

Appendix C

OMB #:
Expiration Date:

Cluster/Project/Case: _____/_____

Household Questionnaire

**Quality Control for Rental Assistance Subsidies
HUD Contract #: GS-23F-9777H
Task Order #: C-CHI-00829, CHI-T0001**

**ORC Macro
11785 Beltsville Drive
Calverton, MD 20705-3119**

July 14, 2006

Data Collector will select the case from the list of sample cases.

A. BACKGROUND

System will enter:

Cluster/Project/Case: __ __ / __ __ __ / __ __

Quality Control Month [QCM]: __ __ / __ __
MONTH YEAR

Date of Interview: __ __ / __ __ / __ __
MONTH DAY YEAR

Time Interview Began: __ __ : __ __ AM PM

Respondent: _____

Introductory statement to respondent:

All of the questions I will be asking you are about your situation in [QCM]. It may be that things have changed since then, but I am interested in knowing only about your situation in [QCM].

First, I'd like to ask you some questions about each of the people who lived in your household during [QCM].

General Instructions to Data Collector

The following standards should be used **if the respondent does not know** the response to a question:

Questions Requiring a Yes/No Response.	Enter "Z"
Birth dates.	Enter 99/99/9999
Income Dollar Amounts.	Enter 9's until the entire field is completed

Note to Reader:

This document has been designed to portray the automated questionnaire used to interview the tenant during the household interview. It is not designed to be used as a paper data collection instrument. All household interviews for the HUDQC studies are conducted using laptop computers.

B. HOUSEHOLD COMPOSITION

1. Let's start with the head of the household. Who is the head of this household?

SKIP TO Q. 5.

2. What is his/her name?
3. CODE HOUSEHOLD MEMBER IN 50058/59.

Household Member Status: L = Listed on Form 50058/59 N = New Member Z = Not in household anymore

4. What is your/his/her relationship to [head of household]?

- * PROBE UNTIL YOU RECEIVE ENOUGH INFORMATION TO SELECT THE CORRECT RELATIONSHIP CODE. REMEMBER TO ASK IF ADULTS (OTHER THAN SPOUSE OR CO-HEAD) ARE FULL-TIME STUDENTS.

Relationship Codes: S = Spouse K = Co-head Y = Other Youth Under 18 F = Foster Child/Adult E = Full-time Student 18+ L = Live-in Aide A = Other Adult

IF RELATIONSHIP CODE = L, SKIP TO Q. 14.

IF RELATIONSHIP = S, Y, OR F SKIP TO Q. 6.

5. Were you/Was [hh member] attending school in [QCM]?

Student Codes: FT = Full Time PT = Part Time 0 = No Z = Don't Know

IF NO, SKIP TO Q. 6.

- 5a. IF STUDENT STATUS IS NOT ALREADY VERIFIED WITH ACCEPTABLE VERIFICATION, ASK: May I see a document that supports your/[hh member's] school attendance in [QCM]?
RECORD THE TYPE AND DATE OF VERIFICATION.

Verification Codes for F-T Student: 0 None 1 Letter from the Registrar's Office or School Official 2 School Enrollment Documents 3 Verbal Information from the Registrar's Office or School Official 4 Other

- 5b. IF RESPONDENT IS NOT ABLE TO VERIFY SCHOOL ATTENDANCE, SAY:
We need to verify school attendance for [hh member]. Can you tell me the address, contact person and phone number of the school?
6. What is his/her/your date of birth?
 - 6a. IF DATE OF BIRTH IS NOT ALREADY VERIFIED WITH ACCEPTABLE VERIFICATION, ASK: May I see a document that supports your/[hh member's] date of birth?
RECORD THE TYPE AND DATE OF VERIFICATION.

Verification Codes for Date of Birth:	0 None	1 Birth Certificate	2 Driver's License
3 (age 62 or older) Letter from SSI or SSA	4 Baptismal Certificate	5 Census Record	6 Military ID
7 (under age of 18) Adoption Paper/Custody Agreement		8 INS Card	9 Other

IF RELATIONSHIP CODE = F, SKIP TO Q. 14.

7. Are you/Is [hh member] a United States citizen?

IF NO, SKIP TO Q. 8.

IF DON'T KNOW, SKIP TO Q. 10.

IF YES, ENTER "EC" AND ASK:

Citizenship Codes: EC = U.S. Citizen EN = Legal Alien IN = Illegal Alien xx = Not applicable Z = Don't Know

7a. **IF CITIZENSHIP IS NOT ALREADY VERIFIED WITH ACCEPTABLE VERIFICATION, ASK:** May I see a document that supports your/[hh member's] citizenship status?

RECORD THE TYPE AND DATE OF VERIFICATION.

Verification Codes for Citizenship:	0 None	1 Birth Certificate	2 Voter's Registration
3 US Passport	4 Official Citizenship Papers		5 Resident Card
6 INS Card	7 INS System Verification (SAVE)		8 Baptismal Certificate
9 Other			

SKIP TO QUESTION Q. 10.

8. Do you/Does [hh member] have legal immigration status?

IF NO, ENTER "IN" AND SKIP TO Q. 10.

IF YES, ENTER "EN" AND ASK:

8a. What is your/[hh member's] Alien Registration number?

8b. **IF IMMIGRATION STATUS IS NOT ALREADY VERIFIED WITH ACCEPTABLE VERIFICATION, ASK:** May I see a document that supports your/[hh member's] citizenship status?

RECORD THE TYPE AND DATE OF VERIFICATION.

9. Question deleted.

10. What is your/[hh member's] Social Security number?

10a. **IF SOCIAL SECURITY NUMBER IS NOT ALREADY VERIFIED WITH ACCEPTABLE VERIFICATION, ASK:** May I see a document that supports your/[hh member's] social security number?

RECORD THE TYPE AND DATE OF VERIFICATION.

Verification Codes for SSN:	0 None	1 SS card	2 Letter/Benefit Statement from SSA
3 Letter from INS stating SSN has been assigned		4 Certification that no SSN Assigned	
5 Verbal Information from SSA		6 Verbal Information from INS	7 Other

11. Were you/Was [hh member] a person with disabilities in QCM?

11a. IF DISABILITY STATUS IS NOT ALREADY VERIFIED WITH ACCEPTABLE VERIFICATION, ASK: May I see a document that verifies you/[hh member] was a person with disabilities in [QCM]?
RECORD THE TYPE AND DATE OF VERIFICATION.

Verification Codes for Disability Status:	0 None	1 Letter from SSI or SSA
2 Other Proof of SSI/SSA disability	3 Letter from Professional Verifying Disability	
4 Letter from VA Stating 100% Disability	5 Other	

11b. IF RESPONDENT IS NOT ABLE TO VERIFY DISABILITY, SAY: We need to verify disability status for [you/hh member]. Can you tell me the address, contact person and phone number of the person who can verify [your/hh member's] disability?

12. During [QCM], were you/was [hh member] temporarily or permanently living away from home?

IF NO, SKIP TO Q. 14.

13. Why were you/was [hh member] living away from home?

Reasons for Temporarily Living Away from Home:	1 = Attending School	2 = Military
3 = Employment	4 = in Foster Care	6 = Other
		8 = Don't Know

14. Was anyone else living here in [QCM]?

IF YES, GO BACK TO Q. 2.

IF NO, SKIP TO SECTION C.

<p style="text-align: center;">REVIEW LIST WITH RESPONDENT. IF DIFFERENT THAN FILE DATA, RESOLVE DISCREPANCIES.</p>

B-ADD ON. STUDENTS

ASK THESE QUESTIONS FOR ALL HOUSEHOLD MEMBERS WHERE THE RESPONSE TO Q. B 5 IS YES, AND THE STUDENT IS UNDER 24 YEARS OLD

These next questions ask about the members of your household who are students.

1. What type of institution did you/the student attend in {QCM}?

Student Status:	1 = High School	2 = College or University	3 = Vocational School
	4 = Other Institution of Higher Education	5 = Other, but not an Institution of Higher Education	Z = Don't Know

IF CODE 1 OR 5, SKIP TO SECTION C.

2. Did you/the student's parent or guardian live in the unit with you/the student?

IF YES, SKIP TO SECTION C.

3. During [QCM], were you/was the student married?

IF YES, SKIP TO SECTION C.

4. Did you/the student have a dependent child living in the unit with you?

IF YES, SKIP TO SECTION C.

5. Were you/was the student a Veteran?

IF YES, SKIP TO SECTION C.

6. When did you/the student begin living away from your/his/her parent or guardian?

IF MORE THAN A YEAR PRIOR TO THE QCM, SKIP TO SECTION C.

7. Were you/was the student claimed as a dependent on your/his/her parent or guardian's income taxes during [QCM]?

8. Were your/the student's parent(s) or guardian providing financial help in [QCM]?

IF YES, RECORD DETAIL IN GIFTS AND CONTRIBUTIONS SECTION

9. We need to collect information about your/the student's parent or guardian's income. To the extent you can, please answer the following questions.

10. Information Regarding the Student's Father or Legal Guardian

10a. What is your/the student's father's (or guardian's) full name?

ALLOW AN OPTION FOR THE USER TO INDICATE THE RESPONDENT DOESN'T KNOW THE STUDENT'S FATHER OR LEGAL GUARDIAN, AND

ANOTHER OPTION TO INDICATE THE RESPONDENT HAS NO INFORMATION REGARDING THE STUDENT'S FATHER OR LEGAL GUARDIAN. IF EITHER OPTION IS SELECTED SKIP TO Q. 11.

10b. Did your/the student's father/guardian have income from employment during [QCM]?

IF NO, SKIP TO Q. 10e.

10c. Who was his employer? **RECORD EMPLOYER NAME AND AS MUCH ADDRESS INFORMATION AS AVAILABLE**

10d. Approximately how much did student's father/guardian earn in a month? **ALLOW ROOM FOR COMMENTS AS WELL AS A DOLLAR FIGURE**

10e. Did your/the student's father/guardian have income from sources other than employment?

IF NO, SKIP TO Q. 11.

10f. What source of income did your/the student's father/guardian have? **RECORD SOURCE AND AS MUCH DESCRIPTION AND ADDRESS INFORMATION AS AVAILABLE**

10g. Approximately how much did student's father/guardian received from that source of income in a month? **ALLOW ROOM FOR COMMENTS AS WELL AS A DOLLAR FIGURE**

10h. Did your/the student's father/guardian have income from any other source?

IF NO, SKIP TO Q. 11.

10i. What other source of income did your/the student's father/guardian have? **RECORD SOURCE AND AS MUCH DESCRIPTION AND ADDRESS INFORMATION AS AVAILABLE**

10j. Approximately how much did student's father/guardian receive from that source of income in a month? **ALLOW ROOM FOR COMMENTS AS WELL AS A DOLLAR FIGURE**

REPEAT QUESTIONS 10h THROUGH 10j UNTIL THE RESPONSE TO 10h IS NO.

11. Information regarding the student's mother or legal guardian.

11a. What is your/the student's mother's (or guardian's) full name?

ALLOW AN OPTION FOR THE USER TO INDICATE THE RESPONDENT DOESN'T KNOW, AND ANOTHER OPTION TO INDICATE THE RESPONDENT HAS NO INFORMATION REGARDING THE STUDENT'S MOTHER OR LEGAL GUARDIAN. IF EITHER OPTION IS SELECTED SKIP TO Q. 12.

11b. Did your/the student's mother/guardian have income from employment?

IF NO, SKIP TO Q. 11e.

11c. Who was her employer? **RECORD EMPLOYER NAME AND AS MUCH ADDRESS INFORMATION AS AVAILABLE**

11d. Approximately how much did student's mother/guardian earn in a month? **ALLOW ROOM FOR COMMENTS AS WELL AS A DOLLAR FIGURE**

11e. Did your/the student's mother/guardian have income from sources other than employment?

IF NO, SKIP TO Q. 12.

11f. What source of income did your/the student's mother/guardian have? **RECORD SOURCE AND AS MUCH DESCRIPTION AND ADDRESS INFORMATION AS AVAILABLE**

11g. Approximately how much did student's mother/guardian received from that source of income in a month? **ALLOW ROOM FOR COMMENTS AS WELL AS A DOLLAR FIGURE**

11h. Did your/the student's mother/guardian have income from any other source?

IF NO, SKIP TO Q. 12.

11i. What other source of income did your/the student's mother/guardian have? **RECORD SOURCE AND AS MUCH DESCRIPTION AND ADDRESS INFORMATION AS AVAILABLE**

11j. Approximately how much did student's mother/guardian receive from that source of income in a month? **ALLOW ROOM FOR COMMENTS AS WELL AS A DOLLAR FIGURE**

REPEAT QUESTIONS 11h THROUGH 11j UNTIL THE RESPONSE TO 11h IS NO.

12. REPEAT Q. 1 THROUGH 9 FOR EACH HOUSEHOLD MEMBER WHERE THE RESPONSE TO Q. B 5 IS YES, AND THE STUDENT IS UNDER 24 YEARS OLD.

C. EMPLOYMENT

These next questions are about income from employment. I am not asking about self employment such as baby-sitting, driving a cab, or other work you do at home.

1. During [QCM], were you/[hh member] doing any work for pay?

IF YES, ENTER HH MEM. #.

IF NO, SKIP TO Q. 30.

2. Please give me the name of the company and the kind of work you/[hh member] did. WE WANT TO KNOW IF THE TENANT WORKED REGULARLY, SPORADICALLY, OR SEASONALLY.

3. When did you/[hh member] start that job?

- 3a. Were you paid on a regular basis, such as hourly, weekly, monthly, etc?

IF NO, SKIP TO Q. 8A.

4. I'd like to know how much you/[hh member] were making on that job in [QCM]. I'm asking about earnings and not other money you/[hh member] may get to help pay for things like transportation or uniforms. How much were you/[hh member] making on that job . . .

From regular wages or salary? Do not include tips, commissions, or bonuses in that amount.

5. How often were you/[hh member] paid that?

Frequency Codes:	01 = Annually	04 = Quarterly	06 = Every Two Months	12 = Monthly
	24 = Twice a month	26 = Every Two Weeks	52 = Weekly	90 = Hourly
	91 = Pieces	92 = Daily:		

- IF HOURLY:** 6. About how many hours did you/[hh member] expect to work each week?

8. About how many weeks did you/[hh member] expect to work during the year?

- IF DAILY:** 7. About how many days did you/[hh member] expect to work each week?

8. About how many weeks did you/[hh member] expect to work during the year?

- IF PIECEWORK:** 6. How many pieces per week did you/[hh member] expect to be paid for?
8. About how many weeks did you/[hh member] expect to work during the year?

SKIP TO Q. 9.

- 8a. I need to figure out how much you made during [QCM through QCM plus 11 months]. Can you tell me what you expected to be paid during that period?
9. **IF EMPLOYMENT IS NOT ALREADY VERIFIED WITH THIRD PARTY IN WRITING VERIFICATION ASK:** We need to verify the income information you just told me about.

Can you tell me the address, contact person and phone number for the employer?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

10. Did you/[hh member] expect the rate of pay to change during the year?

IF NO, SKIP TO Q. 13.

11. When did you/[hh member] expect the income to change?
12. What did you/[hh member] expect your new rate of pay to be?
13. Did you/[hh member] expect to receive any overtime pay?

IF NO, SKIP TO Q. 21.

14. What was your/[hh member's] hourly overtime rate of pay?
15. About how many hours of overtime did you/[hh member] expect to work each week?
16. About how many weeks during the year did you/[hh member] expect to make that much?
17. Did you expect your/[hh member's] rate of overtime pay to change during the year?

IF NO, SKIP TO Q. 21.

18. When did you/[hh member] expect that change to take place?
19. What did you/[hh member] expect your new rate of overtime pay to be?
20. About how many weeks during the year did you/[hh member] expect to make that much?

21. Did you/[hh member] expect to receive tips?

IF NO, SKIP TO Q. 24.

22. About how much did you/[hh member] expect to make in tips each week?

23. About how many weeks during the year did you/[hh member] expect to make that much?

24. Did you/[hh member] expect to receive bonuses?

IF NO, SKIP TO Q. 27.

25. About how often did you/[hh member] expect to receive a bonus?

26. About how much did you/[hh member] expect to receive each time you got a bonus?

27. Did you/[hh member] expect to receive commissions?

IF NO, SKIP TO Q. 30.

28. About how much did you/[hh member] expect to receive in commissions each month?

29. About how many months during the year did you/[hh member] expect to make that much?

30. Were you/[was hh member] doing any work for which you received any goods or benefits, such as food or clothing?

IF NO AND RESPONSE TO Q. 1 WAS YES, SKIP TO Q. 37.

IF NO AND RESPONSE TO Q. 1 WAS NO, REPEAT QUESTIONS STARTING WITH Q. 1 ASKING ABOUT INCOME FROM EXPECTED JOBS THAT HE/SHE DID NOT HAVE IN QCM.

IF YES AND RESPONSE TO Q. 1 WAS YES, SKIP TO Q. 32.

31. Please give me the name, telephone number, and address of the company you were working for.

32. What was the value of the things you [hh member] received?

33. When did you/[hh member] start receiving them?

34. How often did you/[hh member] receive them?

PROBE: Once a week? Every month? Every 3 months?

IF FREQUENCY IS ANNUAL, SKIP TO Q. 37.

35. Did you/[hh member] expect to continue to receive them during the full year?

IF NO: 36. When did you expect it to change?

37. Were you/[hh member] working at any other jobs in [QCM] or have any other kind of employment income—for example, piece-work or jobs you/[hh member] were/was paid for on a day or half-day basis, like cleaning or child care?

IF YES, REPEAT Q. 2 THROUGH 37.

FUTURE—REPEAT QUESTIONS STARTING WITH QUESTION 1 ABOUT INCOME FROM EXPECTED JOBS THAT HE/SHE DID NOT HAVE DURING QCM.

IF NO, AND OTHER ADULT HOUSEHOLD MEMBERS, GO TO Q. 1.

D. TRAINING AND SELF-SUFFICIENCY PROGRAMS

These next questions help us determine whether you are entitled to a disregard from your earned income because of special circumstances.

1. **IF PROJECT TYPE = OWNER ADMINISTERED, OR VOUCHER AND MEMBER IS NOT DISABLED, SKIP TO Q. 23.**

IF RESPONSE TO Q. C-3 (JOB START DATE) IS PRIOR TO THE DATE OF ADMISSION TO THE PROGRAM (ITEM 2H ON THE 50058 FORM), SKIP TO Q. 4.

IF RESPONSE TO Q. C-3 (JOB START DATE) IS MORE THAN 24 MONTHS PRIOR TO QCM SKIP TO Q. 4.

Before you [hh member] started working, were you [hh member] unemployed for at least 12 months?

IF NO, SKIP TO Q. 4.

2. What was your source of income prior to starting employment? Include income from all sources such as TANF, pensions, Social Security, etc.
3. What was the monthly amount of your [hh member's] income prior to starting employment?

SKIP TO Q. 23.

4. Did you participate in a self-sufficiency or other job training program in the two years prior to [QCM]?

IF NO, SKIP TO Q. 13.

5. When did you [hh member] begin participating in that program?

6. When did you [hh member] stop participating in that program?

IF JOB START DATE IS AFTER THE MEMBER STOPPED PARTICIPATING IN THAT PROGRAM, SKIP TO Q. 13.

IF JOB START DATE FALLS BETWEEN THE DATE THE MEMBER BEGAN PARTICIPATING AND STOPPED PARTICIPATING IN THAT PROGRAM, SKIP TO Q. 11.

7. Did you [hh member] receive an increase in pay while you [hh member] were participating in the program?

IF NO, SKIP TO Q. 13.

8. When did you [hh member] receive the first increase in pay while you were [hh member was] participating in the program?
9. What was your [hh member's] monthly income prior to receiving that increase in pay?

SKIP TO Q. 13.

10. Question Deleted
11. What was your source of income before starting employment? Include income from all sources such as TANF, pensions, Social Security, etc.
12. What was your [hh member's] monthly income prior to starting your [hh member's] job?
13. Have you [hh member] ever received assistance, benefits or services through TANF?

IF NO, SKIP TO Q. 23.

14. When did you [hh member] begin receiving assistance, benefits, or services through TANF?
15. When did you [hh member] stop receiving assistance, benefits, or services through TANF?

IF MORE THEN 30 MONTHS PRIOR TO QCM, SKIP TO Q. 23.

IF JOB START DATE (RESPONSE TO Q. C-3) IS AFTER 6 MONTHS FROM WHEN THE MEMBER STOPPED RECEIVING ASSISTANCE, SKIP TO Q. 23.

16. Can you tell me the name of the TANF agency, the address, the name of a person to contact, and their telephone number?

IF JOB START DATE FALLS BETWEEN THE DATE THE MEMBER BEGAN RECEIVING ASSISTANCE AND SIX MONTHS AFTER THE MEMBER STOPPED RECEIVING ASSISTANCE, SKIP TO Q. 21.

17. Did you [hh member] receive an increase in pay while you [hh member] were receiving assistance through TANF or within 6 months after you [hh member] last received assistance through TANF?

IF NO, SKIP TO Q. 23.

18. When did you [hh member] receive the first increase in pay while you were [hh member was] receiving assistance through TANF or within 6 months after you [hh member] last received assistance from TANF?

19. What was your source of income prior to receiving that increase in pay?

PROBE: Income from all sources?

20. What was the monthly amount of your [hh member's] income prior to receiving that increase in pay?

SKIP TO Q. 23.

21. What was your source of income prior to starting employment?

PROBE: Income from all sources?

22. What was the monthly amount of your [hh member's] income prior to starting that job?

ASK ALL EMPLOYED HOUSEHOLD MEMBERS IN ALL PROGRAMS

These next questions are about training programs you or other household members have participated in.

23. During [QCM], were you/[was hh member] enrolled in or expect to be enrolled in a training program?

IF YES, ENTER HH MEM. #.
IF NO, SKIP TO SECTION E.

24. When did you [hh member] expect to complete the program?

25. What is the name of the training program?

26. Do you know who ran that program?

IF YES, WHO?

27. Do you know who funded that program?

IF YES, SELECT: STATE, CITY, FEDERAL, HUD, OTHER, DON'T KNOW

28. We need to verify the training program you just told me about. Can you tell me the address, contact person and phone number for that training program?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

29. When did you/[hh member] enroll in this training?

30. What was the source of your/[hh member's] income prior to entering the training program?

31. What was the monthly amount of that income?

PROBE FOR EMPLOYMENT INCOME, OR TANF.

32. Did you/[hh member] have a second source of income prior to entering the training program?

IF YES, RECORD SOURCE OF INCOME.
ENTER NAME, ADDRESS, TELEPHONE FOR SOURCE OF INCOME.

33. What was the monthly amount of that income?

E. MILITARY PAY

1. During [QCM], were you/[hh member] serving in the military—the Army, Navy, Marines, Air Force, or Coast Guard?

IF YES, ENTER HH MEM. # AND SKIP TO Q. 9.

2. Were you/[hh member] in the reserves or National Guard during [QCM]?

**IF NO: IF OTHER ADULT HH MEMBERS, GO TO Q. 1.
IF NO OTHER ADULT HH MEMBERS, SKIP TO SECTION F.**

3. When did you start serving?
4. How much pay did you/[hh member] expect to receive during the year from your service in the reserves or Guard:

For weekend drills?

5. How many times per year did you/[hh member] expect to receive that amount?
6. For 2-week summer camp?
7. For any other reserve or guard activity?

8. How many times per year did you/[hh member] expect to receive that amount?

SKIP TO Q. 12.

9. When did you start serving?
10. How much regular pay, not including any allowance or special pay, were you/[hh member] receiving?
11. How often did you/[hh member] get that amount?

Frequency Codes: 01 = Annually 12 = Monthly 24 = Twice a Month 26 = Every Two Weeks 52 = Weekly

12. During [QCM], were you/[hh member] receiving:

A monthly housing allowance?

IF YES: 13. How much was your/[hh member's] monthly housing allowance?

14. A monthly food allowance?

IF YES: 15. How much was your/[hh member's] monthly food allowance?

16. Were you receiving any other allowance from the military? Do not include Hostile Fire or Imminent Danger pay (combat pay) in that amount.
NOTE: HAZARDOUS DUTY PAY IS NOT INCLUDED AS INCOME.

IF YES: 17. What was the amount of that allowance?
DO NOT INCLUDE ANY AMOUNT FOR HOSTILE FIRE OR
IMMINENT DANGER PAY (COMBAT PAY)

18. How often did you/[hh member] get that amount?

19. Did you/[hh member] expect any of the amounts of pay or allowances to change during the year?

IF NO, GO TO Q. 24.

20. Which pay did you/[hh member] expect would change?

Pay Codes: BP Base Pay	WD Weekend Drills	SC Summer Camp	RA Reserve Activity (Other Reserves)
HA Housing Allowance		FA Food Allowance	OA Other Allowances

21. What did you/[hh member] expect your new pay to be?

22. How often did you/[hh member] expect to be receiving that amount?

23. When was the amount expected to change?

24. We need to verify the income information you just told me about.
Can you tell me the name, address, contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER
VERIFICATION INFORMATION.

Verification Codes: 0 - None	1 - 3 rd Party in Writing	2 - 3 rd party Verbal
3 - Documentation	4 - Self Declaration	9 - Other

IF NO OTHER ADULT HH MEMBERS, SKIP TO SECTION F.

REPEAT Q. 1 THROUGH 24 FOR EACH ADULT HH MEMBER.

F. UNEMPLOYMENT COMPENSATION

1. During [QCM], were you/[hh member] receiving unemployment compensation payments?

IF, YES ENTER HH MEM. #.

IF NO AND OTHER ADULT HH MEMBERS, REPEAT Q. 1.

IF NO AND NO OTHER ADULT HH MEMBERS, SKIP TO SECTION G.

2. How much unemployment compensation were you/[hh member] receiving?

3. How often did you/[hh member] get that amount?

Frequency Codes:	01 = Annually 52 = Weekly	12 = Monthly	24 = Twice a Month	26 = Every Two Weeks
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4. We need to verify the income information you just told me about.

Can you tell me the Name, Address, Contact person and phone number?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None 3 - Documentation	1 - 3 rd Party in Writing 4 - Self Declaration	2 - 3 rd party Verbal 9 - Other
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5. In [QCM], did you/[hh member] expect to receive that same amount of unemployment compensation benefits for the full year?

IF YES AND OTHER ADULT HH MEMBERS, REPEAT Q. 1.

IF YES AND NO OTHER ADULT HH MEMBERS, SKIP TO SECTION G.

IF NO: 6. When was the amount expected to change?

7. How much did you/[hh member] expect to receive then?

8. How often did you/[hh member] expect to receive that amount?

IF NO OTHER ADULT HH MEMBERS, SKIP TO SECTION G.

ASK Q. 1 THROUGH 8 FOR EACH ADULT HH MEMBER.

G. WORKERS' COMPENSATION

1. During [QCM], were you/[hh member] receiving workers' compensation payments?

IF YES, ENTER HH MEM.#.

IF NO AND OTHER ADULT HH MEMBERS, REPEAT Q. 1.

IF NO AND NO OTHER ADULT HH MEMBERS, SKIP TO SECTION H.

2. How much workers' compensation were you/[hh member] receiving?
3. How often did you/[hh member] get that amount?

Frequency Codes:	01 = Annually 26 = Twice a Week	12 = Monthly 52 = Weekly	24 = Every Two Months
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4. We need to verify the income information you just told me about.
Can you tell me the Name, Address, Contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None 3 - Documentation	1 - 3 rd Party in Writing 4 - Self Declaration	2 - 3 rd party Verbal 9 - Other
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5. In [QCM], did you/[hh member] expect to receive the same amount of workers' compensation benefits for the full year?

IF YES AND OTHER ADULT HH MEMBERS, REPEAT Q. 1.

IF YES AND NO OTHER ADULT HH MEMBERS, SKIP TO SECTION H.

IF NO: 6. When was the amount expected to change?

7. How much did you/[hh member] expect to receive then?

8. How often did you/[hh member] expect to receive that amount?

IF NO OTHER ADULT HH MEMBERS, SKIP TO SECTION H.

ASK Q. 1 THROUGH 8 FOR EACH ADULT HH MEMBER.

H. SOCIAL SECURITY AND SSI BENEFITS

1. During [QCM], were you [or anyone living here] receiving Social Security or SSI benefits?

* **IF NO, PROBE:** Social Security includes retirement, disability, and survivors' benefits—benefits paid to the children or spouse of a deceased family member. SSI—Supplemental Security Income—benefits include payments to people who are elderly or disabled.

IF NO, SKIP TO SECTION I.

2. Who was receiving the benefit (whose name was the benefit in)?

3. What is the gross monthly amount of the benefit? The gross amount is the benefit amount before any deductions such as Medicare are taken out.

4. Was the benefit for Social Security retirement, or disability benefits, or survivors' benefits, or was it for SSI (Supplemental Security Income)?

Type Codes:	SR = Social Security Retirement	SO = SSI Old Age
	SD = Disability	SI = SSI Disability
	SS = Survivor	SN = Respondent Doesn't Know
	ST = SSI State Amount	

5. Does this include an amount for payments that you should have received earlier but were postponed for some reason?

IF NO, SKIP TO Q. 7.

6. How much is the amount for the postponed payments?

7. Which members of the family are the benefits for?

8. We need to verify the benefit information you just told me about.

Can you tell me the name, address, contact person and phone number?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None	1 - 3 rd Party in Writing	2 - 3 rd party Verbal
	3 - Documentation	4 - Self Declaration	9 - Other

9. In [QCM], did you [hh member] expect the benefits would continue for the full year?

IF YES, SKIP TO Q. 13.

IF NO: 10. When was the amount expected to change?

11. How much did you expect to receive then?

12. What type of benefits did you expect to receive (Social Security retirement, disability, or survivors' benefits, or SSI (Supplemental Security Income) benefits)?

13. Did you [or anyone living in the house] receive any other Social Security or SSI benefits during [QCM]?

IF YES, REPEAT Q. 2 THROUGH 13.

IF NO, SKIP TO SECTION I.

Before I go on, let me review these benefits you (and your family) receive from Social Security.

* PROBE FOR DUPLICATION.

I. VETERANS' DISABILITY BENEFITS

1. During [QCM], were you/[hh member] receiving disability benefit payments from the Veterans' Administration?

IF YES, ENTER HH MEM. #.

IF NO AND OTHER ADULT HH MEMBERS, REPEAT Q. 1.

IF NO AND NO OTHER ADULT HH MEMBERS, SKIP TO SECTION J.

2. What is the percentage of your/[hh member's] disability?
3. What was the amount of the Veteran's disability benefit payment?
4. How often did you/[hh member] get that amount?

Frequency Codes:	01 = Annually	12 = Monthly	24 = Twice a Month
	26 = Every Two Weeks	52 = Weekly	

5. We need to verify the benefit information you just told me about. Can you tell me the name, address, contact person and phone number? RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None	1 - 3 rd Party in Writing	2 - 3 rd party Verbal
	3 - Documentation	4 - Self Declaration	9 - Other

6. In [QCM], did you/[hh member] expect to receive the same amount of Veterans' disability benefits payments for the full year?

IF YES AND OTHER ADULT HH MEMBERS, REPEAT Q. 1.

IF YES AND NO OTHER ADULT HH MEMBERS, SKIP TO SECTION J.

IF NO: 7. When did you/[hh member] expect it to change?

8. How much did you/[hh member] expect to receive then?

9. How often did you/[hh member] expect to receive that amount?

REPEAT Q. 1 THROUGH 9 FOR EACH ADULT HH MEMBER.

J. PRIVATE OR PUBLIC RETIREMENT BENEFITS (OTHER THAN SOCIAL SECURITY)

1. During [QCM], did you/[hh member] receive retirement income from any private or government retirement plan?

IF YES, ENTER HH MEM. #.

IF NO AND OTHER ADULT HH MEMBERS, REPEAT Q. 1.

IF NO AND NO OTHER ADULT HH MEMBERS, SKIP TO SECTION K.

2. From what company or agency were you/[hh member] receiving retirement pay?

Type Codes:	PR = Private	XT = Government	MR = Military	DK = Don't Know
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3. How much retirement income were you/[hh member] receiving?

4. How often did you/[hh member] get that amount?

Frequency Codes:	01 = Annually	12 = Monthly	24 = Twice a Month
	26 = Every Two Weeks	52 = Weekly	

5. We need to verify the benefit information you just told me about.

Can you tell me the name, address, contact person and phone number?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None	1 - 3 rd Party in Writing	2 - 3 rd party Verbal
	3 - Documentation	4 - Self Declaration	9 - Other

6. Did you/[hh member] expect to continue receiving that amount for the full year?

IF YES AND OTHER ADULT HH MEMBERS, REPEAT Q. 1.

IF YES AND NO OTHER ADULT HH MEMBERS, SKIP TO SECTION K.

IF NO: 7. When was the amount expected to change?

8. How much did you/[hh member] expect to receive then?

9. How often did you/[hh member] expect to receive that amount?

10. In [QCM], were you/[hh member] receiving retirement benefits from any other sources?

IF YES, REPEAT Q. 2 THROUGH 10 FOR EACH SOURCE.

IF NO AND OTHER ADULT HH MEMBERS, REPEAT Q. 1 THROUGH 10.

IF NO AND NO OTHER ADULT HH MEMBERS, SKIP TO SECTION K.

K. TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)

1. During [QCM], did you [or anyone living here] receive financial assistance for children from TANF? This used to be called AFDC – Aid to Families with Dependent Children, and is now called TANF—Temporary Assistance to Needy Families

* NOTE THAT DIFFERENT STATES MAY USE DIFFERENT TERMS TO IDENTIFY THE TANF PROGRAM

* DO NOT INCLUDE AMOUNTS FOR ASSISTANCE SUCH AS FOOD STAMPS, MEDICAL ASSISTANCE, OR LIEAP PAYMENTS. RECORD THESE ITEMS UNDER THE “OTHER WELFARE” SECTION

IF NO, SKIP TO Q. 22.

- 2. Whose name was the benefit in?
- 3. What was the amount of the assistance in [QCM]?
- 4. Who was this assistance for?
- 5. How often did you/[hh member] expect to receive that amount?

Frequency Codes:	01 = Annually	12 = Monthly	24 = Twice a Month
	26 = Every Two Weeks	52 = Weekly	

6. Is that the regular amount that you/[hh member] should receive or was the regular amount reduced for some reason?

IF REGULAR AMOUNT, SKIP TO Q. 8.

7. Why was the regular amount reduced?

Reason No Longer Receiving TANF Codes: 1 = Accused of fraud 2 = Did not meet all the Family Self Sufficiency Requirements 3 = Did not meet other welfare requirements 4 = Followed All Requirements, but Time for Getting Job Ran out 5 = Unable to find a job even after complying with rules 6 = Increased Income 7 = Fewer family members receiving assistance 96 = Other 99 = Don't Know

7a. What was the benefit amount before the reduction?

8. In [QCM], did [you/hh member] expect this assistance to continue for the full year?

IF YES, SKIP TO Q. 12.

IF NO: 9. When was the amount expected to change?

10. How much did you [hh member] expect to receive then?

11. How often did you [hh member] expect to receive that amount?

12. In [QCM], did the assistance you just told me about include an amount for child support?

IF YES, SKIP TO Q. 20.

13. In [QCM], did you [hh member] receive a separate amount, from the welfare agency, for child support?

IF NO, SKIP TO Q. 20.

14. How much child support were you [hh member] receiving in [QCM]?

15. How often did you [hh member] receive that amount?

16. In [QCM], did you [hh member] expect to receive that same amount of child support payments for the full year?

IF YES, SKIP TO Q. 20.

IF NO: 17. When was the amount expected to change?

18. How much did you [hh member] expect to receive then?

19. How often did you [hh member] expect to receive that amount?

20. We need to verify the benefit information you just told me about.

Can you tell me the name, address, contact person and phone number?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None 3 - Documentation	1 - 3 rd Party in Writing 4 - Self Declaration	2 - 3 rd party Verbal 9 - Other
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21. Is anyone else living here receiving TANF benefits?

IF YES, REPEAT Q. 2 THROUGH 21.

IF NO, SKIP TO SECTION L.

22. Even though no one is receiving TANF now, we also need to know if anyone ever received TANF. At any time during the time you were receiving housing assistance, did you (anyone living here) receive TANF?

IF NO, SKIP TO SECTION L.

23. Who received TANF financial assistance?
24. Why aren't you/[hh member] still receiving TANF benefits?
25. How much were your/[hh member's] monthly TANF benefits?
26. When did you/[hh member] stop receiving TANF benefits?
27. Did you (anyone living here) start receiving a new source of income or receive an increase in an existing source of income after the TANF benefits were stopped?

IF NO, SKIP TO Q. 30.

28. What was the source of that income?
29. What was the monthly amount of the increase or new source of income?
30. Did anyone else living here receive TANF benefits while getting housing assistance?

IF YES, REPEAT Q. 22 THROUGH 30.
IF NO, SKIP TO SECTION L.

L. OTHER WELFARE

1. During [QCM], other than TANF were you [or anyone living here] receiving benefits from the local social service office [public welfare office] or a private charitable agency (other than TANF)

IF NO, SKIP TO SECTION M.

2. Who was receiving this assistance?

3. What type of benefit was it?

Type Codes:	AG = Aged EA = Emergency Assistance PA = Out of Pocket Expenses 11 = LIEAP	BL = Blind GA = General Assistance RA = Rental Assistance 21 = Food Stamps	DI = Disabled OW = Other TI = "Transitional" Income MA = Medical Assistance (Not Medicare or Medicaid)
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4. What agency provided the benefit?

Agency Codes:	1 = State-public 2 = Local-public	3 = Private Agency 6 = Other	8 = Don't Know
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5. How much were you [hh member] receiving in [QCM]?

6. How often were you [hh member] receiving that amount?

Frequency Codes:	01 = Annually 12 = Monthly 24 = Twice a Month	26 = Every Two Weeks 52 = Weekly
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7. We need to verify the benefit information you just told me about. Can you tell me the name, address, contact person and phone number?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None 3 - Documentation	1 - 3 rd Party in Writing 4 - Self Declaration	2 - 3 rd party Verbal 9 - Other
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8. In [QCM], did you [hh member] expect to receive that same amount of welfare payments for the full year?

IF YES, SKIP TO Q. 12.

IF NO: 9. When did you [hh member] expect it to change?

10. How much did you [hh member] expect to receive then?

11. How often did you [hh member] expect to receive that amount?

12. Is anyone else living here receiving other welfare benefits?

IF YES, REPEAT Q. 2 THROUGH 12.

IF NO, SKIP TO SECTION M.

M. CHILD SUPPORT

IF NO CHILDREN, SKIP TO SECTION N.

These next questions are about child support payments that you [or any household member] received directly from an absent parent or child support agency.

1. Do any of the children living here (other than foster children) have a father or mother who is living somewhere else?

IF NO, SKIP TO SECTION N.

2. During [QCM], were you [or any other household member] receiving child support from an absent parent or child support agency? By this I mean payments that came to you [or other household member] directly, not payments received from TANF.

IF NO, SKIP TO Q. 10.

3. Whose name was the child support payment in?
 - 3a. Which child/ren was the child support for?
4. How much were you [was hh member] getting in [QCM]?
5. How often were you [was hh member] getting that amount?

Frequency Codes:	01 = Annually	26 = Every Two Weeks
	12 = Monthly	52 = Weekly
	24 = Twice a Month	

6. Did you [hh member] expect to continue receiving that amount for the full year?

IF YES, SKIP TO Q. 12.

IF NO: 7. When did you [hh member] expect the amount to change?

8. How much did you [hh member] expect to receive then?
9. How often did [hh member] you expect to receive that amount?

SKIP TO Q. 12.

10. Do you [Does hh member] have a court order that requires the father/mother to make child support payments?

IF YES, SKIP TO Q. 12.

11. Have you [Has hh member] gone to court to try to get a court order?

12. [Besides regular child support,] Does the child(ren)'s father/mother give you [hh member] any extra money or things for the children on a regular basis— other than their birthdays or holidays?

* **IF NO, PROBE:** Not even helping to pay for their diapers, clothes, or buying them things?

IF NO, SKIP TO SECTION N.

12a. Who received this extra money or things?

12b. Which child/ren was the extra money or things for?

13. About how much would you say he/she spends on them during a typical month?

14. We need to verify the income information you just told me about.

Can you tell me the name, address, contact person and phone number?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None 3 - Documentation	1 - 3 rd Party in Writing 4 - Self Declaration	2 - 3 rd party Verbal 9 - Other
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15. Does anyone else living here receive child support benefits directly from the absent father/mother (not through TANF)?

IF YES, REPEAT Q. 3 THROUGH 15.

IF NO, SKIP TO SECTION N.

N. REGULAR GIFTS AND CONTRIBUTIONS (OTHER THAN FROM AN ABSENT PARENT)

1. Were you [or anyone living here] receiving any (other) money or gifts on a regular basis from people who do not live here? **PROBE:** Does someone who does not live here help you with any of your bills—your utilities, or groceries, or help pay for the babysitting or day care?

IF NO, SKIP TO SECTION O.

2. Which household member was receiving these gifts or money?
3. Who has been helping you [hh member] out?
4. What kinds of things has he/she been giving you [hh member]?

PROBE FOR GROCERIES, UTILITY BILLS, CAR PAYMENTS, GROCERIES, ETC.

5. About how often does he/she give you [hh member][gift]? About how often does he/she pay for [item]?

Frequency Codes:	01 = Annually 12 = Monthly 24 = Every Two Weeks	26 = Twice a Month 52 = Weekly
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6. What is the value of [gift/item]?
7. We need to verify the income information you just told me about.
Can you tell me the Name, Address, Contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION

Verification Codes:	0 - None 3 - Documentation	1 - 3 rd Party in Writing 4 - Self Declaration	2 - 3 rd party Verbal 9 - Other
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8. Did you [hh member] receive any other gifts or money from that source?

IF YES, GO BACK TO Q. 4

9. Was anyone else helping you [hh member] with gifts or paying for expenses?

**IF YES, GO BACK TO Q. 2.
IF NO, SKIP TO SECTION O.**

O. ALIMONY

IF ALL ADULT HOUSEHOLD MEMBERS ARE LIVING WITH SPOUSE, SKIP TO SECTION P.

These next questions are about alimony—payments that are made by a separated or divorced husband or wife to help support the other spouse. Alimony is different from child support payments that are used to support children.

1. Are there any household members living here who receive alimony?

IF NO, SKIP TO SECTION P.

2. Which household member?

QUESTIONS 3 THROUGH 5 WERE DELETED.

6. How much were you [was hh member] receiving from your [his/her] former husband [wife]?

7. How often were you [hh member] getting that amount?

Frequency Codes:	01 = Annually	26 = Every Two Weeks
	12 = Monthly	52 = Weekly
	24 = Twice a Month	

8. We need to verify the income information you just told me about.
Can you tell me the Name, Address, Contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None	1 - 3 rd Party in Writing	2 - 3 rd party Verbal
	3 - Documentation	4 - Self Declaration	9 - Other

9. Did you [hh member] expect to continue getting that amount for the full year?

IF YES, SKIP TO Q. 13.

IF NO: 10. When did you [hh member] expect it to change?

11. How much did you [hh member] expect to receive then?

12. How often did you [hh member] expect to receive that amount?

13. Are there other adult household members who have been married, but are not living with their spouse in the household?

IF YES, GO BACK TO Q. 2.

IF NO, SKIP TO SECTION P.

P. SELF EMPLOYMENT

1. Other than the salaries you already told me about, in [QCM], did you [or anyone in your family] get income by working for yourself, or from owning a business? For example babysitting, catering, or driving a cab? **DO NOT COUNT INCOME ALREADY RECORDED.**

IF NO, SKIP TO SECTION Q.

2. What kind of work was it?
3. Which member of your household received that income?
4. What was your [hh members] gross income in [QCM]?

IF "NOTHING," ENTER "0"; THEN SKIP TO Q. 10.

5. How many times a year did you [hh member] get that amount?
- 5a. **CONFIRM THE ANNUAL INCOME REPORTED BY THE RESPONDENT.**
This means you [hh member] expected to make _____ during the 12 month period following [QCM]. Is that correct?
6. Did you [hh member] expect to continue getting that amount for the full year?

IF YES, SKIP TO Q. 15.

IF NO: 7. When did you [hh member] expect the amount to change?

8. How much gross income did you [hh member] expect to receive then?
9. How many times per year did you [hh member] expect to receive that amount?

SKIP TO Q. 15.

10. In [QCM], were you [hh member] expecting to get some income by working for yourself or owning your own business later on during the year?

IF NO, SKIP TO SECTION Q.

IF YES: 11. Which member of your household expected to receive that income?

12. When did you/he/she expect to begin receiving that amount?
13. How much did you [hh member] expect to receive then?
14. How often did you [hh member] expect to receive that amount?

Business Expenses

15a. These next few questions are about expenses related to (type of self employment). Did you/[hh member] expect to have any expenses related to (type of employment). For example, diapers, food supplies, beauty supplies, insurance, tolls, gas, or other expenses?

IF YES: b. How much did you [hh member] expect all the expenses associated with (type of self employment) to amount to for the full year?

PROBE FOR ALL TYPES OF RELATED EXPENSES AND RECORD THE TOTAL.

16a. Did you [hh member] have any expenses associated with the space you use for this business?

IF YES: b. How much did you [hh member] expect that expense to amount to for the full year?

17a. Did you [hh member] have any interest payments on loans for (type of employment).?

IF YES: b. How much did you [hh member] expect those payments to amount to for the full year?

18a. Did you [hh member] have any depreciation? expenses?

IF YES: b. How much did you [hh member] expect that expense to amount to for the full year?

19a. Did you [hh member] have any other expenses?

IF NO, GO TO Q. 21.

IF YES: b. How much did you [hh member] expect that expense to amount to for the full year?

20. Deleted

21. Were you or any other family members receiving or expecting to receive other income from working for yourself or owning your own business?

IF YES, GO BACK TO Q. 2.

Q. INCOME FROM RENTAL PROPERTY

1. Do you [or anyone living here] own property that you rent out to others?

IF NO, SKIP TO SECTION R.

2. What is the address of this property?

Rental Property Income

3. During [QCM], were you [was anyone living here] getting rental income from the property?

IF NO, SKIP TO Q. 12.

4. Which family member was getting this income?

5. In [QCM] who was renting the property and paying the rent?
RECORD NAME, ADDRESS, AND PHONE.

6. How much rental income were you [hh member] getting? Please tell me the full amount of rent, without deducting any of the expenses.

7. How often were you [hh member] getting that amount?

Frequency Codes:	01 = Annually	26 = Every Two Weeks
	12 = Monthly	52 = Weekly
	24 = Twice a Month	

8. Did you [hh member] expect to continue getting that amount for the full year?

IF YES, SKIP TO Q. 17.

IF NO: 9. When did you [hh member] expect it to change?

10. How much did you [hh member] expect to receive then?

11. How often did you [hh member] expect to receive that amount?

SKIP TO Q. 17.

12. In [QCM], were you [hh member] expecting to get rental income from this property during the year?

IF NO, SKIP TO SECTION R.

IF YES: 13. Which member of your household expected to receive that income?

14. When did you [hh member] expect that income to begin?

15. How much did you [hh member] expect to receive then?

16. How often did you [hh member] expect to receive that amount?

Rental Property Expenses

17. Now I'd like you to think about typical rental expenses on this property. I'm going to read a list of expenses and I'd like you to tell me the amount of each expense that you were [hh member was] responsible for paying and how often you had that expense. Also, tell me whether you expected these expenses to change, and if so what changes you [hh member] expected during the year.

a. Were you [hh member] responsible to pay for maintenance?

IF NO, ENTER 0, AND SKIP TO Q. 18.

IF YES: b. What were your [hh member's] average monthly costs for maintenance?

c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 18.

IF YES: d. What did you [hh member] expect the new average monthly amount to be?

e. When did you [hh member] expect it to change?

18. a. Were you responsible to pay for electricity?

IF NO, ENTER 0, AND SKIP TO Q. 19.

IF YES: b. What were your [hh member's] average monthly costs for electricity?

c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 19.

IF YES: d. What did you [hh member] expect the new average monthly amount to be?

e. When did you [hh member] expect it to change?

19. a. Were you [hh member] responsible to pay for heating, such as gas or oil?

IF NO, ENTER 0, AND SKIP TO Q. 20.

- IF YES:** b. What were your [hh member's] average monthly costs for heating?
c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 20.

IF YES: d. What did you [hh member] expect the new average monthly amount to be?

e. When did you [hh member] expect it to change?

20. a. Were you [hh member] responsible to pay for water?

IF NO, ENTER 0, AND SKIP TO Q. 21.

IF YES: b. What were your [hh member's] average monthly costs for water?

- c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 21.

IF YES: d. What did you [hh member] expect the new average monthly amount to be?

e. When did you [hh member] expect it to change?

21. a. Were you [hh member] responsible to pay for other utilities?

IF NO, ENTER 0, AND SKIP TO Q. 22.

IF YES: b. What were your [hh member's] average monthly costs for other utilities?

- c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 22.

IF YES: d. What did you expect the new average monthly amount to be?

e. When did you [hh member] expect it to change?

22. a. Were you [hh member] responsible for paying for insurance?

IF NO, ENTER 0, AND SKIP TO Q. 23.

IF YES: b. What were your [hh member's] average monthly costs for insurance?

- c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 23.

IF YES: d. What did you [hh member] expect the new amount to be?

e. When did you [hh member] expect it to change?

23. a. Were you [hh member] responsible for paying for real estate taxes?

IF NO, ENTER 0, AND SKIP TO Q. 24.

IF YES: b. What were your [hh member's] average monthly costs for Real Estate Taxes?

c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 24.

IF YES: d. What did you [hh member] expect the new amount to be?

e. When did you [hh member] expect it to change?

24. a. Were you responsible for paying for mortgage payments?

IF NO, ENTER 0, AND SKIP TO Q. 25.

IF YES: b. What were your [hh member's] average monthly costs for mortgage payments?

c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 25.

IF YES: d. What did you [hh member] expect the new amount to be?

e. When did you [hh member] expect it to change?

25. a. Were you responsible for paying for condominium fees?

IF NO, ENTER 0, AND SKIP TO Q. 26.

IF YES: b. What were your [hh member's] average monthly costs for condominium fees?

c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 26.

IF YES: d. What did you [hh member] expect the new amount to be?

e. When did you [hh member] expect it to change?

26. a. Were you [hh member] responsible for paying for any other expenses?

IF NO, ENTER 0, AND SKIP TO Q. 28.

IF YES: b. What were your [hh member's] average monthly costs for other expenses?

c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 27.

IF YES: d. What did you [hh member] expect the new amount to be?

e. When did you [hh member] expect it to change?

27. a. Were you [hh member] responsible for paying for any other expenses?

IF NO, ENTER 0, AND SKIP TO Q. 28.

IF YES: b. What were your [hh member's] average monthly costs for other expenses?

c. In [QCM] were you [hh member] expecting that amount to change significantly?

IF NO, ENTER 0, AND SKIP TO Q. 28.

IF YES: d. What did you [hh member] expect the new amount to be?

e. When did you [hh member] expect it to change?

28. We need to verify the income information you just told me about.
Can you tell me the Name, Address, Contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER
VERIFICATION INFORMATION.

Verification Codes:	0 - None	1 - 3 rd Party in Writing	2 - 3 rd party Verbal
	3 - Documentation	4 - Self Declaration	9 - Other

29. Are there other household members who own property to rent to others?

IF YES, REPEAT Q. 2 THROUGH 29.

IF NO, SKIP TO SECTION R.

R. ASSETS

Current Assets

These next questions are about assets such as checking or savings accounts, stocks, bonds, or other valuables you (and other family members) own.

1. In [QCM], did you or anyone living here have:

a. A checking account? (Code 2)

IF NO, GO TO b.

(1) Which members have a checking account?

(2) How many checking accounts do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

b. A savings account? (Code 3)

IF NO, GO TO c.

(1) Which members have a savings account?

(2) How many savings accounts do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

c. An IRA-Individual Retirement Account (Code 4)

IF NO, GO TO d.

(1) Which members have an IRA account?

(2) How many Individual Retirement Account's do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

d. Money in a 401k fund or Keogh fund that you can withdraw? (Code 5)

IF NO, GO TO e.

(1) Which members have money in a 401k fund or Keogh fund?

(2) How many 401K or Keogh funds do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

e. Certificates of Deposit (CD's)? (Code 6)

IF NO, GO TO f.

(1) Which members have CD's?

(2) How many CD's do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

f. Stocks? (Code 7)

IF NO, GO TO g.

(1) Which members have stocks?

(2) In how many companies did you/ [hh member] own stock in [QCM]?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

g. Bonds? (Code 8)

IF NO, GO TO h.

(1) Which members have bonds?

(2) How many bonds do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

h. Treasury bills (T-bills)? (Code 9)

IF NO, GO TO i.

(1) Which members have treasury bills?

(2) How many Treasury bills do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

i. Money in a money market fund? (Code 10)

IF NO, GO TO j.

(1) Which members money in a money market fund?

(2) How many money market funds do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

j. Real estate or other investments? (Code 11)

IF NO, GO TO k.

(1) Which members have a real estate or other investments?

(2) How many real estate or other investments do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

k. Money in a retirement fund that you could take without quitting or losing your job?
(Code 12)

IF NO, GO TO l.

(1) Which members have money in a retirement fund?

(2) How many retirement funds do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.

- l. A trust fund that you could withdraw money from? (Code 13)

IF NO, GO TO m.

- (1) Which members have a trust fund that you could withdraw money from?
(2) How many trust funds do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.
- m. A life insurance policy with a cash value—that is, one that you could borrow against? (Code 14)

IF NO, GO TO n.

- (1) Which members have a life insurance policy with a cash value?
(2) How many insurance policies do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.
- n. Property or other belongings that you were keeping as an investment—such as antiques, coins, or other collections? (Code 15)

IF NO, GO TO o.

- (1) Which members have a property or other belongings that you were keeping as an investment?
(2) How many properties or other belongings do you/does [hh member] have?
ASK FOR EACH MEMBER IDENTIFIED ABOVE.
- o. Other assets I haven't asked about? (Code 99)

IF YES: (1) Which members have other assets?

IF NO AND NO TO 1.a. THROUGH 1.n., SKIP TO Q. 46.

FOR EACH CHECKING AND SAVINGS ACCOUNT, ASK Q. 2 THROUGH Q. 11.

2. In QCM, how much money did you [hh member] keep in [account]?
3. Were you [hh member] receiving income from the [account]?

IF NO, SKIP TO Q. 6.

IF YES: 4. How much income did you [hh member] receive from the [account]?

5. How often did you [hh member] get that amount?

6. We need to verify the asset information you just told me about.
Can you tell me the Name, Address, Contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION

7. Did you [hh member] get interest on that account?

IF NO, SKIP TO Q. 9.

IF YES: 8. What was the interest rate?

9. What is the account number (or identification number) for the [asset]?

10. Is that a joint account with someone outside the household?

IF NO, SKIP TO NEXT ASSET.

11. What percent of the account was owned by you [hh member]?

FOR IRA, 401K OR KEOGH, CD'S, STOCKS, BONDS, TREASURY BILLS, MONEY MARKET FUNDS, AND RETIREMENT FUNDS, ASK Q. 12 THROUGH Q. 22.

12. In [QCM], what was the value of [asset]? How much money did you [hh member] have in [account/fund]?

13. Were you [hh member] receiving income from [asset]?

IF NO, SKIP TO Q. 16.

IF YES: 14. How much income did you [hh member] receive from [asset]?

15. How often do you [hh member] get that amount?

16. We need to verify the asset information you just told me about.

Can you tell me the Name, Address, Contact person and phone number?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

17. Did you [hh member] get interest on that account?

IF NO, SKIP TO Q. 19.

IF YES: 18. What was the interest rate?

19. What is the Account number (or identification number) for the [asset]?

20. Was the [asset] jointly owned with someone outside the household?

IF NO, SKIP TO Q. 22.

21. What percent of the [asset] was owned by the household?

22. If you [hh member] were to sell that asset, what would be the cost of selling the asset? For example, would you have to pay a lawyer's fee or a penalty, or any other costs?

IF NO COSTS, ENTER 0.

FOR REAL ESTATE, LIFE INSURANCE, AND PROPERTY, ASK Q. 23 THROUGH Q. 28.

23. What was the value of [asset]? How much money did you [hh member] have in [account/fund]?
24. We need to verify the asset information you just told me about.
Can you tell me the Name, Address, Contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.
25. What is the Account number (or identification number) for the [asset]?
26. Was the [asset] jointly owned with someone outside the household?

IF NO, SKIP TO Q. 28.

27. What percent of the [asset] is owned by the household?
28. If you [hh member] were to sell that asset, what would be the cost of selling the asset? For example, would you have to pay a lawyer's fee or a penalty, or any other costs?

IF NO COSTS, ENTER 0.

FOR TRUST FUNDS, ASK Q. 29 THROUGH Q. 36.

29. What was the value of [asset]? How much money did you [hh member] have in [account/fund]?
30. We need to verify the asset information you just told me about.
Can you tell me the name, address, contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.
31. Did you get interest on that account?

IF NO, SKIP TO Q. 33.

IF YES: 32. What was the interest rate?

33. What is the Account number (or identification number) for the [asset]?
34. Was the [asset] jointly owned with someone outside the household?

IF NO, SKIP TO Q. 36.

35. What percent of the [asset] is owned by the household?

36. If you [hh member] were to sell that asset, what would be the cost of selling the asset? For example, would you have to pay a lawyer's fee or a penalty, or any other costs?

IF NO COSTS, ENTER 0.

FOR OTHER ASSETS ASK Q. 37 THROUGH Q. 45.

37. What is the value of [asset]? How much money did you [hh member] have in [account/fund]?
38. Were you [hh member] receiving income from [asset]?

IF NO, SKIP TO Q. 41.

IF YES: 39. How much income did you [hh member] receive from [asset]?

40. How often do you [hh member] get that amount?

41. We need to verify the asset information you just told me about
Can you tell me the name, address, contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION
INFORMATION.

42. What is the Account number (or identification number) for the [asset]?
43. Was the [asset] jointly owned with someone outside the household?

IF NO, SKIP TO Q. 45.

44. What percent of the [asset] was owned by the household?
45. If you [hh member] were to sell that asset, what would be the cost of selling the asset? For example, would you have to pay a lawyer's fee or a penalty, or any other costs?

IF NO COSTS, ENTER 0.

Assets Disposed of in Last 2 Years

These next questions are about assets you [or anyone living here] may have sold or given away.

46. Now please think back to [2 years before QCM]. Have you [or any household member] sold any assets or given away any assets since [2 years before QCM]?

IF NO, SKIP TO SECTION S.

47. What member of the household sold or gave away the asset?
48. What was that asset?
49. How much did you [hh member] get for it?

50. Do you think it was worth more than that?

IF NO, SKIP TO Q. 53.

51. How much do you think it was worth?

52. Why didn't you [hh member] get the full value for [the asset]?

53. Did you [hh member] have any expenses when disposing of that asset—for example, lawyers, brokers, penalties, or any other costs?

IF NO, SKIP TO Q. 55.

54. How much were those expenses?

55. Are there any other assets that you [or any household member] sold since [two years prior to QCM]?

IF YES, REPEAT Q. 47 THROUGH 55.

IF NO, GO TO SECTION S.

S. OTHER INCOME

1. I've asked you about a lot of different kinds of income that you or your family may be receiving. Is there any other income that I haven't asked about that you were [or anyone living here was] getting in [QCM]? For example, lottery winnings that you receive on a regular basis, [IF NATIVE AMERICAN, income from awards by the Indian Claims Court,] or any other source?

IF NO, SKIP TO INSTRUCTIONS ON NEXT PAGE.

2. Which household member received this income?
3. What kind of income was that?
RECORD TYPE AND SOURCE OF INCOME.

IF SOURCE OF INCOME IS 'AS' – ATHLETIC SCHOLARSHIP, OR '02' – STUDENT FINANCIAL AID, ASK:

- 3a. What was the cost of tuition for [name of student] during the semesters/school sessions immediately prior to and after [QCM]?

IF INCOME IS EXCLUDED, SKIP TO Q. 11.

Type of Income Codes:		
Included:		
XT Trust Fund	AS Athletic Scholarships	LT Lottery Income
MA Medical Expense Reimbursement		
Excluded:		
01 Foster Care Assistance	02 Student Financial Aid	03 Property Rebates
04 Grand Rivers Band of Ottawa	05 Judgment Funds from Claims Court	06 Maine Indian Claims Act
07 Disability Assistance for Home	08 BIA Student assistance	09 Child Care Block Grant
10 Crime Compensation	11 LIEAP	13 Nazi era reparation payments
14 Adoption Assistance payments	15 Income from Submarginal land	16 Alaska native claims settlement
17 Exposed to Agent Orange	18 Spina Bifida child of Vietnam veteran	19 Federated tribes - Yakima/Apache
20 Earned Income Tax Credit	21 Food Stamps	22 PASS
23 Value of Groceries	24 Transitional Assistance Subsidy	95 None of the Above
99 Excluded		

4. How much were you getting?
5. How often did you get that amount?

Frequency Codes:	01 = Annually	26 = Bi-weekly
	12 = Monthly	52 = Weekly
	24 = Semi-monthly	99 = Other

6. We need to verify the asset information you just told me about. Can you tell me the Name, Address, Contact person and phone number?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None	1 - 3 rd Party in Writing	2 - 3 rd party Verbal
	3 - Documentation	4 - Self Declaration	9 - Other

7. In [QCM], did you expect to continue getting that amount during the full year?

IF YES, SKIP TO INSTRUCTIONS ON NEXT PAGE.

IF NO: 8. When did you [hh member] expect the amount to change?

9. How much did you [hh member] expect to receive then?

10. How often did you [hh member] expect to receive that amount?

11. Is there any other income that I haven't asked about that you were [or anyone living here was] getting in [QCM]?

IF YES, REPEAT Q. 2 THROUGH 11.

INSTRUCTIONS

IF HH HAS CHILDREN UNDER AGE 13, CONTINUE WITH SECTION T.

IF HH HAS NO CHILDREN UNDER 13, BUT IS ELDERLY OR DISABLED, SKIP TO SECTION U.

IF HH HAS NO CHILDREN UNDER 13 AND IS NOT ELDERLY OR DISABLED BUT HAS A DISABLED MEMBER, SKIP TO SECTION V.

IF HH HAS NO CHILDREN UNDER 13, IS NOT ELDERLY OR DISABLED, AND HAS NO DISABLED MEMBER, SKIP TO INSTRUCTIONS ON P. 60.

T. CHILD CARE EXPENSES

1. During [QCM], were you [or anyone living here] paying anyone for child care?

IF NO, SKIP TO SECTION U.

2. For which children were there child care costs?

3. Who paid for the child care costs?

4. Who provided the child care?

5. Is Provider a household Member?

IF YES, RECORD MEMBER #.

6. How much were you [or household member] paying for the child care? I mean costs that you [hh member] paid for and were not reimbursed by an outside source.

7. How often did you [hh member] pay that amount?

Frequency Codes: 01 = Annually 12 = Monthly 24 = Twice a Month 26 = Every Two Weeks 52 = Weekly

IF HOURLY: 8. How many hours a week do you [he/she] pay for?

10. How many weeks a year?

IF DAILY: 9. How many days a week do you [he/she] pay for child care?

10. How many weeks a year?

11. Is the amount you (hh member) pay(s) about the same throughout the year?

* PROBE: Even if school is out or if you're [he's/she's] not working?

IF YES, SKIP TO Q. 14.

12. About how many months a year do you [hh member] pay that amount?

13. Do you [hh member] pay a different amount during other months of the year?

IF NO, SKIP TO Q. 14.

IF YES, REPEAT Q. 4 THROUGH 13.

RECORD EACH CHANGE IN CHILD CARE EXPENSE AS A SEPARATE LINE ITEM.

14. We need to verify the expense information you just told me about.
Can you tell me the Name, Address, Contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None 3 - Documentation	1 - 3 rd Party in Writing 4 - Self Declaration	2 - 3 rd party Verbal 9 - Other
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15. During [QCM], why were you [was hh member] paying for child care?

IF WORKING, SKIP TO Q. 20.
IF LOOKING FOR WORK, SKIP TO Q. 16.
IF ATTENDING SCHOOL, SKIP TO Q. 17.

16. How many hours per week did you/[hh member] spend looking for work?

SKIP TO Q. 20.

17. Where were you [was hh member] going to school?

18. About how many hours a week did you [hh member] spend at school and going to and from school?

19. About how many weeks a year did you [hh member] expect to go to school?

20. Does anyone else in the household pay child care costs?

IF NO, SKIP TO SECTION U.
IF YES, REPEAT Q. 2 THROUGH 20.

U. MEDICAL EXPENSES

ELDERLY AND DISABLED HH, CONTINUE WITH SECTION U.

NONELDERLY HH WITH DISABLED MEMBER AND HH MEMBER WORKING IN QCM, SKIP TO SECTION V.

ALL OTHERS, SKIP TO INSTRUCTIONS ON P. 60.

These next questions are about your (household's) medical expenses that you [or someone living here] were paying for during a typical year—not expenses covered by insurance or paid for by someone not living here.

1. In [QCM] were you [or anyone in this household] paying insurance premiums for health insurance, nursing home insurance, or Medicare? Also include premiums paid for drug discount card and any payments that you (or anyone in the household) made through an agency or employer.

IF NO, SKIP TO Q. 8.

2. Which household member paid for this insurance?

- 2a. What type of insurance is this?

Type of Health Insurance:	1 = Private Health Insurance	2 = Nursing Home Insurance
3 = Dental Health Insurance	4 = Medicare	5 = Prescription Coverage

IF TYPE IS MEDICARE, SKIP TO Q. 4.

IF TYPE IS PRIVATE HEALTH INSURANCE, DENTAL INSURANCE, OR NURSING HOME INSURANCE, SKIP TO Q. 2D.

- 2b. Is the prescription coverage provided through a Medicare approved prescription drug discount card?

IF NO, SKIP TO 2d.

- 2c. **IF YES:** May I see a document that describes this card?
RECORD THE TYPE OF DOCUMENT USED TO VERIFY THE MEDICARE APPROVED PRESCRIPTION DRUG DISCOUNT CARD.

SKIP TO Q. 4.

- 2d. Did you/[hh member] pay for the insurance directly or through a company or other agency?

IF PAID DIRECTLY, SKIP TO Q. 3.

- 2e. What employer or agency did you/[hh member] pay the health insurance premium through?

How Insurance Paid:	60 = Insurance paid directly by household member 61 = Nursing Home Insurance paid through employer 67 = Insurance paid through an other unearned income source (e.g., a pension)
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3. What was the name of the insurance provider?
4. How much was the insurance premium for this policy? How much did [hh member] pay?
5. How often did you [household member] pay that amount?
6. We need to verify the expense information you just told me about.
Can you tell me the name, address, contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.
7. Did you [or anyone in the household] have any other health, nursing home, or Medicare insurance?

IF YES, GO BACK TO Q. 2.

8. In [QCM] did you [or any family member living here] pay for visits to the doctor or clinic, dentist, eye doctor, or any other health care provider on a regular basis? This includes copays, but not costs covered by insurance or paid by someone outside the household.

IF NO, SKIP TO Q. 19.

9. What type of health service was provided?
10. Which household member visited this doctor or clinic on a regular basis?
11. Which household member paid for these visits to the doctor or clinic?
12. What doctor or clinic did you [hh member] go to?
13. How often did you [hh member] see the doctor/go to the clinic?

Frequency Codes:	01 = Annually	02 = Twice a Year	04 = 4 Times a year (Quarterly)
	06 = Every Two Months	12 = Monthly	24 = Twice a Month
	26 = Every Two Weeks	52 = Weekly	

14. How much did you [hh member] usually pay when you [he/she] saw the doctor?
15. We need to verify the expense information you just told me about.
Can you tell me the name, address, contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

16. Did you [hh member] expect to have those expenses for the full year?

IF NO: 17. When did you [hh member] expect that expense to change?

18. Did you [or anyone else in the household] pay for visits to this doctor or clinic, dentist, eye doctor, or any other health care provider?

IF YES, GO BACK TO Q. 9.

19. Were you [or any family member living here] paying for prescriptions on a regular basis?

IF NO, SKIP TO Q. 29.

20. Which household member used prescription medicine on a regular basis?

21. Which household member paid for these prescriptions?

22. What was the name of the pharmacy where the prescriptions were purchased?

23. How often did you [hh member] refill these prescriptions?

24. How much did you [hh member] usually pay for these prescriptions?

25. We need to verify the expense information you just told me about
Can you tell me the name, address, contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER
VERIFICATION INFORMATION.

26. Did you [hh member] expect to have these expenses for the full year?

IF NO: 27. When did you [hh member] expect that expense to end?

28. Did you [or anyone in the household] pay for any other prescriptions on a regular basis?

IF YES, GO BACK TO Q. 19.

28a. Were any of the prescriptions mentioned purchased with a Medicare Approved Drug Discount card?

IF NO, SKIP TO Q. 29.

IF YES: 28b. For whom were prescriptions purchased with a Medicare Approved Drug Discount card?
PICK THE MACROLINK ASSOCIATED WITH THAT DISCOUNT CARD. IF THE TENANT DID NOT MENTION A DRUG DISCOUNT CARD DURING THE INSURANCE SECTION OF THE INTERVIEW, A NEW MACROLINK NEEDS TO BE CREATED.

28c. IF A NEW MACRO LINK, May I see a document that describes this card?
RECORD THE TYPE OF DOCUMENT USED TO VERIFY THE MEDICARE
APPROVED PRESCRIPTION DRUG DISCOUNT.

Verification of Discount Card:	01 Copy of the card 03 Other	02 Statement from Medicare 04 Not Verified
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28d. Which prescriptions were purchased using the Medicare Approved Drug Discount Card?

PICK THE MACRO LINK ASSOCIATED WITH THAT PRESCRIPTION/
MACRO LINK.

I am going to ask you about each prescription purchased with a Medicare Approved Prescription Drug Discount from [insert name of pharmacy] individually.

28e. What prescription did [you/hh member] purchase at [name of pharmacy] using the Medicare Approved Prescription Drug Discount Card?

ASSIGN A UNIQUE NUMERIC IDENTIFIER FOR EACH PRESCRIPTION
PURCHASED WITH THE MEDICARE APPROVED PRESCRIPTION DRUG
DISCOUNT CARD.

28f. Do you know how much the prescription would have cost if [you/hh member] paid the full amount? PROBE: This is the amount [you/hh member] would have paid if insurance would not have covered part of the cost.

28g. **IF YES:** How much was the full cost?

ENTER THE FULL COST ANNUALLY. SO, IF THE TENANT PURCHASES THE
MEDICATION 4 TIMES A YEAR, MULTIPLY THE AMOUNT BY 4 AND ENTER
THAT AMOUNT.

28h. **IF NO:** Were any other prescriptions purchased for [you/hh member] using the Medicare Approved Prescription Drug Discount Card at this pharmacy?
IF YES, GO BACK TO 28e.

28i. **IF NO:** Were any other prescriptions purchased using the Medicare Approved Prescription Drug Discount Card?
IF YES, GO BACK TO 28b.

29. Were you [or any member of the family living here] paying for any other medical expenses on a regular basis?

IF NO, SKIP TO Q. 39.

30. Which household member had other medical expenses on a regular basis?

31. Which household member paid for these other medical expenses?

32. Where did you [hh member] receive these other medical services? Who did you pay for those services?

RECORD PROVIDER AND MEDICAL EXPENSE CODE.

33. How often did you [hh member] have that expense?

34. How much did you [hh member] usually pay?

35. We need to verify the expense information you just told me about.

Can you tell me the Name, Address, Contact person and phone number?

RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

36. Did you [hh member] expect to have these expenses for the full year?

IF NO: 37. When did you [hh member] expect that expense to end?

38. Did you [or anyone in the household] expect to have any other medical expenses on a regular basis?

IF YES, GO BACK TO Q. 30.

39. During [QCM], did you [or any hh member] pay for outstanding medical bills on a regular basis?

IF NO, SKIP TO INSTRUCTIONS ON THE BOTTOM OF NEXT PAGE.

40. Which household member was paying outstanding medical bills on a regular basis?

41. Who did you [hh member] pay?

42. What type of medical expense was it?

Medical Expense Codes	
01	Services of doctors, nurses, dentists, other health care professionals
02	Services of health care facility (e.g. hospital, clinic) (includes x-rays and other procedures conducted at such facilities)
03	Health Insurance
04	Medicare
05	Prescriptions
06	Non-prescription drugs and medical supplies
07	Eyeglasses
08	Hearing Aids
09	Transportation to and from treatment
10	Medical care of permanently institutionalized household member if included on lease
11	Animal Services
12	Outstanding Medical Bills paid on a regular basis
13	Care Provider Including Live-in Aides
95	Other Medical

43. How often did you [hh member] have that expense?

44. How much did you [hh member] pay?
45. We need to verify the expense information you just told me about
Can you tell me the Name, Address, Contact person and phone number?
**RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER
VERIFICATION INFORMATION**

Verification Codes:	0 - None	1 - 3 rd Party in Writing	2 - 3 rd party Verbal
	3 - Documentation	4 - Self Declaration	9 - Other

46. Did you [hh member] expect to have that expense for the full year?
- IF NO:** 47. When did you [hh member] expect that expense to end?
48. Did you [or anyone in the household] have any other outstanding medical expenses that you were paying on a regular basis?

IF YES, GO BACK TO Q. 40.

**IF HH HAS A DISABLED MEMBER AND HH MEMBER WORKING IN QCM,
CONTINUE WITH SECTION V.**

**IF DISABLED HH MEMBER, BUT NO ONE IN HH IS WORKING, SKIP TO
INSTRUCTIONS ON P. 60.**

IF HH HAS NO DISABLED MEMBER, SKIP TO INSTRUCTIONS ON P. 60.

V. DISABILITY ASSISTANCE EXPENSES (NOT MEDICAL)

Live-In Aide

IF NO LIVE-IN AIDE, SKIP TO Q. 7.

1. IF LIVE-IN AIDE: You told me that [live-in aide] lived here to help care for [hh member]. In [QCM] did you [or someone in this household] pay [him/her]?

IF NO, SKIP TO Q. 7.

2. Which household member paid [live-in aide]?
3. How much did you [hh member] pay him/her? I'm asking about the amount that you [hh member] paid, not any amounts that were paid for by insurance or someone else.
4. How often did you [hh member] pay that amount?

Frequency Codes:	01 = Annually	02 = Twice a year	04 = 4 times a year
	06 = Every other month	12 = Monthly	24 = Twice a month
	26 = Every two weeks	52 = Weekly	96 = Other

5. Did the live-in aide stay here all year?

IF YES, SKIP TO Q. 7.

6. How many months did he/she live here?

Caregiver

7. During [QCM] did you [or any household members] pay to have anyone [else] come in to care for [disabled hh member]?

IF NO, SKIP TO Q. 18.

8. Which household member paid for that caregiver?
9. Could you tell me the name of the caregiver?
10. How much did you [hh member] pay [caregiver]? I'm asking about the amount that **you [hh member]** paid, not any amounts that are paid for by insurance or someone else.
11. How often did you [hh member] pay that amount?

Frequency Codes:	01 = Annually	02 = Twice a year	04 = Quarterly	
	06 = Every Two Months	12 = Monthly	24 = Twice a Month	
	26 = Every Two Weeks	52 = Weekly	90 = Hourly	92 = Daily

IF HOURLY: 12. How many hours a week did [caregiver] usually come here?

13. How many weeks a year did [caregiver] usual come here?

- IF DAILY:**
- 14. How many days a week did [caregiver] usually come here?
 - 15. How many weeks a year did [caregiver] usual come here?
 - 16. We need to verify the expense information you just told me about. Can you tell me the address, contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

17. In QCM, did you [hh member] pay for anyone else to care for [disabled member]?

IF YES, GO BACK TO Q. 8.

Special Equipment

18. During [QCM], did you (or members of your family living here) pay for any special equipment for [disabled hh member], such as a wheelchair or specially equipped cars or vans? I am asking about amounts you [hh member] paid; not amounts paid by insurance or someone outside the household

IF NO, SKIP TO INSTRUCTIONS ON P. 57.

- 19. Who paid for the equipment?
- 20. What kind of equipment was it?
- 21. Did you [hh member] rent it, buy it (pay the full amount), or were you [hh member] making installment payments?

Payment Type:	1 = Paid in Full	2 = Making Installments	3 = Renting	8 = Don't Know
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22. When did you [hh member] buy it/start renting it?

PROBE FOR COST OF EQUIPMENT SPECIFICALLY FOR DISABLED MEMBER:

IF BOUGHT: 23. How much did it cost?

IF INSTALLMENT PAYMENTS OR RENTED: 24. How much were your [hh member's] payments?

25. How often did you [hh member] pay that amount?

IF INSTALLMENT PAYMENTS: 26. When will it be paid off?

Maintenance Cost

- 27. Do you have any costs for maintenance of this equipment?
- 28. How much are you paying in maintenance costs during [QCM]?
- 29. How often do you pay this amount?

Frequency Codes:	01 = Annually 06 = Every Two Months 26 = Every Two Weeks	02 = Twice a Year 12 = Monthly 52 = Weekly	04 = 4 Times a year (Quarterly) 24 = Twice a Month
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- 30. We need to verify the expense information you just told me about.
Can you tell me the Name, Address, Contact person and phone number?
RECORD THE TYPE AND DATE OF VERIFICATION AND OTHER VERIFICATION INFORMATION.

Verification Codes:	0 - None 3 - Documentation	1 - 3 rd Party in Writing 4 - Self Declaration	2 - 3 rd party Verbal 9 - Other
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- 31. Did anyone else in this household use the equipment that was bought for [disabled hh member]?

IF NO, SKIP TO INSTRUCTIONS ON BOTTOM OF PAGE.

- 32. About what percentage of the time is the equipment used by [disabled hh member]?
- 33. Did you [or any family member living here] pay for any other special equipment for [disabled hh member]?

IF YES, GO BACK TO Q. 18.

INSTRUCTIONS

IF RESPONDENT REPORTED THAT HE/SHE HAS **NO INCOME**—CONTINUE WITH SECTION W.

IF RESPONDENT REPORTED THAT HE/SHE **HAS INCOME**—SKIP TO CONCLUSION, SECTION X.

W. IF RESPONDENT REPORTS NO INCOME

You've told me you don't receive any income. How do you manage to get by—how do you get food and other things you need to live?

RECORD RESPONSE:

IF INCOME IS IDENTIFIED THAT SHOULD HAVE BEEN NOTED IN PREVIOUS SECTIONS, ENTER AMOUNTS IN THE APPROPRIATE SECTION.

X. CONCLUSION

That's all the questions I have. But before I go, let me take a minute to check that I have all the information I need.

Certification of Interview

I completed this interview on _____ at _____ am/pm.

DATE TIME

Signature _____

COMPLETE THE NEXT SECTION IMMEDIATELY AFTER THE INTERVIEW.