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 |

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

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 |

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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] |