Modified 2010 CEQ Interview Specifications for Records Study

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 02 - STLRENT <1, D, R> [Goto RENTED]

 Last time [YOU\_YRCU] reported renting these living quarters. <2> [Goto RTASPAY]

 Do you still rent? <3> [Goto Section 3]

 1. Yes

 2. No

 3. No - buying the sample unit

 02 - OWNED Do you own this home? <1> [goto Section 3]

 <2, D, R> [goto RENTED]

 \* Include households with mortgages as owners.

 1. Yes

 2. No

 02 - RENTED <1, D, R> [If Intnmbr is 1 goto RENTX3]

 Do [Fill: YOU\_ANYMEM] [fill: still] pay rent for these living [goto RENTX1]

 quarters? <2> [goto RTASPAY]

 1. Yes

 02 - MORERENT Since the first of [fill: REF\_MONTH] have [fill:YOU\_ANYMEM] <1> [If Intnmbr is 1 goto RENTX3]

 rented any houses, apartments, or temporary living quarters NOTused [goto RENTX1]

 entirely for business or vacation? <2,D,R> [goto S2\_END]

 \* Do NOT include college or university regulated housing.

 1. Yes

 2. No

 02 - RENTX1 What was your total rental payment for [Fill: REF\_MONTH] for this <0-9999999, D, R> [goto RENTX2]

 unit?

 Include any extra charges for garage or parking facilities, but do not

 include direct payments

 02 - RENTX2 What was the total rental payment for [Fill: TWO\_MONTH] for this <0-9999999, D, R> [goto RENTX3]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 02 - RENTX3 What was your total rental payment for [Fill: LAST\_MON] for this <0-9999999, D, R> [goto RTELECT]

 unit?

 [fill: Include any extra charges for garage or parking facilities, but do not

 include

 02 - RTELECT Does the rental payment include the cost of- <1, 2, D, R> [goto RTGAS]

 . . .Electricity?

 1. Yes

 2. No

 02 - RTGAS \* Repeat if necessary <1, 2, D, R> [goto RTWATER]

 Does the rental payment include the cost of-

 . . . .Gas?

 1. Yes

 2. No

 02 - RTWATER \* Repeat if necessary <1, 2, D, R> [goto RTHEAT]

 Does the rental payment include the cost of-

 . . .Piped in water?

 1. Yes

 2. No

 02 - RTHEAT \* Repeat if necessary <1, 2, D, R> [goto RTTRASH]

 Does the rental payment include the cost of-

 . . . .Heating?

 1. Yes

 2. No

 02 - RTTRASH \* Repeat if necessary <1, 2, D, R> [goto RTPARK]

 Does the rental payment include the cost of-

 . . .Trash/garbage collection?

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 02 - RTPARK \* Repeat if necessary <1, 2, D, R> [goto RTASPAY]

 Does the rental payment include the cost of-

 . . .Garage and parking facilities?

 1. Yes

 2. No

 02 - RTASPAY Did [Fill: YOU\_ANYMEM] receive any reduced or free rent for <1> [goto RTCOMPX]

 this unit as a form of pay since the first of [Fill: REF\_MONTH]? <2, D, R> [goto RTBSNS]

 1. Yes

 2. No

 02 - RTCOMPX What is the current monthly rental charge to another tenant for a <1-999999, D, R> [goto REGRNTX]

 similar unit?

 02 - REGRNTX What is your regular rental payment? <0-999999, D, R> [goto RTBSNS]

 02 - RTBSNS Is any portion of this unit used for your own business? <1> [goto RTBSNSZ]

 <2, D, R> [If PSU = 06037, 06073,

 06075, 06087, 06097, 11001, 24021,

 1. Yes 24043, 34003, 34013, 34017, 34023,

 2. No 34027, 34031, 34037, 36005, 36047,

 36059, 36061, 36081, 36085, 36087,

 36103, 36119, goto RENTCONT] [Else,

 02 - RTBSNSZ What percent of the rental payment is counted as a <1-100, D, R> [If PSU = 06037, 06073,

 business expense? 06075, 06087, 06097, 11001, 24021,

 24043, 34003, 34013, 34017, 34023,

 \* Enter to the nearest whole percent. 34027, 34031, 34037, 36005, 36047,

 36059, 36061, 36081, 36085, 36087,

 36103, 36119, goto RENTCONT] [Else,

 02 - RENTCONT Is this unit under rent control? <1, 2, D, R> [goto MORERNT]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 B WHICH\_PROP [fill: Now I'm going to ask some questions about your owned properties./ <1-5> [goto PROPDESC]

 Now I'm going to ask about your next property.]

 \* Enter type of property

 [Fill: 2. Former Home]

 3. Vacation prop, second home, recreational property

 4. Unimproved land

 5. Other Property

 03 B PROPDESC [Fill: Now I'm going to ask some questions about your Sample Unit.] <30 characters> [If OWNYB = 300 goto

 TIMESHAR]

 [ELSE goto SHARED2]

 [Fill: \* Briefly describe the [Fill: former home/Vac./sec./rec. prop or

 time share/unimproved land/other property] ]. <888> [goto next property]

 [Fill: \* Press Enter to continue / \* Enter 888 to delete this property.

 03 B TIMESHAR ? [F1] <1>[goto SHARWKS]

 <2> [goto SHARED2]

 Is this a time-sharing arrangement where [Fill: YOU\_YRCU] [Fill:

 HAVE\_HAS2] use of the property only for a specified time each year?

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 B SHARWKS How many weeks per year can [fill: YOUR\_YRCU] use your timeshare? <1 - 52, D, R> [goto SHARED1]

 03 B SHARED1 [Fill: Do/Does] [fill: YOU\_YRCU] own the timeshare with anyone else <1> [goto SHARPER1]

 outside your household? <2, D, R> [goto COUNTRY]

 1. Yes

 2. No

 03 B SHARPER1 What percent of the timeshare [fill: do/does] [fill: YOU\_YRCU] own? <1 - 99, D, R> [goto COUNTRY]

 03 B SHARED2 [Fill: Do/Does] [fill: YOU\_YRCU] share ownership of the property <1> [goto SHARPER2]

 with anyone else? <2, D, R> [if OWNYB = 300, goto

 COUNTRY]

 1. Yes [ELSE if INTNMBR = 2 - 5 and

 2. No NEWCU is not 1 AND OWNYB ne 100

 goto STILOWNB]

 [ELSE goto BSNSEXP]

 03 B SHARPER2 What percentage of the property [fill: do/does] [fill: YOU\_YRCU] <1 - 99, D, R> [If OWNYB = 300, goto

 COUNTRY]

 [ELSE, if INTNMBR = 2 - 5

 AND NEWCU is not 1 AND OWNYB NE

 100 goto STILOWNB]

 [ELSE, goto BSNSEXP]

 03 B COUNTRY \* Ask if not apparent <1> [goto STATE]

 \* If this is a timeshare with multiple locations, select the most often <2, D, R> [If INTNMBR = 2 - 5 AND

 used location. NEWCU is not 1 and OWNYB ne 100 goto

 STILOWNB]

 Where is the property located? [ELSE goto BSNSEXP]

 1. United States

 2. Foreign Country

 03 B STATE \* Enter the two character State abbreviation < 2 character state abbreviation, D, R>

 [goto CNTYCODE]

 03 B CNTYCODE What county is the property located in? <30 characters, D, R> [If INTMBR = 2 - 5

 AND NEWCU is not 1 AND OWNYB ne

 \* If the county name is not found, key X. 100 goto STILOWNB]

 [ELSE goto

 BSNSEXP'

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 B OTHCNTY \* Specify other county <30 characters> [If INTNMBR = 2 - 5 AND

 NEWCU is not 1 AND OWNYB ne 100

 goto STILOWNB

 [ELSE goto BSNSEXP]

 03 B STILOWNB \* Ask if not apparent <1, 2, D, R> [goto BSNSEXP]

 Do you still own this property?

 1. Yes

 2. No

 03 B BSNSEXP [Fill: Are/Were] any of the expenses for this property deducted <1> [goto OBSNSZB]

 as business, farm, or rental expenses? <2,D,R> [goto ACQUIRYR]

 1. Yes

 2. No

 03 B OBSNSZB What percent of the expenses for this property [Fill: are/were] deducted? <1-99, D, R> [goto ACQUIRYR]

 <100> [goto Next property, If no

 more properties, goto S3I\_END]

 03 B ACQUIRYR In what year did [Fill: YOU\_YRCU] close or settle on this property? <1900 - 9999, D, R> [goto ACQUIRMO]

 03 B ACQUIRMO In what month did [Fill: YOU\_YRCU] close or settle on this property? <1 - 12, D, R> [If

 ACQUIRMO/ACQUIRYR are within the

 reference period, goto GIFTPROP]

 [Else, goto ANPROPTX]

 03 B GIFTPROP Was this property received as a gift or inheritance? <1,D,R> [goto ANPROPTX]

 <2> [goto OWN\_PURX]

 1. Yes

 2. No

 03 B OWN\_PURX (Book) 6 ? [F1] <0-99999999, D,R> [goto CLOSECST]

 What was the total price paid for [Fill: this/the] property, not

 including

 closing costs? Closing costs include the kinds of things listed

 03 B CLOSECST (Book) 6 ? [F1] <0-99999999, D,R> [goto OWNDPMTX]

 About how much were the closing costs?

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 B H\_CLOSECOST Section 3 - OWNED LIVING QUARTERS AND OTHER OWNED <Esc> [go back to OWN\_PURX or

 REAL ESTATE CLOSECST]

 Closing Costs:

 Advertising costs Property survey charges

 Deed preparation Recording fees

 Escrow payment Title search

 Lawyer’s fees Transfer taxes

 Points paid by buyer Real esate listing service fees

 03 B OWNDPMTX What was the amount of the down payment? <0-99999999, D,R> [goto ANPROPTX]

 03 B ANPROPTX What [Fill: are/were] the annual property taxes for [Fill: this/the] <0-99999999, D,R> [If OWNYB = 400

 goto S3B\_END]

 [Else if OWNYB ne

 400 AND NOT (OWNYB = 100 AND

 BUILDING (from Section 1C) = 1, 9 , 10]

 go to PROPTYPE]

 [Else goto S3B\_END]

 03 B PROPTYPE \* Ask if not apparent. <1-3> [goto S3B\_END]

 \* If respondent doesn't know or refuses select pre-code 3.

 [Fill: Is/Was] this property a -

 1. Condominium?

 2. Cooperative?

 3. Something else?

 03 B S3B\_END \*\* CHECK ITEM \*\* [If STILOWNB = 2, goto Section 3D]

 [ELSE goto Section 3E]

 03 E PRESMORT <1> [goto NUMMORT1]

 Now I am going to ask about mortgages for your [Fill: PROPDESC]. <2, D, R> [goto HADMORT]

 Excluding home equity loans, [Fill: and reverse mortgages],

 [Fill:do/does] [Fill: YOU\_YRCU]

 presently have a mortgage on your [Fill: PROPDESC]?

 1. Yes

 2. No

 03 E NUMMORT1 How many mortgages [Fill: HAVE\_HAS2] [Ffill: YOU\_YRCU] had <1-8, D, R> [goto HOMEQ\_YN]

 on this

 property since the first of [Fill: REF\_MONTH]?

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 E HADMORT <1> [goto NUMMORT2]

 [Fill: HAVE\_HAS1] [Fill: YOU\_YRCU] had a mortgage on this <2, D, R > [goto HOMEQ\_YN]

 property

 since the first of [Fill: REF\_MONTH]?

 1. Yes

 03 E NUMMORT2 <1-8, D, R> [goto HOMEQ\_YN]

 How many mortgages [Fill: HAVE\_HAS2] [Fill: YOU\_YRCU] had on

 this

 property since the first of [Fill: REF\_MONTH]?

 03 E MRTCPSHA Since the first of [Fill: REF\_MONTH], in addition to [Fill: <1> [goto NUMMORT3]

 YR\_YRCUS] share of the <2, D, R> [goto HOMEQ\_YN]

 cooperative’s total costs, did [Fill: YOU\_YRCU] make payments on

 a mortgage

 that was obtained from an outside lender for [Fill: YR\_YRCUS] shares

 in the cooperative?

 1. Yes

 2. No

 03 E NUMMORT3 <1-8, D, R> [goto HOMEQ\_YN]

 How many mortgages [Fill: HAVE\_HAS2] [Fill: YOU\_YRCU] had on

 this

 property since the first of [Fill: REF\_MONTH]?

 03 E HOMEQ\_YN <1> [goto LSHEL\_YN]

 [Fill: Do/Does] [Fill: YOU\_YRCU] have a home equity loan or any <2, D, R> [goto S3E\_END]

 other loan which gives the lender claim on this property in case

 the loan is not repaid?

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 E LSHEL\_YN [Fill: There are two basic types of home equity loans. I’ll describe <1> [got NUMLSHEL]

 both types. <2, D, R> [goto LCHEL\_YN]

 - A loan where [Fill: YOU\_YRCU] received the entire lump-sum

 borrowed when [Fill: YOU\_YRCU] took out the loan; or

 - A line of credit loan where [Fill: YOU\_YRCU] can increase the

 amount borrowed by simply writing a check or using a special

 credit card.]

 [Fill: HAVE\_HAS] [Fill: YOU\_YRCU] had a lump sum home equity

 loan on

 this property since the first of [Fill: REF\_MONTH]?

 1. Yes

 2. No

 03 E NUMLSHEL <1-8,D,R> [goto LCHEL\_YN]

 How many?

 03 E LCHEL\_YN <1> [goto NUMLCHEL]

 [Fill: HAVE\_HAS] [Fill: YOU\_YRCU] had a line of credit <2, D, R> [goto S3E\_END]

 home equity loan on this property since the first of

 [Fill: REF\_MONTH]?

 1. Yes

 2. No

 03 E NUMLCHEL <1-6, D,R> [goto S3E\_END]

 How many?

 03 F ORG\_INTR Now I will ask some questions about your [Fill: 1st/2nd, 3rd, etc.] [Fill: <1> Continue [goto ORGMRTX]

 mortgage/lump sum home equity loan]. These questions refer to the <2> Delete the loan [goto S3FG\_END]

 [Fill: mortgage/lump sum home equity loan] you are currently making

 03 F ORGMRTX What was the amount of the [Fill: mortgage/lump sum home equity loan] <1-99999999, D,R> [goto FRSTPYYR]

 when [Fill: YOU\_YRCU] first obtained it, not including any interest?

 03 F FRSTPYYR In what year did [Fill: YOU\_YRCU] make the first payment <1900-9999, D,R> [goto FRSTPYMO]

 on this [Fill: mortgage/lump sum home equity loan]?

 03 F FRSTPYMO <1 - 12, D, R> [goto MTERM]

 In what month did [Fill: YOU\_YRCU] make the first payment

 on this [Fill: mortgage/lump sum home equity loan]?

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 F MTERM Is this a 30 year [Fill: mortgage/lump sum home equity loan], a 15 year <1, 2, D, R> [goto NEWMRRT]

 <3> [goto MORTTERM]

 [Fill: mortgage/lump sum home equity loan], or something else?

 1. 30-year

 2. 15-year

 03 F MORTTERM \* Enter number of years <1-50, D,R> [goto NEWMRRT]

 03 F S3FG\_ERR \* Soft Edit <Suppressed> [goto NEWMRRT]

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 \* Number of payments made to date is greater than the mortage term

 Please verify.

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 Question involved | Value

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 (MTERM: mortgage term or

 MORTTERM: other mortgage term)

 FRSTPYYR: Payment Year

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_

 | Suppress | Goto |

 Close |

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 03 F NEWMRRT What is the current interest rate on this <00.000 - 99.999, D, R> [goto FIXEDRTE]

 [Fill: mortgage/lump sum home equity loan]?

 \* Enter percent including decimal

 03 F FIXEDRTE Is this a fixed rate [Fill: mortgage/lump sum home equity loan]? <1> [goto PAYINCL]

 <2, D,R> [goto PAYTYPE]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 F PAYTYPE <1-3, D, R> [If precode 3 is included goto

 There are many different kinds of [Fill: mortgage/lump sum home PAYTOTHF], else [goto PAYINCL]

 equity loan]s.

 Which of these comes closest to [Fill: YRS\_YRCS]?

 \*Read each item on list

 \*Mark all that apply, separate with commas

 1. Variable or adjustable rate of interest (ARM)

 2. Interest only

 3. Other - specify

 03 F PAYTOTHF \* Specify: <30 characters> [goto PAYINCL]

 03 F PAYINCL (Book) 7 [F1] <1-5, 77, R> [[if FIXEDRTE = 1 goto

 MRTPMTX], else [if INTNMBR ne 1goto

 On [Fill: YR\_YRCUS] last payment, which of these things were PAYMTX1], else [goto PAYMTX3]

 included? <6> [If 6 selected, goto PAYOTHF]

 \* Read each item on list.

 \* Enter all that apply, separate with commas.

 1. Principal

 2. Interest

 3. Property taxes

 4. Property insurance

 5. Mortgage guarantee insurance (PMI)

 6. Any other payments - specify

 77. Don't know

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 F S3FG\_ER2 \* Soft Edit <Suppressed> [If 6 selected in PAYINCL,

 goto PAYOTHF]

 ------------------------------------------------------------------------------------ Else [If FIXEDRTE = 1

 ------------------------------------ goto MRTPMTX], else [if INTNMBR ne 1

 goto PAYTMX1], else {goto PAYMTX3]

 \* Principal and interest were not included in the mortgage payment.

 Please verify.

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 Question involved | Value

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 PAYINCL: Payment includes

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_

 | Suppress | Goto |

 Close |

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 03 F PAYOTHF \* Specify: < 30 characters> [If FIXEDRTE = 1 goto

 MRTPMTX], else [If INTNMBR ne 1 goto

 PAYMTX1], else goto PAYMTX3]

 03 F MRTPMTX How much is [fill: YR\_YRCUS] [Fill: mortgage/lump sum home equity <1-99999999, D, R> [If any codes 3-6 are

 loan] payment per month? selected in PAYINCL goto PRININTX]

 [Else goto

 03 F PRININTX How much of that amount was for [fill:principal/interest/ and/orprincipal <0-99999999, D, R> [goto S3FG\_END]

 and interest]?

 03 F PAYMTX1 How much was [Fill: YR\_YRCUS] payment on this [Fill: mortgage/lump <1-99999999, D, R> [if any codes 3-6

 sum home equity loan] in [fill: REF\_MONTH]? selected in PAYINCL goto PRNINTX1] else

 [goto PAYMTX2]

 If PAYMTX1 = 0 skip to the next payment

 (PAYMTX2)

 03 F PRNINTX1 How much of that amount was for [fill:principal/interest/principal and <0-99999999, D, R> [goto PAYMTX2]

 interest]?

 03 F PAYMTX2 How much was [Fill: YR\_YRCUS] payment on this [Fill: mortgage/lump <1-99999999, D, R> [if any codes 3-6

 sum home equity loan] in [fill: TWO\_MONTH]? selected in PAYINCL goto PRNINTX2] else

 [goto PAYMTX3]

 If PAYMTX2 = 0 skip to next payment

 (PAYMTX3)

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 03 F PRNINTX2 How much of that amount was for [fill:principal/interest/principal and <0-99999999, D, R> [goto PAYMTX3]

 interest]?

 03 F PAYMTX3 How much was [Fill: YR\_YRCUS] payment on this [Fill: mortgage/lump <1-99999999, D, R> [if any codes 3-6

 sum home equity loan] in [fill: LAST\_MONTH]? selected in PAYINCL goto PRNINTX3] else

 [goto next loan], else [goto S3FG\_END]

 If PAYMTX3 = 0 goto next loan, else goto

 S3FG\_END

 03 F PRNINTX3 How much of that amount is for [fill:principal/interest/principal and <0-99999999, D, R> [goto S3FG\_END]

 03 F ORG\_DEL \*\* OUT VARIABLE \*\*

 03 H PAIDLOAN <1> [goto PDAMTX1]

 I’d like to ask some questions about [Fill: YR\_YRCUS] line of credit <2, D, R > [goto TOTOWED]

 <888> [go to next loan]

 home equity [Fill: loan/loans].

 Since the first of [Fill: REF\_MON], [Fill: HAVE\_HAS2] [Fill:

 YOU\_YRCU]

 made any payments for [Fill: your/your CU's] [Fill:

 loan/1st/2nd/3rd/etc. loan]?

 1. Yes

 2. No

 888. Delete this loan.

 03 H PDAMTX1 <0-99999999, D,R> [if INTNMBR = 1

 What was the total amount paid in [fill: REF\_MONTH]? goto TOTOWED]

 [else goto PDAMTX2]

 03 H PDAMTX2 <0-99999999, D,R> [goto PDAMTX3]

 What was the total amount paid in [fill: TWO\_MONTH]?

 03 H PDAMTX3 <0-99999999, D,R> [goto TOTOWED]

 What was the total amount paid in [fill: LAST\_MONTH]?

 03 H TOTOWED <0-99999999, D,R> [goto S3H\_END]

 How much was owed before the last payment?

 03 H S3H\_END \* Check Item \* [goto PAIDLOAN for next new loan with

 LOANTYPE = 3 for this property]

 [If no more new loans with LOANTYPE =

 3, goto Section 3I]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 A S4A\_INTRO (Book) 8 <1> [goto TELEBILL]

 <NODK, NORF>

 \* [Fill: Please jump to section 9 and collect clothing and sewing materials

 expenditures before asking about telephone expenses.]

 Now I am going to ask about bills for telephone services. Please refer

 to any

 billing statements or other records you have when answering these

 questions. Please remember to include any bills you receive or pay

 online or have automatically deducted. Report any telephone bill you

 have received, even if the bill has not been paid.

 1. Enter 1 to Continue

 04 A TELEBILL (Book) 8 ? [F1] <1> [If entry in any 8500.TELCOMP

 1-20, goto PREVCOMP]

 Since the first of [fill: REF\_MONTH], have [fill YOU\_ANYMEM] [Else, goto TELCOMP

 received any bills for telephone services, including cellular and Voice <2,D,R> [goto S4A\_END]

 Over IP? Do not include bills

 for telephones used entirely for business purposes.

 1. Yes

 2. No

 04 A PREVCOMP What is the name of the company which provides the service? <1-20> [goto TELBSNS]

 <55> [goto TELCOMP]

 [fill: 8500.TELCOMP] <888> [goto TELOTH]

 55. Company name not listed

 888. Delete the line

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 A H\_S4A Section 4 - UTILITIES AND FUELS FOR OWNED AND <empty> [go back to TELEBILL OR

 RENTED PROPERTIES TELTEMP]

 Part A - Telephone Expenses

 TELEPHONE SERVICES INCLUDED IN BILL

 1 - Residential Service

 2 - Mobile/Cellular Service

 3 - Voice Over IP

 OTHER TELEPHONE AND NON-TELEPHONE SERVICE

 ITEMS

 1 - Internet access (including broadband, DSL, or dial-

 up)

 2 - Cable or satellite television services

 3 - Non-telephone related rentals or purchases such as

 04 A TELCOMP [fill: What is the name of the company which provides <30 characters, NODK, NORF> [goto

 the service?/ \* Enter company name] TELBSNS]

 <888> [goto TELOTH]

 04 A TELBSNS Will any of the charges be deducted as a business expense? <1> [goto TELBSNZ]

 <2,D,R> [If Intnmbr = 1, goto

 1. Yes TELCHGX3] [Else, goto TELCHGX1]

 2. No

 04 A TELBSNZ What percentage will be deducted? <1-99, D,R> [If Intnmbr = 1 goto

 TELCHGX3] [Else goto TELCHGX1]

 <100> [ goto, TELOTH]

 04 A TELCHGX1 How much were you billed for in [fill: REF\_MONTH]? <0-999999, D, R> [goto TELCHGX2]

 Do not include any unpaid charges from a previous billing period.

 04 A TELCHGX2 How much were you billed for in [fill: TWO\_MONTH]? <0-999999, D, R> [goto TELCHGX3]

 Do not include any unpaid charges from a previous billing period.

 04 A TELCHGX3 How much were you billed for in [fill: LAST\_MONTH]? <0-999999, D, R> [If TELCHGX1 OR

 Do not include any unpaid charges from a previous billing period. TELCHGX2 OR TELCHGX3 = 0, goto

 BILPERD]

 [Else, goto TYPETEL]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 A BILPERD What is your usual billing period for this service? <1-5, D, R> [goto TYPETEL]

 1.Month

 2.2 Months

 3.Quarter

 4.Annual

 5.Other

 04 A TYPETEL What types of telephone services did the bill include? <1,2, 3, D, R> [goto TELTEMP]

 \* Enter all that apply, separate with commas.

 \* Read each item on list.

 1. Residential Service

 2. Mobile/Cellular Service

 3. Voice Over IP

 04 A TELTEMP (Book) 8 ? [F1] <0, 77> [if 0 only or 77 only, goto

 TELOTH]

 Which of the following telephone service items were included in the <1> [ [If Intnmbr = 1, goto

 bill(s)? TINTNTX3] [Else, goto TINTNTX1]

 <2> [ [If Intnmbr = 1, goto

 \* Enter all that apply, separate with commas. TCABLEX3] [Else, goto TCABLEX1]

 <3> [ If Intnmbr = 1, goto

 \*Read each item on list. NTRTPRX3] [Else, goto NTRTPRX1]

 <D><R> [goto TELOTH]

 0. None

 1. Internet access (including broadband, DSL, and dial-up)

 2. Cable or satellite television service

 3. Non-telephone related rentals or purchases such as a modem

 77. Misc. Combined (unable to specify/DK)

 04 A TINTNTX1 How much of the [fill: REF\_MONTH] charges were for internet access? <0-999999,D,R> [goto TINTNTX2]

 04 A TINTNTX2 How much of the [fill: TWO\_MONTH] charges were for internet access? <0-999999,D,R> [goto TINTNTX3]

 04 A TINTNTX3 How much of the [fill: LAST\_MONTH] charges were for internet <0-999999,D,R> [if TELTEMP = 2 AND

 Intnmbr = 1, goto TCABLEX3] [ Else, goto

 TCABLEX1]

 [ if TELTEMP = 3 AND

 Intnmbr = 1, goto NTRTPRX3] [Else, goto

 NTRTPRX1]

 [else goto TELOTH]

 04 A TCABLEX1 How much of the [fill: REF\_MONTH] charges were for cable or satellite <0-999999,D,R> [goto TCABLEX2]

 television service?

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 A TCABLEX2 How much of the [fill: TWO\_MONTH] charges were for cable or <0-999999,D,R> [goto TCABLEX3]

 satellite television service?

 04 A TCABLEX3 How much of the [fill: LAST\_MONTH] charges were for cable or <0-999999,D,R> [ If Intnmbr = 1AND

 satellite television service? TELTEMP = 3, goto NTRTPRX3] [Else,

 goto NTRTPRX1]

 [else goto TELOTH]

 04 A NTRTPRX1 How much of the [fill: REF\_MONTH] charges were for non-telephone <0-999999,D,R> [goto NTRTPRX2]

 related rentals or purchases?

 04 A NTRTPRX2 How much of the [fill: TWO\_MONTH] charges were for non-telephone <0-999999,D,R> [goto NTRTPRX3]

 related rentals or purchases?

 04 A NTRTPRX3 How much of the [fill: LAST\_MONTH] charges were for non-telephone <0-999999,D,R> [goto TELOTH]

 related rentals or purchases?

 04 A TELOTH Did [fill: YOU\_ANYMEM] receive any other bills for telephones not <1> [If Intnmbr = 1, goto TELCOMP,

 used entirely for business purposes? next line of grid] [Else, goto PREVCOMP,

 next line of grid]

 1. Yes <2> [goto S4A\_END]

 2. No

 04 B FONCARD Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] <1> [goto FONCARDX]

 purchased any pre-paid long distance telephone cards/minutes, not <2,D,R> [goto PRPYCELL]

 already reported?

 1. Yes

 2. No

 04 B FONCARDX <1-9999,D,R> [goto FONCRDCX]

 What was the total amount paid?

 04 B FONCRDCX How much of the total was paid this month? <0-9999, D, R> [goto PRPYCELL]

 04 B PRPYCELL Since the first of [fill: REF\_MO], have you had any expenses for <1> [goto PRPYCLX]

 Prepaid Cellular minutes, not already reported? <2, D, R> [goto PYPHONE]

 1. Yes

 2. No

 04 B PRPYCLX What was the total amount paid? <1-9999, D, R> [goto PRPYCCX]

 04 B PRPYCCX How much of the total was paid this month? <0-9999, D, R> [goto PYPHONE]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 B PYPHONE Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] had <1> [goto PYPHONEX]

 any expenses for public pay phone services not already reported? <2,D,R> [goto S4B\_END]

 \* Do not include expenses for phone cards associated with the regular

 phone bill or pre-paid

 phone cards.

 1. Yes

 2. No

 04 B PYPHONEX <0-9999, D, R> [goto PYPHONCX]

 What was the total amount spent?

 \* For amounts less than $0.50, enter $0

 For amounts $0.50 to $0.99, enter $1

 04 B PYPHONCX How much of the total amount was spent this month? <0-9999, D, R> [goto S4B\_END]

 04 C S4C\_INTRO (Book) 8 <1> [goto UTI\_ITEM]

 Now I am going to ask about cable and satellite TV service, satellite radio

 service, and internet service expenditures.

 1. Enter 1 to Continue

 04 C UTI\_ITEM (Book) 8 ? [F1] <1-7> [goto INTDESC]

 <99> [goto S4C\_END]

 Since the first of [fill: REF\_MONTH] have [fill: YOU\_ANYMEM] <888> [goto UTI\_ITEM - next line of

 had any expenses for ... grid] [If no more grid lines goto S4C\_END]

 \* Read each item on list.

 1. Cable or satellite TV services, not already reported?

 2. Satellite radio services, not already reported?

 3. Internet connection or an internet service provider, not already

 reported?

 4. Listening to or downloading music or audio files?

 5. Viewing or downloading video files?

 6. Online games or other internet entertainment sites?

 7. Internet services away from home such as web cafes or internet

 kiosks?

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 C H\_S4C Section 4 - INTERNET SERVICES EXPENDITURES <Esc Key> [goto UTI\_ITEM OR

 Part C - CABLE AND INTERNET SERVICES

 1 - Cable or satellite TV

 Cable TV DirecTV Dish TV

 TiVo

 2 - Satellite Radio Services

 Sirius Radio XM Radio

 3 - Internet connection or an internet service provider

 AOL Road Runner ISPs

 Comcast Verizon

 4 - Listening to or downloading music or audio files

 Napster Rhapsody iTunes

 5 - Viewing or downloading video files

 6 - Online games or other internet entertainment sites

 7 - Internet services away from home such as web cafes or internet

 kiosks

 04 C INTDESC What was the expense for? <30 characters> [goto INTMO]

 04 C INTMO In what month was the expense? <REF\_MONTH - CUR\_MONTH, 13, D, R>

 \* Enter 13 for same amount each month of the reference period [goto INTCHGX]

 [list appropriate months]

 13. Same amount each month

 04 C INTCHGX [Fill: How much was this expense?/What is your monthly expense?] <1-999999, D, R> [goto INTCMB\_S]

 04 C INTCMB\_S \* Enter 'C' for combined expenses. <C> [goto INTCMB]

 <empty> [goto INTMORE]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 C INTCMB (Book) 8 ? [F1] <1-6, 77> [goto INTMORE]

 What was [fill: description] combined with?

 \* Enter all that apply, separate with commas.

 1. Cable or satellite TV services

 2. Satellite radio services

 3. Internet connection or an internet service provider

 4. Listening to or downloading music or audio files

 5. Viewing or downloading video files

 6. Online games or other internet entertainment sites

 7. Internet services away from home such as web cafes or internet

 kiosks

 77. Misc. combined (unable to specify/DK)

 04 C INTMORE Did you have any other expenses for [fill: description]? <1, 2, D, R> [goto INT\_ITEM, next line of

 grid]

 1. Yes

 2. No

 04 C S4C\_END \*\* CHECK ITEM \*\* [goto Section 4D]

 04 D S4D\_INTRO (Book) 8 <1> [goto UTC\_ITEM]

 Now I am going to ask about utility bills. Please refer to any

 billing statements or other records you have when answering these

 questions. Please remember to include any bills you receive or pay

 online

 or have automatically deducted. Report any utility bill you have

 received,

 even if the bill has not been paid.

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 D UTC\_ITEM (Book) 8 ? [F1] <1-10> [goto WHATPROP]

 <99> [goto S4D\_END]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] <888> [go to next line on grid]

 received any bills for any of the following utilities, fuels,

 or services? Do not include bills for properties used entirely for

 business.

 \* Read each item on list:

 1. Electricity 6. Piped-in water

 2. Natural or utility gas 7. Sewerage maintenance

 3. Fuel oil 8. Trash/garbage collection

 4. Bottled or tank gas 9. Water softening service

 5. Other fuels including wood 10. Septic tank cleaning

 99. None/No more entries

 888. Delete the line

 04 D H\_S4D Section 4 - UTILITIES AND FUEL FOR OWNED AND <Esc Key> [goto UTC\_ITEM OR

 RENTED PROPERTIES UTILCMB]

 Part D - UTILIITES, FUELS, AND SERVICES

 1 - Electricity

 2 - Natural or utility gas

 3 - Fuel oil

 4 - Bottled or tank gas

 5 - Other fuels including wood

 6 - Piped-in water

 7 - Sewerage maintenance

 8 - Trash/garbage collection including -

 Hazardous waste collection

 Recycable material collection

 Waste disposal

 9 - Water softening service

 10 - Septic tank cleaning

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 D WHATPROP Which property was the bill for? <1-20, 40> [If UTC\_ITEM = 1-3, 6-8

 and no data in any 8500.COMPNAME [1]-

 [fill: all PROPNUM, PROPDESC from Section 3] [40] goto COMPNAME] [[If UTC\_ITEM

 = 1-3, 6-8 and any data in

 8500.COMPNAME [1]-[40] goto

 [fill: 40. Rented sample unit] LASTCOMP] ELSE goto UTILBUSN]

 [fill: 41. Other rental unit] <41,42,43, D, R> [goto UTLPDESC]

 42. Rented vacation property

 43. Property not owned or rented by household

 04 D UTLPDESC \* Briefly describe the property. <30 characters> [If UTC\_ITEM = 1-3, 6-8

 AND no data in any 8500.COMPNAME

 [1]-[40] goto COMPNAME], [If

 UTC\_ITEM = 1-3, 6-8 and any data in

 8500.COMPNAME [1]-[40] goto

 04 D LASTCOMP What is the name of the company or government agency which <1-20 > [goto UTILBUSN]

 provides [fill: description]? <55> [goto COMPNAME]

 [Fill: Company names reported last interview]

 55. Company name not listed

 04 D COMPNAME What is the name of the company or government agency which provides <30 characters> [goto UTILBUSN]

 [fill: description]?

 04 D UTILBUSN <1-2, D, R> [goto HAVEBILL]

 Will any part of the [fill: description] charges be deducted as a

 business expense?

 1. Yes

 2. No

 04 D HAVEBILL <1, 2, D, R> [If INTNMBR = 1 goto

 UTLCHGX3] else [goto UTLCHGX1]

 \* Does the respondent have a bill or statement showing the charges?

 Answer NO if only checkbook records are being used.

 1. Yes

 04 D UTLCHGX1 How much were you billed for in [fill: REF\_MONTH]? <0-999999, D, R> [goto UTILCHGX2]

 04 D UTLCHGX2 How much were you billed for in [fill: TWO\_MONTH]? <0-999999, D, R> [goto UTILCHGX3]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 04 D UTLCHGX3 How much were you billed for in [fill: LAST\_MONTH]? <0-999999, D, R> [If UTLCHGX1 ne 0

 AND UTLCHGX2 ne 0 AND UTLCHGX3

 ne 0 goto UTILCMB\_S]

 [else goto BLPERIOD]

 04 D BLPEROTH <30 characters> [goto UTILCMB\_S]

 \* Specify:

 04 D BLPERIOD What is your usual billing period for the service? <1-4, D, R> [goto UTILCMB\_S]

 <5> [goto BLPEROTH]

 1. Month

 2. 2 months

 3. Quarter

 4. Annual

 5. Other

 04 D UTILCMB\_S \* Enter 'C' for a combined expense <C> [goto UTILCMB]

 <empty> [goto MOREBILL]

 04 D UTILCMB (Book) 8 ? [F1] <1-10, 77> [goto MOREBILL]

 What other utilities, fuels, or services was [fill: description]

 combined with?

 \* Enter all that apply, separate with commas.

 1. Electricity 6. Piped-in water

 2. Natural or utility gas 7. Sewerage maintenance

 3. Fuel oil 8. Trash/garbage collection

 4. Bottled or tank gas 9. Water softening service

 5. Other fuels including wood 10. Septic tank cleaning

 77. Misc. combined (unable to

 specify/DK)

 04 D MOREBILL Did you receive any other [fill: description] bills? <1, 2,D,R> [goto UTC\_ITEM, next line

 of grid]

 1. Yes

 2. No

 06 A S6A\_INTRO (Book) 11 <1> [goto APA\_ITEM]

 Now I am going to ask about the purchase or rental of major household

 appliances.

 1. Enter 1 to Continue

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 06 A APA\_ITEM (Book) 11 ? [F1] <1-12> [goto MAJTYPE]

 <99> [goto S6A\_END]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] <888> [goto APA\_ITEM - next line of

 grid] [If no more grid lines goto S6A\_END]

 purchased or rented any of the following items for your household

 or for someone outside of your household?

 \* Read each item on list.

 1. Microwave oven 6. Portable dishwasher

 2. Cooking stove, range or oven 7. Garbage disposal

 3. Range hood 8. Clothes washer

 4. Refrigerator or home freezer 9. Clothes dryer

 5. Built-in dishwasher 99. None/No more entries

 888. Delete the line

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 06 A H\_S6A Section 6 -- APPLIANCES, HOUSEHOLD EQUIPMENT, AND <Esc Key> [go back to where the F1 was

 OTHER SELECTED ITEMS pressed]

 Part A - HOUSEHOLD APPLIANCES

 1 - MICROWAVE OVEN

 2 - ELECTRIC STOVE, RANGE, OR OVEN

 (including convection oven)

 3 - GAS STOVE, RANGE, OR OVEN

 4 - OTHER STOVE, RANGE, OR OVEN

 (such as a wood burning stove)

 5 - RANGE HOOD

 6 - REFRIGERATOR

 (including refrigerator/freezer combinations)

 7 - HOME FREEZER

 8 - BUILT-IN DISHWASHER

 9 - PORTABLE DISHWASHER

 10 - GARBAGE DISPOSAL

 11 - CLOTHES WASHER

 (including washer/dryer combinations)

 12 - CLOTHES DRYER

 06 A MAJTYPE <30 characters> [goto GFTC\_MAJ]

 What did you purchase or rent?

 \* Enter brief description of the item

 06 A GFTC\_MAJ Was this item - <1, 3, D, R> [goto MAJ\_MO]

 <2> [goto MAJ\_AMOUNT]

 1. Purchased for someone inside the household?

 2. Rented?

 3. Purchased for someone outside your household?

 06 A MAJ\_MO When did you purchase it? <REF\_MONTH - CUR\_MONTH, D, R>

 [goto MAJ\_AMOUNT]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 06 A MAJ\_AMOUNT [fill: What was the purchase price ?/ <1-999999> [goto MAJTAX]

 What was the total rental expense since the first of [fill: <D,R> [goto INSTALL]

 REF\_MONTH]

 06 A MAJTAX Did this include sales tax? <1, 2, D, R> [goto INSTALL]

 1. Yes

 2. No

 06 A INSTALL Were there any extra charges for installation or delivery? <1> [goto MAJINSTX]

 <2,D,R> [goto MAJCMB\_S]

 \*Include charges for disposal of old appliances

 1. Yes

 2. No

 06 A MAJINSTX How much? <1-999999,D,R> [goto MAJCMB\_S]

 06 A MAJCMB\_S \* Enter 'C' for a combined expense <C> [goto MAJCMB]

 <empty> [goto MAJOTHER]

 06 A MAJCMB (Book) 11 ? [F1] <1-9, 77> [goto MAJOTHER]

 What other appliances is the [Fill: (description)] combined with?

 \* Enter all that apply, separate with commas

 1. Microwave oven 6. Portable dishwasher

 2. Cooking stove, range or oven 7. Garbage disposal

 3. Range hood 8. Clothes washer

 4. Refrigerator or home freezer 9. Clothes dryer

 5. Built-in dishwasher 77. Misc. combined (unable to

 specify/DK)

 >Variable Name MAJCMB

 06 A MAJOTHER Did you purchase or rent any other [fill: description]? <1, 2, D, R> [goto APA\_ITEM]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 06 B S6B\_INTRO (Book) 12 - 17 <1> [goto APB\_ITEM]

 Now I am going to ask about expenses for the purchase or rental of

 household appliances and other selected items.

 1. Enter 1 to Continue

 06 B APB\_ITEM <1-40> [goto MINTYPE]

 SCREEN 1 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - <95> [goto next row]

 - - - - - - - - - - - - - - - - - - - - - - - - <99> [goto S6B\_END]

 (Book) 22-24 ? [F1] <888> [goto APB\_ITEM - next line of

 grid] [If no more grid lines goto S6B\_END]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM]

 purchased or rented any of the following items?

 \* Read each item on list

 1. Small electrical kitchen appliances

 2. Electrical personal care appliances

 3. Smoke detectors

 4. Electric floor cleaning equipment

 5. Other household appliances

 6. Sewing machines

 7. Office machines including fax machines and calculators

 8. PDAs and pocket PCs

 9. Computers, computer systems, or related hardware

 10. Computer software including computer games or accessories, for

 non-business use

 11. Video game hardware, video games, or accessories

 12. Telephones or accessories

 13. Telephone answering machines

 14. Photographic equipment

 15. Musical instruments, supplies, or accessories

 16. Lawn mowing machinery or other

 yard equipment

 17. Power tools

 18. Non-power tools

 19. Window air conditioners

 20. Portable cooling or heating equipment

 95. Continue list

 888. Delete the line

 SCREEN 2 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

 - - - - - - - - - - - - - - - - - - - - - - -

 (Book) 25 ? [F1]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM]

 purchased or rented television, radio, video, or sound equipment?

 Do not include purchases installed on vehicles.

 \* IF YES - Read each item on list

 Which of the following did you purchase or rent?

 21. Televisions, all types

 22. DVD Players, VCRs, DVRs, or video cameras.

 23. Satellite dishes, receivers or accessories

 24. Handheld personal music players

 25. Radios, all types

 26. Tape recorders or players

 27. Sound components, component systems, or

 compact disc sound systems

 28. Other sound or video equipment, including accessories

 95. Continue list

 888. Delete the line

 SCREEN 3 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

 - - - - - - - - - - - - - - - - - - - - - - -

 (Books) 16-17 ?[F2]

 Since the first of [Fill:REF\_MONTH] have [Fill:YOU\_ANYMEM]

 purchased or rented any ... ?

 29. Portable memory, such as flash drives, memory cards, and recordable

 discs and tapes

 95. Continue list

 888. Delete the line

 SCREEN 4 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

 - - - - - - - - - - - - - - - - - - - - - -

 (Book) 26-27 ? [F1]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM]

 purchased or rented sports, recreation, or exercise equipment?

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 \* IF YES - Read each item on list

 Which of the following did you purchase or rent?

 30. General sports equipment (include athletic shoes for sports

 related use,

 such as football, baseball, soccer or bowling)

 31. Health and exercise equipment

 32. Camping equipment

 33. Hunting and fishing equipment

 34. Winter sports equipment

 35. Water sports equipment

 36. Outboard motors

 37. Bicycles

 38. Tricycles or battery powered riders

 39. Playground equipment

 40. Other sports or recreation equipment

 99. None/No more entries

 888. Delete the line

 06 B H\_S6B Section 6 - APPLIANCES, HOUSEHOLD EQUIPMENT, AND <Esc Key> [go back to where the F1 was

 OTHER SELECTED ITEMS - pressed]

 Continued

 Part B - HOUSEHOLD APPLIANCES AND OTHER SELECTED

 ITEMS

 SMALL HOUSEHOLD APPLIANCES

 1 - SMALL ELECTRICAL KITCHEN APPLIANCES, including -

 blender electric frying pan mixer

 breadmaker electric iron pizza oven

 coffee grinder electric knife popcorn maker

 coffee maker electric timer rice cooker

 crockpot electric wine chiller sandwich grill

 deep fryer electric wok slow cooker

 electric barbecue food processor smoothie mmaker

 electric can opener hot plate toaster

 electric grill ice cream maker toaster oven

 electric fondue set juicer waffle iron

 2 - ELECTRICAL PERSONAL CARE APPLIANCES, including -

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 curling iron facial sauna make-up mirror

 water-pik

 denture cleaner foot bath massager

 electric hair trimmer hair dryer powered scale

 electric razor heating pad powered toothbrush

 3 - SMOKE DETECTORS, including -

 battery-operated ionization chamber type photo-cell

 type wired

 4 - ELECTRIC FLOOR CLEANING EQUIPMENT, including -

 floor polisher hand vacuum rug shampooer vacuum

 clearer

 5 - OTHER HOUSEHOLD APPLIANCES, including -

 carbon monoxide detectors trash

 compactor

 home security devices (burgler alarms) air purifier

 including console control modules, burglar water filters

 alarm console, door and windor transmitters

 6 - SEWING MACHINES (with or without cabinet)

 7 - OFFICE MACHINES, INCLUDING FAX MACHINES AND

 CALCULATORS, also including -

 typewriter copy machine

 8 - PERSONAL DIGITAL ASSISTANT OR PDAS

 Palm iPaq

 9 - COMPUTERS, COMPUTER SYSTEMS OR RELATED

 HARDWARE FOR NON-BUSINESS

 USE, including -

 CD/DVD drive cables home computers with

 or without monitors

 computer printers fax modems external hard drive

 keyboards scanner CD/DVD burner

 modems memory mouse

 monitors Micro PC laptops

 10 - COMPUTER SOFTWARE INCLUDING COMPUTER GAMES

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 OR ACCESSORIES FOR NON-BUSINESS USE, including -

 PC games printer cartridges mouse pads

 11 - VIDEO GAME HARDWARE, VIDEO GAMES, OR ACCESSORIES,

 including -

 Nintendo Wii Gamecube Ninetendo DS PSP

 Gameboy Palystation Xbox

 12 - TELEPHONES OR ACCESSORIES, including -

 beepers cell phone covers fax machines

 phone jacks and cords

 car chargers chargers headsets

 telephones

 cell phones cordless telephones pagers

 Bluetooth accessories

 13 - TELEPHONE ANSWERING MACHINES, including -

 combinations of telephone/answering machines

 14 - PHOTOGRAPHIC EQUIPMENT, including -

 camera filter projection screen battery

 pack for camera flash

 digital camera winder electro flash motor

 driven film advancer

 lens enlarger strobe light (for

 tripod projector photographs)

 Do not include film, film processing, or other photographic

 supplies.

 15 - MUSICAL INSTRUMENTS, SUPPLIES, OR ACCESSORIES,

 including -

 piano sheet music saxophone

 music books

 guitar strings for musical instruments music stand

 trumpet

 woodwinds stringed instruments clarinet

 any other musical

 brass instruments valve oil picks

 accessories

 trombone rosin

 carrying case

 reeds drums

 keyboards

 Do not include music lessons

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 16 - LAWNMOWING MACHINERY OR OTHER YARD

 EQUIPMENT, including -

 lawn mowers motorized tiller snow blower

 shovel

 tractor (farm, wheelbarrow electrical lawn

 spreader

 garden, etc.) rake trimmer

 TOOLS FOR HOME USE

 17 - POWER TOOLS, including -

 electric drill sander cordless circular saw

 electric saw lathe electric swimming pool

 router electric plane cleaning

 equipment

 cordless drill electric polisher air compressor

 18 - NONPOWER TOOLS, including -

 wrench axe saw drill

 socket screwdriver level trouble light

 hammer pliers plane caulking gun

 HEATING AND COOLING EQUIPMENT

 19 - WINDOW AIR CONDITIONERS

 20 - PORTABLE COOLING OR HEATINGEQUIPMENT, including -

 space heater dehumidifier humidifier fan

 TELEVISIONS, RADIOS, VIDEO AND SOUND EQUIPMENT (Not

 installed in vehicles)

 21 - TELEVISIONS, ALL TYPES, INCLUDING COMBINATIONS OF

 TV WITH DVD/VIDEO PLAYERS, including

 flat screen TV plasma high definition TV

 22 - DVD PLAYERS, VCRs, DVRs OR VIDEO CAMERAs, including -

 TiVo unit digital TV converter box

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 Blu-ray disc player video tape recorder/player

 high definition disc palyer video laser disc player

 combination of VCR/DVD player video cassette

 recorder/player

 23 - SATELLITE DISHES, RECEIVERS, OR ACCESSORIES

 24 - HANDHELD PERSONAL MUSIC PLAYERS

 iPod Personal MP3 players

 25 - RADIO, ALL TYPES, including -

 CB (not permanently clock radio short-wave

 walky-talky

 mounted in an console transistor/portable

 Walkman (radio only)

 automobile)

 26 - TAPE RECORDERS OR PLAYERS (not permanently mounted in

 an automobile), including -

 audio tape decks reel-to-reel tape decks

 audio cassette players/recorder Walkman (cassette/radio

 combination or cassette only)

 27 - SOUND COMPONENTS, COMPONENT SYSTEMS, OR

 COMPACT DISC SOUND SYSTEMS, Iincluding -

 speakers amplifier tape deck (not

 specified)

 mixer turn table compact disc

 players

 stereo receiver stereo rack

 system

 tuner equalizer

 28 - OTHER SOUND OR VIDEO EQUIPMENT, including -

 earphones/headphones battery packs adapter for

 sound equipment

 power converter power booster base station

 for CB antenna

 antenna (TV, radio, etc.) headset microphone

 29 - PORTABLE MEMORY, SUCH AS FLASH DRIVES, MEMORY

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CARDS, AND RECORDABLE DISCS AND TAPES, including -

 thumb drives blank DVDs blank CDs

 zip drives memory stick USB flash

 drive

 SPORTS, RECREATION, AND EXERCISE EQUIPMENT

 30 - GENERAL SPORTS EQUIPMENT, including -

 roller blades baseball bat table tennis equipment

 badminton

 sports uniform football lawn games

 set

 sports shoes basketball frisbee

 soccer ball

 tennis racket racquetball boxing equipment

 sports protective

 bowling ball racquetball racket karate equipment

 equipment/gear

 baseball glove volleyball golf cart (non-riding)

 golf clubs

 skateboard golf shoes

 basketball hoop

 Include specialized athletic shoes such as for football, baseball,

 soccer, biking, and bowling,

 except if included in the rental or activity fee for the sport.

 31 - HEALTH AND EXERCISE EQUIPMENT, including -

 trampoline exercise mat weight bench

 weights home gym treadmill

 rowing machine exercycle pedometer

 32 - CAMPING EQUIPMENT, including -

 air mattress tent canteen

 portable heater

 camping cookware frame packs and other camping packs

 sleeping bag

 camping stove kerosene lamp

 sleeping pad

 33 - HUNTING AND FISHING EQUIPMENT, including -

 ammunition cross bow knife scopes

 (not specified)

 BB/pellet gun fishing rod and tackle rifle shotgun

 bow and arrow

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 34 - WINTER SPORTS EQUIPMENT, including -

 ice boat ski boots sled snowboard

 snow skis

 ice skates ski poles sledding equipment snowboard

 equipment toboggan

 35 - WATER SPORTS EQUIPMENT, including -

 diving equipment raft surf board water ski vest

 wind surf board

 life jacket snorkel wakeboard water skis

 36 - OUTBOARD MOTORS

 37 - BICYCLES, including -

 bicycle helmets locks stand tires

 bicycle parts rack supplies tubes

 06 B MINTYPE What did you purchase or rent? <30 characters> [goto GFTCMIN]

 \* Enter a brief description of item.

 \*[Fill: Report items such as flash drives, memory cards, recordable discs,

 and tapes as code 29, Portable memory.]

 06 B GFTCMIN <1-3,D,R> [goto MIN\_MO]

 Was this item ... <2> [goto MIN\_AMOUNT]

 1. Purchased for someone inside the household?

 2. Rented?

 3. Purchased for someone outside the household?

 06 B MIN\_MO <REF\_MONTH - CUR\_MONTH, D, R>

 When did you purchase it? [goto MIN\_AMOUNT]

 06 B MIN\_AMOUNT [fill: What did it cost? <1-999999> <D,R> [goto MINCMB\_S]

 \* Include delivery charges, exclude installation charges. /

 What was the total rental expense since the first of [fill:

 REF\_MONTH]

 06 B MINTAX Did this include sales tax? <1,2,D,R> [goto MINCMB\_S]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 06 B MINCMB\_S \* Enter 'C' for a combined expense. <C> [goto MINCMB]

 <empty> [If APB\_ITEM = 9,21,23,27,28,

 THEN goto INSTLSCR

 ELSE goto S6BOTHER

 06 B MINCMB (Book) 12 - 17 ? [F1] <1-40, 77> [If APB\_ITEM =

 9,21,23,27,28 goto INSTLSCR

 What other item is the [Fill: MINTYPE] combined with? [ELSE goto 6BOTHER]

 \* Enter all that apply, separate with commas.

 1. Small elec kitchen appl

 2. Elec personal care appl

 3. Smoke detectors

 4. Elec floor cleaning equip

 5. Other household appl

 6. Sewing machines

 7. Office machines including fax machines and calculators

 8. Personal digital assistants or PDAs

 9. Computers/sys/hardware

 10. Comp software, including games and accessories

 11. Video game hardware, video games, and accessories

 12. Telephones or accessories

 13. Telephone answering machines

 14. Photographic equipment

 15. Musical instruments, supplies, or accessories

 16. Lawn mowing machinery or other

 yard equipment

 17. Power tools

 18. Non-power tools

 19. Window air conditioners

 20. Portable cooling or heating equipment

 21. Televisions, all types

 22. DVD Players, VCRs, DVRs, or video cameras.

 23. Satellite dishes, receivers or accessories

 24. Handheld personal music players

 25. Radios, all types

 26. Tape recorders or players

 27. Sound components, component systems, or

 compact disc sound systems

 28. Other sound or video equipment, including accessories

 29. Portable memory, such as flash drives, memory cards, and

 recordable discs and tapes

 30. General sports equipment (include athletic shoes for sports related

 use,

 such as football, baseball, soccer or bowling)

 31. Health and exercise equipment

 32. Camping equipment

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 33. Hunting and fishing equipment

 34. Winter sports equipment

 35. Water sports equipment

 36. Outboard motors

 37. Bicycles

 38. Tricycles or battery powered riders

 39. Playground equipment

 40. Other sports or recreation equipment

 06 B INSTLSCR Were there any additional charges for installation or set-up? <1>[go to INSTELLEX]

 1.Yes <2,D,R.> [go to S6BOTHER]>

 2.No

 06 B INSTLLEX How much? <1 - 99999,D,K> [go to S6BOTHER]>

 06 B S6BOTHER Did you purchase or rent any other [Fill: description]? <1, 2, D, R> [goto APB\_ITEM, next line

 on the grid]

 1. Yes

 2. No

 08 A S8A\_INTRO (Book) 19-22 <1> [goto FRA\_ITEM]

 Now I am going to ask you about expenses for home furnishings and

 related household items.

 1. Enter 1 to Continue

 08 A FRA\_ITEM SCREEN 1 ----------------------------------------------------------------------- <1-36> [goto FURNDESC]

 ------ <95> [goto next row]

 (Book) 19 - 20 ? [F1] <99> [goto S8A\_END]

 <888> [goto FRA\_ITEM - next line

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] of grid] [If no more grid lines goto

 purchased for [fill: YOU\_YRCU] or for someone outside of your

 household any furniture, infants equipment, or outdoor equipment?

 \* IF YES - Read each item on list

 Have you purchased any --

 1. Sofas?

 2. Living room chairs?

 3. Living room tables?

 4. Wall units, shelves or cabinets?

 5. Ping-pong, pool tables or other similar recreation room items?

 6. Other living room, family or recreation room furniture including

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 desks?

 7. Living room furniture combinations?

 8. Dining room or kitchen furniture?

 9. Mattresses or box springs?

 10. Bedroom furniture other than mattresses or box springs?

 11. Infants furniture?

 12. Infants equipment?

 13. Patio, porch, or outdoor furniture?

 14. Barbeque grills or outdoor decorative items?

 15. Office furniture for home use?

 95. Continue list

 888. Delete the line

 SCREEN 2---------------------

 (Book) 21 ? [F1]

 Have you purchased any --

 \* Read each item on list

 16. Lamps or other lighting fixtures?

 17. Other household decorative items?

 18. Closet storage items?

 19. Travel items including luggage?

 95. Continue list

 888. Delete the line

 S8A\_END]

 SCREEN 3 -----------------------------------------------------------------------

 ------

 (Book) 21 ? [F1]

 Have you purchased any dishes, dinnerware, flatware, glassware, or

 cookware?

 \* IF YES - Read each item on list

 Have you purchased any --

 20. Plastic dinnerware?

 21. China or other dinnerware?

 22. Stainless, silver, or other flatware?

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 23. Glassware?

 24. Serving pieces other than silver?

 25. Non-electric cookware?

 26. Silver serving pieces?

 95. Continue list

 888. Delete the line

 SCREEN 4 -----------------------------------------------------------------------

 ------

 (Book) 22 ? [F1]

 Have you purchased any slipcovers, decorative pillows, or household

 linens such as towels, sheets, or blankets?

 \* IF YES - Read each item on list

 Have you purchased any --

 27. Bedroom linens?

 28. Bathroom linens?

 29. Kitchen or dining room linens?

 30. Other linens?

 31. Slipcovers, decorative pillows or cushions?

 95. Continue list

 888. Delete the line

 SCREEN 5 -----------------------------------------------------------------------

 ------

 (Book) 22 ? [F1]

 Have you purchased any floor or window coverings?

 \* IF YES - Read each item on list

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 08 A H\_S8A Section 8 - HOME FURNISHINGS AND RELATED <Esc Key> [goto FRA\_ITEM]

 HOUSEHOLD ITEMS

 Part A - Purchases

 LIVING, FAMILY, OR RECREATION ROOM FURNITURE

 1 - SOFAS, including -

 sofa bed loveseat sectionals futon

 2 - LIVING ROOM CHAIRS, including -

 bean bag chair rocker

 convertible chair swivel

 recliner

 3 - LIVING ROOM TABLES, including -

 coffee table lamp tables

 end tables TV table

 4 - WALL UNITS, SHELVES, OR CABINETS, including -

 bookcase entertainment center

 curio cabinet

 5 - PING-PONG TABLES, POOL TABLES, AND OTHER SIMILAR

 RECREATION ROOM ITEMS

 6 - OTHER LIVING ROOM, FAMILY, OR RECREATION ROOM

 FURNITURE, including -

 bar or porta bar coat rack gun cabinet

 bar stools desk/chair room divider

 card table/chairs foot stool (ottoman)

 7 - LIVING ROOM FURNITURE COMBINATIONS, including -

 sofa, chair, and table combinations or suites

 DINING ROOM AND KITCHEN FURNITURE

 8 - ALL DINING ROOM AND KITCHEN FURNITURE, including -

 buffet dinette set kitchen

 chairs

 china cabinet dining table and chairs serving

 table or cart

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 BEDROOM FURNITURE

 9 - MATTRESSES AND SPRINGS INCLUDING ROLLAWAYS

 10 - BEDROOM FURNITURE OTHER THAN MATTRESSES AND

 SPRINGS

 headboard dresser mirrors bunk bed

 brass bed vanity chairs night tables

 frames cedar chest amoire water bed

 chest mattress toper

 INFANTS FURNITURE AND EQUIPMENT

 11 - INFANTS FURNITURE, including -

 bassinet crib mattress toy

 chest

 changing table dresser playpen

 chest highchair portable crib

 12 - INFANTS EQUIPMENT, including -

 baby backpack baby monitor guard

 rail

 baby bottle sterilizer baby travel system

 stroller

 baby carriers car seat swing

 baby jogger carriage

 OUTDOOR FURNITURE AND EQUIPMENT

 13 - PATIO, PORCH, OR OUTDOOR FURNITURE

 14 - BARBECUE GRILLS OR OUTDOOR DECORATIVE ITEMS,

 including -

 patio lanterns patio umbrella

 OFFICE FURNITURE FOR HOME USE

 15 - ALL OFFICE FURNITURE FOR HOME USE, including -

 computer furniture file cabinet safe

 drawing table office chairs

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 Do not include any furniture used exclusively for business.

 HOUSEHOLD DECORATIVE ITEMS

 16 - LAMPS AND OTHER LIGHTING FIXTURES, including -

 chandeliers

 17 - OTHER HOUSEHOLD DECORATIVE ITEMS, including -

 baskets painting

 vase

 book ends plant stand

 wall hangings

 fireplace equipment and accessories seasonal decorations

 (Christmas) wreaths

 mirror silk flowers

 clocks

 18 - CLOSET STORAGE ITEMS, including -

 garment bag shoe bag shoe rack

 19 - TRAVEL ITEMS, INCLUDING LUGGAGE, also including -

 travel garment bags trunk attache cases

 DISHES, DINNERWARE, FLATWARE, GLASSWARE, AND

 COOKWARE

 20 - PLASTIC DINNERWARE, including Tupperware

 21 - CHINA AND OTHER DINNERWARE

 22 - STAINLESS, SILVER, AND OTHER FLATWARE, EXCEPT

 PLASTIC

 23 - GLASSWARE, including crystal

 24 - SERVING PIECES OTHER THAN SILVER

 25 - NONELECTRIC COOKWARE, including -

 casserole dishes roaster

 pans saucepan

 pots skillet

 pressure cooker teakettle

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 26 - SILVER SERVING PIECES, including -

 bowl

 pitcher

 tray

 HOUSEHOLD LINENS

 27 - BEDROOM LINENS, including -

 baby blanket electric blanket quilt

 bedspread mattress pad sheets

 blanket/cover pillows duvets

 comforter pillowcases

 28 - BATHROOM LINENS, including -

 bath mat shower curtain tub mat

 bath rug toilet cover

 face cloths towels

 29 - KITCHEN AND DINING ROOM LINENS, including -

 cloth napkins placemats

 dish cloths small appliance cover

 dish towels tablecloths

 30 - OTHER LINENS, including -

 chair pads doilies

 covers for living room tables furniture protectors

 31 - SLIPCOVERS, DECORATIVE PILLOWS AND CUSHIONS,

 CUSTOM OR READY-MADE

 FLOOR AND WINDOW COVERINGS

 WALL-TO-WALL CARPETING FOR ONE OR MORE ROOMS

 32 - WALL-TO-WALL CARPET (original)

 33 - WALL-TO-WALL CARPET (replacement)

 34 - ROOM-SIZE RUGS AND OTHER NON-PERMANENT FLOOR

 COVERINGS, including

 carpet squares

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 35 - CURTAINS AND DRAPES (either custom or ready-made)

 36 - BLINDS, SHADES, AND OTHER WINDOW COVERINGS

 (either custom or ready-made)

 08 A FURNDESC What did you purchase? <30 characters> [goto FURNMO]

 08 A FURNMO In what month did you purchase it? <REF\_MONTH - CUR\_MONTH, D, R>

 [goto FURNGFTC]

 08 A FURNGFTC Was this purchased for your household or for someone outside of your <1,2,D,R> [goto FURNPURX]

 household?

 1. For use by household

 2. For someone outside the household

 08 A FURNPURX What was the purchase price? <1-999999> [goto FRNPURTX]

 <D,R> [goto S8ACMB\_S]

 08 A FRNPURTX Did this include sales tax? <1,2,D,R> [goto S8ACMB\_S]

 1. Yes

 2. No

 08 A S8ACMB\_S \* Enter 'C' for a combined expense <C> [goto S8A\_CMB]

 <empty> [goto ANYOTH8]

 08 A S8A\_CMB (Book) 19 - 22 ? [F1] <1-37, 77> [goto ANYOTH8]

 What was combined with [fill: description]?

 \* Enter all that apply, separate with commas.

 1. Sofas 20. Plastic dinnerware

 2. Living room chairs 21. China or other

 dinnerware

 3. Living room tables 22. Stainless, silver,

 or other flatware

 4. Wall units, shelves, 23. Glassware

 or cabinets 24. Serving pieces

 other than silver

 5. Ping pong, pool tables, and 25. Non-electric

 cookware

 other similar recreation room items 26. Silver serving

 pieces

 6. Other living room, family or 27. Bedroom linens

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 recreation room furniture 28. Bathroom linens

 including desks 29. Kitchen or dining

 room linens

 7. Living room furniture combinations 30. Other linens

 8. Dining room or kitchen furniture 31. Slipcovers,

 decorative pillows or cushions

 9. Mattress or box springs 32. Original wall-to-

 wall carpet

 10. Bedroom furniture other than 33. Replacement wall-

 to-wall carpet

 mattresses or box springs 34. Room size rugs or

 other non-permanent floor

 11. Infants’ furniture coverings, including

 carpet squares

 12. Infants’ equipment 35. Curtains or drapes

 13. Patio, porch, or outdoor furniture 36. Blinds, shades,

 other window coverings

 14. Barbeque grills or outdoor decorative items

 15. Office furniture for home use 77. Misc. Combined

 (unable to specify/DK)

 16. Lamps or other lighting fixtures

 17. Other household decorative items

 18. Closet storage items

 08 A ANYOTH8 Did you purchase any other [fill: description]? <1, 2,D,R> [goto FRA\_ITEM, next

 line of grid]

 1. Yes

 2. No

 08 B FURNRNTL Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] <1> [goto FURNRNTX]

 rented or leased any furniture? <2,D,R> [goto REPFURN]

 1. Yes

 2. No

 08 B FURNRNTX What was the total expense? <1-99999,D,R> [goto FRNRNTCX]

 08 B FRNRNTCX How much of the total amount was spent this month? <0-99999,D,R> [goto REPFURN]

 08 B REPFURN Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] had <1> [goto REPFURNX]

 any expenses for repairing, refinishing or reupholstering furniture, <2, D, R> [goto S8B\_END]

 including the cost for fabric?

 1. Yes

 2. No

 08 B REPFURNX What was the total expense? <1-999999, D, R> [goto

 REPFRNCX]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 08 B REPFRNCX How much of the total amount was spent this month? <0-999999, D, R> [goto

 09 A S9A\_INTRO (Book) 23 - 24 <1> [goto CLA\_ITEM]

 Now I am going to ask you about clothing expenses. You may find it

 helpful to refer to receipts,

 credit card statements or other records to answer the questions.

 1. Enter 1 to Continue

 09 A CLA\_ITEM (Book) 23 - 24 ? [F1] <1-17> [goto CLODESCA]

 <99> [goto S9A\_END]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] <888> [goto CLA\_ITEM - next line of

 grid] [If no more grid lines goto S9A\_END]

 purchased any of the following items, for persons age 2 and over

 either for members of your household or for someone outside your

 household?

 \* Read each item on list.

 1. Coats, jackets or furs

 2. Sport coats or tailored jackets

 3. Suits

 4. Vests

 5. Sweaters or sweater sets

 6. Pants, jeans, or shorts

 7. Dresses

 8. Skirts

 9. Shirts, blouses or tops

 10. Undergarments

 11. Hosiery

 12. Nightwear or loungewear

 13. Accessories

 14. Swimsuits or warm-up or ski suits

 15. Uniforms, for which the cost is not reimbursed

 16. Costumes

 17. Footwear

 99. None/No more entries

 888. Delete a line

 09 A H\_S9A Section 9 - CLOTHING AND SEWING MATERIALS <Esc key> [goto CLA\_ITEM or

 CLOCMBA]

 Part A - Clothing (Do not include here - clothing for children under 2

 years of age.)

 1 - COATS, JACKETS, AND FURS, including -

 down vest raincoat

 fur coat shawl

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 jacket winter coat

 outerwear

 2 - SPORT COATS AND TAILORED JACKETS, including blazers

 3 - SUITS, including -

 formal suit

 woman's suit (of two or more pieces)

 man's suit (of two or more pieces)

 4 - VESTS (purchased separately, not with a suit), excluding sweater

 vests and down vests

 5 - SWEATERS AND SWEATER SETS, including -

 cardigan ski sweater V-neck sweater

 pullover sweater vest

 6 - PANTS, JEANS, OR SHORTS, including -

 Do not include any athletic shorts

 blue jeans dress slacks overalls

 casual pants jump suit shorts and short sets

 dress pants maternity pants

 7 - DRESSES, including -

 formalts or semi formals two-piece dresses wedding

 gown

 8 - SKIRTS, including short and skirt combination

 Do not include any tennis skirts, golf skirts, or other athletic

 skirts

 9 - SHIRTS, BLOUSES, AND TOPS, including -

 dress shirt knit blouse sport shirt tops

 maternity top T-shirt

 Do not include any sweat shirts or athletic shirts.

 10 - UNDERGARMENTS, including -

 bras slips undershirts

 shapewear thermal underwear underwear

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 11 - HOSIERY, including -

 knee-highs pantyhose socks tights

 12 - NIGHTWEAR AND LOUNGEWEAR, including -

 garments night gown pajamas robe

 house coat night shirt thermal sleeping

 13 - ACCESSORIES, including -

 aumbrellas gloves apron fold-up

 rain accessories

 belts mittens ear muffs

 bandannas

 ties purse handkerchiefs hair

 accessories

 scarves wallet bridal headpiece non-

 prescription sunglasses

 14 - SWIMSUITS OR WARM-UP OR SKI-SUITS, including -

 athletic shirt jogging suit swimwear

 athletic shorts leotards swimwear accessories

 hunting wear sweatshirt snow and ski suit

 Do not include any sports uniforms.

 15 - UNIFORMS, other than sport, for which the cost is not reimbursed,

 including shirts, pants,

 suits, service apparel, such as: medical, barber, boy or girl scout,

 mechanic,

 waiter/waitress, plumber and lab smocks, and military apparel

 16 - COSTUMES, including costumes for dance, ballet, Halloween, etc.

 17 - FOOTWEAR, including -

 bedroom slippers dress shoes

 boots sandals

 casual shoes sneakers, jogging, aerobic, basketball,

 tennis shoes

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 Do not include specialized athletic shoes such as for football,

 09 A CLODESCA What did you buy? <30 characters> [goto CLOINOUT]

 \* Describe briefly the item purchased.

 09 A CLOINOUT Was this (were these) purchased for someone inside or outside of your <1> [goto FORWHOM]

 household? <2> [goto FOROUTCU]

 <D,R> [goto CLOTHQA]

 1. Inside your household

 2. Outside your household

 09 A FORWHOM For whom was it purchased? <1-30, 77, R> [If more than 1 person is

 \* Enter all that apply, separate with commas. selected goto CLONAME] [else goto

 CLOTHQA]

 [Fill: "active" CU members]

 77. Don't know

 09 A FOROUTCU For whom was this purchased? <40-44, 77, R> [goto CLONAME]

 \* Enter all age/sex categories that apply to the purchase, separate with

 commas.

 40 Male 16 and over

 41 Female 16 and over

 42 Male 2-15

 43 Female 2-15

 44 Children under 2 years old

 77 Don't know

 09 A CLONAME \*Enter name of person(s). <30 characters> [goto CLOTHQA]

 09 A CLOTHQA How many did you purchase? <1-100, D, R> [goto CLOTHMOA]

 \* Enter number of identical items purchased.

 09 A CLOTHMOA When did you purchase [fill: it/them]? <ref\_month - cur\_month, D, R> [goto

 CLOTHXA]

 09 A CLOTHXA How much did [fill: it/they] cost? <1-999999> [goto CLOTHTXA]

 <D, R> [goto CLOCMBA\_S]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 09 A CLOTHTXA <1, 2, D, R> [goto CLOCMBA\_S]

 Did this include sales tax?

 1. Yes

 2. No

 09 A CLOCMBA\_S \*Enter 'C' for a combined expense. <C> [goto CLOCMBA]

 <empty> [goto CLOMOREA]

 09 A CLOCMBA (Book) 23 - 24 ? [F1] <1-17, 77> [goto CLOMOREA]

 What other clothing is [Fill: CLODESCA] combined with?

 \* Enter all that apply, separate with commas.

 1. Coats, jackets or furs

 2. Sport coats or tailored jackets

 3. Suits

 4. Vests

 5. Sweaters or sweater sets

 6. Pants, jeans, or shorts

 7. Dresses

 8. Skirts

 9. Shirts, blouses or tops

 10. Undergarments

 11. Hosiery

 12. Nightwear or loungewear

 13. Accessories

 14. Swimsuits or warm-up or ski suits

 15. Uniforms, for which the cost is not reimbursed

 16. Costumes

 17. Footwear

 77. Misc. combined (unable to specify/DK)

 09 A CLOMOREA Did you purchase any other [fill: description]? <1, 2, D, R> [goto CLA\_ITEM, next line

 of grid]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 09 B S9B\_INTRO (Book) 25 <1> [goto CLB\_ITEM]

 Now I am going to ask you about any clothing purchased for infants

 under 2 years of age

 as well as other purchases of watches, jewelry or hairpieces.

 1. Enter 1 to Continue

 09 B CLB\_ITEM <1-9> [goto CLODESCB]

 SCREEN 1------------------------------------------------------------------------ <95> [goto next row]

 -------------------------------------------------------------- <99> [goto S9B\_END]

 (Book) 25) ? [F1] <888> [goto CLB\_ITEM - next line of

 grid] [If no more grid lines goto S9B\_END]

 Have [fill: YOU\_ANYMEM] purchased any clothing for infants under

 2

 years of age, either for members of your household or for someone

 outside your household, such as-

 \* Read each item on list.

 1. Coats, jackets or snowsuits?

 2. Dresses or other outerwear?

 3. Underwear or diapers, including disposable?

 4. Sleeping garments?

 5. Layettes?

 6. Accessories?

 95. Continue list

 888. Delete the line

 SCREEN 2------------------------------------------------------------------------

 -----------------------------------------------------

 (Book) 25 ? [F1]

 Have [fill: YOU\_ANYMEM] purchased any of the following items,

 either for your household or for

 someone outside your household?

 \* Read each item on list.

 7. Watches?

 8. Jewelry?

 9. Hairpieces, wigs or toupees?

 99. None/No more entries

 888. Delete the line

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 09 B H\_S9B Section 9 - CLOTHING AND SEWING MATERIALS - – <Esc key> [goto CLB\_ITEM]

 Continued

 Part B - Infants Clothing

 Clothing for infants under 2 years of age

 1 - COATS, JACKETS, OR SNOWSUITS

 2 - DRESSES AND OTHER OUTERWEAR, including -

 bathing suits overalls shirt

 tops

 crawler pants short set

 vest

 jeans pants set sunsuit

 jogging suit playsuit sweater

 jumpsuit romper T- shirts

 3 - UNDERWEAR AND DIAPERS, including disposable

 Do not include diaper service.

 4 - SLEEPING GARMENTS

 5 - LAYETTES

 6 - ACCESSORIES, including -

 bibs bonnets shoes

 boots caps/hats slippers

 booties mittens/gloves socks

 Part B - Watches, Jewelry, and Hairpieces

 7 - WATCHES

 8 - JEWELRY, including -

 costume jewelry, rings, and infants jewelry

 9 - HAIRPIECES, WIGS, OR TOUPEES

 09 B CLODESCB What did you buy? <30 characters> [goto CLOGFTB]

 \* Describe briefly the item purchased.

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 09 B CLOGFTB <1,2,D,R> [goto CLOTHQB]

 Was this purchased for your household or someone outside your

 household?

 1. Your household

 2. Someone outside your household

 09 B CLOTHQB How many did you purchase? <1-150, D, R> [goto CLOTHMOB]

 \* Enter number of identical items purchased.

 09 B CLOTHMOB When did you purchase [fill: it/them]? <REF\_MONTH - CUR\_MONTH, D, R>

 [goto CLOTHXB]

 09 B CLOTHXB How much did [Fill: it/they] cost? <1-999999> [goto CLOTHTXB]

 <D,R> [if from CLB\_ITEM, screen 1

 goto CLOCMBB\_S]

 [if from CLB\_ITEM, screen 2

 goto CLOMOREB]

 09 B CLOTHTXB Did this include sales tax? <1,2,D,R> [If from CLB\_ITEM, screen 1

 goto CLOCMBB\_S]

 1. Yes [If from CLB\_ITEM, screen 2

 2. No goto CLOMOREB]

 09 B CLOCMBB\_S \* Enter 'C' for a combined expense. <C> [goto CLOCMBB]

 <Empty> [goto CLOMOREB]

 09 B CLOCMBB (Book) 25 ? [F1] <1-6, 77> [goto CLOMOREB]

 What other clothing is [Fill: CLODESCB] combined with?

 \* Enter all that apply, separate with commas.

 1. Coats, jackets or snowsuits

 2. Dresses or other outerwear

 3. Underwear or diapers

 4. Sleeping garments

 5. Layettes

 6. Accessories

 77. Misc. combined (unable to specify/DK)

 09 B CLOMOREB Did you purchase any other [Fill: description]? <1, 2, D, R> [goto CLB\_ITEM, next line of

 grid]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 09 C S9D\_INTRO (Book) 26 <1> [goto CLD\_ITEM]

 Now I am going to ask about expenditures for clothing services.

 1. Enter 1 to Continue

 09 C CLD\_ITEM (Book) 26 ? [F1] <1-5> [goto CLODESCD]

 <99> [goto S9D\_END]

 Have [fill: YOU\_ANYMEM] had expenses for any of the following, <888> [goto CLD\_ITEM - next line of

 either for members of your household or for someone outside your grid] [If no more grid lines goto S9D\_END]

 household?

 \* Read each item on list.

 1. Repair, alteration or tailoring for clothing and accessories

 2. Shoe repair or other shoe services

 3. Watch or jewelry repair

 4. Clothing rental

 5. Clothing storage outside the home

 99. None/No more entries

 888. Delete the line

 09 C H\_S9D Section 9 - CLOTHING AND SEWING MATERIALS - <Esc key> [goto CLD\_ITEM]

 Continued

 Part D - Clothing Services

 1 - REPAIR, ALTERATION, AND TAILORING FOR CLOTHING

 AND ACCESSORIES

 2 - SHOE REPAIR AND OTHER SHOE SERVICES

 3 - WATCH OR JEWELRY REPAIR, including cleaning

 4 - CLOTHING RENTAL, including formal wear

 5 - CLOTHING STORAGE OUTSIDE THE HOME

 09 C CLODESCD What kind of service was this? <30 characters> [goto CLSVGFTC]

 \* Describe briefly the service.

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 09 C CLSVGFTC <1,2,D,R> [goto CLOTHMOD]

 Was this service for [fill:YOU\_YOURCU] or for someone outside

 your household?

 1. Your household

 2. Someone outside your household

 09 C CLOTHMOD When did you purchase this service? <REF\_MONTH-CUR\_MONTH,D,R>

 [goto CLSRVCX]

 09 C CLSRVCX How much did it cost? <1-999999> [goto CLSRVCTX]

 <D,R> [goto CLOCMBD\_S]

 09 C CLSRVCTX Did this include sales tax? <1,2,D,R> [goto CLOCMBD\_S]

 1. Yes

 2. No

 09 C CLOCMBD\_S \* Enter 'C' for a combined expense. <C> [goto CLOCMBD]

 <empty> [goto CLOMORED]

 09 C CLOCMBD (Book) 26 ? [F1] <1-5, 77> [goto CLOMORED]

 What other clothing services is

 [Fill: CLODESCD] combined with?

 \* Enter all that apply, separate with commas.

 1. Repair, alteration or tailoring for clothing and accessories

 2. Shoe repair or other shoe services

 3. Watch or jewelry repair

 4. Clothing rental

 5. Clothing storage outside the home

 77. Misc. combined (unable to specify/ DK)

 09 C CLOMORED Did you have any other expenses for [fill: description]? <1, 2, D, R> [goto CLD\_ITEM next line of

 grid]

 1. Yes

 2. No

 09 D S9C\_INTRO (Book) 26 <1> [goto CLC\_ITEM]

 Now I am going to ask about expenses for sewing materials.

 1. Enter 1 to Continue

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 09 D CLC\_ITEM (Book) 26 ? [F1] <1-4> [goto SEWDESC]

 <99> [goto S9C\_END]

 Have [fill: YOU\_ANYMEM] purchased any sewing materials either <888> [goto CLC\_ITEM - next line of

 for members of your household or grid] [If no more grid lines goto S9C\_END]

 for someone outside your household?

 \* If YES - Read each item on list.

 1. Sewing materials for making slipcovers, curtains, or other home

 handiwork including

 yarn

 2. Sewing materials for making clothes

 3. Sewing notions

 4. Other sewing materials

 99. None/No more entries

 888. Delete a line

 09 D H\_S9C Section 9 - CLOTHING AND SEWING MATERIALS - <Esc key> [goto CLC\_ITEM]

 Continued

 Part C - Sewing Materials

 1 - - SEWING MATERIALS FOR MAKING SLIPCOVERS,

 CURTAINS, OR OTHER HOME HANDIWORK, including yarn

 2 - SEWING MATERIALS FOR MAKING CLOTHES, including any

 fabric used for making

 clothing

 3 - SEWING NOTIONS, including -

 buttons knitting needles, equipment

 seam binding zipper

 crochet hooks measuring tapes

 sewing basket

 crochet thread needles/pins

 sewing kit

 embroidery hoops patterns

 snaps

 embroidery thread scissors

 thread

 4 - OTHER SEWING MATERIALS, including -

 beads, glitter, sequins foam rug

 material

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 09 D SEWDESC What did you buy? <30 characters> [goto SEWGFTC]

 \* Describe briefly the item purchased.

 09 D SEWGFTC Was this purchased for your household or for someone outside your <1,2,D,R> [goto SEWINGMO]

 household?

 1. Your household

 2. Someone outside your household

 09 D SEWINGMO When did you purchase it? <REF\_MONTH - CUR\_MONTH,D,R>

 [goto SEWINGX]

 09 D SEWINGX How much did it cost? <1-999999> [goto SEWINGTX]

 <D,R> [goto CLOCMBC\_S]

 09 D SEWINGTX Did this include sales tax? <1,2,D,R> [goto CLOCMBC\_S]

 1. Yes

 2. No

 09 D CLOCMBC\_S \* Enter 'C' for a combined expense. <C> [goto CLOCMBC]

 <empty> [goto CLOMOREC]

 09 D CLOCMBC (Book) 26 ? [F1] <1-4, 77> [goto CLOMOREC]

 What other sewing materials is

 [Fill: SEWINGY] combined with?

 \* Enter all that apply, separate with commas.

 1. Sewing materials for making slipcovers, curtains, other home

 handiwork

 including yarn

 2. Sewing materials for making clothes

 3. Sewing notions

 4. Other sewing materials

 77. Misc. combined (Unable to specify/DK)

 09 D CLOMOREC Did you purchase any other [fill: description]? <1, 2,D,R> [goto CLC\_ITEM, next line of

 grid]

 1 . Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 14 A S14A\_INTRO (Book) 32 <1> [If there are any records on the input

 with 8500.IHB\_STAT=1 goto S14A\_INV]

 Now I am going to ask about hospitalization and health Insurance. [goto S14A\_END]

 1. Enter 1 to Continue

 14 A HHISTILL [fill: Do you/Does your household] still [fill: make payments on the <1,2, D, R> [If 8500.HHIPRMPD = 3, 4

 [fill: description] goto S14A\_END] [goto HHIANYPD]

 from [fill: 8500.HINSCMP] for someone outside your household/

 have your [fill: description] policy from

 [fill: 8500.HINSCMP]?

 1. Yes

 2. No

 14 A HHIANYPD Since the first of [fill: REF\_MONTH] were any payments made on <1> [goto HHIPDAMT]

 this <2, D, R> [goto S14A\_END]

 policy by [fill: YOU\_ANYMEM]? [fill: (Include those

 made by payroll deductions.)]

 1. Yes

 14 A HHIPDAMT How much was paid? <1-99999> [goto HHICMXXA]

 <D, R> [goto S14A\_END]

 14 A HHICMXXA How much was paid this month? <0-99999, D, R> [goto S14A\_END]

 14 A S14A\_END \*\* CHECK ITEM\*\* [goto HHISTILL for next appropriate

 policy on the inventory chart]

 [If no more policies on the inventory chart,

 go to Section 14B]

 14 B IHB\_ITEM <1> [goto HINSCMP]

 (Book) 32 ? [F1] <99> [goto S14B\_END]

 <888> [goto IHB\_ITEM - next line of

 [FILL: Do [fill: YOU\_ANYMEM] have any hospitalization or health grid] [If no more grid lines goto S14B\_END]

 insurance plans

 or belong to a plan that pays all or part of your medical

 expenses?

 Include policies paid for someone outside your household and

 please consider

 any special purpose plans you may have, such as those listed on

 page 32

 of the Information Booklet. /

 Since the first of [fill: REF\_MONTH], have [fill:

 YOU\_ANYMEM] purchased any

 [fill: additional] health or hospitalization insurance? Include any

 policies paid for

 someone outside your household. ]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 \* Do not report Medicare Prescription Drug plans (Medicare Part D)

 here. Medicare Prescription

 Drug plans are collected in Section 14C in Interviews 2 through 5.

 \* Read item on list.

 1. Hospitalization or health insurance plans

 99. None/No more entries

 888. Delete the line

 14 B HINSCMP What is the name of the insurance company for this health <30 characters> [goto HHIBCBS]

 insurance policy?

 \* Enter name of insurance company, not the insurance agent.

 14 B HHIBCBS \*Do not read to respondent. <1,2, D,R> [goto HHICOVQ]

 \* Is the insurance company Blue Cross/Blue Shield?

 1. Yes

 2. No

 14 B HHICOVQ How many household members are/were covered by this policy? <0-30, D,R> [goto HHICODE]

 14 B HHICODE (Book) 32 ? [F1] <1> [goto HHIPOS]

 <2> [goto HHIFEET]

 What type of insurance plan is it? <3> [goto HHIGROUP]

 <4> [goto HHISPECT]

 1. Health Maintenance Organization <D,R> [goto HHIGROUP]

 2. Fee for Service Plan

 3. Commercial Medicare Supplement

 4. Other special purpose plan

 14 B H\_S14B Section 14 HOSPITALIZATION AND HEALTH INSURANCE <Esc key> [goto HHICODE or

 1 - HEALTH MAINTENANCE ORGANIZATION

 Expenses in this type of plan are usually covered in full or there is a

 modest co-payment at the time of your visit. There are two basic

 types

 of HMO’s. The first is the group/staff type in which you go to a

 central

 facility (group health center) to receive care. The second type is an

 independent practice association (IPA) in which providers work from

 their individual offices and are referred to as primary care physicians.

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 2 - FEE FOR SERVICE PLAN

 In a fee for service type of plan you or your insurance company is

 generally billed after each visit. In a traditional fee for service plan

 you

 may go to any doctor or hospital you choose. In a Preferred Provider

 Organization (PPO) you are provided with a list of doctors from which

 you may choose. If you choose to go to one of the doctors on the

 PPO

 list, the amount of expenses covered is higher than if you go to a

 doctor not on the list.

 3 - COMMERCIAL MEDICARE SUPPLEMENT

 A Commercial Medicare Supplement is a voluntary contributory

 private

 insurance plan available to Medicare recipients, to cover the costs of

 deductibles, coinsurance, physician services and other medical and

 health services.

 14 B HHIPOS Under normal circumstances, if you go to a doctor who is not part <1,2,D,R> [goto HHIGROUP]

 of your plan without a referral, will your insurance pay for the cost?

 1. Yes

 2. No

 14 B HHIFEET (Book) 32 ? [F1] <1,2,D,R> [goto HHIGROUP]

 Is this fee for service plan a -

 1. Traditional Fee for Service Plan?

 2 . Preferred Provider Option Plan?

 14 B H\_S14B\_2 FEE FOR SERVICE PLAN

 In a fee for service type of plan you or your insurance company is

 generally billed after each visit. In a traditional fee for service plan

 you

 may go to any doctor or hospital you choose. In a Preferred Provider

 Organization (PPO) you are provided with a list of doctors from which

 you may choose. If you choose to go to one of the doctors on the

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 14 B HHISPECT Is this special purpose insurance plan - <1-5,D,R> [goto HHIGROUP]

 <6> [goto OTHINTYP]

 1. Dental insurance? 4. Mental health insurance?

 2. Vision insurance? 5. Dread disease policy?

 3. Prescription drug insurance? 6. Other type of special purpose

 health insurance? - Specify

 14 B OTHINTYP \* Specify: <30 characters> [goto HHIGROUP]

 14 B HHIGROUP Was the policy obtained on an individual or group basis? <1-3, D,R> [goto HHIPRMPD]

 1. Individually obtained

 2. Group through place of employment

 3. Group through other organization

 14 B HHIPRMPD Are the policy premiums paid - <1,2> [goto HHIPRDED]

 <3,4> [goto HHIMORE]

 1. Entirely by [fill: YOU\_YRCU]? <D,R> [goto HHIPRDED]

 2. Partially by [fill: YOU\_YRCU]?

 3. Entirely by an employer or union?

 4. Entirely by another group or persons outside your household?

 14 B HHIPRDED Are any premiums paid through payroll deductions? <1,2, D,R> [goto HHIRPMXB]

 1. Yes

 2. No

 14 B HHIRPMXB What is your part of the regular health insurance payment [fill: including <1-99999> [goto HHIRPMPD]

 all payroll deductions]? <D,R> [goto HHIRPMPD]

 14 B HHIRPMPD What period of time is covered by the regular payment? <1-6, D,R> [goto HHICPMTB]

 <7> [goto PTIMEOTH]

 1. Week 5. 6 months

 2. 2 weeks 6. Year

 3. Month 7. Other - Specify

 4. Quarter

 14 B PTIMEOTH \* Specify: <30 characters> [goto HHICPMTB]

 14 B HHICPMTB Since the first of [fill: REF\_MONTH] were any payments made on <1> [goto HHIRPMTB]

 this <2, D,R> [goto HHIMORE]

 policy?

 1. Yes

 14 B HHIRPMTB Was each payment in the amount of [fill: the regular <1> [goto HHIQPMTB]

 payment/$(HHIRPMXB)]? <2,D,R> [goto HHIIRGXB]

 1. Yes

 2 . No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 14 B HHIQPMTB How many payments were made? <1-15, D,R> [goto HHICMXXB]

 14 B HHIIRGXB What was the total expense paid for this policy since [fill: <1-99999, D,R> [goto HHICMXXB]

 14 B HHICMXXB How much was paid this month? <0-99999, D, R> [goto HHIMORE]

 14 B HHIMORE Did you have any other hospitalization or health insurance plans? <1, 2, D, R> [goto IHB\_ITEM, next line of

 grid]

 1. Yes

 2. No

 14 B S14B\_END \*\* CHECK ITEM \*\* [If no more policies and INTNMBR = 1

 goto S14\_END in section 14c)]

 [if no more policies and intnmbr = 2-5 goto

 Section 14C]

 14 C CHGHHMCR Last time you said that [fill: 8500.HHMCRCOV] [fill: household <1> [goto HHMCRCOV]

 member was/household <2, D,R> [If 8500.HHPARTD = 1 goto

 members were] enrolled in Medicare. Has the number of household 14C\_UPDATE] [Else goto RETPARTD]

 members

 enrolled in Medicare changed?

 1. Yes

 2 . No

 14 C HHMCRENR Are [fill: YOU\_ANYMEM] presently enrolled in Medicare? <1> [goto HHMCRCOV]

 Medicare is the Federal Health Insurance Plan. <2, D,R> [If 8500.MDCDENR is 1 goto

 CHGMDCDE] [Else goto MDCDENR]

 1. Yes

 2. No

 14 C HHMCRCOV How many members of your household are covered by Medicare? <0-30> [If intnmbr = 2 or new CU, goto

 HHPARTD, if intnmbr = 3-5 and not a new

 \* If this is a single person household, enter 1 without asking the question CU AND 8500.HHPARTD = 1, goto

 14C\_UPDATE] [ELSE goto RETPARTD]

 14 C 14C\_UPDATE Question Text [goto STILDRUG]

 \*\*Check item\*\*

 14 C STILDRUG Is [fill: NAME] still enrolled in a Medicare Prescription Drug plan? <1> > [goto PREMCHG]

 \*Enter 'YES’ if the member changed to a different Medicare Prescription < 2, D, R> [goto next member on

 Drug plan. 14C\_UPDATE; if there exist values of

 MEMBNO that do not match any value of

 1. Yes 8500.PRTDMBNO, goto RETPARTD;

 2. No else, if 8500.MDCDENR ne 1, goto

 MDCDENR] [else, goto CHGMDCDE]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 14 C PREMCHG Is [fill: NAME]’s premium still [fill: $8500.DRGPREMX/ the <1, D, R> [goto STILDRUG for next

 same]? member on 14C\_UPDATE; if there exist

 values of MEMBNO that do not match any

 1. Yes value of 8500.PRTDMBNO, goto

 RETPARTD; else if 8500.MDCDENR ne 1,

 goto MDCDENR] [else, goto CHGMDCDE]

 <2> [goto PREMCHGX]

 14 C PREMCHGX What is [fill: NAME]’s current premium amount for the Medicare <0-999, D, R> [goto STILDRUG for next

 Prescription Drug Plan? member on 14C\_UPDATE; if there exist

 values of MEMBNO that do not match any

 value of 8500.PRTDMBNO, goto

 RETPARTD; else if

 8500.MDCDENR ne 1, goto MDCDENR]

 [else, goto CHGMDCDE]

 14 C RETPARTD Are [fill: YOU\_ANYMEM] presently enrolled in a Medicare <1> [goto DRUGPLAN]

 Prescription Drug plan since the first of [fill: REF\_MO]? <2, D,R> [If 8500.MDCDENR = 1, goto

 CHGMDCDE, if 8500.MDCDENR ne 1,

 \* The Medicare Prescription Drug plan is also known as Medicare goto MDCDENR]

 Part D,

 which is the plan that began enrollment in November 2005.

 1. Yes

 2. No

 14 C HHPARTD Are [fill: YOU\_ANYMEM] presently enrolled in a Medicare <1> [goto DRUGPLAN]

 Prescription Drug plan? <2, D,R> [Else goto MDCDENR]

 \* The Medicare Prescription Drug plan is also known as Medicare

 Part D,

 which is the plan that began enrollment in November 2005.

 1. Yes

 2. No

 14 C DRUGPLAN Who [fill: is enrolled/enrolled] in a Medicare Prescription Drug plan? <1-30> [goto 14C\_NEW ]

 <D, R> [goto MDCDENR]

 \* Enter line numbers for all that apply, separate with commas.

 \* If this is a single person household, enter “1” without asking the

 question

 14 C 14C\_NEW \*\*Check item\*\* [goto ENROLLMO]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 14 C ENROLLMO In what month and year did [fill: NAME/you] enroll in the prescription <1-12, D, R> [goto ENROLLYR]

 drug plan?

 \* Enter month of enrollment

 14 C ENROLLYR \* Enter year of enrollment <2005 - 9000, D, R> [goto

 14 C DRGPREMX What is the monthly premium for [fill: NAME's/your] Medicare <0 - 999, D, R> [goto HHDRGSS]

 Prescription Drug plan?

 \* Do not include any monthly co-payments paid by the household.

 14 C HHDRGSS Is the monthly premium deducted from a Social Security payment? <1, 2, D, R> [goto ENROLLMO for the

 next line number entered in DRUGPLAN,

 1. Yes

 2. No [ELSE if no more line

 numbers AND 8500.MDCDENR ne 1 goto

 MDCDENR]

 14 C CHGMDCDE Last time you said that [fill: 8500.MDCDCOV] [fill: household <1> [goto MDCDCOV]

 member <2, D,R> [If 8500.OTHPLAN is 1, goto

 was/household members were] enrolled in Medicaid. Has the number STILLOTH] [ELSE goto OTHPLAN]

 of

 members enrolled in Medicaid changed?

 14 C MDCDENR Are [fill: YOU\_ANYMEM] enrolled in Medicaid? <1> [goto MDCDCOV]

 <2, D,R> [If 8500.OTHPLAN is 1, goto

 1. Yes STILLOTH] [ELSE goto OTHPLAN]

 2. No

 14 C MDCDCOV How many members of your household are covered by Medicaid? <0-30> [If 8500.OTHPLAN is 1, goto

 STILLOTH] [ELSE goto OTHPLAN]

 14 C STILLOTH Are any members of your household still covered by a plan other than <1,2, D,R> [goto S14C\_END]

 Medicare or Medicaid TRICARE, CHAMPUS, or military health

 care?

 1. Yes

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 14 C OTHPLAN Are [fill: YOU\_ANYMEM] covered by any plan other than Medicare <1,2, D,R> [goto S14C\_END]

 or

 Medicaid which provides free health care such as TRICARE,

 CHAMPUS or

 military health care?

 1. Yes

 14 C IHD\_STAT \*\*\*OUT VARIABLE\*\*\* <1-3>

 17 A SUB\_INTRO (Book) 37 <1> [goto SUB\_ITEM]

 Now I am going to ask you about expenses for subscriptions,

 memberships, books,

 and entertainment. Please remember to include any payments you made

 online or had automatically deducted.

 1. Enter 1 to Continue

 17 A SUB\_ITEM (Book) 37 ? [F1] <1-13> [goto SUBDESC]

 <95> [goto next row]

 SCREEN 1 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - <99> [goto S17A\_END]

 - - - - - - - - - - - - - - - - - - - - - - - - <888> [goto SUB\_ITEM - next line of

 grid] [If no more grid lines goto S17A\_END]

 Since the first of [fill: REF\_MONTH] have [fill: YOU\_ANYMEM]

 purchased any of the

 following items for your household or for someone outside your

 household?

 \* Read each item on list.

 1. Subscriptions to newspapers, magazines or periodicals. Include

 online subscriptions

 2. Books purchased from a book club

 3. Season tickets to theater, concert series, opera, other musical

 series, or amusement parks

 4. Season tickets to sporting events

 5. Encyclopedias or other sets of reference books

 95. Continue list

 888. Delete the line

 SCREEN 2 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

 - - - - - - - - - - - - - - - - - - - - - - - -

 Have [fill: YOU\_ANYMEM] had any membership costs or other

 expenses related to any

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 of the following?

 Do not include contributions to or membership in religious,

 professional, business, or other tax

 deductible organizations.

 \* Read each item on list.

 6. Golf courses, country clubs, and other social organizations

 7. Health clubs, fitness centers, swimming pools, weight loss

 centers, or other sports and recreational organizations

 8. Vacation clubs

 9. Civic, service, or fraternal organizations

 10. Credit card membership fees

 11. Shopping club memberships such as COSTCO and Sam's

 12. Services that use Global Positioning System or GPS, such as

 OnStar, not already reported

 13. Direct or online dating services

 99. None/No more entries

 888. Delete the line

 17 A H\_S17A Section 17 SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND <Esc Key> [goto SUB\_ITEM]

 ENTERTAINMENT EXPENSES

 Part A - SUBSCRIPTIONS AND MEMBERSHIPS

 1 - Subscription to newspapers, magazines or periodicals, including

 online subscriptions

 2 - Books purchased from a book club

 3 - Season tickets to theater, concert series, opera, other musical

 series, or amusement parks

 4 - Season tickets to sporting events

 5 - Encyclopedias or other sets of reference books

 6 - Golf courses, country clubs, and other social organizations

 7 - Health clubs, fitness centers, swimming pools, weight loss centers,

 or other

 sports and recreational organizations

 8 - Civic, service, or fraternal organization

 9 - Credit card membership fees

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 10 - Shopping club memberships such as COSTCO and Sam's

 11 - Global positioning services, or GPS, such as Onstar

 12 - Direct or on-line dating services

 17 A SUBDESC What is the name of the [fill: description]? <30 characters> [goto S17GFTCA]

 17 A S17GFTCA Was this purchase for your household or someone outside your <1, 2, D, R> [goto S17PURXA]

 household?

 1. For household

 17 A S17PURXA What was the total cost since the first of [fill: REF\_MONTH]? <1-999999, D, R> [goto S17CMEXX]

 [fill: (Include shipping and handling fees.) ]

 17 A S17CMEXX How much of the total amount was paid this month? <0-999999, D, R> [goto S17AOTHR]

 17 A S17AOTHR Did you [fill: purchase/pay for] any other [fill: description]? <1, 2, D, R> [goto SUB\_ITEM, next line

 of grid]

 1. Yes

 2. No

 17 B SPORTFEE (Book) 38 ? [F1] <1> [goto S17BE]

 <2, D ,R> [goto SPORTADM]

 Since the first of [fill: REF\_MONTH] have [fill: YOU\_ANYMEM]. . .

 Paid any fees for participating in sports such as golf, bowling, biking,

 hockey, football, or swimming?

 1. Yes

 2. No

 17 B SPORTADM (Book) 38 ? [F1] <1> [goto S17BE]

 <2, D, R> [goto RECADMIT]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM]. . .

 Paid any single admission to spectator sports such as football, baseball,

 hockey, racing, or track events?

 \* Include ticket/admission service fees and surcharges.

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 17 B RECADMIT (Book) 38 ? [F1] <1> [goto S17BE]

 <2, D, R> [goto ENTADMIT]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM]. . .

 Paid any single admissions to performances such as movies, plays,

 operas, or concerts?

 \* Include ticket/admission service fees and surcharges.

 1. Yes

 2. No

 17 B ENTADMIT (Book) 38 ? (F1) < 1 > [goto S17BE]

 <2,D,R> [goto OTHEBKRF]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM]. . .

 Paid any single admission to other entertainment activities such as

 museums, amusement parks,

 zoos, or state parks?

 \* Include ticket/admission service fees and surcharges.

 1. Yes

 2. No

 17 B OTHRBKRF (Book) 38 ? [F1] <1> [goto S17BE]

 <2, D, R> [goto NEWSMAG]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] . . .

 Bought any books, including paperbacks and reference books, which were

 not purchased through a book club? Do not include school books.

 1. Yes

 2. No

 17 B NEWSMAG (Book) 38 ? [F1] < 1 > [goto S17BE]

 <2, D, R> [go to RECORDYN]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] . . .

 Purchased single copies of newspapers, magazines, or periodicals (non-

 subscription)?

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 17 B RECORDYN (Book) 38 ? [F1] <1> [goto S17BE]

 <2, D, R> [goto FILM]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] . . .

 Purchased any CDs, audio tapes, or records?

 \* Report blank CDs or audio tapes in Section 6B under precode 29.

 1. Yes

 2. No

 17 B FILM (Book) 38 ? [F1] <1> [goto S17BE]

 <2, D, R> [goto FILMPRCS]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] . . .

 Purchased any photographic film?

 1. Yes

 2. No

 17 B FILMPRCS (Book) 38 ? [F1] <1> [goto S17BE]

 <2, D, R> [goto VIDEOPUR]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] . . .

 Paid for film processing or the printing of digital photographs?

 1. Yes

 2. No

 17 B VIDEOPUR (Book) 38 ? [F1] <1> [goto S17BE]

 <2, D ,R> [goto VIDEORNT]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM]. . .

 Purchased any video tapes or DVD's?

 \* Report blank video tapes or blank DVDs in Section 6B under item

 code 29.

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 17 B VIDEORNT (Book) 38 ? [F1] <1> [goto S17BE]

 <2, D, R> [goto S17B\_END]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM]. . .

 Rented any video tapes or DVD's?

 1. Yes

 2. No

 17 B H\_S17B Section 17 - SUBSCRIPTIONS, MEMBERSHIPS, BOOKS, AND <Esc> [go back to appropriate item]

 ENTERTAINMENT

 Part B - BOOKS AND ENTERTAINMENT EXPENSES

 - Fees for participating in sports, including -

 tennis golf bowling swimming billiards

 - Single admissions to spectator sposts, including -

 football baseball hockey soccer

 auto racing basketball

 - Single admission to performances, including -

 concerts movies plays operas

 - Single admission to other entertainment activities, including -

 museums amusement parks zoos state parks

 historic sites

 - Books not purchased through book clubs, including -

 paperbacks hardcover audio digital books

 Exclude reference books or school books

 - Single copies of newpapers, magazines, periodicals (non-

 subscription)

 - Compact discs, audio tapes, or records

 Do not include blank CDs or blank audio tapes.

 - Photographic film, including disposable cameras

 - Photo processing

 digital photo processing video film processing

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 - Purchase of video tapes or DVDs

 Do not include blank DVDs or blank audio tapes.

 - Rental of video tapes or DVDs including -

 mail delivery DVD rentals

 17 B S17BE What was the total expense? <1-99999> [ goto S17BCM]

 <D, R> [goto next appropriate

 screener]

 17 B S17BCM How much of the total amount was spent this month? <0-99999, D, R> [goto next appropriate

 screener]

 19 A S19A\_INTRO (Book) 41-42 <1> [goto MIS\_ITEM]

 Now I am going to ask about miscellaneous expenses which have not

 been collected anywhere

 else in this survey. Please remember to include any payments you made

 online or had

 automatically deducted.

 1. Enter 1 to Continue

 19 A MIS\_ITEM (Book) 41 - 42 ? [F1] <1-24> [goto MISCDESC]

 <99> [S19A\_END]

 Since the first of [fill: REF\_MONTH], have [fill: YOU\_ANYMEM] had <888> [goto MIS\_ITEM - next line of

 expenses for any of the grid] [If no more grid lines goto S19A\_END]

 following, either for [fill: YOU\_YRCU] or for someone outside your

 household?

 \* Read each item on list.

 1. Fresh flowers or potted plants

 2. Professional photography

 3. Services of lawyers or other legal professionals

 4. Accounting fees

 5. Occupational expenses, such as union dues or professional licenses

 6. Gardening or lawn care services

 7. Housekeeping services

 8. Home security system service fees

 9. Other home services or small repair jobs around the house, not

 previously reported

 10. Moving, storage, or freight

 11. Stamp or coin collecting

 12. Lotteries or games of chance

 13. Babysitting, nanny services, or other child care in YOUR home

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 14. Babysitting, nanny services, or other child care in someone ELSE's

 home

 95. Continue

 888. Delete the line

 SCREEN 2

 (Book) 42 ? [F1]

 Have [fill: YOU\_ANYMEM] had expenses for toys, games, or arts and

 crafts kits, either for [fill: YOU\_YRCU] or for someone outside your

 household?

 \* IF YES - Read each item on list.

 Were your expenses for -

 15. Toys or games?

 16. Arts or crafts kits?

 95. Continue

 888. Delete the line

 SCREEN 3

 (Book) 42 ? [F1]

 Have [fill: YOU\_ANYMEM] had expenses for the purchase of pets, pet

 supplies, pet medicines, pet services, or veterinarian services, either for

 [fill: your/your household's] pets or for pets belonging to someone

 outside your household?

 \* IF YES - Read each item on list.

 Were your expenses for -

 17. Purchase of pets, pet supplies, or medicine for pets?

 18. Pet services?

 19. Veterinarian expenses for pets?

 95. Continue

 888. Delete the line

 SCREEN 4

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 (Book) 42 ? [F1]

 Have [fill: YOU\_ANYMEM] had expenses for catered affairs, parties, or

 events, either for [fill: YOU\_YRCU] or for someone outside your

 household?

 \* IF YES - Read each item on list.

 Were your expenses for -

 20. Food and beverages for catered affairs?

 21. Live entertainment?

 22. Rental of party supplies?

 95. Continue

 888. Delete the line

 SCREEN 5

 (Book) 42 ? [F1]

 Have [fill: YOU\_ANYMEM] had expenses for the purchase or upkeep or

 cemetery lots or vaults or for funerals, burials, or cremation, either for

 [fill: YOU\_YRCU] or for someone outside your household?

 \* IF YES - Read each item on list.

 Were your expenses for -

 23. Purchase or upkeep of cemetery lots or vaults?

 24. Funerals, burials, or cremation?

 99. None/no more entries

 888. Delete the line

 19 A H\_S19A Section 19 - MISCELLANEOUS EXPENSES <Esc key> [goto MIS\_ITEM]

 Part A - Miscellaneous Expenses

 1 - FRESH FLOWERS OR POTTED PLANTS

 2 - PROFESSIONAL PHOTOGRAPHY

 3 - SERVICES OF LAWYERS OR OTHER LEGAL PROFESSIONALS,

 including -

 Arbitration services Contracts Divorce Mediation

 Services Wills

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 Do not include fees for business purposes or those related to closing

 costs for the purchase

 of real estate.

 4 - ACCOUNTING FEES, including -

 estate management trust management

 income tax preparation

 Do not include fees for business purposes.

 5 - OCCUPATIONAL EXPENSES, such as union dues or professional

 licenses.

 6 - GARDENING OR LAWN CARE SERVICES, including -

 fertilize lawn, etc. planting tree pruning

 hedge trimming plowing tree removal

 lawn cutting tilling

 Include any services provided under service contracts. Do not

 include services which are covered by management or maintenance

 fees.

 7 - HOUSEKEEPING SERVICES, including -

 carpet cleaning cooking window washing

 cleaning laundering

 8 - HOME SECURITY SYSTEM SERVICE FEES

 9 - OTHER HOME SERVICES OR SMALL REPAIR JOBS AROUND

 THE HOUSE, NOT

 PREVIOUSLY REPORTED

 Include diaper service.

 10 - MOVING, STORAGE, OR FREIGHT

 Do not include expenses that are reimbursed by employer or

 other persons outside of the CU.

 11- STAMP OR COIN COLLECTING

 12 - LOTTERIES OR GAMES OF CHANCE

 13 - BABYSITTING, NANNY SERVICES, OR OTHER CHILD CARE

 IN YOUR HOME

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 Do not include nursery school care or care in a day care center.

 14 - BABYSITTING, NANNY SERVICES, OR OTHER CHILD CARE

 IN SOMEONE ELSE'S HOME

 Do not include nursery school care or care in a day care center.

 15 - TOYS OR GAMES

 action figures dolls infant toys trains

 dart board games stuffed animals trucks

 16 - ARTS OR CRAFTS KITS

 arts and craft supplies model kits rug kits

 needlepoint kits

 17 - PURCHASE OF PETS, PET SUPPLIES, OR MEDICINE FOR

 PETS, including -

 aquarium collars guinea pig

 tropical fish

 bird dog hamster

 bird cage dog house hamster cage

 cat gerbil pet toys

 18 - PET SERVICES, including -

 grooming kennels license pet daycare pet

 resorts

 19 - VETERINARIAN EXPENSES FOR PETS

 vet insurance

 20 - FOOD AND BEVERAGES FOR CATERED AFFAIRS, including -

 anniversaries bridal showers parties

 Bar Mitzvah confirmations weddings

 Bat Mitzvah graduations

 21 - LIVE ENTERTAINMENT

 22 - RENTAL OF PARTY SUPPLIES

 23 - PURCHASE OR UPKEEP OF CEMETERY LOTS OR VAULTS

 24 - FUNERALS, BURIALS, OR CREMATION

 burial fees flowers for funeral musician honoraria

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 limousines (used

 burial plans clergy funeral transcript

 during funeral)

 headstones footstones

 19 A MISCDESC What was the expense for? <30 characters> [goto MISCMO]

 19 A MISCMO In what month did you have this expense? <REF\_MONTH - CUR\_MONTH, 13, D, R>

 [goto MISCGFTC]

 Fill: [ \* Enter 13 for same amount each month of the reference

 period.]

 19 A MISCGFTC Was this expense for someone inside or outside your household? <1, 2, D, R> [goto MISCEXPX]

 1. For household

 2. For someone outside your household

 19 A MISCEXPX [fill: What was the total amount of this expense?/What is your monthly <1-999999, D, R> [If MIS\_ITEM = 15-

 expense?] 24 goto S19ACM\_S]

 [goto MISCMORE]

 [fill: \* Do not include legal fees related to real estate closing costs

 reported in Section 3]

 19 A S19ACM\_S \*Enter a 'C' for a combined expense. <C> [goto S19ACMB]

 <empty> [goto MISCMORE]

 19 A S19ACMB (Book) 41-42 <15-24> [goto MISCMORE]

 What other expense is the [fill: description] combined with?

 \* Enter all that apply, separate with commas.

 [display: (combination)]

 19 A MISCMORE Did you have any other expenses for [fill: description]? <1, 2, D, R> [goto MIS\_ITEM, next

 line in grid]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 22 A ANYWORK Since the first of [fill: Ref\_Month], did [fill: you/NAME] earn any <1> [goto 22A\_INTRO]

 income from wages or salary? <2,D,R> [If CUR\_MONTHNUM = 7-9

 AND ( 85.SOCSECIN = 1 or 85.RRRETINC

 1. Yes = 1 or

 2. No 85.SUPPLINC = 1 or

 85.SLSSI = 1) then goto PYMT2009]

 [ELSE, goto S22A\_CHECK]

 22 A S22A\_INTRO The next few questions are about income. We know people aren't used <1> goto INCWEEKQ

 to discussing their income, but please be assured that, like all other

 information you have provided, these answers will be kept strickly

 confidential.

 22 A INCWEEKQ In the past 12 months, including paid vacation and sick leave, how many <0> [goto

 weeks did [fill: you/NAME] work? INCNONWK ]

 <1-52, D,R > [goto

 \* If household member did not work, enter zero.

 22 A INC\_HRSQ In the weeks that [fill: you/NAME] worked, how many hours did [fill: <1-168 D,R> [goto

 you/he/she] usually work per week?

 22 A OCCUCODE (Book) 46 ? [F1] <1-18 D,R> [goto INCOMEY ]

 Which of the following categories best describes the job in which [fill:

 you/NAME] received the most earnings during the last 12 months?

 1. Administrator, manager 11. Machine

 operator, assembler, inspector

 2. Teacher 12. Transportation

 operator

 3. Professional 13. Handler, helper,

 laborer

 4. Administrative support including clerical 14. Mechanic,

 repairer, precision production

 5. Sales, retail 15. Construction,

 mining

 6. Sales, business goods and services 16. Farming

 7. Technician 17. Forestry, fishing,

 groundskeeping

 8. Protective service 18. Armed Forces

 22 A H\_OCCUCODE Section 22 OCCUPATIONS <Esc>

 1 - ADMINISTRATOR, MANAGER

 administrator manager funeral director

 2 - TEACHER

 teacher guidance counselor

 3 - PROFESSIONAL

 accountant computer programmer

 computer systems analyst

 engineer physician clergy registered nurse

 social worker lawyer

 4 - ADMINISTRATIVE SUPPORT, INCLUDING CLERICAL

 bookkeeper clerk computer

 assistant

 receptionist secretary typist

 5 - SALES, RETAIL

 apparel salesperson cashier

 commodity salesperson

 door to door salesperson motor vehicle salesperson

 6 - SALES, BUSINESS GOODS AND SERVICES

 financial services insurance

 salesperson

 manufacturing sales representative mining sales

 representative

 real estate sales person wholesale sales

 representative

 7 - TECHNICIAN

 clinical laboratory technician drafting

 electronic technician

 health technician practical nurse

 8 - PROTECTIVE SERVICE

 firefighter police officer private guard

 9 - PRIVATE HOUSEHOLD SERVICE

 household worker nanny

 10 - OTHER SERVICE

 child care worker cook food

 counter/fountain worker orderly

 food preparer hairstylist maid/houseman janitor

 waiter/waitress

 11 - MACHINE OPERATOR, ASSEMBLER, INSPECTOR

 assembler inspector machine

 operator

 12 - TRANSPORTATION OPERATOR

 bus driver tractor operator truck

 driver

 13 - HANDLER, HELPER, LABORER

 construction laborer freight handler

 packager

 material handler stock handler

 14 - MECHANIC, REPAIRER, PRECISION PRODUCTION

 automobile mechanic machine repairer

 machinist

 meat cutter sheet metal

 worker tailor

 15 - CONSTRUCTION, MINING

 carpenter electrician

 mining worker

 painter plumber

 16 - FARMING

 farmer farm worker

 17 - FORESTRY, FISHING, GROUNDSKEEPING

 animal caretaker fisher forestry

 worker

 groundskeeper

 18 - ARMED FORCES

 22 A INCOMEY [fill: Were/Was] [fill: you/NAME]: <1-4, 6, D, R> [goto SALARYST]

 <5> [goto INCORP]

 1. An employee of a PRIVATE company, business, or individual

 working for wages or salary?

 2. A Federal government employee?

 3. A State government employee?

 4. A local government employee?

 5. Self-employed in [fill: your/his/her] OWN business, partnership,

 professional practice, or farm?

 6. Working WITHOUT PAY in a family business or farm?

 22 A INCORP Is [fill: your/NAME's] business incorporated? <1,2 D,R> [goto SALARYST]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 22 A INCNONWK What was the main reason [fill: you/NAME] did not work during the last <1-5,D,R> [goto SALARYST]

 12 months? <6> [goto INCOTH]

 [fill: Were/Was] [fill: you/he/she] -

 1. Retired?

 2. Taking care of home/family?

 3. Going to school?

 4. Ill, disabled, unable to work?

 5. Unable to find work?

 6. Doing something else? Specify

 22 A INCOTH \* Specify: <30 characters> [goto

 22 A SALARYST During the last 12 months, did [fill: you/NAME] receive any money in <1> [goto SALARYX]

 wages or salary? <2,D,R> [goto NONFARM]

 Include all bonuses and overtime pay, commissions, tips, allowances,

 Armed Forces pay,

 severance pay, teaching fellowships, etc.

 1. Yes

 2. No

 22 A SALARYX During the last 12 months, how much did [fill: you/NAME] receive in <1-99999999> [goto

 wages and salaries for ALL JOBS before any deductions? GROSPAYX]

 22 A SALARYB (Book) 47 <1-11,D,R> [goto GROSPAYX]

 Could you tell me which range on CARD A best reflects [fill:

 your/NAME] total wages and salaries for ALL JOBS during the last 12

 months?

 1. $0-$4,999 7. $40,000-$49,999

 2. $5,000-$9,999 8. $50,000-$69,999

 3. $10,000-$14,999 9. $70,000-$89,999

 4. $15,000-$19,999 10. $90,000-$119,999

 5. $20,000-$29,999 11. $120,000 and over

 6. $30,000-$39,999

 22 A GROSPAYX What was the amount of [fill: your/NAME's] last pay before any <1-99999999,D,R> [goto

 PAYPERD]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 22 A PAYPERD What period of time did this cover? <1-6,D,R> [goto FEDTAX]

 <7> [goto PAYPRDOT]

 1. One week

 2. Two weeks

 3. Month

 4. Quarter

 5. Year

 6. Twice a month

 7. Other

 22 A PAYPRDOT \* Specify: <30 characters> [goto FEDTAX]

 22 A FEDTAX Was there any money deducted from [fill: your/NAME's] pay for- <1> [goto AMTFED]

 <2,D,R> [goto SLTAX]

 Federal income tax?

 1. Yes

 2. No

 22 A AMTFED How much? <1-99999999 D,R> [goto SLTAX]

 22 A SLTAX Was there any money deducted from [fill: your/NAME's] pay for- <1> [goto SLTAXX]

 <2,D,R> [goto PRIVPENS]

 State or local income tax?

 1. Yes

 2. No

 22 A SLTAXX How much? <1-99999999, D, R> [goto PRIVPENS]

 22 A PRIVPENS Was there any money deducted from [fill: your/NAME's] pay for- <1> [goto PRIVPENX]

 <2,D,R> [goto GOVRET]

 Private pension fund?

 1. Yes

 2. No

 22 A PRIVPENX How much? <1-99999999 D,R> [goto GOVRET]

 22 A GOVRET Was there any money deducted from [fill: your/NAME's] pay for- <1> [goto GOVRETX]

 <2,D,R> [goto RRRDED]

 Government retirement?

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 22 A GOVRETX How much? <1-99999999 D,R> [goto RRRDED]

 22 A RRRDED Was there any money deducted from [fill: your/NAME's] pay for- <1> [goto RRRDEDX]

 <2,D,R> [goto SSDED]

 Railroad retirement?

 1. Yes

 2. No

 22 A RRRDEDX How much? <1-99999999 D,R> [goto SSDED]

 22 A SSDED Was there any money deducted from [fill: your/NAME's] pay for- <1> [goto MEDICOV]

 <2,D,R> [goto SSNORM]

 Social Security including Medicare?

 1. Yes

 2. No

 22 A SSNORM Are Social Security payments NORMALLY deducted from [fill: <1> [goto MEDICOV]

 your/NAME's] pay? <2,D,R> [goto EMPLUN]

 1. Yes

 2. No

 22 A MEDICOV Does the money deducted for Social Security cover only the Medicare <1,2,D,R> [goto EMPLCONT]

 portion of Social Security?

 1. Yes

 2. No

 22 A EMPLCONT Other than Social Security, did any employer or union contribute to [fill: <1,2,D,R> [goto NONFARM]

 your/NAME's] pension or retirement plan in the last 12 months?

 1. Yes

 2. No

 22 A NONFARM During the last 12 months, did [fill: you/NAME] have any income or <1> [goto NONFARMX]

 loss from [fill: your/NAME's] own nonfarm business, partnership, or <2,D,R> [goto FARMINC]

 professional practice?

 1. Yes

 2. No

 22 A NONFARMX What was the amount of income or loss after expenses? <0> [goto FARMINC]

 <1-99999999> [goto NFRMLOSS]

 <D,R> [goto NONFARMB]

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 22 A NFRMLOSS Was this an income or loss? <1, 2, D, R> [goto FARMINC]

 1. Loss

 2. Income

 22 A NONFARMB (Book) 47 <0-11,D,R> [goto FARMINC]

 Could you tell me which range on CARD A best reflects [fill:

 your/NAME's] income or loss from [fill: your/NAME's] own nonfarm

 business, partnership or professional practice during the last 12 months?

 0. Loss 6. $30,000-$39,999

 1. $0-$4,999 7. $40,000-$49,999

 2. $5,000-$9,999 8. $50,000-$69,999

 3. $10,000-$14,999 9. $70,000-$89,999

 4. $15,000-$19,999 10. $90,000-$119,999

 5. $20,000-$29,999 11. $120,000 and over

 22 A FARMINC During the last 12 months, did [fill: you/NAME] have any income or loss <1> [goto FARMINCX]

 from [fill: your/NAME's] own farm? <2,D,R> [goto INDRETAC]

 1. Yes

 2. No

 22 A FARMINCX What was the amount of income or loss after expenses? <0> [goto INDRETAC]

 <1-99999999> [goto FARMLOSS]

 22 A FARMLOSS Was this an income or loss? <1,2,D,R> [goto INDRETAC]

 1. Loss

 2. Income

 22 A FARMINCB (Book) 47 <0-11,D,R> [goto INDRETAC]

 Could you tell me which range on CARD A best reflects [fill:

 your/NAME's] income or loss from [fill: your/NAME's] own farm during

 the last 12 months?

 0. Loss 6. $30,000-$39,999

 1. $0-$4,999 7. $40,000-$49,999

 2. $5,000-$9,999 8. $50,000-$69,999

 3. $10,000-$14,999 9. $70,000-$89,999

 4. $15,000-$19,999 10. $90,000-$119,999

 5. $20,000-$29,999 11. $120,000 and over

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 22 A INDRETAC During the last 12 months, did [fill: you/NAME] place any money in a <1> [goto INDRETX]

 retirement plan such as an Individual Retirement Account (IRA) or <2,D,R> [goto SOCSECIN]

 Keogh? Do not include rollovers.

 1. Yes

 2. No

 22 A INDRETX How much? <1-99999999,D,R> [goto SOCSECIN]

 22 A SOCSECIN During the last 12 months, did [fill: you/NAME] receive, from the US <1,2,D,R> [goto RRRETINC]

 Government, any money from-

 Social Security checks?

 1. Yes

 2. No

 22 A RRRETINC During the last 12 months, did [fill: you/NAME] receive, from the US <1,2,D,R> [if SOCSECIN is 1 or

 Government, any money from- RRRETINC is 1, goto RRRETIRX]

 [else, goto SUPPLINC]

 Railroad Retirement checks?

 1. Yes

 2. No

 22 A RRRETIRX What was the amount of the last Social Security or Railroad Retirement <1-99999999> [goto

 payment received? INCMEDCR]

 <D,R> [goto

 22 A RRRETIRB (Book) 48 <1-10,D,R> [goto INCMEDCR]

 Could you tell me which range on CARD B best reflects the amount of

 [fill: your/NAME's] last Social Security or Railroad Retirement payment

 during the last 12 months?

 1. Less than $300 7. $800-$899

 2. $300-$399 8. $900-$999

 3. $400-$499 9. $1,000-$1,499

 4. $500-$599 10. $1,500 and over

 5. $600-$699

 6. $700-$799

 22 A INCMEDCR Is this amount AFTER the deduction for a Medicare premium? <1,2,D,R> [goto SS\_RRQ]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 22 A SS\_RRQ During the last 12 months, how many Social Security or Railroad <1-52,D,R> [goto SUPPLINC]

 Retirement payments did

 [fill: you/NAME] receive?

 22 A SUPPLINC During the last 12 months, did [fill: you/NAME] receive any- <1,2,D,R> [goto SLSSI]

 Supplemental Security Income (SSI) payments from the US Government?

 1. Yes

 22 A SLSSI During the last 12 months, did [fill: you/NAME] receive any- <1,2,D,R> [if SUPPLINC is 1 or SLSSI is

 1, goto SSIX]

 Supplemental Security Income (SSI) payments from the STATE or [ELSEIF CUR\_MONTHNUM

 LOCAL government? = 7-9 AND (SOCSECIN = 1 or RRRETINC

 = 1) then goto

 1. Yes PYMT2009]

 2. No [else, goto S22A\_CHECK]

 22 A SSIX During the last 12 months, how much did [fill: you/NAME] receive in <1-99999999> [IF CUR\_MONTHNUM =

 Supplemental Security Income checks from ALL government sources? 7-9 then goto PYMT2009] [ELSE goto

 S22A\_CHECK]

 <D,R> [goto SSIB]

 22 A SSIB (Book) 49 <1-12,D,R> [IF CUR\_MONTHNUM = 7-

 9 then goto PYMT2009] [ELSE goto

 Could you tell me which range on CARD C best reflects the amount [fill: S22A\_CHECK]

 your/NAME] received in Supplemental Security income from all

 government sources during the last 12 months?

 1. $0-$999 7. $10,000-$14,999

 2. $1,000-$1,999 8. $15,000-$19,999

 3. $2,000-$2,999 9. $20,000-$29,999

 4. $3,000-$3,999 10. $30,000-$39,999

 5. $4,000-$4,999 11. $40,000-$49,999

 6. $5,000-$9,999 12. $50,000 and over

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 22 A PYMT2009 In early 2009, the Federal government approved the American <1> [goto HWUSED09]

 Recovery and Reinvestment Act. <2,D,R> [goto S22A\_CHECK]

 As a result of the act, in May or June 2009 many people who receive

 Social Security, SSI, or Railroad Retirement benefits also received a one

 time stimulus payment of $250. This is different from a refund on your

 annual income taxes.

 In May or June 2009, did [fill: you/NAME] receive a one time stimulus

 payment of $250?

 1. Yes

 2. No

 22 A HWUSED09 Did the $250 stimulus payment lead [fill: you/NAME] mostly to <1-3,D,R> [goto S22A\_CHECK]

 increase spending, mostly to increase savings, or mostly to pay off debt?

 1. Mostly to increase spending

 2. Mostly to increase savings

 CONTROL CARD - PRE\_CC1 \*\* CHECK ITEM \*\* [If INTNMBR is 1 or replacement

 household (3rd position of CASEID = R)

 goto FNAME]

 CONTROL CARD - STLLIV I have listed . . . . READ NAMES <1, 2> [goto PERSTAT]

 Are all of these persons still living or staying here?

 [fill: \* This case is part of a Multi-CU address. There are [fill:

 RT8500.TOTALCU] CU's for this address]

 [fill: Name of all household members]

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - PERSTAT \* [fill: Use up/down arrows to move to the correct row for <7, 9, 99>

 membership change.

 When done, REVIEW/Update demographics. Press END key /

 Use left/right arrows to move to REVIEW/Update demographics.

 When done, Press END key ]

 7. Delete person

 9. Reinstate person

 99. Error - person should not have been listed

 CONTROL CARD - FNAME [Fill: What are the names of all persons living or staying here? <16 characters> [goto LNAME]

 Start with the name of the person, or one <999> [goto CHECKS]

 of the persons, who owns/rents this home/ What is the name of the

 next person living or staying here?]

 CONTROL CARD - LNAME \* Enter Last Name <16 characters> [goto CU\_CODE]

 <empty>

 CONTROL CARD - CU\_CODE \* Ask if not apparent <1-10, D, R> [goto SEX]

 <Empty>

 What is [Fill: your/name’s] relationship to [Fill: you/name of

 reference person/the owner/renter]?

 \* If the is the Reference Person, enter 1

 (The Reference person is one of the persons who owns or rents

 this home.)

 1. Reference person

 2. Spouse (Husband/Wife)

 3. Child or adopted child

 4. Grandchild

 5. In-Law

 6. Brother or Sister

 7. Mother or Father

 8. Other related person (Aunt, Uncle, etc.)

 9. Unrelated Person (Lodger, Lodger’s spouse, foster child,

 etc.)

 10, Unmarried Partner

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - SEX \* Ask if not apparent <1, 2, D, R> [goto AWAY\_COL]

 <Empty>

 [Fill: Are you/Is (name)] male or female?

 1. Male

 2. Female

 CONTROL CARD - ERR\_SEX1 [go back to SEX or Rel as appropriate]

 Soft Edit <suppressed> [goto ERR\_SEX2]

 ------------------------------------------------------------------------------------

 --------------------------------------------

 \* Is one of the following SEX entries incorrent?

 \* Please Verify

 ------------------------------------------------------------------------------------

 --------------------------------------------

 Question involved | Value

 ------------------------------------------------------------------------------------

 --------------------------------------------

 cu\_code:Rel

 sex:sex

 (SEX)

 sex:sex

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 |

 Suppress | | Close | | Goto |

 ------------------------------------------------------------------------------------

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - ERR\_SEX2 Soft Edit <suppressed> [goto AWAY\_COL]

 ------------------------------------------------------------------------------------

 --------------------------------------------

 You said that [Fill: name] is [Fill: (name of reference person)’s] spouse?

 Is that correct?

 ------------------------------------------------------------------------------------

 --------------------------------------------

 Question involved | Value

 ------------------------------------------------------------------------------------

 --------------------------------------------

 CU\_CODE: Rel

 (CU\_CODE of refper)

 CU\_CODE: Rel

 (Spouse (husband/wife)

 SEX: Sex

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 | Suppress

 | | Close | | Goto |

 ------------------------------------------------------------------------------------

 CONTROL CARD - AWAY\_COL \* Ask if not apparent <1> [goto SEX for next person on

 grid]

 [Fill: Are you/Is (name)] living away at college? <2, D, R> [If PERSTAT = 7 then goto

 SEX for next person on grid] [goto

 1. Yes HH\_MEM]

 2. No

 CONTROL CARD - HH\_MEM [Fill: Do you/Does (name)] usually live here? <1, 2, D, R> [goto next line of grid]

 <empty>

 \* Probe if usual place of residence is elsewhere.

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - HHRESP \* Ask if necessary <1-30, 95> [If ((intnmbr is 1 or newcu is 1)

 AND Newunit is not S) OR Replace is 1,

 With whom am I speaking? goto MCHILD]

 Enter line number [Else goto NEWLIV]

 [fill: Name of all household members]

 95. Proxy Respondent

 CONTROL CARD - MCHILD I have listed . . . \* READ NAMES <1> [go back to where FNAME = 999]

 Have I missed any babies or small children?

 1. Yes

 2. No

 CONTROL CARD - MAWAY Have I missed anyone who usually lives here but is <1> [go back to where FNAME = 999]

 away now - traveling, at school, or in a hospital?

 1. Yes,

 2. No

 CONTROL CARD - MLODGE Have I missed any lodgers, boarders, or persons <1> [go back to where FNAME = 999]

 you employ who live here?

 1. Yes

 2. No

 CONTROL CARD - MELSE Have I missed anyone else staying here? <1> [go back to where FNAME = 999]

 1. Yes

 2. No

 CONTROL CARD - NEWLIV Is anyone else living or staying here, including newborn babies? <1> [go back to where FNAME = 999]

 <2> [goto CK\_SUBFAMILY]

 [fill: Name of all household members]

 1. Yes, add new person

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - CK\_SUBFAMILY \*\* CHECK ITEM \*\* 1. If there are no non-rels is the household

 who are cu/household members then, store

 line numbers

 in SUBFAM2(1,X) and goto

 SET\_CUNUMBER

 2. If there are more than 1 non-rel who are

 CU/household members in the household

 (CU\_CODE = 9)

 then goto SUBFAM1

 3. All others go to SET\_SUBFAMS

 CONTROL CARD - SUBFAM1 Earlier you said that [fill: (name) was/you were] <1> [goto SUBFAM2]

 not related to [fill: name(refper)]. <2> [goto SUBFAM1 for next unassigned

 [Fill: Are you/Is (name)] related to anyone else in this household? non-rel]

 [if no more non-rels, goto

 1. Yes SET\_SUBFAMS]

 2. No

 CONTROL CARD - SUBFAM2 Who [fill: are you/is (name)] related to? <1-30> [goto SUBFAM, for next

 unassigned non-rel]

 PROBE: Anyone else? [If no more non-rels, goto

 SET\_SUBFAMS]

 Enter line number(s), separate with commas

 CONTROL CARD - SHELTX [fill: \* Begin financial responsibility questions to determine CU's] <1,2,D,R> [goto FOODX]

 [fill: Do/Does] (READ NAME) pay for all [fill: your/his/her/their]

 housing

 expenses with [fill: your/his/her/their] own money?

 ( List the names of persons in this subfamily )

 1. Yes

 2. No

 CONTROL CARD - FOODX fill: Do/Does] (READ NAMES) pay for all [fill: your/his/her/their] food <1> [if SHELTX is 1, goto SHELTC

 for next subfam; if not more subfams then

 expenses with [fill: your/his/her/their] own money? goto

 UPDATE\_SUBFAM]

 ( List the names of persons in this subfamily ) [else goto OTHERX]

 1. Yes

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - OTHERX [Fill: Do/Does] [(READ NAMES) pay for all [fill: (your/his/her/their)] <1> [If sheltx is 1 OR foodx is 1, goto

 other sheltx for next subfamily: if no More

 living expenses such as clothing or transportation with [fill: subfamiles, goto

 your/his/her/their] own money? UPDATE\_SUBFAM]

 [goto SUPSRC]

 ( List the names of persons in this subfamily ) <2,D,R> [goto SUPSRC]

 1. Yes

 2. No

 CONTROL CARD - SUPSRC Does all or part of the money to pay for <1> [goto SUPRT1]

 (READ NAMES) [fill description] come from someone <2,D,R> [goto SHELTX for next

 in this household? subfamily]

 [if no more subfamilies, goto

 ( List the names of persons in this subfamily )

 1. Yes

 2. No

 CONTROL CARD - SUPRT1 Who is that person(s)? <1-30,D,R> [goto SHELTX for next

 subfamily]

 \* Enter line number(s), separate with commas [if no more, goto

 UPDATE\_SUBFAM]

 CONTROL CARD - CONSUMER\_UNITS \* HOUSEHOLD MEMBERS BROKEN INTO APPROPRIATE CU’s <1> [goto CU\_INTRO]

 (List CU# Line number and name)

 1. Enter 1 to Continue

 CONTROL CARD - CU\_INTRO During this interview, I will use the word household to refer to the group <1> [goto BIRTH\_MO]

 of related persons who are independent of all other persons living at this

 address for payment of their major expenses.

 \* A "household" is considered one Consumer Unit

 The [fill: person/persons] I'm including in your household [fill: is/are]

 (READ NAME(S))

 [Fill: CU MEMBERS]

 1. Enter 1 to Continue

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - BIRTH\_MO [fill: \* UPDATE Marital, Education, College and Armed Forces <1-12, D, R> [goto BIRTH\_YR]

 Press END when done ] <empty>

 What is the month and year of [Fill: your/(name)’s] birth?

 \* Enter Birth Month

 1. January 7. July

 2. February 8. August

 3. March 9. September

 4. April 10. October

 5. May 11. November

 6. June 12. December

 CONTROL CARD - BIRTH\_DY

 \*\*CHECK ITEM\*\*

 CONTROL CARD - BIRTH\_YR \* Enter Birth Year (Enter 4 digit year - ex: 1964) <1900 - current year, D, R> [goto AGE]

 <empty>

 CONTROL CARD - AGE [Fill: As of today, that would make [Fill: you/(name)] [Fill: less than <00-200> [goto HORIGIN]

 1/over98/ <D,R> [goto AGE2]

 approximately (age)] [Fill: year/years] old. <Empty>

 Is that correct?

 PRESS ENTER if correct /

 Even though you don’t know [Fill: your/(name)’s] exact

 birthdate, what is your

 best guess as to how old [Fill: you/he/she] [Fill: were/was] on

 [Fill: your/his/her] last birthday? ]

 99. 99 years or older

 00 - 98 0 to 98 years old ]

 CONTROL CARD - AGE2 \* Ask if necessary <1,2,D,R> [goto HORIGIN]

 [Fill: Are/Is] [Fill: you/he/she] under 16?

 1. Yes

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - HORIGIN (Book) 2 <1> [goto HISPANIC]

 <2, D, R> [goto MULTRACE]

 [Fill: Are/Is] [fill: you/name] Hispanic, Latino, or Spanish? <Empty>

 1. Yes

 2. No

 CONTROL CARD - HISPANIC (Book) 2 <1-7, D, R> [goto MULTRACE]

 [Fill: Are/Is] [Fill: you/name] - <8> [goto HISPOTH]

 <Empty>

 1. Mexican?

 2. Mexican-American?

 3. Chicano?

 4. Puerto Rican?

 5. Cuban?

 6. Cuban-American?

 7. Central or South American?

 8. Other? (Specify)

 CONTROL CARD - HISPOTH \* Specify: <30 characters> [goto MULTRACE]

 <Empty>

 CONTROL CARD - MULTRACE (Book) 2 <1-3, 5, 7, R> [goto MARITAL]

 <4> [goto ASIAN]

 Please chose one or more races that [fill: [fill: (name)/you] [fill: <6> [goto RACESP]

 considers/consider] <Empty>

 [fill: himself/herself/yourself] to be. / you consider [fill: child's

 name] to be.]

 \* Probe if necessary

 \* Enter all that apply, separate with commas

 1. White

 2. Black or African American

 3. American Indian or Alaska Native

 4. Asian

 5. Native Hawaiian or other Pacific Islander

 6. Other Specify

 7. Don't Know

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - ASIAN (Book) 2 <1-6, D, R> [goto MARITAL]

 <7> [goto ASIANOTH]

 Please select one of the following to describe [fill: your/name's] origin. <Empty>

 [fill: Are/Is] [Fill: you/name] -

 1. Chinese?

 2. Filipino?

 3. Japanese?

 4. Korean?

 5. Vietnamese?

 6. Asian Indian?

 7. Other? (Specify)

 CONTROL CARD - ASIANOTH \* Specify: <30 characters>

 <Empty>

 CONTROL CARD - RACESP \* Specify other race <40 characters> [goto MARITAL]

 <empty>

 CONTROL CARD - MARITAL \* Ask if not apparent <1-5,D,R> [if AGE ge 14 or Agerng is 8 or

 9 goto EDUCA]

 [fill: Are you/Is (name)] now - [goto BIRTH\_MO for next

 member]

 1. Married? <Empty>

 2. Widowed?

 3. Divorced?

 4. Separated?

 5. Never married?

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - EDUCA (Book) 3 <00-11,38,D,R> [if AGE 16-65 or agerng is

 8 or 9, goto ARM\_FORC]

 What is the highest level of school [fill: name has/you have] completed [else goto BIRTH\_MO for

 or the highest next member]

 degree [fill: name has/you have] received? <39-46> [goto IN\_COLL]

 <empty>

 0. Never attended, preschool, kindergarten

 1. 1st grade

 2. 2nd grade

 3. 3rd grade

 4. 4th grade

 5. 5th grade

 6. 6th grade

 7. 7th grade

 8. 8th grade

 9. 9th grade

 10 10th grade

 11. 11th grade

 38. 12th grade NO DIPLOMA

 39. HIGH SCHOOL GRADUATE - high school DIPLOMA, or

 the equivalent

 40. Some college but no degree

 41. Associate degree in college - Occupational program

 42. Associate degree in college - Academic program

 43. Bachelor’s degree (Example: BA, AB, BS)

 44. Master’s degree (Example: MA, MS, Meng, MSW, MBA)

 45. Professional School Degree (Example: MD, DDS, DVM,

 LLB, JD)

 46. Doctorate degree (Example: PhD, EdD)

 CONTROL CARD - IN\_COLL [Fill: Are you/Is name] currently enrolled in a college or university <1-3,D,R> [If AGE is 16 - 65 or agerng is

 either - 8 or 9, goto ARM\_FORC]

 [goto BIRTH\_MO for next

 1. Full-time? member]

 2. Part-time? <empty>

 CONTROL CARD - ARM\_FORC (Book) 3 ? [F1] <1,2,D,R> [If this is the last person, goto

 CHECKS2]

 [Fill: Are you/Is (name)] now in the Armed Forces? [Else goto BIRTH\_MO for the

 next person]

 1. Yes <empty>

 2. No

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

 CONTROL CARD - H\_ARMFORC ARMED FORCES -- A person is considered to be in the armed forces if <Esc key> [goto ARM\_FORC]

 they serve in any branch of the

 U.S. military. This includes the Army, Navy, Marine

 Corps, Air Force and Coast

 Guard, their Reserve components and the Air and

 Army National Guard.

 ARMED FORCES includes:

 U.S. Army

 U.S. Navy

 U.S. Marine Corps

 U.S. Air Force

 U.S. Coast Guard

 Reserve components for any of the above

 Air National Guard

 Army National Guard

 CONTROL CARD - CE\_INTRO As we start, please understand that we ask the same questions of <1> [goto SECTION1]

 everybody we talk to. I realize some of these questions may not apply to

 your household.

 Most questions that I will be asking refer to a specific time period.

 During this interview, the time period, unless I state otherwise is for the

 Past [fill: month/three months], that is, from the 1st day of [Fill:

 REF\_MONTH] to today.

 Most of my questions are about expenses your household had or bills

 you've received. You will find it helpful to have your checkbook register,

 credit card statements, and other records as you answer the questions.

 Control Card - AGE62 \*\*Check Item\*\*

 **Section #** **Part** **Variable Name** **Question Text** **Skip Instructions**

|  |  |  |  |
| --- | --- | --- | --- |
|  INTROSEC | INTRO | You are one of the approximately 100 people that have been recruited to participate in this research study. You will receive 100 dollars upon the completion of both interviews. Your participation is voluntary and you may stop the interview at any time.  You may also refuse to answer any question. If we come to a question you don’t want to answer, you can let me know and we can skip over it.  Your participation in this study and the information you give will in no way affect your legal status.  On average, the interview takes about 90 minutes. | <1 > [goto INTRO1] |
|  INTROSEC | INTRO1 | HAND R CONSENT FORM. This will review what I just talked about, and it will give you more information about the study. Let’s go over this together.READ THE CONSENT FORM TO R. READ FROM YOUR OWN COPY.Do you have any questions? ANSWER ANY OF R’S QUESTIONS.PRESS [ENTER] TO CONTINUE | <1 > [goto INTRO2] |
|  INTROSEC | INTRO2 | IF R AGREES TO PARTICIPATE, HAND R PEN AND INSTRUCT R TO CHECK THE BOX ON THE CONSENT FORM. TAKE BACK THE PEN AND THE FORM. SIGN AND DATE THE FORM. GIVE R BOTTOM COPY.RETURN YOUR COPY OF THE CONSENT FORM TO YOUR INTERVIEWING MATERIALS FOR LATER SHIPMENT TO RTI. MAKE SURE YOU HAVE SIGNED AND DATED THE FORM.DID R CONSENT TO THE INTERVIEW BY CHECKING THE BOX OR DID R REFUSE THE INTERVIEW?1. R CONSENTED TO THE INTERVIEW
2. R REFUSED THE INTERVIEW
 | <1 > [goto FNAME]<2> END INTERVIEW |
|  INTROSEC | INTRO3 | DID R CONSENT TO THE INTERVIEW BEING AUDIO-RECORDED?1. R CONSENTED TO THE INTERVIEW BEING AUDIO-RECORDED
2. R DID NOT CONSENT TO THE INTERVIEW BEING AUDIO-RECORDED
 | <1-2> [goto INTRO4] |
|  INTROSEC | INTRO4 | DID R CONSENT TO THE INTERVIEW BEING OBSERVED?1. R CONSENTED TO THE INTERVIEW BEING OBSERVED
2. R DID NOT CONSENT TO THE INTERVIEW BEING OBSERVED
3. NOT APPLICABLE. NO ONE IS OBSERVING THE INTERVIEW.
 | <1-3> [goto FNAME] |