T	N	O	V	D	E	C

EHC Introduction:
 Many of the questions in this interview ask about calendar year 2007. By "calendar year" we mean the entire 12 months between January 1st and December 31st, 2007. The questions ask about where (you / ...) lived, school enrollment, employment and unemployment, government programs, health insurance, and assets.

SELF-RESPONSE INTERVIEW: START WITH SECTION A, "LANDMARK EVENTS."
 PROXY INTERVIEW: COPY ALREADY-REPORTED LANDMARKS TO THIS EHC; START WITH SECTION B, "RESIDENCES."

Control Number: _____
LINE # OF HH Member: ____

D Labor Force (continued)
 Now I'd like you to consider work [you do / NAME does] for pay. This includes a regular job or business, but I also want you to think about any other work for pay, no matter how small, including odd jobs, moonlighting, consulting, on-call work, day labor, and one-time jobs. [Are you / Is NAME] working for pay now?
 []-YES → [When start? Continuous? Any other times in 2007? When?/What months?]
 []-NO → [Any paid work in 2007, no matter how small?] []-Yes []-No [When?/What months?]

#4 Employer _____ Occupation _____ CHECK ONE: <input type="checkbox"/> Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Ending pay rate:		J	A	N	F	E	B	M	A	R	A	P	R	M	A	Y	J	U	N	J	U	L	A	U	G	S	E	P	O	C	T	N	O	V	D	E	C
	Avg hrs/wk ►																																				
#5 Employer _____ Occupation _____ CHECK ONE: <input type="checkbox"/> Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Ending pay rate:		J	A	N	F	E	B	M	A	R	A	P	R	M	A	Y	J	U	N	J	U	L	A	U	G	S	E	P	O	C	T	N	O	V	D	E	C
	Avg hrs/wk ►																																				

***** RETURN TO PAGE 1 AND CONTINUE WITH SECTION E *****

G Workers Insurance Programs

Unemployment – IF NOT EMPLOYED NOW: [Are you/Is NAME] currently receiving unemployment benefits?
 []-YES → [When start? Continuous? Other times in 2007? When?/What months?]
 []-NO → [Any time in 2007?] []-Yes []-No [When?/What months?]

IF EMPLOYED NOW: Did [you/NAME] receive unemployment benefits at any time during 2007?
 []-Yes → FILL CALENDAR [When?/What months?]
 []-No → GO TO WORKERS COMP

FOR ALL REPORTED MONTHS OF RECEIPT ASK: [How much (now/most recently)? When did that amount start? Amount differ for any month?] IF NECESSARY: [How much before that? When?/What months?]

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Disability – [Are you/Is NAME] currently receiving any income due to a disability?
 []-YES → [When start? Continuous? Other times in 2007? When?/What months?]
 []-NO → [Any time in 2007?] []-Yes []-No [When?/What months?]

FOR ALL REPORTED MONTHS OF RECEIPT ASK: [How much (now/most recently)? When did that amount start? Amount differ for any month?] IF NECESSARY: [How much before that? When?/What months?]

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Workers Compensation – [Are you/Is NAME] currently receiving workers compensation?
 []-YES → [When start? Continuous? Other times in 2007? When?/What months?]
 []-NO → [Any time in 2007?] []-Yes []-No [When?/What months?]

FOR ALL REPORTED MONTHS OF RECEIPT ASK: [How much (now/most recently)? When did that amount start? Amount differ for any month?] IF NECESSARY: [How much before that? When?/What months?]

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Control Number: _____
 LINE # OF HH Member: _____

H	Social Security [USE "99" FOR NON-HH BENEFICIARIES]												
Social Security – [Do you/does NAME] receive Social Security Retirement now? <input type="checkbox"/> -YES → [When start? Continuous? Other times in 2007? When?/What months?] <input type="checkbox"/> -NO → [Any time in 2007?] <input type="checkbox"/> -Yes <input type="checkbox"/> -No [When?/What months?] <i>FOR ALL REPORTED MONTHS OF RECEIPT ASK: [How much (now/most recently)? When did that amount start? Amount differ for any month?] IF NECESSARY: [How much before that? When?/What months?]</i>													
Who do those benefits cover? (Who are they for?)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Person number(s) of beneficiaries _____		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<i>*IF RECEIVES SOCIAL SECURITY ASK:</i> Medicare Part B deduction – Some people who receive Social Security have an automatic deduction to pay for Medicare Part B. [Do you/does NAME] have the Medicare Part B Deduction now? <input type="checkbox"/> -YES → [When start? Continuous? Other times in 2007? When?/What months?] <input type="checkbox"/> -NO → [Any time in 2007?] <input type="checkbox"/> -Yes <input type="checkbox"/> -No [When?/What months?] <i>FOR ALL REPORTED MONTHS OF DEDUCTION ASK: [How much (now/most recently)? When did that deduction amount start? Amount differ for any month?] IF NECESSARY: [How much before that? When?/What months?]</i>													
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

I	Social Welfare [USE "99" FOR NON-HH BENEFICIARIES]												
Temporary Assistance for Needy Families (TANF) - Some people receive financial support in the form of Temporary Assistance for Needy Families, or TANF. [Do you/does NAME] get TANF now? <input type="checkbox"/> -YES → [When start? Continuous? Other times in 2007? When?/What months?] <input type="checkbox"/> -NO → [Any time in 2007?] <input type="checkbox"/> -Yes <input type="checkbox"/> -No [When?/What months?] <i>FOR ALL REPORTED MONTHS OF RECEIPT ASK: [How much (now/most recently)? When did that amount start? Amount differ for any month?] IF NECESSARY: [How much before that? When?/What months?]</i>													
Who do those benefits cover? (Who are they for?)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Person number(s) of beneficiaries _____		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Food Stamps – Some people receive financial support in the form of Food Stamps. [Do you/does NAME] get Food Stamps now? <input type="checkbox"/> -YES → [When start? Continuous? Other times in 2007? When?/What months?] <input type="checkbox"/> -NO → [Any time in 2007?] <input type="checkbox"/> -Yes <input type="checkbox"/> -No [When?/What months?] <i>FOR ALL REPORTED MONTHS OF RECEIPT ASK: [How much (now/most recently)? When did that amount start? Amount differ for any month?] IF NECESSARY: [How much before that? When?/What months?]</i>													
Who do those benefits cover? (Who are they for?)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Person number(s) of beneficiaries _____		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
(FEMALES ONLY) WIC – Some people receive supplemental foods, health care referrals, or nutrition education through a program called Women, Infants and Children, or WIC. [Do you/does NAME] receive WIC benefits now? <input type="checkbox"/> -YES → [When start? Continuous? Other times in 2007? When?/What months?] <input type="checkbox"/> -NO → [Any time in 2007?] <input type="checkbox"/> -Yes <input type="checkbox"/> -No [When?/What months?] 													
Who do those benefits cover? (Who are they for?)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Person number(s) of beneficiaries _____													
Supplemental Security Income (SSI) – Some people receive financial support for persons who are elderly, disabled, or blind in the form of Supplemental Security Income payments, or SSI. [Do you/does NAME] get SSI now? <input type="checkbox"/> -YES → [When start? Continuous? Other times in 2007? When?/What months?] <input type="checkbox"/> -NO → [Any time in 2007?] <input type="checkbox"/> -Yes <input type="checkbox"/> -No [When?/What months?] <i>FOR ALL REPORTED MONTHS OF RECEIPT ASK: [How much (now/most recently)? When did that amount start? Amount differ for any month?] IF NECESSARY: [How much before that? When?/What months?]</i>													
Who do those benefits cover? (Who are they for?)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Person number(s) of beneficiaries _____		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Control Number: _____
LINE # OF HH Member: _____

J	Health Insurance [PROBE FOR MULTIPLE TYPES OF HEALTH INSURANCE, INCLUDING MULTIPLE TYPES AT THE SAME TIME]	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Employer-Sponsored Coverage <i>INCLUDES COVERAGE FROM A SPOUSE'S OR PARENT'S EMPLOYER/UNION, ALSO FORMER EMPLOYERS/UNIONS</i>												
	Medicare (MAINLY FOR ELDERLY)												
	Medicaid, SCHIP, etc. (MAINLY FOR LOW INCOME)												
	Military or VA Coverage												
	Directly-Purchased Coverage <i>INCLUDES PLANS OBTAINED THROUGH TRADE GROUPS AND MEMBERSHIP ORGS SUCH AS THE ABA OR AARP</i>												
	Other Health Insurance CHECK ONE: <input type="checkbox"/> -School <input type="checkbox"/> -Parent/relative <input type="checkbox"/> -Other (specify: _____)												
	Uninsured												

[Are you/Is NAME] covered by any kind of health coverage or health plan now?

-YES → (1) Is that through... an employer or union? → FILL CALENDAR IN EMPLOYER ROW
 the government? → ASK 2
 or some other way? → ASK 5
-D -R → FILL CALENDAR IN OTHER ROW

(2) Is it through a **job** with the government? -Yes → ASK 3
-No (or -D -R) → ASK 4

(3) Is it related to military service or the VA? -Yes → FILL CALENDAR IN MILITARY ROW
-No (or -D -R) → FILL CALENDAR IN EMPLOYER ROW

(4) What type of government plan is it? Is it...
 Medicare? → FILL CALENDAR IN MEDICARE ROW
 Medicaid, SCHIP, or some other government assistance plan? [SEE BOX AT LEFT] → FILL CALENDAR IN MEDICAID ROW
 or is it related to military service or the VA? → FILL CALENDAR IN MILITARY ROW
-D -R → FILL CALENDAR IN OTHER ROW

(5) Was it... directly purchased from an insurance company? → FILL CALENDAR IN DIRECT-PURCHASE ROW
 or is it through school, a parent or relative, or something else? → FILL CALENDAR IN OTHER ROW

***** WHEN CALENDAR IS COMPLETE FOR REPORTED COVERAGE, ASK ABOUT ALL OTHER COVERAGE TYPES FOR 2007, THEN → (9) *****

-NO → (6) Just to be sure, [are you / is NAME] now covered by.... Medicare?
-D -R Medicaid, SCHIP, or some other government assistance plan? [SEE BOX AT LEFT]
 or anything related to military service or the VA?

IF ANY COVERAGE NOW → CHECK AND FILL CALENDAR; THEN ASK ABOUT ALL OTHER COVERAGE TYPES FOR 2007
IF NONE → ASK (7)

(7) So [you have / NAME has] no coverage now, is that correct? -Correct, no coverage now → ASK (8)
-NO, COVERED NOW → ASK (1-5) TO DETERMINE TYPE; FILL CALENDAR AS INSTRUCTED

(8) How about during 2007? At any time from January 1st through the end of December [were you / was NAME] covered by any type of health coverage or health plan?
-Yes → ASK (1-5) TO DETERMINE TYPE; FILL CALENDAR AS INSTRUCTED

***** WHEN CALENDAR IS COMPLETE FOR REPORTED COVERAGE, ASK ABOUT ALL OTHER COVERAGE TYPES FOR 2007, THEN → (9) *****

-No → MARK CALENDAR "UNINSURED" FOR ALL OF 2007; END HEALTH INSURANCE SECTION

(9) CHECK FOR COVERAGE "GAPS;" CONFIRM UNINSURED AND MARK UNINSURED PERIODS ON CALENDAR; END HEALTH INSURANCE SECTION

EXAMPLES OF STATE NAMES FOR MEDICAID / SCHIP / MEDICAL ASSISTANCE / ETC.	
IL	KidCare, AllKids, FamilyCare, Health Connect
MD	Health Choice, Maryland Children's Health Program
NY	SCHIP, Child Health Plus (CHPlus)
TX	STAR, STAR PLUS, Primary Care Case Management (PCCM), Texas CHIP

Control Number: _____
LINE # OF HH Member: _____

2007 EVENT HISTORY CALENDAR

Control Number: _____ Date: ____/____/2008
 ENTER LINE # OF HH Member: _____ FR Code: _____
 CHECK ONE: Self response
 Proxy – Enter Line # of Proxy _____

OMB #: 0607-0725
 Expiration Date: 08/31/2010
 Form Name: SIPP-EHC2008CAL
 NOTICE – Your report to the U.S. Census Bureau is *confidential* by law (Title 13, U.S. Code). It may be seen only by individuals who are sworn for life to protect the confidentiality of these data and may be used only for statistical purposes.

A	Landmark Events First, I want to ask you about what we call “landmark events” – important things that happened to you last year. These events are often very useful in helping people recall when other things happened. So, take a moment to think about major events in your life in 2007. For example: Were there any births or deaths of people important to you? Did you get married, divorced, or separated? Did you get promoted? Did you have a serious injury or illness? When did these events occur?	Started before January 2007	WINTER		SPRING			SUMMER			FALL			WINTER	Cont'd. into 2008
			January	February	March	April	May	June	July	August	September	October	November	December	

K	Assets			
	General Assets – Here are some questions about assets [you/NAME] may have owned during 2007. First, retirement accounts -- At any time in 2007 did [you/NAME] own...			
		Owned in 2007?	Individual or Joint?	Enter line #
K1	An Individual Retirement Account (IRA) or a Keogh Account?	Y N		
K2	A 401(k), 403(b), or thrift plan?	Y N		
	Next are assets that can be owned individually or co-owned with someone else. At any time in 2007 did [you/NAME] own any...			
K3	U.S. Government savings bonds?	Y N	I J	
K4	interest-earning checking accounts?	Y N	I J	
K5	any savings accounts?	Y N	I J	
K6	money market deposit accounts, or money market funds?	Y N	I J	
K7	How about certificates of deposit, or CDs?	Y N	I J	
K8	Any mutual funds (apart from retirement accounts)?	Y N	I J	
K9	Or stocks (apart from retirement accounts)?	Y N	I J	
	CHECK POINT: ARE ANY BOXES CIRCLED 'Y' IN K4 - K9? IF YES → ASK K11 - K16 IF NO → ASK K10			

K10	In 2007, did [you/NAME] own any other assets that produced income, such as rental property, mortgages which provided payments, or any other financial investments?	<input type="checkbox"/> Yes → CONTINUE WITH K11 <input type="checkbox"/> No → END <input type="checkbox"/> D <input type="checkbox"/> R → END
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Special Assets		Owned in 2007?	Individual or Joint?	Enter line #
K11	Did [you/NAME] own any municipal or corporate bonds?	Y N	I J	
K12	U.S. Government securities?	Y N	I J	
K13	How about mortgages that provide payments?	Y N	I J	
K14	Any rental property?	Y N	I J	
K15	Royalties?	Y N	I J	
K16	or any other financial investments?	Y N	I J	

FOR EACH OWNED ASSET ASK: Did [you/NAME] own [asset] individually, or was it jointly with someone else?
 CIRCLE "I" OR "J"

IF JOINT ASK: Who were the other owners?
 ENTER LINE #'s OF ALL CO-OWNERS
 [USE "99" FOR NON-HH CO-OWNERS]